

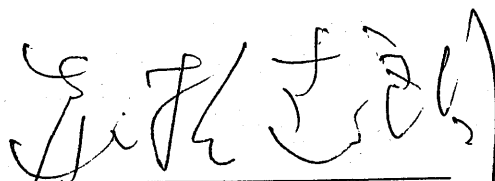
**MINUTES OF MEETING
BETWEEN
THE JAPANESE TERMINAL EVALUATION TEAM
AND
THE AUTHORITIES CONCERNED
OF
THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH
ON
THE COMMUNITY-OPERATED REPRODUCTIVE HEALTH PROJECT
UNDER
JICA PARTNERSHIP PROGRAM**

The Japanese Terminal Evaluation Team (hereinafter referred to as "the Team"), organized by Japan International Cooperation Agency and headed by Mr. Shiro Akamatsu, visited the People's Republic of Bangladesh from January 17 to January 28, 2004.

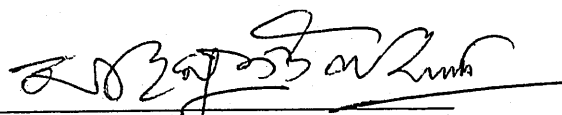
During its stay in the People's Republic of Bangladesh, the Team had a series of discussions with the Bangladesh authorities concerned and evaluated the present achievements of the Community-operated Reproductive Health Project (hereinafter referred to as "the Project") and exchanged views on the project activities to fulfill the Record of Discussions signed on April 4, 2001.

As a result of the discussions, the Team and the Bangladesh authorities concerned agreed to report to their governments, the matters referred to in the document attached hereto.

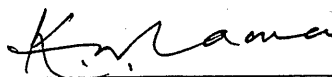
Dhaka, January 28, 2004



Shiro Akamatsu
Leader,
The Japanese Terminal Evaluation Team,
Japan International Cooperation Agency
(JICA)



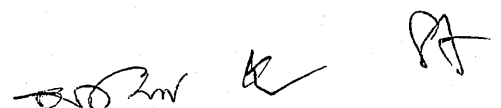
Mahmudul Hossain Bhuiyan
Deputy Secretary,
Economic Relations Division,
Ministry of Finance,
The Government of Bangladesh



Khandaker Nuruzzaman
Deputy Chief,
Ministry of Health and Family Welfare,
The Government of Bangladesh

Terminal Evaluation by the Japanese Terminal Evaluation Team
On
The Community-operated Reproductive Health Project
in the People's Republic of Bangladesh
Under
JICA Partnership Program

Dhaka, January 28, 2004

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1. Introduction

1-1 Background of the Terminal Evaluation

The Japanese Terminal Evaluation Team (hereinafter referred to as "the Team") organized by the Japan International Cooperation Agency (hereinafter referred to as "JICA") and headed by Mr. Shiro Akamatsu visited the People's Republic of Bangladesh from January 17, 2004 to January 28, 2004 for the purpose of conducting a terminal evaluation on the Community-operated Reproductive Health Project in the People's Republic of Bangladesh (hereinafter referred to as "the Project") on the basis of the Record of Discussions (hereinafter referred to as "the R/D") signed on April 4, 2001.

Through careful investigation and discussions, the Team summarized their findings in this report.

1-2 Objectives of the Terminal Evaluation

The evaluation exercise had the following objectives:

- (1) To comprehensively evaluate the Project by reviewing (a) the degree of achievements of the Overall Goal and Project Purpose and (b) the results of Outputs, Activities and Inputs;
- (2) To make recommendations to those who are involved in the Project based on the evaluation; and
- (3) To derive lessons from the Project for improving planning and implementation of similar technical cooperation projects in the future.

1-3 Methodology of the Terminal Evaluation

The evaluation study was conducted based on the Project Cycle Management (PCM) method. See ANNEX-1 for the member list of the Team, ANNEX 2 for the list of interviewees, and ANNEX 3 for the evaluation schedule.

- The Team examined the Project Design Matrix (PDM). A PDM is a summary table of overall description of the Project, its objectives and environments.
- The Team confirmed the achievements of the Project in terms of Overall Goal, Project Purpose, Outputs, Activities and Inputs stated in the PDM.
- The Team conducted evaluation on the five criteria, namely Relevance, Effectiveness, Efficiency, Impact and Sustainability, the content of which is stated below.

- 1) Relevance: Relevance is to question whether the project purpose and overall goal are still in line with the priority needs and concerns at the time of evaluation.

- 2) Effectiveness: Effectiveness concerns the extent to which the project purpose has been achieved, or is expected to be achieved, in relation to the outputs produced by the projects.
- 3) Efficiency: Efficiency is a productivity of the implementation process: how efficiently the various inputs are converted into outputs.
- 4) Impact: Impact is intended and unintended, direct and indirect, positive and negative changes as a result of the project.
- 5) Sustainability: Sustainability of the development project is to question whether the project benefits are likely to continue after the external aid has come to an end.

2. Outline of the Project

2-1 Background of the Project

The reproductive health index and status of women in Bangladesh is relatively low in the world, and the population and health sectors are priority areas of Japanese Official Assistance to Bangladesh. The Japanese Organization for International Cooperation in Family Planning (JOICFP), a Japanese Non-Government Organization (NGO), first initiated a UNFPA-supported model project (Integrated Family Development Project / IFDP) from 1992 – 1999 with the collaboration of Family Planning Association of Bangladesh (FPAB) in the area of family planning and reproductive health. Based on these experiences, JOICFP proposed the partnership program with JICA to expand the project into the next stage. In 2000, the Japanese Preliminary Study Team was dispatched to the People's Republic of Bangladesh to explore the possibility of JICA's assistance under the JICA Partnership Program. As a result, the R/D was exchanged between the Government of Bangladesh and JICA, and the Community-operated Reproductive Health Project started its implementation from April 2001.

2-2 Project Design Matrix

The PDM for the Project is shown in ANNEX 4. There has not been any change in the PDM during the project period. The Overall Goal, Project Purpose of the Project described in the PDM is as follows:

(1) Overall Goal

Reproductive Health (RH) status of women improves in project areas.

(2) Project Purpose

Utilization of Reproductive Health / Family Planning (RH/FP) services increases in line with the government policy of Essential Service Package (ESP).

2-3 Workplan

The Workplan for the Project by each year is shown in ANNEX 5-1 to 5-3.

3. Results and Achievements of the Project

3-1 Inputs

The Team confirmed the results of inputs as stated in the Self-Evaluation Sheet filled up by the Project. See ANNEX 6.

3-2 Activities

In general, activities have been conducted as planned. The Team confirmed that the achievements of activities as stated in the Self-Evaluation Sheet filled up by the Project. See ANNEX 6.

3-3 Outputs

1) **Integrated and community-operated RH/FP services are strengthened.**

In general, each activity to strengthen the integrated and community-operated RH/FP has been successfully conducted as planned. Multi-purpose centers with clinical function have now served as the one and only clinic with a medical doctor in the Union to provide the Essential Service Package (ESP). It is expected that the services will be further strengthened through increasing the utilization of such services as post natal care (PNC).

2) **Women in project areas are better equipped with knowledge and skills to make better choices for their health.**

Most of the planned activities have been successfully conducted. As the members of Women's Group, women involved in the Project have actively participated in the activities. They have acquired the basic knowledge and skills for reproductive health, sanitation, sewing, and earned their own income through micro credit activities. Provision of health education by Family Development Volunteers (FDVs) have helped to encourage women to seek for the health services and change their behavior for better health status of the community. According to the interviews conducted by the Team, one of the members could buy the medicine for parasite control for children by utilizing the income earned through micro credit activities. Around a half of those women participated in the skill training for sewing, have already engaged in the business to sell their hand-made clothes.

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3) Institutional capacity of FPAB and other concerned organizations is strengthened for programme sustainability.

The institutional capacity of FPAB has been strengthened through the joint implementation of the Project with JOICFP. Project staff has acquired most of the skills and knowledge required to proceed the project activities. It is expected that additional trainings for FDVs such as Sexually Transmitted Infection (STI) and PNC will help to further improve their capacities. The Advisory Committee (AC) and the Steering Committee (SC) have been increasing the function to raise the awareness and participations among the locality. Their contribution to support the project activities has been appreciated by the Project as well as the community. Further involvement of Union Parishad and central government officials working in Upazila and Union levels is highly expected.

3-4 Project Purpose

“Utilization of Reproductive Health / Family Planning (RH/FP) services increases in line with the government policy of Essential Services Package (ESP).”

According to the evaluation survey conducted by the Project contracted consulting firm, it is confirmed that all of indicators have shown the positive trend that implies the positive co-relation between three Outputs and the achievement of the Project Purpose. (See ANNEX 6 for the details)

3-5 Overall Goal

“Reproductive Health (RH) status of women improves in project areas.”

The Team judged that the impact of the Project Purpose on the Overall Goal has certain consistency. Therefore, if the project will be continuously proceeded as it has been, it is most likely that the Overall Goal will be achieved.

4. Implementation Process

The PDM has been developed before the inception of the Project as a tool to monitor the progress of project implementation. The monitoring was regularly conducted by the Project accordingly. As a result, some of activities have been carefully modified in order to cope with the change of circumstances, and the modification has always been introduced with the consensus of the project members.

Regular reporting and monthly meetings have facilitated the proper communication among project members as well as between JOICFP and FPAB. In addition, the supporting system of the Project, such as the AC and SC has effectively functioned to maintain the good level of communication between the Project and the communities. Increase of the involvement of

those AC and SC are expected to develop the ownership by the community. Close communication with the community has been well maintained through those field workers, such as FDVs and Supervisors.

Japan Overseas Cooperation Volunteers (JOCVs) have been playing the important role in the Project throughout the project period to train and support the field workers. Their language capacity and their professional skills as health providers have made it possible to share the problems with the local people.

The PDM for the Project put the following two important assumptions as the conditions for achieving the Project Purpose.

- (1) Unexpected serious natural disaster will not hit project area.
- (2) Local project personnel (FDV) will not be dropped off.

All of these important assumptions were met in the progress of the Project.

5. Five Criteria Evaluation

5-1 Relevance

The relevance of the Project is quite high. The Project has been relevant with the development policy of the Government of Bangladesh (GOB). The project activities have been designed in line with the national Health and Population Sector Program (HPSP) for increased utilization of RH/FP services in the community. The service component of the Project attributes that it is fully complies with the HPSP for addressing national priorities. The Project is also relevant with the overall aid policy of Japan, which identifies the improvement of health status of women as priority issue of Bangladesh. The Project is consistent with the policies of JOICFP and FPAB.

5-2 Effectiveness

According to the evaluation survey conducted by the Project contracted consulting firm, it is confirmed that all of indicators have shown the positive trend that implies the positive co-relation between three Outputs and the achievement of the Project Purpose (See ANNEX 6 for the details). Comprehensive approach, which combines health, education, and economic activities to empower women, has demonstrated the multiplier effects on these positive outcomes.

5-3 Efficiency

The inputs by both Japanese and Bangladesh sides were generally appropriate in terms of timing, quantity and quality. Technical equipment, such as Maggie Apron, Pregnancy



Simulator, and pictorial materials were highly appreciated by those field workers as effective tools to educate the women in the community. The short-term experts from JOICFP provided the effective technical expertise on a regular basis.

5-4 Impact

The impact of the Project Purpose cannot be assessed at this moment, although the Project has been contributing to the improvement of reproductive health status of women. The comprehensive services, which includes beyond ESP, such as skill trainings, literacy trainings, and income generating activities has contributed to promoting the empowerment of women in the community. This serves to raise awareness among the community people, and to set up the preferable environment for women to participate in the social activities. No negative impact has been observed at the time of evaluation.

5-5 Sustainability

FPAB has maintained the sound management as the nationally renowned family planning organization, and the technical assistance from JOICFP has contributed to strengthening institutional capacity of FPAB. The Team judged that in order to secure the further sustainability, more involvement of various stakeholders, such as local government as well as local societies are expected. On the other hand, the financial sustainability has not been secured yet in order to maintain the same level of activities.

6. Conclusion

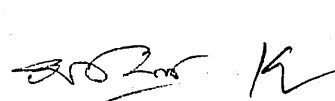
In general, planned activities have been successfully conducted. As a result, the indicators showed the positive trend toward the achievement of the Project Purpose. However, the financial sustainability has not been secured yet. In addition, the further involvement of local society, local government, and central government are expected.

7. Recommendations

Based upon the foregoing evaluation, the Team recommended the followings to ensure that the benefits brought by the Project will be sustained and further enhanced.

7-1. Recommendations to the Project

- 1) So far, the Project has successfully been integrating the community people. In order to the Project to be "operated" by the community itself, the ownership of the Project by the community people needs to be fostered further.
- 2) As the Team confirmed that the comprehensive approaches exercised through this Project has shown its effectiveness, the FPAB should apply this approach to expand in other



areas.

- 3) If the follow-up support is necessary, FPAB is recommended to submit the proposal to the JICA Bangladesh Office with the consultation of JOICFP.

7-2. Recommendations to the Government of Bangladesh

- 1) Continuous support to the Project is expected including necessary cooperation for possible follow-up activities by FPAB.
- 2) The comprehensive approach based on the multi-purpose center with clinical function to empower women has demonstrated the multiplier effects for generating the positive outcomes. It has proven to be a good practice for promoting reproductive health in rural areas. Therefore, the GOB is recommended to apply this approach with the collaboration of NGOs.

8. Lessons Learned

- 1) The comprehensive approach to empower women has demonstrated the multiplier effects for well-beings of local people.
- 2) In order to deliver the reproductive health services to respond to the people's need, the following two elements are indispensable; the one is the behavior change of local people, and the other, consistent delivery of reproductive health services. The collaboration between GO and NGO can be effective, because encouraging the behavior change of local people is one of the comparative advantages of NGO.

MEMBER LIST

<u>Assignment</u>	<u>Name</u>	<u>Position</u>
1. Leader	Mr. Shiro AKAMATSU	Senior Advisor Institute for International Cooperation, JICA
2. Participatory Development	Ms. Miyuki AOKI	Program Officer SHARE: Services for the Health in Asian & African Regions (NGO)
3. Partnership Program	Ms. Mahomi MASUOKA	Staff Domestic Partnership Promotion Div. Domestic Partnership and Training Dept.
4. Evaluation Planning	Mr. Atsushi UCHIDA	Staff South Asia and Oceania Div. Regional Dept.II, JICA
5. Evaluation Analysis	Ms. Shinobu MAMIYA	Consultant Global Link Management Inc.





LIST OF INTERVIEWEES

1) Economic Relations Division, Ministry of Finance (ERD)

Iqbal Mahmood, Deputy Secretary

Katsuhiro EBINA, Economic Cooperation Advisor, JICA

2) Ministry of Health & Family Welfare

Khandaker Nuruzzaman, Deputy Chief

Md. Mokhlesur Rahman Sarker, Senior Assistant Chief

Md. Firoz Uddin, Senior Assistant Chief

Md. Monirul Islam, Assistant Chief

3) Embassy of Japan

Takaharu Kakinuma, Second Secretary

4) JICA Bangladesh Office

Takashi Sakamoto, Resident Representative

Takuya Otsuka, Deputy Resident Representative

5) JOICFP

Ryoichi Suzuki, Deputy Execution Director

Ryoko Koshihara, Project Coordinator, CORHP

6) Family Planning Association of Bangladesh (FPAB)

M. Shafiqul Islam Khan, Director General

Md. Abdus Salam, Project Director, CORHP JICA Partnership Program

7) CORHP, Panchdona, Narshingdi

Dr. Shahanaz Jahan, Project Coordinator

Mahbub ul Haque, Project Officer

Ashraf Uddin Ahamed, Lab Technician

Jyotirmoy Das, Assistant Accountant

Minara Begum, Paramedics
Shahida Islam, Supervisor
Sanjida Khanom, Supervisor
Ranjana Datta, Supervisor
Masuda Khatoon, FDV
Shirin Akter, FDV
Rokeya Begum, FDV
Hiroko Makino, Japan Overseas Cooperation Volunteer (JOCV), JICA
Members of the Women's Group, Adolescent Class and Skill Training Class

8) Advisory Committee (AC) and Steering Committee (SC), CORHP, Panchdona

Monir Hossain, Convener of AC (UP Chairman)

M. N. Salam, Member of AC

MD. Milon Mollah, Member of AC

Rowshon Ara Begum, Convener of SC

Shali Begum, Member of SC

Shiule Rari Das, Member of SC

Farida Begum, Member of SC

9) CORHP, Dhalia, Feni

Shamina Akhter, Field Coordinator

Dr. Shafiqur Rahman, Medical Officer

Tapoti Rani Raha, Paramedics

Md. Sirazul Islam, Lab Technician

Nur Akter, Supervisor

Morgina Akter, Supervisor,

Sujita Chakraborty, Supervisor

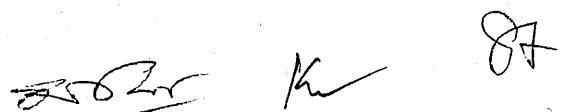
Aleya Begum, FDV

Nur Shahenara Begum, FDV

Parthona Rani Das, FDV

Chikako Toda, JOCV, JICA

Members of the Women's Group



SCHEDULE OF THE EVALUATION TEAM

Date	Program	
17-Jan (Sat)	Arrival at Dhaka (SQ436)	
18-Jan (Sun)	Visit to JICA Courtesy call to Economic Relations Division (ERD) Courtesy call to Family Planning Association of Bangladesh, Head Quarter, Dhaka	
19-Jan (Mon)	Move from Dhaka to Narshingdi Visit to Multipurpose Women's Training Center (MWTC), Panchdona Union, Narshingdi Interview with the Project Staff	
20-Jan (Tue)	Visit the Women's Group Meeting at sub-center Interview with Family Development Volunteers(FDVs) Move from Panchdona to Dahlia, Feni	
21-Jan (Wed)	Visit to FPAB, Dahlia Union, Feni Interview with the Project staff, FDVs Visit the Women's Group Meeting Move from Dahlia to Dhaka	
22-Jan (Thurs)	Group A	Group B
	Visit the Local Government Division, Ministry of LGRD&C Visit Shaplaneer Dhaka Office	Courtesy Call to the Ministry of Health and Family Welfare (MOHFW), Planning Section Draft the Evaluation Report on JOICFP Project
23-Jan (Fri)	Compile the findings	
24-Jan (Sat)	Move from Dhaka to Maymensingh Courtesy call on DC Interview with Field Coordinator and Field Organizers Visit two samities and adult literacy class	
25-Jan (Sun)	Visit to Village Organization and a samity Courtesy call on UNO and other officers in Swarganj Upazila Move from Maymensingh to Dhaka	
26-Jan (Mon)	Attend the Seminar of Participatory Rural Development Project (PRDP)	Draft the Evaluation Report on Shaplaneer Project
27-Jan (Tue)	Discuss with LGD and MOHFW Report to Embassy of Japan	
28-Jan (Wed)	Sign the Minutes of Meetings with ERD, MOHFW and LGD Report to JICA Office Leave Dhaka to Japan via Bangkok	

Community-operated Reproductive Health Project

Project Design Matrix (PDM)

Narrative Summary	Verifiable Indicators	Means of Verification	Important Assumptions
<p>Overall Goal Reproductive Health (RH) status of women improves in project areas.</p> <p>Project Purpose Utilization of Reproductive Health/Family Planning (RH/FP) services increases in line with the government policy of Essential Service Package (ESP).</p>	<p>Maternal death reduced Infant death reduced</p> <p>CPR (Contraceptive Prevalence Rate) increased Pregnant women received antenatal health check-up increased Deliveries assisted by trained personnel increased Coverage of TT vaccination increased EPI coverage increased</p>	<p>Baseline survey Data from Thana Health Complex/Union Prashad Report from Project Offices</p> <p>Project activities report Annual progress report</p>	<p>Economic and political situation will not be deteriorated</p> <p>High commitment to RH/FP by MOHEW (Ministry of Health and Family Welfare) will be continued</p>
<p>Output</p> <p>1. Integrated and community-operated RH/FP services are strengthened.</p> <p>2. Women in project areas are better equipped with knowledge and skills to make better choices for their health.</p> <p>3. Institutional capacity of FPAB (Family Planning Association of Bangladesh) and other concerned organizations is strengthened for programme sustainability.</p>	<p>1.1 MWTC fully utilized as the model center of ESP 1.2 New components of ESP is introduced 1.3 Training for RH/FP service providers are conducted over 8 times by the end of the project 1.4 Over 30 RH/FP service providers are trained to be Community Health Promoters (CHPs) who are able to provide ESP by the end of the project 1.5 ESP service coverage is increased by 25 % among the married women in reproductive age (MWRH) through clinic and out-reach activities 1.6 IEC activities are conducted monthly 1.7 Sanitation activities are conducted monthly 1.8 At least 3 new materials for BCC are developed by the end of the project 2.1 A total of over 1000 female volunteers and women's group members are trained by the end of the project 2.2 Campaigns are conducted on UN declared Days 2.3 30 % of women in project areas have opportunities for literacy education by the end of the project 2.4 Reading club is organized monthly 2.5 Over 600 women in project areas are provided with skill training by the end of the project 2.6 Over 100 women's groups in project areas have an access to income generating activities through micro credit scheme. 3.1 Over 40 project personnel are trained and re-trained by the end of the project 3.2 Project committees are organized regularly both at national and local level 3.3 Monthly meeting among the project personnel is conducted 3.4 A national Workshop is conducted annually 3.5 Over 6 local project staff are provided with exchange visits to the neighboring countries</p>	<p>Annual progress report Monitoring reports</p>	<p>Unexpted serious natural disaster will not hit project areas Local project personnel (CHP) will not be dropped off</p>

<p>Activities</p> <ol style="list-style-type: none"> 1.1 Renovate the Multi-purpose Women Training Center (MWTC in Panchodna Union). 1.2 Renovate the medical facilities for RH and provide necessary equipment in MWTC. 1.3 Train and re-train the RH/FP service providers so that they are able to provide main components of ESP. 1.4 Provide medical training courses on RH/FP to medical personnel. 1.5 Provide main components of ESP to community people both at clinic base and through out-reach activities. 1.6 Conduct the IEC activities on RH/FP such as film shows, seminars and health-promoting campaigns. 1.7 Conduct the public sanitation activities such as parasite control, providing slab latrines and cleanliness campaigns. 1.8 Produce appropriate behavior change communication (BCC) materials. 	<p>Inputs</p> <p>Bangladesh</p> <ol style="list-style-type: none"> 1. Building and facilities 2. RH/FP services (contraceptives) 3. Project personnel (project director, field coordinators, medical officers, supervisors, CHPs, laboratory technicians) <p>Japan</p> <ol style="list-style-type: none"> 1. Renovation of MWTC 2. Equipment 3. Project personnel (project manager, project coordinator, RH experts) 	<p>Pre-conditions</p> <p>Collaboration and cooperation will continue between FPAB and JICFP</p>
<ol style="list-style-type: none"> 2-1 Provide social development training to women's group members. 2-2 Organize campaigns for motivating the community people on UN declared Days. 2-3 Conduct literacy classes for women in project areas. 2-4 Conduct life skills training through reading-clubs for adolescents and women in project areas. 2-5 Provide skill training to young girls and women in project areas. 2-6 Conduct income-generating activities for women in project areas. 3.1 Train and re-train the project personnel on management skills 3.2 Organize regular Local Committee Meeting (LCM) composed of female community leaders 3.3 Organize regular Local Advisory Committee Meeting (LACM) composed of Union Council chairperson and members, and other community leaders. 3.4 Conduct monthly meetings among the project staff both from field offices and FPAB, HQ, for reporting, monitoring, and revising the monthly plan of activities. 3.5 Organize National Workshop annually for reviewing the project activities, and making the plan of activities for next year. 3.6 Conduct exchange visits of local project staff to the neighboring countries for information exchange and experience sharing. 		

Workplan 2002
Community-operated Reproductive Health Project (CORHP)
implemented by FPAB
under the JICA Partnership Programme

revised 2002/10/21

Month/Year	Apr-02			May-02			Jun-02			Jul-02			Aug-02			Sep-02			Oct-02			Nov-02			Dec-02			Jan-03			Feb-03			Mar-03																	
	1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26	2	9	16	23	30	7	14	21	28	4	11	18	25	2	9	16	23	30	6	13	20	27	3	10	17	24	3	10	17
M O N I T O R I N G	<p>Mission R. Suzuki R. Koshihara R. Nishida T. Minamishima</p> <p>Report Writing (FPAB) (JOIGFP) Monitoring (Japan) (Local) Monthly Meeting Project Office Headquarter Local Leaders' Committee Local Advisory Com. Local Steering Com.</p>																																																		
S E R V I C E S	<p>FP/RH service (Outreach) (MO, MA) FP/RH service (Clinic) (MO, MA) Film Show (Lab. Tech. FDV, Driver) Literacy Class (FDV) Group Meeting (FDV, SPV) Income Generating Activities (FDV, SPV) Vocational Training (TT) Adoles. Health Class (Girl) (SPV, FDV) Adoles. Health Class (Boy) (LT, FDV) Parasite Control (LT) CORHP Pamphlet (J & E) Leaflet on CORHP Service (B) Leaflet on MWTC (B) Equipment Photocopy machine Furniture at MWTC Pregnancy Simulator New-born Baby Doll Training TBA Training TOT on ARH Staff Training (BCC) Refresher Training Orientation to AC/SC Study Tour Steering Committee (National) Local Workshop National Workshop</p>																																																		
C O R H P	<p>Regular Coordinating Meeting Panchdona Dhaila CEP in Jessore (Exchange Visit) MCHTI (Short-term Training)</p>																																																		
L i n k	<p>Notes: May 23 (conducted) May 20-21 in Panchodna and May 28-29 in Dhaila (conducted) Orientation WS July 9-10 in Dhaila and July 13-14 in Panchodna (conducted) TOT on ARH Oct. 5-9 (planned) Staff Trng. (BCC) Oct. 10-12 (planned) TBA Training Sep. 4-5 in Panchodna and Sep. 8-9 in Dhaila (conducted) Study Tour to TMSS, Bogla December 13-16 (planned)</p>																																																		

SELF-EVALUATION SHEET

Date: January 6, 2004

1. Target Country & Project's name	Community-operated Reproductive Health Project (CORHP) under JICA Partnership Program in Bangladesh		
2. Implementing Agency	Family Planning Association of Bangladesh (FPAB) /Japanese Organization for International Cooperation in Family Planning (JOICFP)		
3. Duration	March 16, 2001 to March 15, 2004		
4. Confirmation of Achievement	(Written by : FPAB and JOICFP)		
4-1 Input	Original Plan	Actual inputs	Remarks (Major reasons for modifying original plan and so on)
4-1-1 Japan	Renovation of Multi-purpose Women Training Center (MWTC) Equipment	<p>JFY2001</p> <p>3 accommodation bed rooms attached with bath and toilets facilities for trainers and trainees additionally constructed. MWTC's accommodation capacity was increased from 20 persons to 29 persons (4 trainees and 25 trainees).</p> <p>JFY2001</p> <p>-2 sets of laptop computers, a portable printer, a digital camera for JOICFP office.</p> <p>-2 air conditioners, 2 sets of furnitures(table, chair, steel cabinet), 3 sets of computer and printer, 2 mobile phones, 38 Maggie the Aprons, essential drugs for FPAB (Headquarter office and 2 local offices)</p> <p>JFY2002</p> <p>-7 beds, 10 chairs, 2 sets of furniture's (table, cabinets), curtains and a photocopy machine for MWTC</p> <p>-2 sets of pregnancy simulators and 2 sets of new born baby models for 2 local offices</p> <p>JFY2003</p> <p>-30 sets of blood pressure machine and stetoscope, 50 thermometers, 2 height and weight scales, 4 baby weighing scales, 900 safe delivery kits for TBA training and 2 sets (135 each) of selected books for mini library.</p>	
4-1-2 Bangladesh	Project personnel (project manager, project coordinator RH experts)	<p>JFY2000</p> <p>-Project Manager: 0.50 M/M(Man/Month) in Japan</p> <p>-Project Coordinator: 0.50 M/M in Japan</p> <p>JFY2001</p> <p>-Project Manager: 2.53 M/M in Bangladesh (5 missions) + 3.33 M/M in Japan</p> <p>-Project Coordinator: 2.93 M/M in Bangladesh (5 missions) + 5.00 M/M in Japan</p> <p>-RH expert: 0.23 M/M in Bangladesh (1mission) + 1.00 M/M in Japan</p> <p>-Community Health expert: 1.00 M/M in Bangladesh (1mission) + 1.00 M/M in Japan</p> <p>JFY2002</p> <p>-Project Manager: 2.33 M/M in Bangladesh (5 missions) + 3.33 M/M in Japan</p> <p>-Project Coordinator: 2.90 M/M in Bangladesh (6 missions) + 5.00 M/M in Japan</p> <p>-RH expert: 0.40 M/M in Bangladesh (1mission) + 1.00 M/M in Japan</p> <p>-Community Health expert: 1.00 M/M in Bangladesh (1mission) + 1.00 M/M in Japan</p> <p>JFY2003 (planned)</p> <p>-Project Manager: 2.27 M/M in Bangladesh (5 missions) + 3.33 M/M in Japan</p> <p>-Project Coordinator: 2.43 M/M in Bangladesh (5 missions) + 5.00 M/M in Japan</p> <p>-RH expert (1): 0.57 M/M in Bangladesh (1mission) + 1.00 M/M in Japan</p> <p>-RH expert (2): 1.07 M/M in Bangladesh (2mission) + 1.00 M/M in Japan</p>	
4-1-2 Bangladesh	Building and facilities	<p>JFY2001-2003</p> <p>CORHP Project office at FPAB Headquarter Office</p> <p>MWTC cum Project Office in Panchdona Union, Narsingdhi District</p> <p>Project Office in Dhaila Union, Feni District</p>	

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	<p>RH/FP services (contraceptives)</p> <p>Project personnel (project director, field coordinators, medical officers, supervisors, FDVs, labor, Technician)</p>	<p>JFY2001-2003 RH/FP services (contraceptives including oral pills, condoms and injection procured by FPAB)</p> <p>Project personnel (JFY 2001-2003 Full-time staff) FPAB HQ: 1 Project Director (PD), 1 Short-term Consultant (Sep. 2002 - Mar. 2003), 1 Senior Programme Officer (SPO), 1 Accountant, 1 Project Assistant, 1 Driver, 1 Messenger Project Office: 1 Project Coordinator (PC), 1 Field Coordinator (FC), 1 Medical Officer (MO), 1 Project Officer (PO), 6 Supervisors, 2 Laboratory Technicians, 2 Paramedics (MA), 2 Account Assistants, 30 FDVs, 5 Trade Teachers, 2 Messengers, 1 Cook, 2 Guards</p>	<p>CORHP continues to use the name of Family Development Volunteers (FDV) instead of CHP (Community Health Promoter), because the project is not only providing the health services, but also other components on empowerment of women, income generations through Micro-credit Scheme, literacy and functional education, and skills training to women and young girls.</p>
<p>4-2 Activities</p> <p>4-2-1 Integrated and community-operated RH/FP services are strengthened.</p> <p>(1-1) Renovate the Multi-purpose Women Training Center (MWTC in Panchdona Union).</p> <p>(1-2) Renovate the medical facilities for RH and provide necessary equipment in MWTC.</p>	<p>Original Plan</p> <p>(1-1) Renovate the Multi-purpose Women Training Center (MWTC in Panchdona Union).</p> <p>(1-2) Renovate the medical facilities for RH and provide necessary equipment in MWTC.</p>	<p>Achievement</p> <p>JFY2001 MWTC was renovated to increase the capacity of accommodation for trainers and trainees from 20 to 29 (4 trainees and 25 trainers).</p> <p>JFY2001-2003 Medical facilities at MWTC were renovated and provided with necessary medical and health equipments. (See the above 4-1-1)</p>	<p>Activities achieved or not achieved and their reasons as well as measures to be taken</p>
<p>(1-3) Train and re-train the RH/FP service providers so that they are able to provide main components of ESP.</p>	<p>(1-3) Train and re-train the RH/FP service providers so that they are able to provide main components of ESP.</p>	<p>JFY 2001</p> <ul style="list-style-type: none"> -Training on RTI and FP for 2 MOs for 7 days -Training on Pathological services for 2 Labo. Technicians for 7 days -Training of Trainers (TOT) on Essential Service Package (ESP) for 1 FC, 1 PC, 1 MO, 6 Supervisors for 7 days -Training on ESP for 30 FDVs for 5 days -Training on demonstration of educational materials (Maggie the Apron) and measurement for blood pressure and child weight for 30 FDVs for 3 days. <p>JFY 2002</p> <ul style="list-style-type: none"> -Training on safe delivery for 30 TBAs for 2 days -Refresher Training on safe delivery for 30 TBAs for 1 day -TOT on Adolescent Sexual Reproductive Health (ASRH) for 1 PC, 1 FC, 6 Supervisors, 2 Labo. Technicians for 5 days -Training on BCC for 1 PC, 1 FC, 1 MO, 1 PO, 6 Supervisors, 2 Paramedics, 2 Labo. Technicians for 3 days -Refresher Training on demonstration of educational materials (Maggie the Apron, Pregnancy simulator, and New born baby doll) for 30 FDVs for 3 days -Training on sustainability for 18 Local Steering Committee members and 14 Advisory Committee members for 2 days <p>JFY 2003</p> <ul style="list-style-type: none"> -Local Staff Training on health measurements for height, weight, blood pressure, body temperature for 30 FDVs for 2 days -Local Staff Training on record keeping and reporting for 1 PC, 1 FC, 1 PO, 6 Supervisors, 2 Paramedics, 30 FDVs for 2 days -TOT for 12 peer educators for 5 days -Capacity Building Workshop for 14 AC and 18 SC members for 2 days -Refresher Training on safe delivery for 30 TBAs for 2 days -GO/NGO Coordination Workshop, 46 participants for 1 day -Rapid Rural Appraisal Workshop, 49 participants for 1 day -Training on Improved Kitchen Gardening for 30 Women's Group members for 2 days (Planned in Dec.) -Training on Financial Management for 3 accountants for 3 days (Planned in Dec.) 	

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<p>(1-4) Provide medical training courses on RH/FP to medical personnel.</p>	<p>(1-4) Provide medical training courses on RH/FP to medical personnel.</p>	<p>JFY2001 -Training on RTI and FP for 2 MOs for 7 days</p>	
<p>(1-5) Provide main components of ESP to community people both at clinic base and through out-reach activities.</p>	<p>(1-5) Provide main components of ESP to community people both at clinic base and through out-reach activities.</p>	<p>Total number of 15,438 community people received ESP services both at static clinic and through outreach activities. JFY 2001: 5,183 JFY 2002: 7,638 JFY 2003 up to 2nd Quarter: 2,617</p>	
<p>(1-6) Conduct the IEC activities on RH/FP such as film shows, seminars, and health-promoting campaigns.</p>	<p>(1-6) Conduct the IEC activities on RH/FP such as film shows, seminars, and health-promoting campaigns.</p>	<p>Film shows on RH/FP/HIV/AIDS were conducted with 3,252 attendants and ASRH education with 4,922 attendants. JFY 2001: 40 attendants for Film shows, 1,218 for ASRH Education JFY 2002: 2,095 for Film shows, 2,361 for ASRH Education JFY 2003 up to 2nd Quarter: 1,117 for Film shows, 1,343 for ASRH education</p>	
<p>(1-7) Conduct the public sanitation activities such as parasite control, providing slab latrines, and cleanliness campaigns.</p>	<p>(1-7) Conduct the public sanitation activities such as parasite control, providing slab latrines, and cleanliness campaigns.</p>	<p>School health education on parasite control, life cycle of parasite, personal hygiene/cleaness and promotion of slab latrines was conducted with 5,831 attendants. JFY 2001: 1,062 for School health education, JFY 2002: 3,916 for School health education, JFY 2003 up to 2nd Quarter: 853 for School health education</p>	
<p>(1-8) Produce appropriate behavior change communication (BCC) materials.</p>	<p>(1-8) Produce appropriate behavior change communication (BCC) materials.</p>	<p>4 types of BCC materials were produced JFY 2001: none JFY 2002: 2,000 CORHP pamphlets (English (1,000) and Japanese (1,000)) 2,000 Pictorial folders of MWTC in English 10,000 Pictorial folders on information of CORHP services in Bengali 7,500 Pictorial folders on HIV/AIDS in Bengali JFY 2003: 1,500 Reprinting of CORHP pamphlets in English (1,000) and in Japanese (500) 10,000 Reprinting of Pictorial folders on information of CORHP services in Bengali</p>	
<p>4-2-2 Women in project areas are better equipped with knowledge and skills to make better choices for their health.</p>			

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(2-1) Provide social development training to women's group members.	(2-1) Provide social development training to women's group members.	Total number of 23,505 of women's group members were provided with the training/group meeting on social development JFY 2001: 8,474 JFY 2002: 9,342 JFY 2003 up to 2nd Quarter: 5,689	
(2-2) Organize campaigns for motivating the community people on UN declared Days.	(2-2) Organize campaigns for motivating the community people on UN declared Days.	Campaigns were organized annually on UN declared days (International Women's Day(3/8), World Health Day(4/7), World Population Day(7/11), and World AIDS Day(12/1)) in the coordination with the governments and other NGOs. (Rally, discussion meeting, film shows, distribution of BCC materials published by the Government and FPAB)	
(2-3) Conduct literacy classes for women in project areas.	(2-3) Conduct literacy classes for women in project areas.	Six months literacy class for women was annually conducted. The number of attendants: 741 in JFY 2001, 397 in JFY 2002, 55 in JFY 2003 up to 2nd Quarter. Six months literacy class for pre-school children (under 5) was also conducted. The number of attendants: 926 in JFY 2001, 1,144 in JFY 2002, 847 in JFY 2003 up to 2nd Quarter.	In project areas, 59.4 % women are already literate and their needs for literacy class are decreasing over the project period. Literacy education was also conducted by the other NGOs such as BRAC, ASHA, PROSHIKA, etc. in project areas.
(2-4) Conduct life skills training through reading-clubs for adolescents and women in project areas.	(2-4) Conduct life skills training through reading-clubs for adolescents and women in project areas.	Reading-clubs for adolescents and women were conducted occasionally. Mini library at each project office contains approx. 700 books and other educational materials donated by FPAB. It is open for public to read and borrow the books during office hour 9:00am to 5:00 pm.	Because of physical access to the library, women and girls prefer to borrow the books from the library rather than attending the reading-clubs at the project office.
(2-5) Provide skill training to young girls and women in project areas.	(2-5) Provide skill training to young girls and women in project areas.	Skill training on sewing machine was provided to young girls and women at both project sites with attendance of 173 in JFY 2001, 220 in JFY 2002, 126 in JFY 2003 up to 2nd Quarter.	
(2-6) Conduct income-generating activities for women in project areas.	(2-6) Conduct income-generating activities for women in project areas.	New beneficiaries of micro credits were 470 in JFY 2001, 479 in JFY 2002, 297 in JFY 2003 (up to 2nd Quarter). Accumulated number of beneficiaries is 3,960 as of 2nd Quarter of 2003. They started income-generating activities including mat making, dress making, chicken farming, pottery production, goat raising individually or by group.	
4-2-3 Institutional capacity of FPAB (Family Planning Association of Bangladesh) and other concerned organizations is strengthened for programme sustainability.	(3-1) Train and re-train the project personnel on management skills.	JFY 2001 -Training on RTI and FP for 2 MOs for 7 days -Training of Trainers (TOT) on Essential Service Package (ESP) for 1 FC, 1 PC, 1 MO, 6 Supervisors for 7 days JFY 2002 -TOT on Adolescent Sexual Reproductive Health (ASRH) for 1 PC, 1 FC, 6 Supervisors, 2 Labo. Technicians for 5 days -Training on BCC for 1 PC, 1 FC, 1 MO, 1 PO, 6 Supervisors, 2 Paramedics, 2 Labo. Technicians for 3 days JFY 2003 -Local Staff Training on record keeping and reporting for 1 PC, 1 FC, 1 PO, 6 Supervisors, 2 Paramedics for 2 days -JICA Seminar on RH for senior officers for 1 PD attended from 25 August to 12 September (Tokyo and Okinawa) -Training on Financial Management for 3 accountants for 3 days (Planned in Dec.)	

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(3-2) Organize regular Local Committee Meeting (LCM) composed of female community leaders.	(3-2) Organize regular Local Committee Meeting (LCM) composed of female community leaders.	4 Local Steering Committee meetings composed of 9 female community leaders in each project site including FWVs, Teachers, Union representative members, NGO representatives were held quarterly each year.	
(3-3) Organize regular Local Advisory Committee Meeting (LACM) composed of Union Council chairperson and members, and other community leaders.	(3-3) Organize regular Local Advisory Committee Meeting (LACM) composed of Union Council chairperson and members, and other community leaders.	Local Advisory Committee Meetings composed of 7 members in each project site including union chairperson, union council members, FPI, HA, representative from business community, school teachers were held once in 2001, twice in 2002, expected twice in 2003.	
(3-4) Conduct monthly meetings among the project staff both from field officers and FPAB, HQ for reporting, monitoring, and revising the monthly plan of activities.	(3-4) Conduct monthly meetings among the project staff both from field officers and FPAB, HQ for reporting, monitoring, and revising the monthly plan of activities.	1 project staff meeting for monthly work plan was held monthly in each project site. 1 project staff meeting for monitoring and follow-up of the implementation was held monthly in each project site. 1 meeting for reporting and discussion was held monthly at HQ, attended by PD, PC (Panchdona) and FC (Dhalla). For keeping the record of the services. 30 Service Providers Registers, 10,000 ESP cards, 10,000 appointments cards, 10,000 registration cards, 10,000 encounter form, 3,000 Tally sheet were printed and used.	
(3-5) Organize National Workshop annually for reviewing the project activities, and making the plan of activities for next year.	(3-5) Organize National Workshop annually for reviewing the project activities, and making the plan of activities for next year.	In JFY 2001, -Inauguration Workshop of CORHP was conducted in June, in Comilla, attended by 40 participants -National Workshop on "Sustainable Development of CORHP" was conducted in February 2002 in Cox's Bazar, attended by 31 participants. In JFY 2002, -Local Workshop to ensure the community participation in the CORHP was conducted in May in each project site attended by total of 76 participants. These two workshops were follow-up activities of National Workshop in Cox's Bazar -National Workshop on "Challenge for Sustainability through Local Initiative" was conducted in February 2003 in Comilla, attended by 35 participants In JFY 2003, -(Planned) National Workshop on "New Challenge: Strengthening GO-NGO Partnership for Community-operated RH" will be conducted in January 2004 in Bogra, plan to be attended 40 participants.	
(3-6) Conduct exchange visits of local project staff to the neighboring countries for information exchange and experience sharing.	(3-6) Conduct exchange visits of local project staff to the neighboring countries for information exchange and experience sharing.	A Study tour to TMSS in Bogra, a national leading NGO in the field of women in development was conducted in which 10 project staff took part.	The study tour to TMSS was conducted instead of exchange visits to neighboring countries due to the cost effectiveness and to gain the more applicable strategies.
4-3 Achievement of Output	Original Plan	Achievement	Activities achieved or not achieved and their reasons as well as measures to be taken
4-3-1 Integrated and community-operated RH/FP services are strengthened.	1.1 MWTC full utilized as the model center of ESP	MWTC was renovated and equipped with necessary medical equipments, logistics and trained personnel and fully utilized as the model center of ESP.	
	1.2 New components of ESP is introduced	Through the whole project period, five components of ESP such as RH, Child Health (CH), Communicable Diseases Control (CDC), Limited Curative Care (LCC) and Behavioral Change Communication (BCC) were provided. ASRH educational services was newly introduced under the components of RH and/or BCC.	

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	<p>1.3 Training for RH/FPP service providers are conducted over 8 times by the end of the project</p>	<p>More than 8 (12) trainings for RH/FPP service providers are conducted to improve their knowledge and skills as follows: JFY 2001 -Training on RTI and FP for 2 MOs for 7 days -Training on Pathological services for 2 Labo. Technicians for 7 days -Training of Trainers (TOT) on Essential Service Package (ESP) for 1 FC, 1 PC, 1 MO, 6 Supervisors for 7 days -Training on ESP for 30 FDVs for 5 days -Training on demonstration of educational materials (Maggie the Apron) and measurement for blood pressure and child weight for 30 FDVs for 3 days. JFY 2002 -Training on safe delivery for 30 TBAs for 2 days -Refresher Training on safe delivery for 30 TBAs for 1 day -TOT on Adolescent Sexual Reproductive Health (ASRH) for 1 PC, 1 FC, 6 Supervisors, 2 Labo. Technicians for 5 days -Refresher Training on demonstration of educational materials (Maggie the Apron, Pregnancy simulator, and New born baby doll) for 30 FDVs for 3 days JFY 2003 -Local Staff Training on health measurements for height, weight, blood pressure, body temperature for 30 FDVs for 2 days -Refresher Training on safe delivery for 30 TBAs for 2 days -TOT for 12 peer educators for 5 days</p>	
<p>1.4 Over 30 RH/FPP service providers are trained to be Community Health Promoters (CHPs) who are able to provide ESP by the end of the project</p>		<p>CORHP continues to use the name of Family Development Volunteers (FDV) instead of CHP (Community Health Promoter), because the project is not only providing the health services, but also other components on empowerment of women, income generations through Micro-credit Scheme, literacy and functional education, and skills training to women and young girls. Over the three years project period, 30 FDVs were trained to build their capacity for RH/FPP services as below mentioned: JFY 2001 -Training on ESP for 30 FDVs for 5 days -Training on demonstration of educational materials (Maggie the Apron) and measurement for blood pressure and child weight for 30 FDVs for 3 days. JFY 2002 -Refresher Training on demonstration of the educational materials (Maggie the Apron, Pregnancy simulator, and New born baby doll) for 30 FDVs for 3 days JFY 2003 -Local Staff Training on health measurements for height, weight, blood pressure, body temperature for 30 FDVs for 2 days -Local Staff Training on record keeping and reporting for 30 FDVs for 2 days</p>	

	<p>1.5 ESP service coverage is increased by 25% among the married women in reproductive age (MWRH) through clinic and out-reach activities</p>	<p>ESP service coverage is increased among the married women in reproductive age (MWRH) through clinic and out-reach activities from the beginning of the project. The 2003 Evaluation Survey on CORHP showed relative increases by 25% and above, compared with 2001 Baseline Survey, in the following indicators relating to ESP services.</p> <ul style="list-style-type: none"> -Antenatal care coverage during pregnancy increased by 44% (from 40.1% in 2001 to 57.6% in 2003) -3 or more visit for antenatal care increased by 62% (from 14.6% in 2001 to 23.6% in 2003) -Source of receiving first antenatal care services increased by 52% (from 37.7% in 2001 to 57.4% in 2003) -Delivery attended by medically trained person increased by 49% (from 5.9% in 2001 to 8.8% in 2003) -Delivery attended by trained TBA increased by 131% (from 10.1% in 2001 to 23.3% in 2003) -Percentage of children (12-23 months) receiving vaccines increased by 34% (from 63.9% in 2001 to 85.8% in 2003) 	
	<p>1.6 IEC activities are conducted monthly</p>	<p>12 Adolescents SRH meetings (6 for boys and 6 for girls), 30 Women Group Meetings and IEC activities such as film/video shows were conducted monthly in both project sites during the project period.</p>	
	<p>1.7 Sanitation activities are conducted monthly</p>	<p>School health education (meetings with students) on prevention of parasite infection, personal hygiene and cleanliness was conducted monthly from JFY 2002.</p>	
	<p>1.8 At least 3 new materials for BCC are developed by the end of the project</p>	<p>More than 3 (4) types of BCC materials were produced during the project period.</p> <ul style="list-style-type: none"> -CORHP pamphlets in English (2,000) and in Japanese (1,500) -Pictorial folders of MWTC in English (2,000) -Pictorial folders on information of CORHP services in Bengali (20,000) -Pictorial folders on HIV/AIDS in Bengali (7,500) 	
<p>4-3-2 Women in project areas are better equipped with knowledge and skills to make better choices for their health.</p>	<p>2.1 A total of over 1000 female volunteers and women's group members are trained by the end of the project</p>	<p>The accumulated number of 23,505 women's group members received the training/group meeting on social development. (The absolute number of 2,440 women are registered as women's group member in both sites as of Sep. 2003.) 30 women's group meetings were conducted monthly in both project sites.</p>	
	<p>2.2 Campaigns are conducted on UN declared days</p>	<p>12 campaigns were organized during the project period on UN declared days (Women's Day(3/8), World Health Day(4/7), World Population Day(7/11) and AIDS Day(12/1)) in the coordination with the governments and other NGOs.</p>	
	<p>2.3 30% of women in project areas have opportunities for literacy education by the end of the project</p>	<p>Total number of 1,193 women received six months literacy class up to 2nd Quarter of 2003. Out of 6,899 MWRH in project areas, 17.29% received six month literacy class. Out of 2,440 women's group members in project areas, 48.89% received six month literacy class.</p>	<p>In project areas, 59.4 % women are already literate and their needs for literacy class are decreasing over the project period. Literacy education was also conducted by the other NGOs such as BRAC, ASHA, PROSHIKA, etc. in project areas.</p>
	<p>2.4 Reading club is organized monthly</p>	<p>Reading-clubs for adolescents and women were conducted occasionally. However, mini library at project office opens for public for all time (9:00am to 5:00pm).</p>	<p>Because of physical access to the library, women and girls prefer to borrow the books from the library rather than attending the reading-clubs at the project office.</p>
	<p>2.5 Over 600 women in project areas are provided with skill training by the end of the project</p>	<p>519 young girls and women in project areas received skills training on sewing machine during the project period up to 2nd Quarter of 2003.</p>	

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ANNEX 6

<p>4-3-3 Institutional capacity of FPAB (Family Planning Association of Bangladesh) and other concerned organizations is strengthened for programme sustainability.</p>	<p>2.6 Over 100 women's groups in project areas have an access to income generating activities through micro credit scheme</p>	<p>1,246 new beneficiaries received micro credits for income generating activities up to 2nd Quarter of JYF 2003.</p>	
<p>4-3-3 Institutional capacity of FPAB (Family Planning Association of Bangladesh) and other concerned organizations is strengthened for programme sustainability.</p>	<p>3.1 Over 40 project personnel are trained and re-trained by the end of the project</p>	<p>50 project personnel are trained and re-trained by the end of the project. In addition, Director General of FPAB attended JICA Seminar on RH in 2002. JFY 2001 -Training on RTI and FP for 2 MOs for 7 days -Training of Trainers (TOT) on Essential Service Package (ESP) for 1 FC, 1 PC, 1 MO, 6 Supervisors for 7 days JFY 2002 -TOT on Adolescent Sexual Reproductive Health (ASRH) for 1 PC, 1 FC, 6 Supervisors, 2 Labo. Technicians for 5 days -Training on BCC for 1 PC, 1 FC, 1 MO, 1 PO, 6 Supervisors, 2 Paramedics, 2 Labo. Technicians for 3 days -JICA Seminar on RH for senior officers attended by Director General of FPAB (Tokyo and Wakayama) JFY 2003 -Local Staff Training on record keeping and reporting for 1 PC, 1 FC, 1 PO, 6 Supervisors, 2 Paramedics for 2 days -JICA Seminar on RH for senior officers for 1 PD attended from 25 August to 12 September (Tokyo and Okinawa) -Training on Financial Management for 3 accountants for 3 days (Planned in Dec.)</p>	
	<p>3.2 Project committees are organized regularly both at national and local level</p>	<p>A National Steering Committee Meeting was organized annually (Total 3 meetings). Local Advisory Committee Meetings were held once in 2001 and twice in 2002 and 2003. Local Steering Committee Meetings were held quarterly in each year.</p>	
	<p>3.3 Monthly meeting among the project personnel is conducted</p>	<p>1 project staff meeting for monthly work plan was held in each project site. 1 project staff meeting for monitoring and follow-up of the implementation was held in each project site. 1 meeting for reporting and discussion was held monthly at HQ, attended by PD, PC (Panchdona) and FC (Dhalla).</p>	
	<p>3.4 A national Workshop is conducted annually</p>	<p>A national workshop was conducted annually. In addition, Inauguration Workshop was held in JFY 2001. Two (2) Local Workshops held in JFY 2002.</p>	
	<p>3.5 Over 6 local project staff are provided with exchange visits to the neighboring countries</p>	<p>10 project staff attended a study tour to TMSS in Bogra, a national leading NGO in the field of women in development.</p>	<p>The study tour to TMSS was conducted instead of exchange visits to neighboring countries due to the cost effectiveness and to gain the more applicable strategies.</p>
<p>4-4 Achievement of Project Purpose Utilization of Reproductive Health/Family Planning (RH/FP) services increases in line with the government policy of Essential Service Package (ESP).</p>	<p>Original Plan (Indicators) a) CPR (Contraceptive Prevalence Rate) increased b) Pregnant women received antenatal health check-up increased c) Deliveries assisted by trained personnel increased</p>	<p>Achievement (Add the information, other than indicators, which would prove a level of achievement of project purpose, if any) CPR in project areas increased from 49 % in 2001 to 52 % in 2003. In Panchdona, 53 % to 56 % and in Dhalla, 44% to 46 %. ANC coverage has increased from 40 % in 2001 to 58 % in 2003. In Panchdona, 35 % to 56 % and in Dhalla, 48 % to 60 %. Use of skilled delivery attendant including doctors, nurses, FWVs, and trained TBAs increased 16 % in 2001 to 32 % in 2003. In Panchdona, 17 % to 32 % and in Dhalla, 13 % to 32 %.</p>	<p>Activities achieved or not achieved and their reasons as well as measures to be taken</p>

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4-4 Achievement of Overall Goal (expected)	d) Coverage of T/T vaccination increased	TT coverage has improved from 88 % in 2001 to 94 % in 2003. In Panchidona, 88% to 92 % and in Dhalla, 91 % to 97 %.	Remarks (Conditions to make overall goal achieved and so on)
Reproductive Health (RH) status of women improves in project areas.	Original Plan (Indicators) a) Maternal death reduced	According to BMMS 2001 the Maternal Mortality Ratio(MMR) of Bangladesh is 320 per 100,000 live births. Although, BMMS 2001 was one of the largest national surveys in the history of Bangladesh, it was not able to provide MMR for divisions or below. For the same reason, the 2003 Evaluation Survey could not try to estimate this key indicator. However, significant difference has been observed in key maternal health indicators, which must have direct influence on reduction of pregnancy related deaths. The coverage of ANC is 10% higher in CORHP areas (57.6%) in comparison with the national figure (47.6%). In addition to that, the proportion of women having at least one antenatal care visit, the coverage of TT and skilled delivery practitioners, CPR (Contraceptive Prevalence Rate) are higher than national level.	
4-5 Activities other than Original Plans (Activities done as a reaction to changes of external conditions)	Implemented activities	The Evaluation Survey did not estimate the level of childhood mortality in the CORHP areas. But the preventive measures of vaccination to save children lives from six preventable childhood diseases can be considered as proxy. The available information reveals that the proportion of children aged 12-23 months received all vaccination is quite high in CORHP areas (86%) than that of in Bangladesh (60%). It implied that the children of the CORHP areas are more protected from these diseases.	
According to the needs of the project areas, additional activities were done during the project period.	1. ASRH activities and TOT for Peer educators 2. GO-NGO Coordination Workshop at local level	Time of implementation ASRH activities 2002-2003 TOT for Peer educators (April 2003) October, 2003	Cause, Purpose, or Result of Implementation In Bangladesh, early marriages and teenage pregnancies are still prevalent, showing that the needs for adolescent sexual and reproductive health is quite high. For addressing these issues, ASRH activities were introduced in CORHP from 2002. GO-NGO Coordination Workshop was held for the first time involving all Health and FP service providers to have a clear understanding about the project activities. As a result of the workshop, current problems in GO-NGO coordination and possible ways for solution were discussed and identified.
	3. Training on Record Keeping, Reporting and Registration for improvement of Management Information System (MIS) 4. Capacity Building of Project Personnel in the necessary field such as accounting, financial management	July, 2003 2003 (planned)	Through the training, record keeping and reporting skills of participants improved. Better record-keeping and reporting will lead to the better service provision, based on the more detailed analysis of community needs.

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SELF-EVALUATION SHEET

5 Review of Project	Questions	Answers
5-1 Relevance	<p>(1) How issues in a target area or demands of beneficiaries have been identified? Was the project reflected to them properly?</p> <p>(2) Was the beneficiaries selected properly? Would the project be applicable to other people than the beneficiaries?</p> <p>(3) Is or was the project consistent with a government's development plans or policies in a target area?</p>	<p>Through the followings, FPAB/JOICFP (implementers) identify the issues and needs in project area.</p> <p>1-1) Monthly staff meeting for developing monthly work plan (in each project site, attended by all local staff)</p> <p>1-2) Monthly staff meeting for monitoring and follow-up of the implementation (in each project site, attended by all local staff)</p> <p>1-3) Monthly meeting for reporting and discussion (at HQ, attended by PD, PC (Panchdona) and FC (Dhalla)).</p> <p>2-1) FPAB headquarter conducts monitoring mission to each project site (monthly)</p> <p>2-2) JOICFP conducts monitoring mission to each project site (quarterly)</p> <p>3) JOCVs in each project site report to FPAB headquarter (monthly) and to JOICFP (in case of necessity)</p> <p>The main target group of CORHP is women (especially MWRA (married women in reproductive age) in project area. There was no problem in setting the target group.</p> <p>As for the applicability/replicability, CORHP has good potential to be expanded because JICA is now planning to integrate CORHP into wider RH Sector Program implemented by JICA.</p> <p>The project activities have been designed in line with the national Health and Population Sector Programme (HPSP) for increased utilization of reproductive and family planning services in the community. The CORHP offers a comprehensive Essential Service Package (ESP) in line with the government policy of ESP under HPSP. The service component of CORHP attributes that it is fully complies with the HPSP for addressing national priorities. It is also relevant with the programme of action undertook in ICPD in Cairo and the World Conference on Women in Beijing which recommended a new approach for ensuring reproductive rights of women. Specifically the CORHP programme addresses ICPD Program of Action (POA) for educating girls and making women truly equal partners in development through providing functional literacy, skills training and micro credit programme. The CORHP programme has also relevance with the Interim Poverty Reduction Strategy (I-PRSP) of the Government and attainment of Millennium Development Goals (MDGs).</p>
5-2 Efficiency	<p>Were amount and timing of inputs right?</p>	<p>No delayed / inappropriate timing input was made during the project period.</p>
5-3 Impact	<p>(1) Was there any positive or negative impact unexpected on beneficiaries and other residents?</p> <p>(2) Was there any attention regarding gender or environmental issues in implementation?</p>	<p>For achieving the overall goal of improved RH status of women, CORHP takes "integrated" approach and operates various activities for empowering women through education and income generating activities. It means that CORHP took gender perspectives into account at implementing stage. For the environmental issues, CORHP operates public sanitation and school health education activities.</p> <p>According to the 2003 Evaluation Study, CORHP showed good impact for achieving the improved RH status of women in the project areas. However, necessary system (or mechanism) for sustaining the good impact of CORHP is not yet established at grassroot level and it will take a few more years to establish such a coordinated system.</p> <p>However, community ownership is one of the prime objectives of the CORHP and FPAB/JOICFP undertook several measures for fostering it with an ultimate goal of future sustainability of CORHP, such as formation of Local Advisory and Steering Committees for establishing linkage with the community, recruitment of Family Development Volunteers (FDVs) from the community (They are now renowned as active and committed development workers by local people), cost recovery from service charges, monthly subscription and savings of women's group members of the CORHP, the networking for GO-NGO collaboration as well as the specific workshops/trainings shown in the next column.</p>
5-4 Sustainability	<p>(1) Would it be possible that necessary organizations, activities, and effects are to be sustained?</p>	<p>According to the 2003 Evaluation Study, CORHP showed good impact for achieving the improved RH status of women in the project areas. However, necessary system (or mechanism) for sustaining the good impact of CORHP is not yet established at grassroot level and it will take a few more years to establish such a coordinated system.</p> <p>However, community ownership is one of the prime objectives of the CORHP and FPAB/JOICFP undertook several measures for fostering it with an ultimate goal of future sustainability of CORHP, such as formation of Local Advisory and Steering Committees for establishing linkage with the community, recruitment of Family Development Volunteers (FDVs) from the community (They are now renowned as active and committed development workers by local people), cost recovery from service charges, monthly subscription and savings of women's group members of the CORHP, the networking for GO-NGO collaboration as well as the specific workshops/trainings shown in the next column.</p>

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	<p>(2) Was there any consideration or idea to secure or promote the things mentioned in (1) above?</p>	<p>During the project period, following activities were conducted for ensuring the sustainability:</p> <p>In JFY 2001, -Inauguration Workshop of CORHP in June, in Comilla -National Workshop on "Sustainable Development of CORHP" in February 2002 in Cox's Bazar In JFY 2002, -Local Workshop to ensure the community participation in the CORHP, in May in each project site -National Workshop on "Challenge for Sustainability through Local Initiative" in February 2003 in Comilla In JFY 2003, -(Planned) National Workshop on "New Challenge: Strengthening GO-NGO Partnership for Community-operated RH" in January 2004 in Bogra For future sustainability of the CORHP programme: -Cost recovery from services should continue with efforts to improve patient flow in the clinic. -Since repayment is satisfactory, the amount and coverage of micro credit (small loans) should be expanded. -Communication among project personnel and committee members should be enhanced for more utilization of community influential in ensuring community support and collecting community resources such as subscription, grant, land, etc. -Some rich people in the community hold the interest-free-deposits at bank. Through the advocacy efforts from CORHP, they may agree to deposit their savings in CORHP account for using their interests for the micro credit program. -Union level network for GO-NGO collaboration can be developed under the leadership of Union Parishad Chairman. Under this network information exchange and routine communication system can be improved for sharing and utilization of local resources.</p>
<p>6 Lessons</p>	<p>(1) Was there any lesson learned in formulating and designing future projects? (2) Was there any lesson learned in implementing similar projects?</p>	<p>When NGOs formulate projects under JICA Partnership Program, NGOs should consider in advance another source of funding in case of delayed inauguration of the project. Though JICA Partnership Program could not start without any international agreement, it often takes longer time to complete all the necessary procedures.</p>
<p>7 Suggestions</p>	<p>Is there any suggestion to JICA or other NGOs?</p>	<p>JOICFF/FPAB suggests that JICA should create a new scheme for assisting NGOs directly without any inter-governments agreement. International agreement is required when the NGO project is implemented under the JICA Partnership Program, which sometimes hampered the NGO's strengths in flexibility and quickness.</p>
<p>8 Partnership with JICA</p>	<p>What were advantages or disadvantages in cooperation with JICA?</p>	<p>Advantages: -JICA's support could reach directly to the grassroots level through JICA-NGO partnership. -Support from and linkage with JOCVs who are dispatched in each project site is strengthened over the project period. -Opportunities for the capacity building both for individual (project staff) and institution (FPAB) are much more increased. -FPAB could establish collaborative network with JICA Bangladesh Office through the implementation of CORHP. -Better coordination among all concerned organizations namely JICA/JOICFF/MOHFW/FPAB is developing the possibility for more effective RH/FP/MCH service provision at the grassroot level through functional collaboration between GO and NGO.</p> <p>Disadvantages: -Accounting system is too complicated. (Submission of all invoices/receipts instead of audit report, etc.) -It took as long as 16 months before FPAB/JOICFF started CORHP since they got approval from JICA, because of the prolonged negotiation between the MOFA/JICA and Bangladesh government. (Even though JICA Partnership Program was designed through which, JICA could assist Japanese NGO directly, it still requires international (government-government based) agreement before the implementation of the Program.) During the waiting period, JOICFF should shoulder all the necessary cost for the project implementation. -Too many visitors in Panchdona project site, sometimes hampered the smooth implementation of the project and put additional burden on the local staff -Even though the 2003 Project Evaluation showed positive impact, CORHP could not extend the project duration for ensuring the sustainability of the project output under the JICA Partnership Program, only because the scheme itself is no more existing.</p>