

Summary

I. Outline of the Project	
Country : Bangladesh	Project title : Safe Mother food 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 (DGHS) Directorate General of Family Planning (DGFP) Public Health and Local Government in Narsingdi Districts
	Supporting Organization in Japan :
Related Cooperation Project :	Japan Overseas Cooperation Volunteer (JOCV)
<p>1 Background of the Project</p> <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> <p>2 Project Overview</p> <p>(1) Overall Goal Approaches of Reproductive Health services extracted from the Project are standardized and applied to other districts.</p> <p>(2) Project Purpose Health status of women of reproductive age and neonates is improved in the target district.</p> <p>(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</p>	

<p>Output 3: Safe delivery service system is strengthened</p> <p>Output 4: Reproductive Health services are more utilized by target community people in cooperation with the private sector</p> <p>Japanese side : (Total (thousand) Yen) Long-term Expert 3 Equipment 80,000(thousand)Yen Short-term Expert 5 Local cost 100,000 (thousand) Yen Trainees received 14</p> <p>Bangladeshi Side : Counterpart 34 Equipment, Land and Facilities, Local Cost</p>		
<p>II. Evaluation Team</p>		
Members of Evaluation Team	<p>Leader Dr. Yojiro Ishii, Deputy Director General, Human Development Department, JICA</p> <p>Maternal Child Health (MCH) Dr. Hidechika Akashi, Senior Technical Officer, International Medical Center of Japan</p> <p>Community Health Ms. Chiyuki Yoshida, Chief Nurse, Wakayama Medical Center, Japanese Red Cross Society</p> <p>Study Planning 1 Ms. Kotohi Inoue, Assistant Director, South Asia Division 5, South Asia Department, JICA</p> <p>Study Planning 2 Ms. Haruko Kamei, Assistant Director, South Asia Division 5, South Asia Department, JICA</p> <p>Cooperation Planning 1 Ms. Saeda Makimoto, Representative, JICA Bangladesh Office</p> <p>Cooperation Planning 2 Ms. Shizu Watanabe, Associate Expert, Human Development Department, JICA</p> <p>Evaluation Analysis Ms. Akiko Tsuru, Consultant, International Techno Center Co., Ltd.</p>	
Period of Evaluation	17/January~9/February/ 2009	Type of Evaluation : Terminal Evaluation
<p>III. Results of Evaluation</p> <p>Project Purpose: All indicators of project purpose achieved the target.</p>		

Indicators	Baseline	Endline	Target
1. Proportion of women with obstetric complications using EMOC services	17.8% (2006)	55.6% (2009)	65%
2. Proportion of deliveries assisted by skilled personnel in model unions	18% (2008)	25.4% (2009)	25%
3. Case fatality rate at EMOC facilities in model unions	0.7% (2007)	0.1% (2009)	<1%

2. Summary of Evaluation Results

(1) Relevance

Project is judged high in relevance for the following reasons;

- Maternal Mortality and Neonatal Mortality are significantly high and demanding acute necessity for major interventions
- Overall Goal and Project Purpose are consistent with MDGs that Bangladesh has committed to achieve.
- Project purpose has conformity with Japan's ODA policy and JICA's country specific program implementation.
- The indicators of Narsingdi District (before the project) shows the dismal state of this district and high necessity of intervention in the area.

(2) Effectiveness

Project is judged high in effectiveness for the following reasons;

- Level of the achievement of the project purpose
- Approaches of the project such as ①Combination of health facility improvement and community empowerment ②Partnership with CARE Bangladesh ③Model Union Approach ④Upaliza Project Implementation Committee /District Project Implementation Committee ⑤Private Community Skilled Birth Attendant

(3) Efficiency

Project is judged high in efficiency for the following reasons;

- Activities are conducted as planned and scheduled
- Maximum utilization of existing resources and minimum inputs from outside

(4) Impact

Though the project achievement is highly recognized, further effort to systematize the methodology of the project is required to achieve the overall goal.

The Ministry has showed strong interest about the CmSS-SMPP model, recognizing it as an effective tool to revitalize community clinics.

Considerable numbers of community groups are functioning in self-sustainable manner and expanded their scope other than MNH.

(5) Sustainability

Project is judged moderate in sustainability for the following reasons;

- Lack of supportive supervision is one of negative factor of sustainability of quality service.
- Conscious involvement of local government strengthen local ownership, which enhances the sustainability of CmSS.

3. Factors promoting better sustainability and impact

- (1) Appropriate approaches in the context of Bangladesh
- (2) JOCV members and competent local project staff
- (3) Active participation of local governments

4. Factors inhibiting better sustainability and impact

- (1) Shortage of human resource and frequent transfer of personnel
- (2) Insufficient budget allocation for each facility for maintenance of equipment and procuring daily items

5. Conclusion

The project purpose is considered to be achieved and improvement in maternal and neonatal health in Narsingdi was accomplished through three effective approaches; 1) dual wheels of EmOC public facility improvement and self-sustainable community through CmSS, 2) involvement of local government to improve its awareness and motivation, and to take leadership in provision of support for maternal and neonatal health improvement, and 3) strengthening coordination between DGHS and DGFP at each level.

Neonatal care and Post natal care services still remain challenges. Further effort in institutionalization of the various approaches employed by the project and accelerating the on-going efforts of the health service improvement would enhance the sustainability of the positive effects the project produced.

6. Recommendations

- (1) Issues to be considered by the project
 - 1) Available data should be reexamined and further analyzed to clarify strengths and weakness of the approaches of SMPP reflect positive ones in the next health sector program and related strategies
 - 2) The project should clarify and implement the exit strategy in order to sustain the activities without further external input.

- (2) Issues to be considered by GOB in the long run

- 1) Service delivery capacity and functions of hospitals need to be strengthened.
- 2) To ensure optimum use of resources, reallocation of available resources such as human resources and logistics at the district and division levels should be more rigorously pursued.
- 3) It is recommended that the Government of Bangladesh to consolidate existing committees into a common platform to coordinate various health programs.
- 4) Narsingdi district is expected to be a learning site for other districts on effective implementation of safe motherhood program.

7. Lessons Learned

- 1) Appropriate project management structure needs to be carefully considered and designed. In the project, there was no official forum to have project implementation level discussions at a central level.
- 2) Projects should be designed at the very beginning to collect necessary scientific evidence to measure the achievement of the Project activities.
- 3) The approach of dual wheels of EmOC public facility improvement and self-sustainable community participation through CmSS-SMPP was effective. As for the implementation process, supply side strengthening should be done prior to demand creation.