Summary of Evaluation

<table>
<tr><td colspan="3">1. Outline of the Project</td></tr>
<tr><td colspan="2">Country: People's Republic of Bangladesh</td><td>Project Title: Safe Motherhood Promotion Project Phase 2 (SMPP-2)</td></tr>
<tr><td colspan="2">Issue/ Sector: Health</td><td>Cooperation Scheme: Technical Cooperation Project</td></tr>
<tr><td colspan="2">Division in Charge: Human Development Department</td><td>Total Cost: 376 million Japanese yen
(as of terminal evaluation)</td></tr>
<tr><td rowspan="2">Period of Cooperation:</td><td rowspan="2">1 July 2011 – 30 June 2016 (five years) (RD signed on 29 May 2011)</td><td>Partner Country's Implementing Organization:
Ministry of Health and Family Welfare (MoHFW)</td></tr>
<tr><td>Supporting Organization in Japan:
Project Supporting Committee in Japan is organized.</td></tr>
<tr><td>Related Cooperation Project:</td><td colspan="2">(Technical cooperation)
Dispatch of health advisor (2010-2014)
(Loan)
Maternal, Neonatal and Child Health Improvement Project (Phase 1)(Loan agreement signed on 25 January 2012)
(Others)
Japan Overseas Cooperation Volunteers (Nurse, Rural development, Program manager)</td></tr>
</table>

1-1. Background of the Project

Safe Motherhood Promotion Project (Phase 1) (SMPP-1), which was launched by the Ministry of Health and Family Welfare (MoHFW), the Government of People's Republic of Bangladesh, and JICA in 2006, terminated its cooperation in June 2011 with a number of improvements in health service utilization and health seeking behaviors of mothers. SMPP-1 had the combination approach of community empowerment, medical facility improvement and mobilization of local governments to link health service providers and communities.

Having recognized the achievements of SMPP-1, the Government of Bangladesh and JICA commenced the SMPP-2 to further strengthen maternal and neonatal health (MNH) activities in line with the "Health, Population, and Nutrition Sector Development Strategy 2011-2016" of Bangladesh by extending their cooperation as follows: 1) to enhance coordination mechanism in maternal and neonatal health activities among governments, development partners and NGOs at the national level, 2) to disseminate good practices and experiences of SMPP-1 in the country, and 3) to define replicable and effective maternal and neonatal health approaches based on SMPP-1 and other good practices.

1-2. Project Outline

(1) Overall Goal

Maternal and neonatal health status is improved in Bangladesh.

(2) Project Purpose

The approaches to improve MNH services quality and utilization in line with Health, Population,

and Nutrition Sector Development Program (HPNSDP) are expanded in Bangladesh.

(3) Outputs

1) Good practices of MNH services are identified and consolidated in national strategies and guidelines
2) Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional
3) A package of MNH interventions under Upazila Health System (UHS) is developed.

1-3. Inputs as of terminal evaluation

(1) Experts

- Long-Term (108 MM) (Chief Advisor, Project Coordinator)
- Short-Term (3.9 MM) (Advanced Facilitation Workshop, Community Mobilization, Health System Management Introductory Training, TQM, etc.)

(2) Trainees received in third country

TQM in Sri Lanka and Tanzania, Leadership in Governance in Kenya

(3) Equipment

Equipment for neonatal care, etc. (total 4,050 thousand Bangladesh Taka (6 million Japanese Yen))

2. Evaluation Team

Members	Bangladesh Side - Mr. A.M Rejwenul Hoque (Senior Assistant Chief, MoHFW) - Dr. Mosharraf Hossain (Assistant Director & Program Manager, CBHC, DGHS) - Dr. A.S.M Nazmul Huq (Deputy Program Manager (TQM), Hospital Services Management, DGHS) - Dr. M.A. Zulkawsar (Assistant Director & Deputy Program Manager, DGFP) Japanese Side: - Mr. Hiroyuki Tomita (Senior Representative, JICA Bangladesh) - Dr. Hiroshi Sato (Chief Senior Researcher, Research Planning Department, Institute of Developing Economies, Japan External Trade Organization) - Dr. Hidechika Akashi (Senior Advisor, Bureau of International Health Cooperation, National Center for Global Health and Medicine) - Dr. Rintaro Mori (Director, Department of Health Policy/Department of Clinical Epidemiology, National Center for Child Health and Development) - Mr. Hirofumi Tsuruta (Process Consultant, Namidabashi Lab Co., Ltd) - Mr. Tatsuya Ashida (Advisor, Health Division 4, Human Development Department, JICA)

Period of Evaluation study	27 November 2015 – 14 December 2015	**Type of Evaluation:** Terminal Evaluation

3. Results of Evaluation

3-1 Achievements of Outputs

(1) Output 1

The indicators of the outpout 1 are: the number of cases/themes/areas of collaboration between SMPP-2 and other MNH stakeholders, the number of good practices incorporated in national MNH policies, strategies, guidelines, and manuals, and report of analysis on the activities in Narsingdi and Chowgacha. The output 1 was achieved because all the three indicators were achieved as of the terminal evaluation. SMPP-2 has contributed to incorporating some good practices into HPNSDP 2011-16 and other policies through the collaboration with different stakeholders. Major contribution of good practices of SMPP-2 is a policy development related to CSG and 5S-CQI-TQM.

(2) Output 2

There are two indicators of the output 2: Mechanisms to monitor and support TQM, CSG and District HLP are established, and training modules formulated, number of training, number of training participants, number of Agencies SMPP provided technical assistance for implementation of TQM/CSG/HLP. All the indicators were achieved as of the terminal evaluation. Therefore, the Output 2 was achieved. SMPP-2 has contributed to developing and testing the mechanisms, tools and training modules to monitor and support CSG activities (including "Core Team Strategy"), 5S-CQI-TQM in hospitals and Horizontal Learning Program (HLP). As of the terminal evaluation, the usefulness and uniqueness of these mechanisms and tools has been recognized among hospital staff, Core Team members and partners.

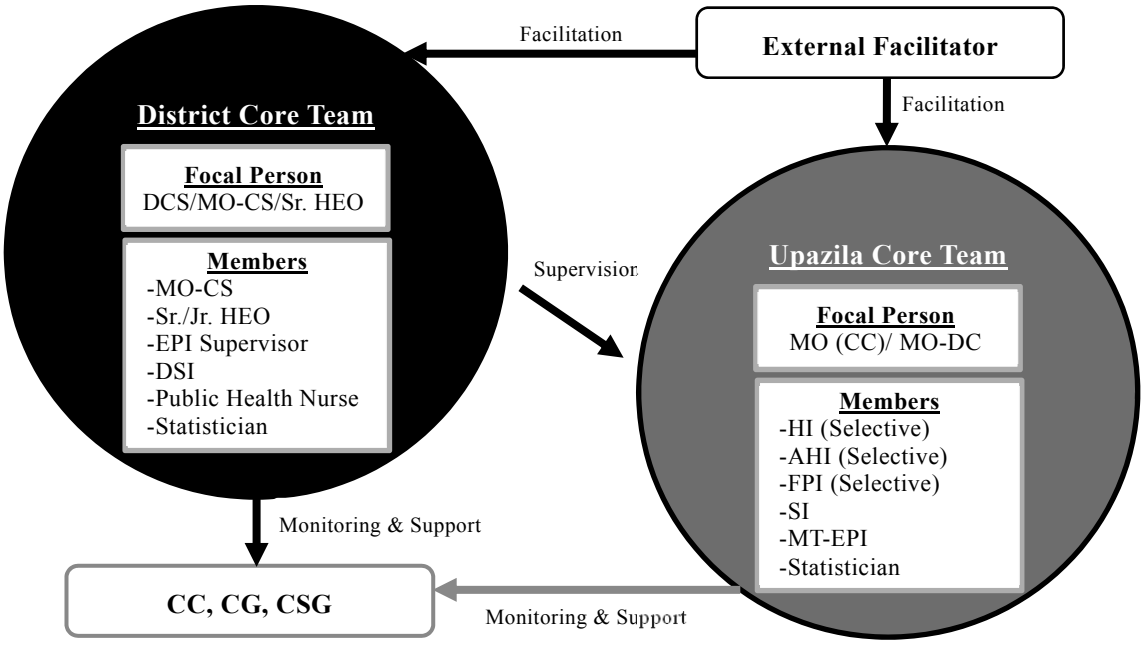

Figure. Conceptual Framework of Core Team Strategy

(3) Output 3

Output 3 is mostly achieved as of the terminal evaluation. The output 3 indicators are: Defined UHS concept, strategy and implementation mechanism is documented, the number of evaluation reports on MNH interventions, and the key process indicator for MNH such as ANC/PNC uptake, skilled birth attendance rate, and neonatal case fatality rate. The most of the targets related with the indicators have been achieved. The activities of the output 3 contributed to developing and operationalizing UHS concept and a comprehensive MNH intervention package for UHS. Lessons learned in Satkhira district can be disseminated to contribute to the discussion on implementation of effective MNH interventions within the UHS.

3-2 Achievement of Project Purpose

The project purpose is achieved. The most indicators achieved its target as of the terminal evaluation as shown in the below Table. The factors which enabled the CC/CG/CSG activities and 5S-CQI-TQM to expand throughout the country include the incorporation of approaches introduced by SMPP-2 into policies (output 1), the establishment of the mechanisms of monitoring and support to replicate the good practice (output 2) and a likely integration of a package of MNH interventions into the Upazila Health System based on the experience in Satkhira (output 3).

Table. Achievements of Project Purpose

Project Purpose: The approaches to improve MNH service quality and utilization in line with Health, Population, and Nutrition Sector Development Program (HPNSDP) are expanded in Bangladesh	
Indicators	Achievement
1. The proportion of all the TQM hospitals in Satkhira and Narsingdi achieved 70% or more on 5S at the MNH service areas (ANC/PNC corner, delivery room, operation theater and female ward)	**Achieved** All the 5S-CQI-TQM hospitals in Satkhira and Narsingdi achieved over 75% on 5S at MNH services areas, according to the project document.
2. The percentage of CSGs functional in Satkhira is increased to 70% or more	**Achieved** The percentages of CSGs functional in Satkhira is 82% (540 CSGs out of total 657 CSGs), according to the project document.
3. The proportion of women with complication using EmOC services increases to 80% or more in Satkhira and Kholaroa	**Achieved** As of the terminal evaluation, the proportion of women with complication using EmOC in Satkhira district and Kalaroa Upazila was 80.9%.
4. Proportion of deliveries assisted by skilled personnel (C-SBA, SSN/FWV with midwifery training, MBBS doctor) increases to 50% or more.	**Achieved** The proportion of deliveries assisted by skilled personnel in Satkhira district increases to 54.8% as of the terminal evaluation (baseline: 37.4%) and in Kalaroa it is increased to 68.1% (baseline: 45.6%)
5. The proportion of established CSGs reaches to 100% in Bangladesh	**Mostly Achieved** Number of established CSG is 39,240 in Bangladesh (99.4% of the target: 40,149 as of June 2015), according to the CBHC documents In 2013, RCHCIB issued the government order that all CCs should create CSGs as per the guideline.
6. TQM pilot hospitals expands to more than initial four hospitals (baseline: 3)	**Achieved** The number of the pilot hospitals is 106 in Bangladesh as of the terminal evaluation

(Source) Project documents

3-3 Summary of Evaluation Results

(1) Relevance

Improving maternal and neonatal health services targeted by SMPP-2 is one of agendas in the 3rd HPNSDP 2011-16, which is a key strategic document as of ex-ant evaluation as well as terminal evaluation. In addition, many challenges still remain in the neonatal and maternal health such as ensuring skill attendance at birth, service expansion to hard-to-reach areas, assuring quality of care, according to the concept paper of the next health sector program. Moreover, Japan's Country Assistance Program for Bangladesh also prioritizes the contribution to the Bangladesh's efforts to realize MDGs in some areas including maternal and child health. Therefore, SMPP-2 is highly relevant with the Bangladesh's health strategy and needs, as well as Japan's ODA policy. Therefore, its relevance is high.

(2) Effectiveness

As of the terminal evaluation, the CSG and 5S-CQI-TQM have been disseminated in Bangladesh. The incorporation of approaches introduced by SMPP-2 into policies (output 1), increased feasibility to maintain and expand the approaches through monitoring and support activities (output 2) and development of a package of MNH interventions under the Upazila Health System (output 3) were successfully achieved. Thus, SMPP-2 largely achieved its purpose as of the terminal evaluation.

(3) Efficiency

Both of the project cost and project period will be within the plan. Therefore, efficiency of SMPP-2 is high. During the project period, activities could not be implemented as expected due to security concern caused by political unrest and frequent strikes in Bangladesh but the project outputs were produced as planned.

(4) Impact

It is possible to achieve overall goal in 3-5 years after the end of the project because MMR is now on truck to reach the target by 2016, and NMR will be addressed more intensively in the next health sector program. If the expanded approaches such as CSG and 5S-CQI-TQM are sustained with monitoring and support mechanisms, they will contribute the achievements of the target of MMR and NMR.

(5) Sustainability

As of terminal evaluation, some minor concerns have been observed in terms of the organizational, technical and financial aspects of the implementing agency for the sustainability of project effects. While responsible bodies were clearly defined for activities such as CSG, 5S-CQI-TQM, organizational rearrangement might be conducted by MoHFW according to the concept paper for the next health sector program. In addition, DGHS/DGFP will be able to operate national strategies and guidelines with various development partners because resource persons, agencies, documents, training modules will remain with DGHS/DGFP national level to Upazila levels. However, Core Team's activities developed

by SMPP-2 might not be taken over by anyone as this strategy has not been incorporated in the national policy. Moreover, there will be no major problem in terms of financial sustainability if the next health sector program allocates the same level of amounts of the expenditure with 3rd HPNSDP. It was reported during the terminal evaluation study that delayed supply of medicines to CC due to interrupterd fund release has threatened the sustainability of activities of CC. There are other uncertainties for the sustainability related to the transition to a new health sector program. Therefore, sustainability of the project effects is fair.

3-3 Implementation Process

The PDM for the Project was revised based on the recommendation during the mid-term review process in order to facilitate the understanding of PDM as well as to refelct actual activities of the Project.

In SMPP-2 Project Supporting Committee, comprised of Japanese experts in key areas related with SMPP-2, was established at the beginning of SMPP-2 to provide technical consultation. The committee has been beneficial to the Project in term of providing different viewpoints for the reframing the project scope and activities.

In adition,,partnership with other development partners contributed to extend and scale-up the experiences such as activities of CSG and 5s-Kaizen-TQM to the entire region.

Also,combination with Yen Loan project promoted to share the acitivities of the Project as well as coordination with the activities of Japan Overseas Cooperation Volunteers facilitated the exchange of useful information on site level.

3-4 Conclusion

SMPP-2 is highly relevant with the Bangladesh's health strategy and needs, as well as Japan's ODA policy, because SMPP-2 has focused on maternal and neonatal health prioritized in the 3rd HPNSDP as well as Japan's Country Assistance Program. Effectiveness and impact are high because SMPP-2 has achieved its project purpose "the expansion of new approaches such as CSG and TQM, which influence the maternal and neonatal indicators positively. Efficiency of SMPP-2 is high because both of the project cost and project period will be within the plan. Sustainability of SMPP-2' effects is fair because some minor concerns have been observed in terms of the organizational, technical and financial aspects of the implementing agency.

In light of the above, this project is evaluated to be highly satisfactory.

3-5 Recommendations

1. On the ground that "Core Team Strategy" has functioned effectively to activate CG and CSG which contribute to maximum utilization of CC as well as to strengthen the Upazila Health System. The Evaluation Team recommends to Bangladesh side to expand the "Core Team Strategy" to other districts to promote CC initiative.
2. CBHC should take necessary measure to address issues mentioned in 3-2-2 Output 2; allocation of budgets for "Core Team Strategy", mobilizing resources for external facilitators such as NGOs,

retaining experiences as institutional memory, and policy endorsement of "Core Team Strategy".

3. The Evaluation Team confirmed that the mechanism of CG and CSG is applicable for promoting further utilization of family welfare center (FWC). DGFP should consider creating CSG under the FWC management committee. In addition, data of FWC should be integrated with existing community clinic data to capture the entire situation of the union.
4. SMPP-2 should document the implementation process, monitoring mechanism and experience of District HLP. In addition, the document should be shared and finalized with MoHFW, the Horizontal Learning Center and its partners by June 2016. Documents are expected to be utilized in the new phase of HLP, and for mobilizing Union Parishards to contribute to health sector strengthening.
5. SMPP-2 should share the results and lessons learned of impact studies in Satkhira about women's health seeking behavior, social capital and women's empowerment with MoHFW and sector partners by the end of SMPP-2 to draw policy recommendation.
6. The Evaluation Team recommends TQM program of DGHS to support hospitals to strengthen internal PDCA cycle in 5S-CQI-TQM and showcase the good practices of 5S-CQI-TQM for advancement. The Team also recommends compiling positive changes of quality of hospital services with data after the introduction of 5S-CQI-TQM.
7. The Evaluation Team recommends SMPP-2 to document 10-year experiences of SMPP, evolution of Narsingdi model, and process and lessons learned of the scale-up of CSG and 5S-CQI-TQM by June 2016.
8. The Evaluation Team recommends MoHFW to assure responsible departments to take over the achievements of SMPP-2 even in the next health sector program.

3-6 Lessons Learned

1. It was proved that the Government can effectively mobilize the community participation with strong ownership in Bangladesh. To formulate appropriate policies, external supporters such as SMPP-2 could advice or offer innovative ideas (e.g. CSG, Core Team strategy, 5S-CQI-TQM.) to the government from the external objective point of view.
2. SMPP-2 focused on policy formulation and operationalization with the Government through constructing linkages between these two aspects, instead of increasing the geographical coverage. It resulted in the formulation of appropriate policy and relevant approaches in the Bangladesh context, which attracted development partners to get on board.
3. SMPP-2 conducted the third country training such as 5S-CQI-TQM in Sri Lanka and in Tanzania and exchange visits between Bangladesh and Afghanistan/Kenya. As for the Kenyan case, the visit influenced the development of Community Health Strategy in Kenya. Those activities were able to create the chain reaction of knowledge and experiences by utilizing global network of JICA. It had the positive impacts beyond the national border by utilizing the achievements of other JICA technical cooperation projects.
4. PDM is a tool to share the direction of the Project as well as mobilize resources for the project implementation at the design stage of the Project. Based on SMPP-2 experience, project management tool should allow flexible and timely revision of activities when critical changes of the

technical cooperation takes places and/or when an opportunities arise for achieving the overall goal, which facilitate dynamic actions to address the overall goal.

5. It was observed that one of the most critical factors of SMPP's success was the placement of JICA expert who committed oneself/herself to the project over 10 years and understands the country context, the latest landscape of global health as well as JICA's development values. Furthermore, JICA internalized SMPP and built full trust with the expert that enabled SMPP to take prompt decisions and actions, and allowed SMPP to be adaptable to meet changing needs of the country.