

Summary

I. Outline of the Project	
Country : BANGLADESH	Project title : SAFE MOTHERHOOD PROMOTION PROJECT
Issue/Sector : Health	Cooperation scheme : Technical Cooperation
Division in charge: Bangladesh Office	Total cost : 390,000 (thousand)_yen
Period of Cooperation	(R/D): July/2006~June/2010
	Partner Country's Implementing Organization : Ministry of Health and Family Welfare Directorate General of Health Service Directorate General of Family Planning Public Health and Local Government in Narsingdi Districts
	Supporting Organization in Japan :
Related Cooperation Project :	Japan Overseas Cooperation Volunteer (JOCV)
1 Background of the Project	
<p>Government of Bangladesh has put high priority on the reduction of Maternal Mortality Ratio (hereinafter referred to as "MMR") and Infant Mortality Rate (hereinafter referred to as "IMR") in the Health Nutrition and Population Sector Program (herein after referred to as "HNPS") and focused on working to improve the maternal, neonatal and child health status.</p> <p>Under the framework of the Bangladeshi national programs and strategies, Japan has supported the improvement of Bangladeshi maternal and child health mainly through providing the Japan's grant aid and technical cooperation projects. In 2000, Japan's grant aid supported to refurbish the Maternal and Child Health Training Institute (hereinafter referred to as "MCHTI") in Dhaka. From September 1999 to August 2004, Japanese technical cooperation project for Human Resource Development in Reproductive Health (hereinafter referred to as "HRDRH") was implemented in order to strengthen the clinical and training functions of MCHTI.</p> <p>In July 2006, the Ministry of Health and Family Welfare (hereinafter referred to as "MOHWF") with support from the Japan International Cooperation Agency (hereinafter referred to as "JICA") launched the Safe Motherhood Promotion Project (hereinafter referred to as "the Project") toward the goal of improving health status of women in reproductive age and neonate in Narsingdi during the implementation period of four (4) years and envisaging replicable good practices proven in Narsingdi to other districts.</p>	
2 Project Overview	
(1) Overall Goal	
Approaches of Reproductive Health services extracted from the Project are standardized and applied to other districts.	
(2) Project Purpose	
Health status of women of reproductive age and neonates is improved in the target district.	
(3) Outputs	
Output 1:	
Feedback on lessons learnt from the Project is given to the central level, and necessary actions are put into practice	
Output 2:	
Management of Health and Family Planning Offices at district and upazila level is improved	
Output 3:	
Safe delivery service system is strengthened	
Output 4:	
Reproductive Health services are more utilized by target community people in cooperation with the private sector	
(4) Inputs	
Japanese side : (Total (thousand) Yen)	
Long-term Expert 3	Equipment 1,050 (thousand)Yen
Short-term Expert 4	Local cost 46,000 (thousand) Yen
Trainees received 9	
Bangladeshi Side :	
Counterpart 34	Equipment, Land and Facilities, Local Cost ___ local currency (thousand Yen)
II. Evaluation Team	
Members of Evaluation Team	Head of Mission: Dr. Yojiro Ishii Health System: Dr. Hirotsugu Aiga

	Maternal Child Health (MCH): Mr. Ken Kubokura Cooperation Planning: Ms. Saeda Makimoto Evaluation Analysis: Ms. Chie Tsubone	
Period of Evaluation	July 12~30, 2008	Type of Evaluation : Mid-Term Evaluation
<p>1. Project Performance</p> <p>Inputs and Outputs</p> <p>Output 1: Feedback on lessons learnt from the Project is given to the central level, and necessary actions are put into practice Judging from the progress of activities and the recognition about the Project within MoHFW, Output 1 is being produced steadily.</p> <p>Output 2: Management of Health and Family Planning Offices at district and upazila levels is improved Given the shift of activities from LLP to Health Facility Improvement Plan and the delay in implementing supportive supervision, current achievement level of this output is behind the schedule.</p> <p>Output 3: Safe delivery service system is strengthened The main achievement under this output is improvement of health service by the provision of CEmOC equipment to UHC Polash and Raipura, and supplementary supplies to MCWC and UHC Monohardi.</p> <p>Output 4: Reproductive Health services are more utilized by target community people in cooperation with the private sector Progress toward Output 4 has been smooth and successful. The remaining tasks would include mobilization of community activities where CARE Bangladesh has not been operating, and development of Operational Guideline for community mobilization.</p>		
<p>Project Purpose: Health status of women of reproductive age and neonates is improved in the target district. Overall, the current values of Project Purpose Indicators send mixed messages: the value for governmental facilities improved while that of governmental plus private facilities remains almost the same. Moreover, changes show that the value of governmental facilities improved while that for governmental plus private facilities worsened. One possible explanation could be that those who used to go to private hospitals started to go to public hospitals. However, as the value private hospitals report is not very reliable, the possibility of the hypothesis being incorrect is high. As for MMR and NMR, it is still early to make any conclusive statements on their progress. Considering the difficulties in measuring MMR in the target district, the actual number of deaths and qualitative analysis of these deaths will be more useful for measuring the effects of the Project. While Project Purpose Indicators do not show substantial progress, the indicators being collected by the Project monthly in the model unions, such as the number of normal deliveries at the hospital as well as complications treated, started to show increase.</p> <p>Implementation Process</p> <p><u>Adherence to the plan and schedule</u> Appropriate changes in the activities and indicators have been made as the Project progressed, and PDM was changed accordingly.</p> <p><u>Project Management System</u> DPIC and UPIC are significant that two different departments of MoHFW (Department of Health Services and Department of Family Planning) are collaborating and monitoring the achievement by reviewing one integrated data. In addition, as major NGOs are also members of the committees, it enhanced coordination among the governmental and non-governmental coordination.</p> <p><u>Decision making/communication</u> Communication between the Project and the Bangladeshi side has been smooth. In addition, JOCVs who have been working at the field level contributed to the smooth communication with the field level staff as well.</p>		

2 Summary of Evaluation Results

(1) Relevance

The project purpose and overall goal were relevant in terms of needs of the health sector of Bangladesh and especially the needs of Narsingdi District, and Japanese ODA policy.

(2) Effectiveness

Several approaches taken in the Project, such as CmSS and model union, started to show positive results even though it is difficult to measure the achievement of the Project quantitatively due to lack of district-level data and influence of other donors.

(3) Efficiency

Mostly, the inputs have been appropriate and utilized to produce outputs. Especially CEmOC facilities provided to UHC Raipura, UHC Polash, supplementary equipment to UHC Monohardi and MCWC contributed to the achievement of Output 3. As explained earlier in Achievement of Output 3, the level of output produced by training in Japan for 6 FWVs and 3 SSNs was relatively low, given the limited effects the training had to achieve Project Purpose.

(4) Impact

Some of the approaches in the Project, such as C-SBA Reporting Format and CmSS have attracted interests from other donors and the MoHFW. The Project also aims to make Hospital/Health Facility Improvement Plan initiative replicable in other districts. As emphasized previously, whether the overall goal will be attained or not will depend on strategic advocacy efforts during the remaining project period.

(5) Sustainability

It is likely that political support in the area of maternal and child health will continue after the end of the Project due to the commitment of GoB to achieve MDGs. Organizational sustainability seems to be high because the Project is incorporated into existing government system.

3. Factors promoting better sustainability and impact

(1) Inclusion of counterparts from the central to the union levels

(2) Initiatives of local government and communities

(3) Experience of Chief Advisor as former Project Formulation Advisor

(4) Experiences of CARE Bangladesh

(5) JOCV

4. Factors inhibiting better sustainability and impact

(1) Shortage of manpower

Chronic shortage of health service providers such as doctor, nurse, FWV, HA, C-SBA, is a pressing issue.

(2) Inadequate facilities and logistics in public health facilities

(3) Top-down decision making system

(4) Shortage of budget impedes achievement of the outputs. Especially lack of budget for facility and equipment maintenance at health facilities overshadows sustainability of EmOC services. Moreover, unavailability of budget on LLP implementation was one of the most serious impediments for project achievement during the first half of the project period.

(5) Barrier at the community and household level

Financial burden, tradition and superstition at the household level often become barriers for pregnant women to receive necessary maternal health services.

5. Conclusion

Several positive results have already been produced mainly by steady progress of Output 1 and Output 4. Especially, the success of community mobilization is worth noting. However, it is still premature to make any conclusive statements about achievement of Project Purpose due to lack of district-level data, and initiatives by other donors. As per overall goal, the Project is on-track, identifying replicable approaches and disseminating them to other donors and MoHFW.

Regarding the evaluation by 5 criteria, Relevance and Impact are relatively high. Efforts to increase effectiveness and efficiency have been made, and the Project is on-track regarding the two criteria as well. As per effectiveness, approaches other than community activities, such as model union and Health Facility Improvement Plan, will need to be reexamined towards the end of the Project, and overall efficiency will have to be reinvestigated by monitoring the results model unions will produce. In order to increase sustainability, it would be necessary for MoHFW to: 1) secure budget for maintenance and repair of hospital equipment, and 2) secure sufficient personnel to continue the activities. At the district and upazila levels, remaining task would be to ensure supportive supervision system, which is indispensable for sustainable project implementation, and their capacity to continue the activities without support.

6. Recommendations

Having conducted various activities especially for providing CEmOC at UHC and promoting community awareness and mobilization at union level, it is now advised that the Project should gear towards improvement of qualities and contents of services provided by health service providers and establishment of applicability of community approaches taken by the Project in Narsingdi District in the second half of the project period.

7. Lessons Learned

(1) The Project successfully organizes its team composed of: (i) three long-term Japanese experts (plus some short-term experts); (ii) experienced technical advisers and Upazila coordinators locally recruited; and (iii) sub-contracted NGO (i.e. CARE). This team composition has been significantly contributing to cost-efficient project implementation and reduction of language barrier between JICA team and Bangladeshi counterparts. In the countries where experienced human resources are available such as Bangladesh and others, it is suggested that proactive inclusion of locally recruited project staff be promoted.

(2) The roles of Union Parishad/Union Chairman which are the local government bodies at union level were critical to have made the service providers accountable through engaging them and improving their coordination in the community. For any project that implements community activities, it is suggested that local government body be involved with the project activities.