MINUTES OF MEETINGS
BETWEEN JAPANESE MID-TERM REVIEW TEAM AND THE AUTHORITIES CONCERNED OF THE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH ON JAPANESE TECHNICAL COOPERATION PROJECT FOR SAFE MOTHERHOOD PROMOTION PROJECT PHASE II

The Japanese Terminal Evaluation Team (hereinafter referred to as "the Team" organized by Japan International Cooperation Agency (hereinafter referred to as "JICA", headed by Mr. Hiroyuki Tomita, from November 28, 2015 for the purpose of the Terminal Evaluation of "Safe Motherhood Promotion Project Phase II" (hereinafter referred to as "the Project").

During its stay in Bangladesh, the Team reviewed the achievement of the Project jointly with officials from the Government of the People's Republic of Bangladesh and had a series of discussions with authorities concerned for further improvement of the Project.

As a result of the study, both sides agreed upon the matters referred to in the document attached hereto.

Dhaka, Bangladesh, 14th December, 2015

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ATTACHED DOCUMENT

1. Recognizing the achievement of SMPP-2 and appreciating the efforts made by SMPP-2 members, the Team joined by officials of the Government of the People's Republic of Bangladesh compiled the result of the Terminal Evaluation Report attached hereto. Both sides confirmed the contents of the Terminal Evaluation Report.

Attachment 1: Terminal Evaluation Report

Abbreviation

ANC	Antenatal Care
CC	Community Clinic
CG	Community Group
CHCP	Community Health Care Provider
CQI	Continuous Quality Improvement
CSBA	Community based Skilled Birth Attendant
CSG	Community Support Group
DRGA	Debt Relief Grant Assistance
HLP	Horizontal Learning Program
HPNSDP 2011-2016	Health, Population and Nutrition Sector Development Program 2011-2016
JICA	Japan International Cooperation Agency
JOCV	Japan Overseas Cooperation Volunteer
MNCH	Maternal, Neonatal and Child Health
MNH	Maternal and Neonatal Health
MoHFW	Ministry of Health and Family Welfare
PDM	Project Design Matrix
PNC	Postnatal care
QIT	Quality Improvement Team
RCHCIB	Revitalization of Community Health Care Initiatives in Bangladesh
SMPP-1	Safe Motherhood Promotion Project (Phase 1
SMPP-2	Safe Motherhood Promotion Project Phase 2
TQM	Total Quality Management
UHS	Upazila Health System
WHO	World Health Organization
WIT	Work Improvement Team

1. Outline of Terminal Evaluation

1-1 Background and the objective of of Terminal Evaluation

The Ministry of Health and Family Welfare of the People's Republic of Bangladesh together with the Japan International Cooperation Agency (hereinafter "JICA") have taken up the Safe Motherhood Promotion Project Phase II (hereinafter "SMPP-2") in July, 2011 with a planned project duration of five years. Since the SMPP-2 is completing in June, 2016 in accordance with the Record of Discussions of the Project signed and exchanged on May 29, 2011 between the Government of the People's Republic of Bangladesh and JICA, the Terminal Evaluation Team is formed with objectives as follows:

(1) To review the Project achievements and implementation process to date,
(2) To assess the achievements and implementation process based on the five Development Assistance Committee (DAC) evaluation criteria consist of Relevance, Effectiveness, Efficiency, Impact and Sustainability, and
(3) To recommend measures that can be taken by SMPP-2 for the rest of the project period and to extract lessons learnt to apply in the formulation of JICA projects in future.

1-2 Members of the Terminal Evaluation Team

(1) Bangladesh Side

Name	Title, Organization
Mr. A.M Rejwenul Hoque	Senior Assistant Chief, MOHFW
Dr. Mosharraf Hossain	Assistant Director & Program Manager (HRD&MS),CBHC,DGHS
Dr.A.S.M Nazmul Huq	Deputy Program Manager (TQM), Hospital Services Management, DGHS
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(2) Japanese Side

Name	Title, Organization
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

1-3 Schedule of the Terminal Evaluation

Date		Activities
27 Nov.	Fri	Arrival to Dhaka
28	Sat	8:30 Meeting with Project experts 15:00 Meeting with Dr. Khairul
29	Sun	9:30 Meeting with WSP, WB 10:30 Meeting with HLC 12:30 Meeting with QIS

		13:30 Meeting with UNICEF 17:00 Discussion among JICA
30	Mon	9:30 Meeting with TQM unit 11:00 Meeting with LD-CBHC 14:00 Meeting with CARE 18:00 Move to Jessore
1 Dec.	Tue	9:30 Visit Jehnaida DH 12:30 Chowgacha UHC 16:30 Meeting with CARE in Jessore
2	Wed	Field visit to Satkhira (Karaloa) ,activities on CC and CSG etc
3	Thu	Field visit to Satkhira (Shamnagar), activities on CC and CSG etc 19:05 Move to Dhaka
4	Fri	Report Making
5	Sat	Field Visit to Raipura, Narsingdi Observe CmSS in Mirjanagar
6	Sun	9:00 Mission meeting 11:00 Courtesy call to CR, JICA Bangladesh 13:00 Courtesy Call to Joint Chief, Planning, MoHFW 14:30 Courtesy call to DG, HEU (QIS) 16:00 Meeting with Chief Coordinator & LD, CBHC
7	Mon	12:00 Courtesy Call to ADG, DGHS & Director Hospital 15:00 Meeting with CARE at CARE office 17:00 Courtesy Call to DG, DGFP 19:05 Move to Jessore
8	Tue	Field visit to Satkhira (Tala) observing CC ,CSG and UP activities
9	Wed	Field visit to Satkhira (Khaliganj, Sadar), observing CC, CSG, UP activities and TQM activities 19:05 Move to Dhaka
10	Thu	Field visit to Narsingdi
11	Fri	Internal meeting, Report Making
12	Sat	10:30 Meeting with ICDDR,B on Operational Research
13	Sun	Internal meeting , Report Making
14	Mon	Signing to Minutes of Meeting, Report back to JICA & Japanese Embassy Depart from Dhaka

2. Methodology of Terminal Evaluation

2-1 Evaluation Objectives

The main objectives of the terminal evaluation are to review the achievements comprehensively, to provide recommendations for the rest of the implementation period of the project, and to extract lessons learned for similar JICA projects in the future.

The evaluation was conducted based on the following five criteria, which are the major points of consideration when assessing the value of achievements of the project.

Relevance: The Project's relevance is assessed in terms of validity of the Project Purpose and the Overall Goal in relation to the development policy of Bangladesh

Effectiveness: Effectiveness is determined based on whether the Project Purpose is being achieved as expected and whether this is due to the Project outputs

Efficiency: An assessment of the Project efficiency verifies whether the Project has used its resources efficiently. This criterion examines to what extent the Project inputs are converted to outputs

Impact: An assessment of the Project impact examines the degree or the prospect of the Overall Goal's achievement. In addition, the analysis extends to the effects which include direct or indirect, positive or negative and intended or unintended effects.

Sustainability: The Project's sustainability is assessed by focusing on policy and institutional, organizational, technical and financial aspects in terms of the extent to which the Project effects will be maintained or further extended after the Project completion.

2-2 Information and Data Collection and Analysis

The following sources of information and data were used in the terminal evaluation.

1) Documents agreed by both Japanese and Bangladesh sides prior to and/or during the course of the Project implementation including: Record of Discussion, Minutes of Meeting, Project Design Matrix (PDM) Version 1
2) Project documents from both sides and activities of the Project
3) Data and statistics indicating the degree of achievement of the Project outputs and the Project purpose
4) Interviews with the Project stakeholders including Japanese experts, Bangladesh counterpart personnel, and other project related persons.

Collected information and data were analyzed and summarized in line with the five criteria mentioned above. In addition, based on the results obtained through this evaluation study, recommendation for the Project for the last six months of the implementation period will be derived through consultation meeting participated by both Japanese and Bangladesh parties.

3. Achievements

3-1 inputs

3-1-1 Summary of Inputs

Table 3-1 Summary of Inputs

Inputs	Plan	Actual (as of terminal evaluation/)
(1) Experts	- Long-Term (Chief Advisor, project Coordinator, Monitoring and Evaluation) - Short-Term (Total Quality Management (TQM), Maternal and Child Health, Community Mobilization)	- Long-Term (108 MM*1) (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 in third country	No detail was determined	TQM in Sri Lanka and Tanzania, Leadership in Governance in Kenya
(3) Training in Bangladesh	Community Group Management, 5S/KAIZEN/TQM, Active Management of Third Stage of Labor, Newborn Care and Neonatal Resuscitation, Antenatal Care /Postnatal Care for Nurses/ Family Welfare Visitor/ Community based Skilled Birth Attendant (C-SBA), Medical Equipment Maintenance, etc.	Leadership and Management, Safe Delivery, CSBA Additional Training, Infection Prevention Practices, Emergency Triage Assessment, etc. Computer Training, Postpartum Family Planning, Orientation for Traditional Birth Attendant, Chowgacha Experience Training, 5S/KAIZEN/TQM, etc.
(4) Equipment	Equipment for Emergency Obstetric and Neonatal Care, etc.	Equipment for neonatal care, etc. (4,050 thousand Taka (as of terminal evaluation))
Japanese side Total Project Cost	490 million Japanese yen	376 million Japanese yen
Inputs from Bangladesh side	Office premises, provision of building, etc.	Office premises, provision of building, etc.
Project Period	July 2011 – June 2016 (5 years)	July 2011 – June 2016 (5 years)

*MM stands for Men Month

(Source) Plan: ex-ante evaluation sheet and R/D on
Actual: Project documents as of terminal evaluation

3-1-2 Elements of Inputs

Inputs were provided as planned, both from Japan and Bangladesh.

The current chief advisor has been leading SMPP[1] since the inception of SMPP-1 in 2006. This long-term activities of the chief advisor have strengthened the relationship between SMPP and Ministry of Health and Family Welfare (MoHFW) and various partners, which made the project activities more efficiently and effectively. In addition, the presence of SMPP and JICA has been created through her active involvement in the 2 consecutive health sector programs and the work of various technical working groups for a long time.

Utilization of local technical resources was one of uniqueness of SMPP-2. SMPP-2 has employed local experts in Bangladesh, as well as it has had partnerships with CARE-Bangladesh. The use of local experts minimized the process of the localization of expertise and communication. Thus, it made the project activities more efficiently and acceptable in the local context.

[1] SMPP1 and SMPP2

The third country trainings were appropriate because it utilized resources of neighboring countries in South Asia. The resources included the outputs developed by JICA's long-term cooperation such as 5S-CQI-TQM in Sri Lanka. As a result, participants could get more adaptable knowledge through the training, and then got motivation to use their learning in the Bangladesh context.

3-1-3 Project Cost

The project cost is expected to be within what was planned. As of terminal evaluation, the actual project cost was 76.7% of the plan. In addition, the actual project cost by the end of the project is estimated at 410 million Japanese yen (83.3% of the plan). Because of the utilization of local experts, the dispatch of Japanese experts was not as necessary as it had been planned. However, the achievements of the project outputs were not hampered by this change of input.

3-1-4 Project Period

Project period is expected to be terminated as planned (100% of planned period) and the project outputs is expected to be achieved within this period. As of the terminal evaluation, the extension of the project period was not discussed but experiences and lessons learnt from SMPP will be reflected in technical cooperation project in future. . During the project period, planned activities sometimes could not be implemented as expected due to political unrest and frequent strikes in Bangladesh with security concern (The Japanese experts had to stay at home for about 2 months in 2013, 20 days in 2014, and more than 3 months in 2015). But even in such situation, the project could achieve the project outputs and purpose as mentioned below.

3-2 Achievement of Project Output

3-2-1 Output 1

As shown in table 3-2, the output 1 is achieved because all the 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.

Table 3-2. Achievements of Output 1

Output 1: Good practices of maternal and neonatal health (MNH) services are identified and consolidated in national strategies and guidelines	
Indicators	Achievements
1-1. the number of cases/themes/areas of collaboration between SMPP-2 and other MNH stakeholders is increased	**Achieved:** SMPP-2 has worked with stakeholders on 12 areas: 1. 5S-CQI-TQM Program (UNICEF, WHO, UNFPA, GIZ), 2. Health System Strengthening Program (DGHS/WHO), 3. Upazila Health System Program (DGHS/WHO), 4. Local Level Planning (DGHS), 5. Horizontal Learning Program (LGD/WB),

	6. Quality Improvement Secretariat (HEU/GIZ/UNICEF), 7. WHO's Commission on Information and Accountability for Women's and Children's Health (COIA) (DGHS/UNICEF), 8. Demand Side Financing (DGHS/WHO), 9. Community Clinic (CC) Project (Community-based Health Care Operation Plan as of the terminal evaluation) (Prime Minister Office/DGHS/WHO/NGO), 10. Maternal and Neonatal Death Review (DGHS/HEU/UNICEF/UNFPA), 11. Post-partum Family Planning (DGFP/EngenderHealth) 12. CSBA (DGHS/CARE)
1-2. the number of good practices incorporated in national MNH policies, strategies, guidelines, and manuals is increased	**Achieved** There were 2 practices incorporated in national policies: Community Support Group (CSG) and 5S-CQI-TQM. Due to the incorporation, these practices have been expanded all over Bangladesh
1-3. Report of analysis on the activities in Narsingdi and Chowgacha (the process documentation of each model) is developed	**Achieved** There are five reports of analysis. 1. Community Group (CG) /CSG analysis study in Narsingdi 2. Chowgacha experience training document 3. Postnatal care study in Monohordi, Narsingdi 4. Private CSBA evaluation study 5. MNCH mapping study 2011 and 2014 In addition, some academic papers also were published based on the experience of SMPP-2.

(Source) Project documents

Major contribution of good practices of SMPP-2 is a policy development related to CSG and 5S-CQI-TQM.

(1) CSG

The experience of SMPP-1, the development of Community Support System, was adapted into 'CC Operational Guideline of the Bangladesh' and itcontributed to the expansion of CSG throughout the country. This CSG has been connected to the community clinics to improve utilization of the services provided by of the Community Health Care Providers.

(2) 5S-Continuous Quality Improvement (CQI)-TQM

SMPP-2 introduced the 5S-CQI-TQM to improve the hospital management to ensure quality of the

services. This is the step-wise (three step) approach to improve hospital management under limited resources[2].

Initially, 5S-CQI-TQM was implemented in four pilot hospitals in late 2010. Subsequently, based on the visible achievement of the pilot hospitals, government has expanded it. In addition, it was incorporated into "Strategic Planning Document on Quality of Care for Health Service Delivery", a national quality improvement strategy developed by the MoHFW in January 2015

In addition to CSG and 5S-CQI-TQM, SMPP-2 was also involved in the process of development of some policy documents such as revision of the Maternal Health strategy, annual review of 3rd HPNSDP, and Maternal and Neonatal death review, etc. Those processes were also the opportunities of incorporation of good practices and experience of SMPP-2 in policy documents. Maternal, neonatal and child health (MNCH) mapping study in 2011 and 2014 commissioned by SMPP-2 provided valuable information on the characteristics and situation of MNCH projects in Bangladesh and raised the issue of necessary coordination to promote optimum use of existing resources around MNCH.

It should be noted that activities or related facilities in collaboration with SMPP-2 have received various awards in not only District level but also in Upazila level .It could be one of the factor which raised the motivation of actors involved in the SMPP-2 activity. The list of related award is attacched in Appendix 9

3-2-2 Output 2

The Output 2 was achieved. As shown in table 3-3, all the indicators were achieved as of the terminal evaluation. SMPP-2 has contributed to developing and testing the mechanisms, tools and training modules to monitor and support CSG activities, 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. SMPP-2 will continue to refine these mechanism to enhance continuity of the monitoring and support activities till the end of the project.

Table 3-3. Achievements of Output 2

Output 2: Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional	
Indicators	Achievement
2-1. Mechanisms to monitor and support TQM and CSG and District HLP are established	**Achieved:** CSG: Revitalization of Community Health Care Initiatives in Bangladesh (RCHCIB, the Community Clinic Project of the MoHFW) took initiative to monitor CSG activities all over Bangladesh by setting indicators related to CSG performance. Besides, SMPP-2 initiated a pilot implementation of Core Team strategy to monitor and support CC, CG and CSG in 4 districts. Two

[2] The steps are: a) Application of 5S (sort, set, shine, standardize and sustain) for improvement of working environment: b) CQI t or KAIZEN activities for evidence-based participatory problem solving at the work-place for continuous quality improvement; and c) 5S-CQI-TQM as an approach to make maximal use of capacity of the entire organization.

	international NGOs: Care and DASCOH also have expanded this strategy in two districts with technical assistance from SMPP-2. TQM: Quality Improvement Secretariat was launched as the coordination and monitoring body for the Quality Improvement activities including TQM in 2014 under the Health Economics Unit of MoHFW. In addition, four different-level committee and team of quality improvement have been established in accordance to the Strategic Planning Document of Quality of Care. In hospitals where 5S-CQI-TQM was introduced, Quality Improvement Team (QIT) and Working Improvement Team (WIT) were established to implement and monitor the activities. HLP: Horizontal Learning Center was launched up in the National Institute of Local Governance in 2011 to coordinate HLP activities in Bangladesh. In Satkhira, SMPP-2 facilitated establishment of HLP working team that is a responsible body for district HLP implementation and coordination. The HLP implementation structure and monitoring mechanism in Satkhira is under process of documentation.
2-2. Training modules formulated, and number of training, number of training participants, number of agencies SMPP-2 provided technical assistance for implementation of TQM/CSG/HLP is increased	**Achieved:** Training: Module: SMPP-2 supported the development of ten training modules. Chowgacha model training; Basic training manual on 5S-CQI-TQM; Community Health Care Provider (CHCP) /CG/CSG training module; Computer training; UP orientation on CC, CG & CSG; Training of Trainers (TOT) module for Core Team; KAIZEN manual (draft); District HLP implementation guideline. Training and Participants: Training was conducted for 5,300* staff in the area of community activities and 5S-CQI-TQM issues. Technical Assistance: It was provided for six agencies: MoHFW (MNCAH OP, ESD OP, MIS, MCRAH OP, HEU), WHO, UNICEF, UNFPA, GIZ, IOM, icddr,b

*It doesn't include the number of participants of Orientation on 5S/Kaizen/TQM conducted in 25 health facilities from 2011 to 2015 because accurate figures cannot be obtained.
(Source) Project documents

As of the terminal evaluation, SMPP-2 has worked out different monitoring and support

mechanism: 1) monitoring and support system for CC/CG/CSG activities, and 2) monitoring tools and training modules of 5S-CQI-TQM, and 3) implementation of district HLP.

(1) Monitoring and Supporting System for CC/CG/CSG activities

This is the innovation achieved by SMPP-2. SMPP-2 developed and piloted a new monitoring mechanism for CC/CG/CSG, namely "Core Team Strategy" as shown in Figure 2-1. This system started in March 2014 and implemented in six districts as of the terminal evaluation. Among them, activities in four districts (Satkhira, Jessore, Narsingdi and Cox's Bazar) supported by SMPP-2 and the rest are conducted by CARE-Bangladesh themselves and DASCOH. During the set-up process of the teams, SMPP-2 provided ToT for the Core Team representatives and facilitated to develop their capacity as a trainer.

In this strategy, two different "Core Team" Upazila Core Team and District Core Team are organized to monitor and support CC, CG and CSG activities to improve their quality of care of CCs and to enhance performance by different ways: monitoring visits and feedback to CC, CG and CSG, training, coordination among stakeholders, and team approach such as monthly meeting among members to capture the situation, etc. The details of the responsibility of the teams are shown in Table 3-4. Focal person on CC takes a charge of overall CC related activities in the respective district and Upazila. Moreover, external facilitator is assigned for two years to support focal persons and Core Team members for their capacity development.

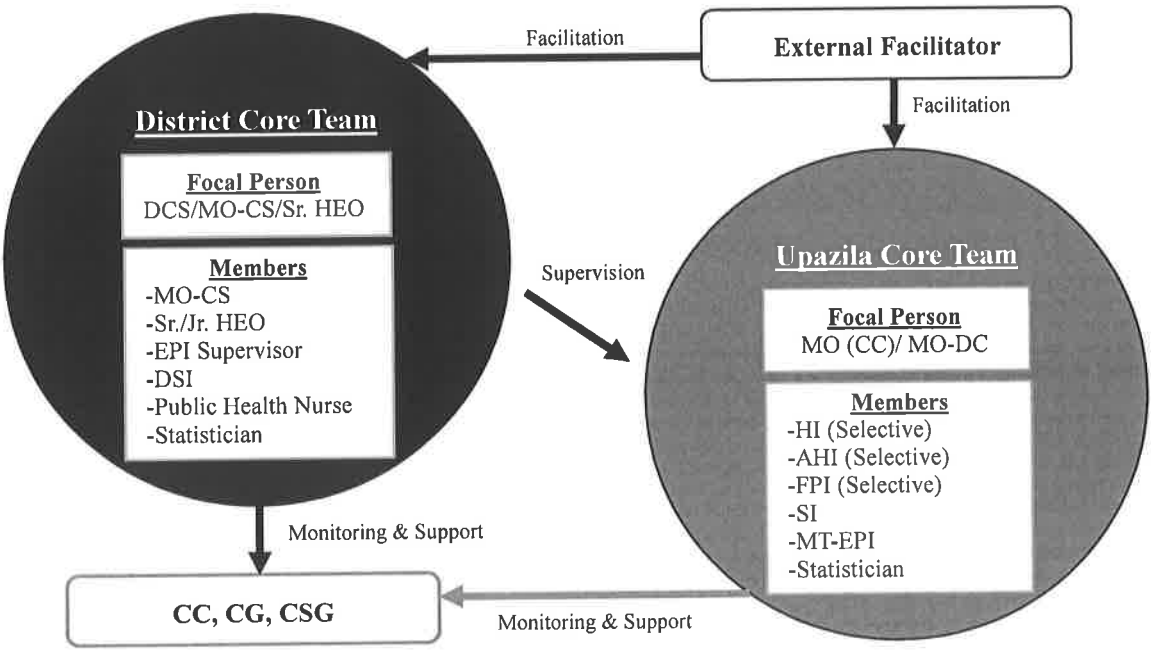

Figure 3-1. Conceptual Framework of Monitoring Strategy

Table 3-4. Functions of Core Team

District Core Team	Upazila Core Team
Responsibility of a focal person - Develop training plan for CG/CSG and coordinate CC, CG & CSG activities, - Facilitate monthly meeting with members of district and Upazila Core Team - Compile and develop reports on CC, CG and CSG performance and send it to the National level through Civil Surgeon Office - Ensure quality of care of CC activities **Responsibility of members** - Coordinate, plan and support capacity building and training for CC, CG and CSG at district level - Monitor Upazila Core Team performance - Provide need-based support for Upazila Core Team for smooth implementation of CC activities - Provide on-the-job support for members of Upazila Core Team members, CC, CG and CC.	**Responsibility of a focal person** - Compile and develop on CC, CG and CSG performance - Coordinate CC, CG and CSG activities at Upazila level - Develop plan for training of Community Health Care Provider, CG and CSG at Upazila level - Facilitate monthly meeting at Upazila level **Upazila Core Team member responsibility** - Facilitate training for Community Health Care Provider, CG and CSG - Conduct monitoring visits to observe CC, CG and CSG activities - Share feedback and findings of monitoring in Upazila monthly meeting

(Source) Project documents

According to the interviews in the terminal evaluation, some positive effects of this monitoring and support mechanism have been recognized among the Core Team members: improvement of management of CC, increase of the reporting rates of online management information system, commitment of community leaders to CC/CG, increase of client satisfaction, etc.

In addition, some statistics also showed the improvement of the health service utilization. For example, the number of the client of CC in Satkhira increased from 1,373,473 in May 2012-June 2013 to 1,565,541 in May 2014-June 2015 (114.0% of 2012-2013), while the total number of out-patient of Upazila Health Complex (UHC), Union Sub Center, and Union Health and Family Welfare Center decreased from 413,151 in May 2012-June 2013 to 215,688 in May 2014-June 2015 (52.0% of 2012-2013), according to the Local Health Bulletin. It implies that utilization of CC has been promoted and that declining utilization of the UHC outdoor services has made UHCs possible to spend more time for emergency patients.

However, as of the terminal evaluation, one issue is raised as a concern of sustainability. One interviewed member of the Core Team expressed his concern "quality of monitoring and support, and efficiency of coordination could be lowered a bit after withdrawal of SMPP-2", while the other member showed his confidence to continue activities because the team has been brought in the focus of various stakeholders including Upazila Parishards, CC, CG, CSG, their senior supervisor, etc. The dissemination workshop of Core Team strategy held in November 2015 revealed that frequent transfer of focal persons, insufficient budget for Core Team activities and lack of policy back-up are some of challenges Core Teams are facing.

(2) Monitoring Tools and Training Modules of 5S-CQI-TQM

In hospitals where 5S-CQI-TQM was introduced by SMPP-2, the monitoring and support is

conducted by QIT and WIT in accordance to the "Manual for Implementation of 5S in Hospital Setting." The manual encourages hospitals to use two different checklists developed by the DGHS in collaboration with SMPP-2: the one for internal monitoring by the QIT and WITs and the other for external monitors. Frequency of monitoring can vary, depending on the level of monitoring. The monitoring findings, if done by the external teams (divisional or national level), should be shared with the hospital manager and the QIT. They have to submit a report (filled checklist) to the facility manager/QIT, as well as the hospital (TQM unit) section of DGHS.

Site visits to different district hospitals or Upazila Health Complex in Jessore, Satkhira and Narsingdi district during the terminal evaluation could capture good practices of monitoring and support for 5S-CQI-TQM. For example, all the hospitals have organized QIT/WIT, have taken a photo record to compare the situation before and after the 5S-CQI-TQM activities, and have displayed the member list and action plan of the WIT on the board to motivate them to implement activities. In addition, Japan Overseas Cooperation Volunteers (JOCVs) have contributed to implement of 5S-CQI-TQM in five district hospitals: Satkhira, Jessore, Narsingdi, Jhenaidah and Pabuna.

(3) Participation in HLP

SMPP-2 has participated in the HLP of the Local Government Division of Ministry of Local Government, Rural Development Cooperatives, which can promote the implementation of MNCH related good practices led by Union Parishards. The HLP was launched by Local Governments Division in collaboration with Water Sanitation Program of World Bank and partner organizations in November 2007. The detail of HLP is referred to Box 1.

SMPP-2 established a district HLP implementation structure and monitoring mechanism, consisting of 1) formulation of district HLP working team, 2) promotion of Union Development Committee Meeting and Open Budget Session, 3) creating budget line for MNCH related activities within the UP annual budget, 4) networking among unions to exchange good practices in/outside the district, and 5) implementation of HLP workshop and exposure visits. At the workshops held from August 2014 to November 2014 in 7 Unions and 2 municipalities of Satkhira, some good practices on the health issues were identified and shared: for instance, fund creation for ensuring safe delivery, providing mini ambulance and saving bank (pot) for pregnant mothers, finding out malnourished children and mothers and helping for distribution of Maternal, Neonatal Nutrition Powder.

As of the terminal evaluation, implementation guideline of district HLP is under process of documentation.

Box 1. Horizontal Learning (cited from the pamphlet of the Local Government Division)

Traditional capacity building program usually starts with assumption that there is a lack of capacity. Experts generally decide "what", "how" and "when" these deficiencies will be addressed. In contrast, the basic assumption of horizontal learning is that capacities already exist which are working well at grass root level. Local stakeholders within a peer network decide "what", "how" and "when" learning will occur.

The Horizontal Learning Program complement conventional capacity building efforts. By sharing "what works" and allowing replication amongst peers, horizontal learning seeks to strengthen the environment for capacity building activities and enhance self confidence.

HLP takes following steps:

1) Identify: Union Parishards are encouraged to identify their good practices (with indicators)
2) Learn: Union Parishards select the good practices they wish to visit in order to learn from their peers, through appreciation – connection – adaptation process
3) Prioritize: Union Parishards prioritize, discuss with citizens and integrate good practices into their annual development plan and budget.
4) Replicate: Union Parishards replicate good practices with the support of their peers.
5) Union Parishards progress in replication is monitored through peer reviews and achievements recognized through the horizontal learning network.

3-2-3 Output 3

Output 3 is mostly achieved as of the terminal evaluation. The most of the targets related with the indicators have been achieved as shown in Table 3-5. The activities of the output 3 contributed to developing and operationalizing Upazila Health System (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.

Table 3-5. Achievements of Output 3

Output 3: A package of MNH interventions under Upazila Health System (UHS) is developed	
Indicators	Achievement
3-1. Defined UHS concept, strategy and implementation mechanism is documented	**Achieved:** "UHS concept, strategy and implementation mechanism" was documented. The UHS concept was jointly developed SMPP-2 and WHO along with Line Director of Essential Service Delivery Program at the beginning of HPNSDP2011-16. Accordingly, the UHS activities of SMPP-2 were designed.
3-2. Evaluation reports on MNH interventions is	**Achieved:**

documented	Following reports were developed in SMPP-2. 1) Baseline and endline surveys of SMPP-2; 2) Baseline and endline surveys to evaluate impact of CSG in Kalaroa on a) social capital study; b) women's empowerment; c) MNH indicators; 3) Staff and client satisfaction survey at 5S-CQI-TQM hospitals; 4) Mid-term evaluation of SMPP-2; 5) Post-training evaluation at Satkhira; 6) District HLP study
3-3 (health indicator is improved.*1*2) 1) Proportion of women received 4 or more antenatal care (ANC) during last pregnancy is increased	**Achieved:** In Satkhira district, the proportion was increased from 29% in 2011 to 55.1% in 2015. In Karaoka Upazila, the proportion was increased from 44.1% in 2011 to 65.7% in 2015.
2) Proportion of women received postnatal care (PNC) (within 42 days of pregnancy is increased	In Satkhira district, the proportion was increased from 38.7% in 2011 to 50.4% in 2015. In Karaoka Upazila the proportion was increased from 31.6% to 62.2% in 2015. (Source: project document)
3) Number of Union Parishards allocated budget to MNCH activities is increased (baseline: 0)	As of terminal evaluation 74 Union Parishards allocate budget to MNCH activities.
4) Neonatal case fatality rate in Satkhira District Hospital is decreased from 17.7% (2011) to 10%	Neonatal case fatality rate in Satkhira District Hospital decreased from 17.7% in 2011 to 11.5% in 2014 but not reached at target as of the terminal evaluation. But achievement can be possible by the end of the project.

*1 This sentence is not written in PDM.
*2 As of the terminal evaluation, two indicators: "Proportion of poor pregnant women for MNCH activities", and "utilization of post-partum family planning methods" could not be confirmed because the data was not available.
(Source) Project documents

At the beginning of the SMPP-2 contributed to the conceptualization of the UHS as shown in the Box 2. In accordance to this concept, SMPP-2 conducted several different activities and field trial to strengthen capacity of the system: local level planning, strengthening data-driven planning and management capacity, orientation of health information management system, quality improvement of facilities, behavioral change and communication, community mobilization and people's participation. In particular, these activities were re-organized into "Integrated MNH Intervention Packages under Upazila Health System" as shown in Figure 3-2, focusing the maternal and neonatal health.

The terminal evaluation team found that the following positive signs of the intervention packages have been observed.

1) Indicators of PDM shown in Table 3-5 improved positively. These imply the improvement of the utilization of health services and the increase of the commitment of administration.
2) The numbers of clients of CC have increased, while the number of out-patients at Upazila Health Complex, Union Sub Center, and Union Health and Family Welfare Center have decreased. It implies that the utilization of CC has increased and the burden on Upazila Health Complex Union Sub Center, and Union Health and Family Welfare Center has reduced.
3) Communication between CC and Upazila Health Complex via Core Team has been improved, according to the interview. It implies that the referral system and information management system

in the UHS has been improved.

4) The results of randomized–controlled trial[3] suggested that the intervention package may have increased altruistic minds among CG/CSG members and pregnant mothers.
5) As shown in Appendix 8, the number of ANC visits, PNC visits and deliveries at District hospitals, Upazila Health Complexes and Maternal Child Welfare Centers was increased in last five years in Sakhitra, which is one of the districts that recorded the improvements of those indicators. The increase of ANC visits, PNC visits and delivery was 107.8%, 82.4% and 42.3%, respectively. It implies that the interventions of SMPP-2 in Sakhitra contributed to the behavioral changes of pregnant women to use services at health facilities more.

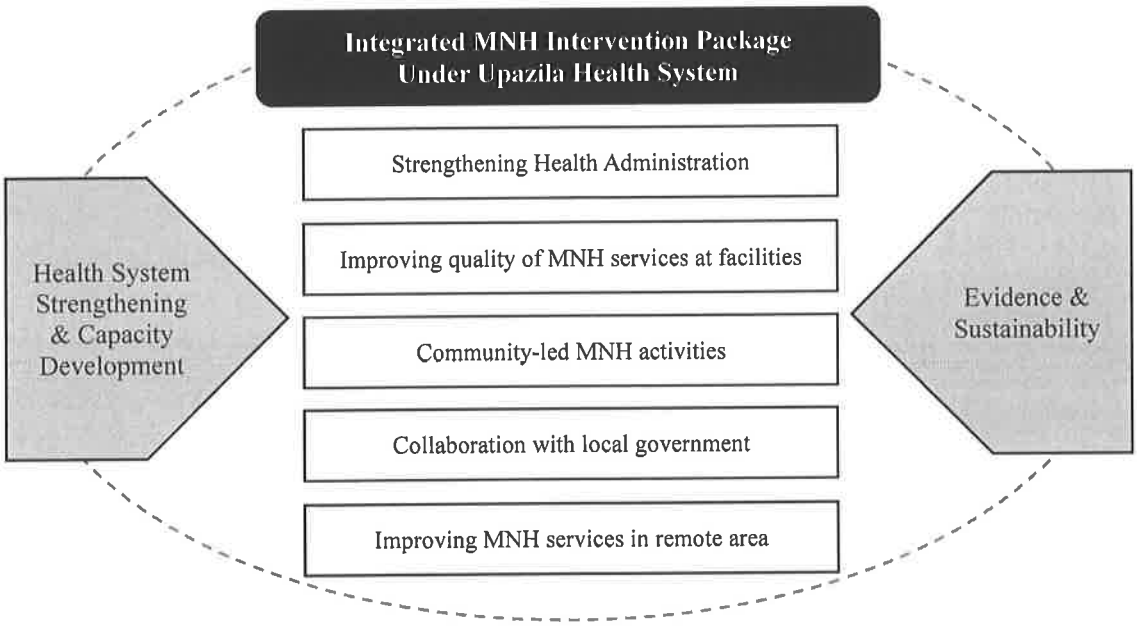

Figure 3-2. Integrated MNH Intervention Package

[3] Analysis of the impact on the health situation was not completed as of terminal evaluation.

Box 2. Upazila Health System (cited from Strategic Plan of HPNSDP 2011-2016)

The Upazila Health Complex (UHC) is the first inpatient facility in the network, and provides both primary and secondary level services, serving as an apex of the Upazila Health System (UHS). Figure 3-3 below gives a pictorial presentation of the UHS in Bangladesh, linking a community with the district through the functional UHS.

The Upazila level management through a committee would be able to plan, budget, implement and monitor the day-to-day activities of service delivery for the people in their catchment area (averaging around 270,000 people). In short, such an UHS consists of a three-tier system, being (i) a Hospital (= UHC with 31-50 beds), (ii) Health Centers (with or without beds) and (iii) Community Clinics. Together these define the available service delivery facilities, each with a different staff mix (doctors, nurses and paramedics), most often of a multi-purpose or polyvalent nature. The district level health administration will play a crucial role to oversee the work of the UHS and provide the support needed as part of the national decentralization process.

The initiative of PHC through the UHS will be linked with the government policy on Local Level Planning. Priority activities will include initiation for an integrated PHC intervention through the UHS in a limited number of districts and Upazila that will specifically integrate the CC led expansion of PHC services.

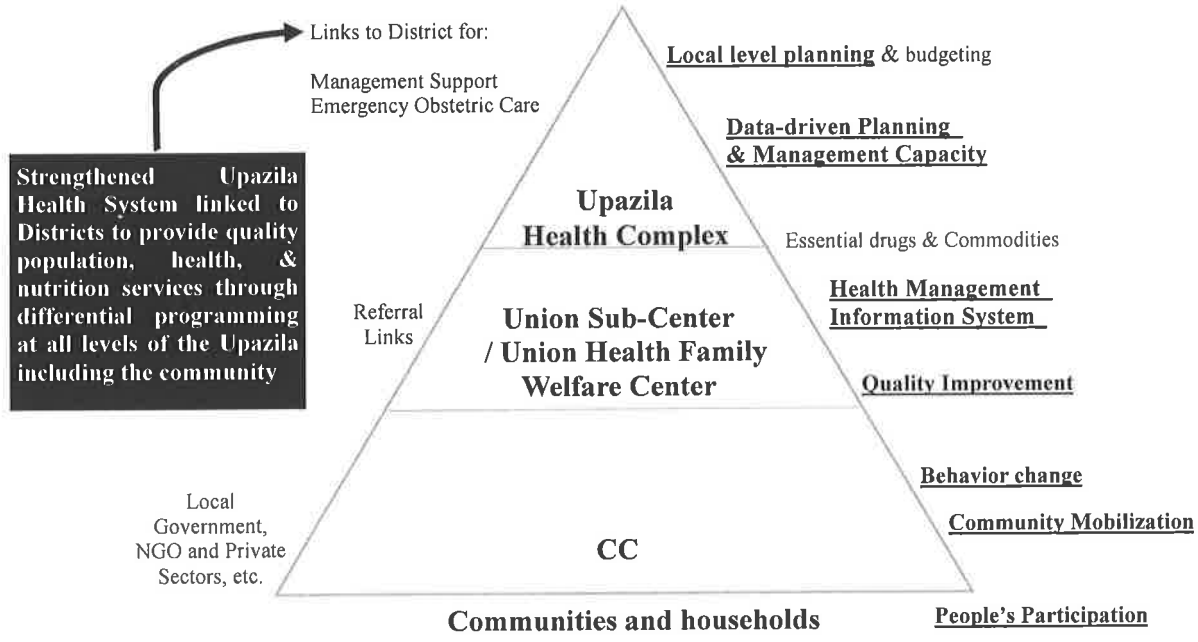

Figure 3-3. Upazila Health Complex

(Underline…Issues that SMPP-2 activities contributed to strengthen)

3-3 Achievement of Project Purpose

The project purpose is achieved. The most indicators achieved its target as of the terminal evaluation as shown in Table 3-6. The factors which enabled the CC/CG/CSG activities and 5S-CQI-TQM 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) among various stakeholders and partners.

Table 3-6. 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 achieved 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	**Partially Achieved** As of the terminal evaluation, the proportions of women with complication using EmOC in Satkhira district and Kalaroa Upazila was 80.9%. To be analyzed further.
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

SMPP-2 has contributed in the expansion of the approaches such as CSG and 5S-CQI-TQM in align with the national strategies. The number of established CSG almost reached at the target and the number of the pilot hospital increased greatly from three in baseline to 106 hospitals as of the terminal evaluation.

SMPP-2 assisted the expansion technically: facilitating government partners to incorporate CSG and 5S-CQI-TQM into the national strategies, providing technical assistance to implement CSG and 5S-CQI-TQM, and conducting training, etc.

In addition, SMPP-2 mobilized the resources for the expansion from various development partners and from the Japan's Loan Project titled "Maternal, Neonatal and Child Health Improvement Project Phase I" (Yen Loan Project). Without the resource mobilization, CSG and 5S-CQI-TQM could not be expanded only by SMPP-2's budget.

3-4 Impacts

3-4-1 Achievement of Overall Goal

According to the Annual Program Implementation Report 2015 on the 3rd HPNSDP, maternal mortality ratio is on track to achieve 143 or less by 2016. On the other hand, neonatal mortality rate is regarded as challenging to achieve the target by 2016.

However, it is still possible to achieve the target by the 3-5 years after the end of the project, because intensive efforts are now discussed in the formulation of the next health sector program to overcome some issues: skilled birth attendance at birth, overall nutrition situation, urban primary health care service delivery particularly for the poor, service expansion to hard-to-reach areas, quality assurance of health services. CSG and 5S-CQI-TQM developed by SMPP-2 will be able to contribute to the improvement of these issues.

Table 3-7. Current Situation of Indicators of Overall Goal

Overall Goal: Maternal and neonatal health status is improved in Bangladesh	
Indicators	Current Situation
1. Maternal mortality ratio is reduced from 194 (in 2010)*1 to 143 or less (3-5 years after the end of the project) *1	**Possibly achieved** Country-wide maternal mortality ratio has been reduced to 170 in 2014*3 from 194 in 2007. The progress is regarded as "on truck" to reach at the target 143 in 2016. Thus, in 2019 three years after the end of the SMPP-2, it is highly possible to be achieved.
2. Neonatal mortality rate is reduced from 37 (in 2007)*2 to 21 or less (3-5 years after the end of the project)	**Possibly achieved** Country-wide neonatal mortality rate has been reduced to 28 in 2015 from 37 in 2007. As of the terminal evaluation, the progress is regarded as "challenging" to reach at the target by 2016. The report concluded some relevant service indicators were likely not achieved within the program

	period: delivery by SBA, ANC and PNC coverage, etc. However, these issues will be focused in the next sector program. Thus, it is difficult to say that the target cannot be reached at 3-5 years after the end of the project.

(Source) *1 Bangladesh Maternal Mortality Survey (2010)
*2 Bangladesh Demography and Health Survey (2007)
*3 Maternal Mortality Estimation Inter-agency Group by WHO, UNICEF, UNFPA, UN-PD and World Bank

3-4-2 Other Impacts

(1) Evolving partnerships and mobilizing resources

As mentioned above, SMPP-2 could expand CSG and 5S-CQI-TQM through the incorporation into the national strategies with evolving partnership and mobilizing resource from the partners and the Yen Loan project. In the PDM, the partnership evolution and resource mobilization from various partners was not clearly defined, while the policy incorporation is mentioned in the output 1 of the PDM. Thus, this phenomenon can be regarded as one of the impact of SMPP-2. The detail is discussed in "SMPP-2's Characteristics to Enable Expansion of CSG and 5S-CQI-TQM."

(2) Contribution to Revitalization of CC

CC was introduced in Bangladesh at 1998 when the government planned to establish 13,500 CC to expand primary health care services at the door step of rural people. However, the CC had been closed in 2001 due to policy shifting. Then, in 2009 the government started CC expiation again through "Revitalization of Community Health Care Initiative (Community Clinic Project)" to make both old clinic constructed in 1998-2001 and new clinic functional.

SMPP-1 started Community Support System (CmSS) in 2006 before the Community Clinic Project. Their experiences contributed to strengthening the community participation component of CC initiatives through introduction of a new concept of CmSS / CSG, trial of monitoring support mechanism, integration of CSG into local governance, etc. Because the CmSS was a very fresh idea in Bangladesh at that time, it might have prompted MoHFW and various partners to focus more on the community engagement.

(3) Expansion of good practices through south-south cooperation

During SMPP-2, Bangladesh counterparts participated in the training in Sri Lanka, Tanzania and Kenya. In addition, members of Kenyan Ministry of Health visited Bangladesh to observe CC, CG and CSG. As results, Bangladesh counterparts learned and applied good practices of other countries for their activities, and transfer their knowledge and experiences for other countries. For example, in Kenya their Community Health Strategy incorporated community support mechanism, after the visit to Bangladesh.

(4) Contribution to Global Health Community

SMPP-2's experience has provided the evidence and lessons learned from the implementation to verify EMBRACE (Ensure Mothers and Babies Regular Access) Model in Japan's Global Health Policy 2011-2015. The model consists of supporting community-based care, supporting facility-based care and creating linkages between communities and facilities. The intervention implemented by SMPP-1

was named "Narsingdi model" by the government of the Bangladesh and also regarded as a project to realize the EMBRACE model by the Japanese government. Based on the experience of the SMPP-1, the government of Bangladesh decided to initiate a research project financed by the DRGA in collaboration with icddr.b to extract evidence of the effectiveness of MNCH intervention.

SMPP-2 also shared the experience at the occasions of PMAC, WHO-SEARO and PMNCH.

(5) Increase of social capital as impact of CSG

The result of the impact evaluation conducted in Satkhira showed that the capacity building of CSG could make a positive impact on their social capital such as altruism. It implies that community activities supported by SMPP-2 may increase villagers' willingness to contribute to the welfare of other community members.

(6) Increased presence of Japan's ODA in Japan

Project activities of SMPP-2 were broadcasted by NHK, radio and television system of Japan, which leads to increase awareness of the project implemented through ODA. It could visualize how the ODA project worked and impacted on beneficiaries of other countries.

3-5 Implementation Process

3-5-1 Revision of PDM

The mid-term review in 2013 recommended the revision of the PDM because the original Project Design Matrix (PDM) has some unclear or indistinct description which may create differences of interpretations among the concerned parties, as well as because the output 1 had been regarded as impossible to be achieved due to changes in the situation. In addition, some reviewers pointed out that "SMPP-2 increased numbers of activities along the way, some of which have diverged from its original focus".

Based on the recommendation, SMPP-2 revised the PDM reflecting the project activities without change of the project purposes and direction. The revised PDM was approved in February 2015 based on the recommendation raised at the time of Mid-Term Evaluation. After the revision, the scope of the project activities was clarified and the operation of the project became aligned with the revised PDM allowing the flexibility of the project activities.

Table 3-8. Comparison between PDM0 and PDM1

	PDM0	PDM1
Output 1	Function of the MNH activities coordination among stakeholders (such as at MNCH Forum) is enhanced at national level	Good practices of MNH services are identified and consolidated in national strategies and guidelines
Output 2	Process of good practices and lessons learnt for improvement of MNH extracted from the Project (including Phase 1) are disseminated in the country.	Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional
Output 3	Local implementation mechanisms of MNCH minimum package and approaches integrated into UHS are defined (Satkhira, Habiganj)	A package of MNH interventions under UHS is developed

(Source) PDM version 0 and PDM version 1

3-5-2 Role of Project Supporting Committee in Japan

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 members of Supporting Committee have participated to the Review and Evaluation Team and made advice in technical aspects and also be dispatched as short-term experts. According to the interview with Japanese experts and members of the committee, the committee could provide different viewpoints for the reframing the project scope and activities. In particular, the discussion between the Japanese experts and committee members at the time of mid-term review resulted in refining PDM and led to the introduction of innovations such as the Core Team Strategy and 5S-CQI-TQM expansion through partnerships.

3-5-3 Rigorous impact evaluation on the intervention developed by the project

SMPP-2 conducted randomized controlled trial to examine the effectiveness of the intervention on 1) MNH care seeking behavior, 2) social capitals and 3) women's empowerment. The impact evaluation showed that the intervention influenced positively to CG and CSG members in the social capital aspect while the other two elements should be engaged in further analysis. If the impact can be clarified with less risk of biases, the evidence might be powerful to prove the effectiveness of the interventions developed by the project. It should be mentioned that experience of SMPP-2 conducting a randomized controlled trial as an evaluation of a part of the project is still a rare case and could provide valuable insights and opportunities for further discussions on methodology of evaluation of a project under the JICA technical cooperation.

3-5-4 Partnership with other donors

Good practices developed by SMPP-2 such as CSG, 5S-CQI-TQM, etc. have been replicated and expanded widely through the partnership with other donors. Backed with the openness and trust built between SMPP-2 and other partners, the practices have been replicated by other donors with the use of their resources. For example, 5S-CQI-TQM has been expanded by UNICEF, WHO, etc. Experience of community activities has been shared by CARE and other NGOs, etc. It also resulted in evolution of new ideas to further improve the approaches and modification to adjust with the needs of the partners. UNICEF and WHO focused on improvement of the quality of MNH services at hospital through 5S-CQI-TQM application. DASCHO strengthened the function of CSG to promote water and sanitation activities in the community.

3-5-5 Use of Yen Loan project and cooperation from Japan Overseas Cooperation Volunteers

In 2011, the total amount of 5.01 billion Yen Loan was signed between the Government of Japan and the Government of Bangladesh for the health sector. The part of Yen Loan was designed to directly support the scale up of SMPP-2 activities to take on the achievements of SMPP-1. This Yen Loan was the first case of a large amount of financial support towards the health sector by JICA in Bangladesh, and the initial detailed design of Yen Loan was kept flexible which made it easier to adapt to the needs of SMPP-2. In fact, the Yen Loan budget was utilized for the CC/CSG training program carried out all over the country, thus contributing to the capacity development of those group members, The TQM training program in Sri Lanka was organized in 2015 with Yen Loan support. In summary,

the Yen Loan project made the scale-up of SMPP's good practices possible financially, while SMPP-2 could concentrate on a technical responsibility to maintain the conducive policy environment for the scale-up.

In addition, activities of some Japan Overseas Cooperation Volunteers (JOCV) in Bangladesh took SMPP-2 into consideration for their activities. JOCV could contribute to the integration and innovation of the practices into the local context.

3-5-6 Coordination between technical cooperation project and Yen loan project

Though the contribution by Yen Loan for the scale up is well recognized, as Yen Loan was put through the financial management system of Gob, the actual use of the fund inevitably faced challenges of overcoming the complex and bureaucratic procedures demanded by both Japanese and Bangladesh Government. As well as the complexity of the procedure, the fact that it was the first time for both JICA and the Line Directors to handle such fund resulted in slower flow of the fund for the activities than it had been anticipated. Both Japanese experts and Bangladesh counterparts expressed their frustration with regard to the delayed fund flow which sometimes delayed the progress of the SMPP-2 and the Operational Plans that received the Yen Loan fund.

It is important to emphasize, however, that valuable lessons have been learnt by JICA and MoHFW/LDs in terms of how the financial management system of the Government of Bangladesh functions, working collaboratively to overcome weakness of such system, increasing ownership and creativeness by SMPP-2 counterpart in terms of how to spend the fund and the process of linking the Yen Loan (large finance) with technical cooperation project.

4. Strategy taken by SMPP-2

The terminal evaluation team identified the following are key components for SMPP-2 to reach the overall goal: The improvement of maternal and neonatal child health in Bangladesh through the project activities. In case of CSG, SMPP-2 has shed the light on "community participation" as responsive mechanism to reactivate CCs. In case of 5S-CQI-TQM, SMPP-2 made the effect of 5S visible at the initial stage, which led to the policy development of 5S-CQI-TQM smoothly.

4-1. Partnership development

SMPP-2 has collaborated with different stakeholders and partners in several areas as shown in Output 1. The degree of partnership with agencies and organization varied depending on the types of activities and geographical areas of their focus and activities implemented, but a common tendency/characteristic is identified. First, SMPP-2 successfully contributed to the development of policies such as CSG and TQM, which secured the credibility of the interventions. In some cases, SMPP-2 had worked together with the partners to develop the intervention into policy. Secondly, SMPP-2 shared openly the expertise of the interventions/experiences such as monitoring tools and training guidelines with partners such as UN organization (i.e. WHO and UNICEF). This contributed to expand/accelerate the policy implementation without the direct intervention by SMPP-2.

4-2 Maximizing the use of resources within JICA

JICA tactically utilized SMPP-2 to make the most of available resources by pooling the resources such as Yen Loan and JOCV within JICA and created a 'program= JICA's health sector program including SMPP-2, Yen Loan and JOCV' as oppose to a 'project = SMPP-2 alone'. There was a strategic direction for SMPP-2 to use not only its own budget but to utilize the other resources such as the Yen Loan Project and JOCVs. Seven hundred million Yen of the Yen Loan Project was used for the nation-wide trainings of CGs/CSGs/CHCP. Yen Loan made the expansion of SMPP's good practices possible. JOCVs collaborated with SMPP-2's activities such as 5S at the hospital and community level and SMPP-2 received from JOCVs the feedback on what was actually happening at the implementation level, which in turn fed into SMPP-2 to improve its activities.

4-3 Evidence-informed decision making

SMPP-2 documented and disseminated different analysis reports in addition to utilizing the data routinely collected by the counterpart and SMPP-2 for decision making.

Given the increasing importance of creating and use of evidence for assessing the effectiveness of SMPP-2, sparing the limited resources for additional researches and surveys is recognized worthwhile. SMPP-2 contributed for global health community in the world through 4 academic papers analyzing the implementation and outcomes of those activities. Moreover, it is an unique aspect of SMPP-2 that SMPP2 have conducted social capital and women empowerment studies to examine social impact of CSG to explore its application beyond health sector.

5. Evaluation Results

5-1 Relevance

5-1-1 Relevance to the Development Plan

Improving maternal and neonatal health services 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. The strategy in the 3rd HPNSDP includes 1) promotion of institutional services in all districts and Upazila and 2) sustaining and expanding home-based services, in varying degrees on local needs, particularly in places with geographic or social restrictions on seeking care from facilities. Because SMPP-2 has targeting the improvement of maternal and neonatal services through the activities in facilities as well as in community reflecting local needs, thus it is relevant with 3rd HPNSDP.

5-1-2 Relevance to the Development Needs

Country-wide neonatal mortality rate and maternal mortality ratio has been reduced to 28 and 170 in 2015 from 37 and 194 in 2007, respectively. As of the terminal evaluation, decline in neonatal and maternal mortality has been observed, and progress for the improvement of health services has been achieved. Thus, SMPP2 is still relevant with the country needs as of the terminal evaluation.

However, 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. Therefore, even as of terminal evaluation, tacking the improvement of neonatal and maternal health services is still needed. Thus, SMPP-2 is still relevant with the country needs as of the terminal evaluation.

5-1-3 Relevance to Japan's ODA Policy

Japan's Strategy on Global Health Diplomacy weighs on efforts on maternal and newborn health, and health system strengthening. In addition, one of priority issues in South Asia mentioned in Basic Design for Peace and Health (2015) is improving health service standards and access of maternal and child health. 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. Because SMPP-2 has addressed the maternal and neonatal health, it is relevant with Japan's ODA Policy.

In summary, this project is highly relevant with the Bangladesh's health strategy and needs, as well as Japan's ODA policy. Therefore, its relevance is high.

5-2 Effectiveness

As of the terminal evaluation, the CSG and 5S-CQI-TQM has been disseminated in Bangladesh because the incorporation of approaches introduced by SMPP-2 into policies (output 1), feasibility to maintain and expand approaches has been increased through monitoring and support activities (output 2) and possibility of integration into the Upazila Health System has been recognized in basis of the experience in Satkhira (output 3) among various stakeholders and partners. Thus, SMPP-2 largely achieved its purpose as of the terminal evaluation.

5-3 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 political unrest and frequent strikes in Bangladesh with security concern but the project outputs were produced as planned. 10-year activities of the Chief advisor in SMPP-2 have strengthened the relationship between SMPP and MoHFW and various partners, which made the project activities more efficiently and effectively. In addition, SMPP-2 has maximized available local experts, which also made the project activities acceptable in local context. The third country trainings were appropriate because it can utilize resources of neighboring countries in South Asia.

5-4 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. In addition, there are some positive impacts 1) partnership was evolved and resources were mobilized, 2) SMPP-2 contributed to revitalize CC, 3) good practices of SMPP-2 was expanded to other countries and experience of other country was received in Bangladesh, etc.

No negative impact was reported as of the terminal evaluation.

5-5 Sustainability

5-5-1 Related policy and institutional aspects for the sustainability of project effects

Current policy environment is regarded to sustain project achievement effectively. The concept paper for the next health sector program emphasizes the continuation of efforts to reduce maternal and childhood mortality. As mentioned above, the MoHFW and development partners have recognized that many challenges still remain in the neonatal and maternal health. It means that the next health sector program will still prioritize the issues SMPP-2 has addressed.

5-5-2 Organizational aspects of the implementing agency for the sustainability of project effects

As of the terminal evaluation, responsible body was clearly defined. Quality Improvement Secretariat of Health Economics Unit is responsible for TQM policy. TQM program of DGHS is responsibility for its implementation. Operational Plan of Community Based Health Care is responsible for CSG. Essential Health Service Program of DHGS is responsible for Upazila Health Management.

However, after the end of the project, organizational rearrangement might be conducted by MoHFW according to the concept paper for the next health sector program. Thus, there is a minor concern on organizational aspects of implementing agency for the sustainability of project effect.

5-5-3 Technical aspects of the implementing agency for the sustainability of project effects

As of the terminal evaluation, 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, as for monitoring and support mechanism on CC/CG/CSG activities, sustainability is somewhat challenging on the ground. The reason is that facilitating Core Team's activities might not be taken over by anyone or agencies.

5-5-4 Financial aspects of the implementing agency for the sustainability of project effects

There is 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. In last four years the expenditure of 3rd HPNSDP has been increased (Table 5-1). However, there might be a minor problem. As of the terminal evaluation, it was reported that delayed supply of medicines to CC with shortage of expenditure, which has influenced the sustainability of activities of CC.

Table 5-1. Total expenditure of HPNSDP

(Unit: million Taka)

	2011-2012	2012-2013	2013-2014	2014-2015
Total fund allocation	228.5	294.7	-	358.9
Total fund released	198.8	293.1	-	327.1

(Source) Annual Program Implementation Review Report of HPNSDP 2011-2012, Annual Program Implementation Review Report of HPNSDP 2012-2013, and Annual Program Implementation Review Report of HPNSDP 2014-2015

In summary, some minor concerns have been observed in terms of the organizational, technical and financial aspects of the implementing agency. Therefore, sustainability of the project effects is fair.

6. Conclusion, Recommendation and Lessons Learned

6-1 Conclusion

SMPP-2 is highly relevant with the Bangladesh's 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 Basic Design for Peace and Health (2015). 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 because organizational rearrangement will be conduced after the end of the project, facilitating Core Team's activities might not be taken over by anyone or agencies, and delayed supply of medicines to CC with shortage of expenditure was reported as of the terminal evaluation.

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

6-2 Recommendation

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 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 practice of 5S-CQI-TQM for

advancement. The Team also recommends compiling positive changes in quality of hospital services with data after the introduction of 5S-CQI-TQM.

7. The Evaluation Team recommended 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 recommended MoHFW to assure responsible departments to take over the achievements of SMPP-2 even in the next health sector program.

6-3 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 s

4. uch 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.

5. 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.

End

Appendix 1. Project Design Matrix version 1

Project Name: Safe Motherhood Promotion Project Phase 2
Target Area: Whole country (some activities are held in several districts only)

Target Groups: 1. Community people, particularly pregnant and post-partum women and neonates
2. All level relevant staff under Directorate General of Health Services and Family Planning at Central, district and Upazila

Overall Goal	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
Maternal and neonatal health (MNH) status is improved in Bangladesh	(1) MMR is reduced from 194 (2010) to under 143* (2) NMR is reduced from 37 (2007) to under 21*	Bangladesh Maternal Mortality and Health Care Survey (BMMS Bangladesh Demographic Health Survey (BDHS)	The political, economic, and social situation will not be worse than those at commencing time of the Project
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 *Field of approaches is extended to the subject related to Operational Plan of HPNSDP as follows: 1) Community Based Health Care (Community Clinic), 2) Hospital Services Management (Total Quality Management (TQM)), 3) Maternal, Neonatal and Child, Adolescent Health Care, 4) Maternal, Child, Reproductive and Adolescent Health, and 5) Essential Service Delivery (Upazila Health System)	(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, OT and female ward) (*1). (2) The percentage of CSGs functional in Satkhira => [70% functional] (*2) (3) The proportion of women with complication using EmOC services => Satkhira/Kholaroa [69%/65.7%=>80%] (4) Proportion of deliveries assisted by skilled personnel (C-SBA, SSN/FWV with midwifery training, MBBS doctor) =>Satkhira/Kholaroa [37.4%/45.6%=>50%] (5) The proportion of established CSGs reaches to 100% in Bangladesh (6) TQM pilot hospitals expands to more than initial four hospitals	(1)(2)(5)(6) Project monitoring data (3)(4)(5) Baseline and endline surveys conducted in Satkhira district and Kholaroa Upazila, CSG data of Kholaroa	The national interests and focus in the health sector is not dramatically changed
Outputs			
1. Good practices of MNH services are identified and consolidated in national strategies and guidelines	(1) The number of cases/themes/areas of collaboration between SMPP-2 and other MNH stakeholders (2) The number of good practices incorporated in national MNH policies, strategies, guidelines, and manuals (3) Report of analysis on the activities in Narsingdi and Chowgacha (the process documentation of each model)	(1) GoB documents of policies, strategies, guidelines, and manuals (2) Research and dissemination reports (3) Project document	Ministry of Health and Family Welfare (MOHFW) continues to implement Health, Population, and Nutrition Sector Development Program (HPNSDP)
2. Mechanism to monitor and support replication of good practices is developed for making replicated good practices functional	(1) Mechanisms to monitor and support TQM, CSG and District HLP are established (2) Training modules formulated, number of training, number of training participants, number of Agencies SMPP provided technical assistance for implementation of TQM/CSG/HLP	(1) Report /Project document (2) Project monitoring report	The policy change in the health sector does not greatly affect the concept and approaches of Project that were agreed
3. A package of MNH interventions under Upazila Health System (UHS) is developed	(1) Defined UHS concept, strategy and implementation mechanism is documented (2) The number of evaluation reports on MNH interventions (3) (In Satkhira district/Kholaroa Upazila)Proportion of women received 4 or more ANC during last pregnancy => [29.2%/44.1%=>35%/55%], Proportion of women received PNC (within 42 days of delivery) during last	(1) Defined UHS concept, strategy and implementation mechanism is documented (2) The number of evaluation reports on MNH interventions (3) (In Satkhira district/Kholaroa Upazila)Proportion of women received 4 or more ANC during last pregnancy => [29.2%/44.1%=>35%/55%], Proportion of women received PNC (within 42 days of delivery) during last	(1)(2) GoB documents on UHS & Project monitoring data and report (3)Baseline and end line surveys & Project monitoring data and report

	pregnancy => [38.7%/31.6% =>45%], increase proportion of poor pregnant women supported by community, increase no. of Union Parishards allocated budget to MNCH activities (# of UPs & the amount of budget allocation), increase utilization of post-partum FP methods, and reduce Neonatal Case Fatality Rate =>Satkhira District Hospital [17.7 % (2011) => 10%]	pregnancy => [38.7%/31.6% =>45%], increase proportion of poor pregnant women supported by community, increase no. of Union Parishards allocated budget to MNCH activities (# of UPs & the amount of budget allocation), increase utilization of post-partum FP methods, and reduce Neonatal Case Fatality Rate =>Satkhira District Hospital [17.7 % (2011) => 10%]	
Activities	Inputs		Important Assumptions
[Output 1] **Good practices of MNH services are identified and consolidated in national strategies and guidelines** 1-1 To analyze and document the process and results of the Project interventions to identify issues constraining further improvement of utilization and quality of MNH services 1-1-1 To identify good practices of the Project to be reflected in the policies, strategies and guidelines 1-1-2 To evaluate the effectiveness and impact of the interventions (TQM, CSG, HLP, etc.) 1-2 To disseminate the extracted good practices and lessons learnt of the Project and other good practices 1-2-1 To develop Chowgacha experience training program to identify and consolidate good practices for hospital management 1-2-2 To facilitate utilization of the Project sites as learning sites and horizontal learning 1-2-3 To conduct mapping of MNH activities implemented by government, development partners and NGOs 1-2-4 To facilitate mutual learning and collaboration among stakeholders on MNH to optimize the efforts and resources 1-3 To incorporate good practices and lessons identified by the Project into national MNH policies (e.g. operational plan, sector program documents, etc.,) strategies, and guidelines 1-3-1 To hold project technical meetings with relevant government officials on MNH 1-3-2 To participate in MNH related activities at the national level such as Annual Review and Evaluation of HPNSDP 1-3-3 To make and revise guidelines and manuals for the implementation of MNH activities 1-4 To implement new interventions for improvement of MNH services utilization and quality in Narsingdi and Jessore **[Output 2]** **Mechanisms to monitor and support replication of good practices is developed for maintaining replicated good practices functional** 2-1 To develop a monitoring and support mechanism for hospitals under 5S/Kaizen/TQM	Japanese Side 1. Dispatch of experts Long-term experts: (1) Chief Adviser (2) Project Coordinator (3) Monitoring and Evaluation Short term Experts: (1) TQM (2) MCH (3) Community mobilization 2. Provision of equipment 3. Training of counterpart personnel 4. Dispatch of study team when necessary 5. Allocation of operational costs for the Project Local staff, NGO sub-contract, trainings, basic hospital facility and equipment, baseline and end line surveys	Bangladesh side 1.Assignment of counter personnel 2. Office premises in Dhaka, Narsingdi, Jessore, and Satkhira	Frequent transfer of counterpart personnel does not occur

2-2 To develop a monitoring and support mechanism for community support groups 2-3 To develop a district horizontal learning mechanism to support the replication of good practices of union Parishards **[Output 3]** **A package of MNH interventions under Upazila Health System (UHS) is developed** 3-1 To design MNH approaches within the UHS (concept, strategy, interventions, monitoring and evaluation) 3-2 To implement MNH approaches in some target Upazila to observe appropriateness and replicability with available local resources 3-2-1 To support practice of Local Level Planning (LLP) and District Management Information System (MIS) to enhance MNH service delivery 3-2-2 To improve the quality of MNH services at hospitals by application of 5S/Kaizen/TQM and Hospital Improvement approach 3-2-3 To capacitate CSGs to promote safe delivery at communities 3-2-4 To collaborate with local government bodies to mainstream MNH activities in the communities 3-2-5 To improve MNH service utilization in hard to reach areas 3-3 To monitor and evaluate the MNH approaches for assessment of the effect 3-4 To reflect the results and process of MNH approaches to the national strategies, trainings and implementation tools			

Appendix 2. Evaluation Grid for this Terminal Evaluation

Five Criteria	Evaluation Questions		Criteria of Judgment	Method to collect information and data required for judgment
	Main Questions	Sub-questions		
Relevance	Relevance to the development plan of Bangladesh	Is the project relevant to the development plan of Bangladesh?	If the improvement of maternal and neonatal health (MNH) is documented as agenda in the Health, Population, and Nutrition Sector Development Program (HPNSDP), it is judged as "relevant".	Review of 3rd and 4th HPNSDP document (4th is draft as of terminal evaluation)
	Relevance to the development needs of Bangladesh	Is the project relevant to the development needs of Bangladesh?	If the indicators related to MNH is lower than the national target and the MNH status has been one of inhibitors of social development, it is judged as "relevant".	Review of statistics, hearing to implementing organization
	Relevance to Japan's ODA policy	Is the project relevant to the Japan's ODA policy?	If the MNH is documented in the Japan's ODA policy such as "Japan's Strategy on Global Health Diplomacy" (2013), "Basic Design for Peace and Health (Global Health Cooperation" (2015) as well as "Country Assistance Program for Bangladesh" (2012), it is judged as "relevant".	Review of policy documents such as "Japan's Strategy on Global Health Diplomacy (2013) , "Basic Design for Peace and Health (Global Health Cooperation" (2015), "Country Assistance Program for Bangladesh" (2012)
	Adequacy of measures It is examined only in case that problems are found in "Effectiveness and/or Impact " and appropriateness of logical frame of the project become suspicious.	Was the project design appropriate?	If theory failure is not found in a causal relationship from prerequisite to overall goal, it is judged as "appropriate".	Review of project documents and process of amendment of RD, interview to Japanese experts and staff of implementing organization
Effectiveness ③or② (including impact)	Achievement of output 1 "Good practices of MNH services are identified and consolidated in national strategies and guidelines"	Was the indicator 1-1 "the number of cases/themes/areas of collaboration between SMPP-2 and other MNH stakeholders is increased" achieved? (Baseline: 0)	If one or more cases effective to the project purpose, it is judged as "achieved."	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 1-2 "the number of good practices incorporated in national MNH policies, strategies, guidelines, and manuals is increased" achieved? (Baseline: 0)	If one or more good practices effective to project purpose is confirmed, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 1-3 "report of analysis on the activities in Narsingdi and Chowgacha (the process documentation of each model) is developed" achieved?	If the report of analysis is developed in Narsingdi and Chowgacha, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
	Achievement of output 2 "Mechanism to monitor and support replication of good practices is developed for making replicated good practices	Was the indicator 2-1 "Mechanisms to monitor and support TQM, CSG and District HLP are established" achieved?	If staff is appointed to TQM CSG and District HLP, budget is also allocated for the operation, it is judged as "established".	Review of project documents, interview to Japanese experts and staff of implementing organization

	functional	Was the indicator 2-2 "Training modules formulated, and number of training, number of training participants, number of agencies SMPP-2 provided technical assistance for implementation of TQM/CSG/HLP is increased" achieved? (Baseline: 0)	If the training effective to the project purpose is developed and implemented, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
	Achievement of output 3 "A package of MNH interventions under Upazila Health System (UHS) is developed"	Was the Indicator 3-1"Defined UHS concept, strategy and implementation mechanism is documented" achieved?	If the Defined UHS concept, strategy and implementation mechanism" is documented, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-2 "the number of evaluation reports on MNH interventions is increased" achieved? (baseline: 0)	If one or more report effective to the project purpose is developed, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-3-a "Proportion of women received 4 or more ANC during last pregnancy is increased (29.2% /44.1% => 35%/55% in Satkhira district / Kholaroa Upazila)" was achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-3-b "Proportion of women received PNC (within 42 days of pregnancy is increased (39% /32% => 45%/45% in Satkhira district and Kholaroa Upazila)" achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-3-c "Proportion of poor pregnant women supported by community is decreased" achieved? (baseline: 0.3%)	If the proportion of poor pregnant women is reduced, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-3-d "Number of Union Parishards allocated budget to MNCH activities is increased " achieved? (Baseline: unknown)	If the number of the union is increased, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-3-e "utilization of post-partum FP methods is increased" achieved? (baseline: unknown)	If the utilization is increased, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3-4-f "Neonatal case fatality rate in Satkhira District Hospital is decreased from 17.7% (2011) to 10%" achieved?	v	Review of project documents, interview to Japanese experts and staff of implementing organization

	Achievement of project purpose "the approaches to improve MNH service quality and utilization in line with HPNSDP are expanded in Bangladesh	Was the indicator 1 "The proportion of all the TQM hospitals in Satkhira and Narsingdi achieved 70% or more on 5S at the MNH service areas" achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 2 "the percentage of CSGs functional in Satkhira is increased to 80%" or more" achieved ?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 3 "the proportion of women with complication using EmOC services in Satkhira District/ Kholaroa Upazila (69%/65.7% =>80%) achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 4 "the proportion of deliveries assisted by skilled personnel is increased in Sathkhira and Kholaroa (37.4%/45.6% => 50%) " achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the Indicator 5 "the proportion of established CSGs reaches to 100% in Bangladesh" achieved?	If the indicator reached at the target, it is judged as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Was the indicator 6 " TQM pilot hospitals expands to more than initial four hospitals" achieved?	If the number of the pilot hospitals is more than four", it is judges as "achieved".	Review of project documents, interview to Japanese experts and staff of implementing organization
		Were the approaches committed by the project contributed to the improvement of the project indicators?	Judgment will be made based on the examination of appropriateness of the hypothesis of scale-up process of the approaches that the project committed.	Review of statistics and project document, interview to Japanese expert and staff of implementing organization
Impact	Achievement of Overall Goal "Maternal and neonatal health status is improved in Bangladesh"	Will the indicator 1 "MMR is reduced from 194 (2010) to 143 or less" be achieved?	Analyzing the improvement of MMR from the baseline and during project period, if the improvement of MMR has been observed in the district where project activities implemented, any other district and/or national level, it is judged as "possibly achieved".	Review of statistics or minutes of project support committee in Japan, interview to Japanese expert and staff of implementing organization, questionnaire survey
		Will the indicator 2 "NMR is reduced from 37 (2007) to 21 or less" be achieved?	Analyzing the improvement of NMR from the baseline and during project period, if the improvement of NMR has been observed in the district where project activities implemented, any other district and/or national level, it is judged as "possibly achieved"	Review of statistics or minutes of project support committee in Japan, interview to Japanese expert and staff of implementing organization, questionnaire survey
		Is the logic from project purpose to overall goal appropriate?	Regarding hypothesis (if the approaches to improve MNH service quality and utilization in line with HPNSDP are expanded, the MMR and NMR can be improved, if any disproof is not clarified among project stakeholders, it is judged as "appropriate".	Interview of Japanese experts and staff of implementing organization, questionnaire survey
		Will the community activities that project supported sustained in	As of the terminal evaluation, if the activities have been continued in the community where the project intervened one	Interview to Japanese experts and staff of implementing organization, questionnaire

		Bangladesh?	year before, it is judged as "possibility sustained".	survey, direct observation
	Other positive/ negative impact (direct/ indirect)	Are there any other direct effect of the project except ones described in project purpose?	If there are some concrete examples of the direct effects except ones described in the project purpose, it is judged as "there is the effect".	Review of project documents, interview to Japanese experts and staff of implementing organization, questionnaire survey
		Are there any indirect and/or ripple effects of the project?	If there are some concrete examples of any indirect and/or ripple effects, it is judges " there is the effect".	Review of project documents, interview to Japanese experts and staff of implementing organization, questionnaire survey
Efficiency	Project period	Is the project period adequate to generate the project outputs?	If the project outputs are achieved as planned during the planned period, it is judged as "efficient".	Comparison between planned and actual project period
	Project cost	Is the project cost adequate to generate the project outputs?	If the project outputs are achieved as planned within planned budget, it is judged as "efficient".	Comparison between planned and actual project cost
	Quality, quantity and timing of input	Is the dispatch of Japanese experts appropriate?	If the Japanese expert has contributed to the project outputs in terms of quality, quantity and timing, it is judged as "appropriate".	Interview to Japanese experts and staff of implementing organization, questionnaire survey
		Is the employment of project local staff appropriate?	If the employment of the local staff has contributed to the project outputs in terms of quantity, quality and timing, it is judged as "appropriate".	Interview to Japanese experts and staff of implementing organization, questionnaire survey
		is the staff of implementing organization allocated appropriately?	If the allocation of the counterparts has contributed to the project outputs in terms of quality, quantity and timing, it is judged as "appropriate".	Interview to Japanese experts and staff of implementing organization, questionnaire survey
		Is the third country training appropriate?	If the third country training program has contributed to the project outputs in terms of quality, quantity and timing, it is judged as "appropriate".	Interview to Japanese experts and staff of implementing organization, questionnaire survey
		Is the equipment procured appropriately?	If the procurement of equipment has contributed to the project output, it is judged as "appropriate".	Interview to Japanese experts and staff of implementing organization, questionnaire survey
Sustainability (of project effect)	Related policy and institutional aspects	Is "improvement of MNH" expected to be prioritized in policy even after the end of the project?	If the incorporation of the "improvement of MNH" into the policies following to the 3rd HNPSDP is discussed as an important agenda, it is judged "expected".	Interview to Japanese experts ad staff of implementing organization, review of 4th HPNSDP(draft)
		Are the mechanisms (output 2) and packages (output 3) developed by the project expected to be incorporated into the policy and/or institutional frame?	If the mechanism or packages developed by the project (output 2 and 3) is expected to be documented in the 4th HPSDP, it is judged as "incorporated".	Interview to Japanese experts ad staff of implementing organization, review of 4th HPNSDP(draft)
		Will the collaboration with other partners and enabling mechanism be sustained even after the end of the project?	If no inhibiting factors is found for the continuity of the activities committed by the project through clarification and factorial analysis on the collaboration with other partners and enabling mechanism during the project period, it is judged as "will be sustained".	Interview to Japanese experts and staff of implementing organization
	Organizational aspects of the implementing organization	Is responsible department/ decision clearly defined for the national strategies and guidelines (Output 1), monitoring and support mechanism (output 2), and intervention packages (output 3)?	As of the terminal evaluation, if the responsible department is defined in a document, etc., it is judged as "clearly defined".	Interview to Japanese experts and staff of implementing organization

		Is there any prediction of the organizational reform of implementing organization?	As of the terminal evaluation, if there is not any discussion on the significant organizational reform in the implementing organization, it is judged as "there is no prediction of organizational reform ".	Interview to Japanese experts and staff of implementing organization
	Technical aspect of the implementing organization	Is it possible for implementing organization to operate national strategy and guidelines (output 1), monitoring and support mechanism (output 2) and intervention packages (output 3) in a self-reliant manner?	As of the terminal evaluation, if the implementing organization operate the national strategies and guidelines (output 1), monitoring and supporting mechanisms (output 2) and intervention packages in self-reliant manner, it is judged as "possible".	Interview to Japanese experts and staff of implementing organization
		Are there any mechanism to sustained, refresh or transfer the skills needed for the operation of national strategies and guidelines (output 1), monitoring and support mechanism (output 2) and intervention packages (output 3) ?	As of the terminal evaluation, if there is any training or supervision system, etc. to sustained or refresh the kills needed for the operation, it is judged as "there is a mechanism".	Interview to Japanese experts and staff of implementing organization, review of training plan, supervision plan, etc.
		Is equipment procured in the project utilized appropriately?	If there are any technical problems for the use of procured equipment and periodical maintenance is conducted, it is judged as "appropriately use".	Interview to Japanese experts and staff of implementing organization, direct observation
	Financial aspects of the implementing organization	Is budget expected to be allocated for the operation of the national strategies and guidelines (output 1), monitoring and supporting mechanism (output 2) and intervention packages (output 3)?	If the budget under the HPNSDP allocated for the operation of national strategies and guidelines (output 1), monitoring and supporting mechanism (output 2) and intervention packages (output 3), it is judged that project effect will be "sustained financially."	Interview to Japanese experts and staff of implementing organization

Appendix 3. List of Japanese Experts

Name	Area	Dispatched Period	Organization
Long-term Experts			
Yukie Yoshimura	Chief Advisor	01/07/2011 - 30/06/2016 (60 M/M)	Pamuk Ltd
Kenji Yooi	Project Coordinator	18/09/2011 - 17/09/2013 (24 M/M)	CSJ Co., Ltd.
Harumi Kobayashi	Project Coordinator	25/03/2014 - 24/03/2016 (24 M/M)	KDTech
Short-term Experts			
Toyokazu Nakata	Advanced Facilitation Workshop	08/11/2011 - 25/11/2011 (0.5M/M)	Shapra Neer, SOMNEED
Hiroshi Sato	Community Mobilization	16/6/2012 - 23/06/2012 (0.3M/M)	IDE-JETRO
Tomohiko Sugishita	Health Systems Management Introductory Training	22/09/2012 - 29/09/2012 (0.3 M/M)	JICA Headquarters
Elisante Gabriel	Health Systems Management Introductory Training	22/09/2012 - 27/09/2012 (0.3 M/M)	Government of Tanznaia
J. Ravichandran Jeganathan	Advisor for Maternal Death Review	04/02/2013 - 07/02/2013 (0.1 M/M)	Hospital Sultanah Aminah, Malaysia
Hisahiro Ishijima	ToT on CQI	15/08/2013 - 23/08/2013 (0.3 M/M)	JICA Human Resources Development Project , Tanzania
Yujiro Handa	TQM expert	25/03/2014 - 24/03/2014 (0.3 M/M)	Health Sciences University of Hokkaido
Hideki Saitou	Project Coordinator	05/02/2014 - 28/03/2014 (1.8 M/M)	None

Appendix 4. Staff of CARE Bangladesh

2012	Dhaka	Health advisor, project manager, technical coordinator
	Satkhira	District program manager, community development officer (7 persons)
	Narsingdi	Project officer, community development officer (2 persons)
2013	Dhaka	Health advisor, project manager, technical coordinator
	Satkhira	District program manager, community development officer (8 persons)
	Narsingdi	Community development officer (3 persons)
2014-2015	Dhaka	Health advisor, project manager, technical coordinator
	Satkhira	District program manager, community development officer (6 persons)
	Narsingdi	Manager
	Jessore	Manager

Appendix 5. List of Counterparts

SL No.	Position	Name in service	STR/PIC members	Remarks x: Active participation
1	Health Secretary	Syed Monjurul Islam	STR	
2	Director General of Health Services	Prof. Dr. Deen Mohd Noorul Haque	STR	
3	Director General of Family Planning	Md. Nur Hossain Talukder	STR	
4	Chief Coordinator, CBHC	Dr. Makhduma Nargis	STR, PIC	x
5	Line Director, CBHC	Dr. A. B. M. Mazharul Islam	STR	x
6	Direcor General, Health Economics Unit	Ahadul Islam		x
7	Joint Secretary (Hospital)	Zakia Sultana	STR	
8	Joint Secretary (Family Welfare)	Kulsum Begun	STR	
9	Joint Chief, Planning	Mr. Helal Uddin	STR, PIC	x
10	Senior Assistant Chief, Planning	A M H Rejwenul Hoque	STR, PIC	x
11	Deputy Chief (Health)	Dr. Khairul Hasan	STR, PIC	x
12	Deputy Chief (Family)	Md. Younus Miah	STR, PIC	
13	Additional Director General (ADG) (Planning & Development) and Line Director-Management Information System (MIS), DGHS	Dr. Abul Kalam Azad		x
14	Director, Primary Health Care (PHC) & Line Director, Maternal Neonatal Child & Adolescent Health (MNC&AH) , DGHS	Dr. Habib Abdulla Sohel	PIC	x
15	Director, Hospital & Clinics, and Line Director -Hospital Services Management (HSM), DGHS	Prof. Dr. Md. Shamiul Islam	PIC	x
16	Director, Planning & Research, DGHS	Dr. Rashidun Nessa	PIC	
17	Director Planning - DGFP	Pijus Kanti Datta	PIC	
18	Director, Maternal Child Health (MCH) & Line Director -Maternal Child Reproductive Health (MCRH) , DGFP	Dr. Mohammad Sharif	PIC	x
19	Deputy Director, Primary Health Care (PHC) & Line Director -Essential Service Delivery (ESD) , DGHS	Dr. Md. Abul Hashim	PIC	
20	Deputy Program Manaher - Upazila Health System (UHS), DGHS	Dr. Feddousi Haque		x
21	Program Manager, Maternal & Neonatal Health, DGHS	Pabitra Kumar Sikder		x
22	Deputy Program Manaher - MNH/DSF , DGHS	Dr. Azizul Alim		x
23	Deputy Director, Health Economics Unit, MOHFW	Dr. Aminul Hasan		x
24	Program Manager, Integrated Management & Childhood Illness, DGHS	Dr. Altaf Hossain		x
25	Deputy Program Manager, Total Quality Management (TQM), DGHS	Dr. Nazmul Huq Sagar		x
26	Deputy Program Manager , Quality Assurance Program (QAP), DGHS	Nill		
27	Medical Officer, Total Quality Management (TQM), DGHS	Dr. Kazi Mahbub Alam Rony		
28	Director, Training, NIPORT	Khandaker Atiar Rahman	PIC	
29	Joint Secretary form Economic Relations Division, Ministry of Finance	Monoranjan Biswas	STR, PIC	
30	Representative of Planning Commission (SEI Division)		STR	
31	Representative of LGD, MLG&RDC		STR	

District Level

1	Civil Surgeon, Narsingdi	Dr. Putul Roy	PIC	
2	Civil Surgeon, Jessore	Dr. Md. Shadat Hossain	PIC	
3	Civil Surgeon, Satkhira	Dr. Saleh Ahmed	PIC	

Appendix 6. Equipment and Facilities

1. Narsingdi

Name of Facility	Date	Name of Medical Equipment	Qty.	Total Amount(TK)	Date	Facility improvement, Renovation	Qty.	Total Amount(TK)
100 Bed District Hospital	2011/8/23	OT Bulb (Gynae & OBS)	7	2,100.00	26 7 12	IPS Battery,	2	26780
	2012/5/19	O.T Bulb (round)	12	720.00	2011/8/23	File Tray (3 steps)	2	
	2012/5/19	O.T Bulb (umbrella type)	4	7,200.00	2011/8/23	Magazine Box (plastic)	13	
	2012/5/19	Oxygen Cylinder Trolley (Linde made)	2	1,955.00	2011/8/23	Stick Gum	2	
	2012	Wooden Oxygen Cylinder reck (Local made)	9	21,366.00		Sticker	3960	NA
	2013/5/2	Shadowless bulb WY	20	1,200.00		Stamp sill	1	NA
	2013/5/2	OSRAM Halogen bulb	10	6,000.00	2011/11/21	Medicine(strip) keeping Plastic Box Size (12X10X2.5)inch	12	
	11/03/2014	Radiant warmer (Open care system)	5	735,000.00	2011/11/21	Celluloid (Polithine)	4	1,430
	11/03/2014	Phototherapy unit	2	40,000.00	2011/11/21	Feather Duster	1	
	11/03/2014	Resuscitator hand operated, neonate,	2	8,000.00	2011/11/21	5s poster frame (Big size)	3	1,170
	11/03/2014	Laryngoscope set, neonate	2	4,000.00	2011/11/21	Magazine Box (Plastic)	15	1,350
	11/03/2014	Pump suction: portable	1	6,000.00	2011/11/21	Celluloid (Polithine)	6	NA
	11/03/2014	Pump suction: foot operated	1	4,000.00	2011/11/21	5s poster frame (Small size)	2	NA
	11/03/2014	Scale: Baby Scale digital	1	6,000.00	2011/11/21	Feather Duster	1	
	11/03/2014	Pulse oxy-meter: Bedside neonatal	2	23,500.00	2011/11/21	Feather Duster	1	
	11/03/2014	Stethoscope: Binaural neonate	2	2,400.00	2011/11/21	Magazine Box (plastic)	4	
	11/03/2014	Electric Sterilizer	1	6,500.00	2011/11/21	Celluloid (Polithine)	3	NA
	11/03/2014	Spot light	2	15,000.00	26 01 12	IPS (Rahim Afroze) ION 1500 VA, 1200 Watt	2	122,400
	11/03/2014	Basinet on trolley: Neonatal with mattress	1	10,000.00	2011/11/21	5s poster frame (Small size)	3	NA
	2014/5/20	Syringe Pump	3	162,000.00	2012/12/12	Trolley for waste disposal	2	
	25/05/2013	Radiant warmer (Open care system)	1	147,000.00	2012/5/19	Trolley for waste disposal (Local made)	1	
					2012/5/9	Partex File reck	1	8,850
					2013/3/25	ANC/PNC Card	150	NA
					2013/5/26	Five danger sign cards	2000	NA

					2013/6/9	ANC/PNC Card	5000	NA
					26/06/2013	IPS HAMKO batteries, 165 AH	2	28,980
					26/06/2013	IPS HAMKO batteries, 165 AH	2	28,980
					26/06/2013	IPS HAMKO batteries, 100 AH	2	19,980
					26/06/2013	IPS HAMKO batteries, 100 AH	4	39,960
					10-Dec-12	Iron grill for store	1	3,800
					18 8 14	OT shoe for DH, Narsingdi		8,720
					18 8 14	Shoe rack for DH, Narsingdi	1	2,200
					18 8 14	Paints for DH, Narsingdi		480
					23-Feb-14	Air Conditioner	2	164,000
					9-Nov-14	Generator (08Mar2012)	1	92,000.00
					2014/11/23	battery for generator	1	4200
Sadar MCWC	11/06/2013	Dopler Machine With Monitor	1	20,000.00	2011/11/9	IPS 1500 VA, Model-ION 1500 VA (Rahim Afroze)	1	61200
	20/06/2013	Wheel Chair	1 Nos.	5,300.00	2011/11/9	IPS 1500 VA, Model-ION 1500 VA (Rahim Afroze)	1	61200
					2013/5/26	Five danger sign cards	2200 Nos.	NA
					29/01/2014	IPS Battery, 4 pices	4	14500
Raipura UHC		Artery Forceps	2 pcs	1,550.00				
		Scissor	1 pcs	720.00				
		Stethoscope & BP Machine	5 pcs	12,500.00				
	25/05/2013	Radiant warmer (Open care system)	1	147,000.00				
	25/05/2013	Ambu Bag (Neo)	3	12,000.00				
	25/05/2013	Sucker Machine (Foot Operated)	2	7,000.00				
	25/05/2013	NG Tube for feeding	10	230.00				
	25/05/2013	Spot Light for labor room	1	8,300.00				
	25/05/2013	Room Thermometer	3	135.00				
	25/05/2013	Mucas Extractor		270.00				
Monohardi - UHC	25/05/2013	Radiant warmer (Open care system)	1	147,000.00				
	2013/5/25	Ambu Bag (Neo)	3	12,000.00				
	2013/5/25	Weighing Scale for Neonates	2	12,130.00				
	2013/5/25	Sucker Machine (Foot Operated)	2	7,000.00				
	2013/5/25	NG Tube for feeding	10	230.00				

	2013/5/25	Spot Light for labor room	2	16,600.00				
	2013/5/25	Steam Sterilizer	2	5,240.00				
	2013/5/25	Room Thermometer	3	135.00				
	2013/5/25	Mucas Extractor	3	270.00				
Belabo UHC	2013/5/25	Radiant warmer (Open care system)	1	147,000.00				
	2013/5/25	Ambu Bag (Neo)	3	12,000.00				
	2013/5/25	Weighing Scale for Neonates	1	12,130.00				
	2013/5/25	Sucker Machine (Foot Operated)	2	7,000.00				
	2013/5/25	NG Tube for feeding	10	230.00				
	2013/5/25	Spot Light for labor room	3	24,900.00				
	2013/5/25	Steam Sterilizer	3	7,860.00				
	2013/5/25	Room Thermometer	3	135.00				
	2013/5/25	Mucas Extractor	3	270.00				
Grand total				1,690,076.00				528,180.00

2. Shakitra Union

Name of Facility	Date	Name of Medical Equipment	Quy	Total Amount(TK)	Date	Facility improvement, Renovation	Quy	Total Amount(TK)
Kumira UH&FWC, Tala	18/9/12	ANC/PNC table	1	9,720	20/5/12	Citizen charter information board	1	22,000
	12/9/12	Spot light	1	9,200	7/6/12	Display board	1	1,240
	12/9/12	Normal Delivery set	2	19,000	20/5/12	Framed poster (Health Massage)	10	1,000
	12/9/12	Instrument trolley	1	3,800				
	12/9/12	Baby tray	1	820				
	12/9/12	BP machine	1	1,500				
	12/9/12	Stethoscope	1	900				
	12/9/12	Thermometer	1	90				
	12/9/12	Height & weight scale	1	4,500				
	12/9/12	Baby weight machine	1	5,800				
Khalilnagar UH&FWC, Tala	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	22,000
	18/9/12	BP machine	1	1,500	7/6/12	Display board	1	1,240
	18/9/12	Stethoscope	1	900	7/6/12	Framed poster (Health Massage)	10	1,000

	18/9/12	Thermometer	1	90				
Jalalpur UH&FWC, Tala	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	22,000
	18/9/12	Delivery table	1	17,280	7/6/12	Display board	1	1,240
	12/9/12	Delivery set	2	19,000	7/6/12	Framed poster (Health Massage)	10	1,000
	12/9/12	Instrument trolley	1	3,800				
	12/9/12	Baby tray	1	820				
	12/9/12	BP machine	1	1,500				
	12/9/12	Stethoscope	1	900				
	12/9/12	Thermometer	1	90				
Tala Sadar Union clinic, Tala UHC	23/12/12	ANC/PNC table	1	17,280	02/10/12	Citizen charter information board	1	22,000
Nagargata UH&FWC, Tala	23/12/12	ANC/PNC table	1	17,280	12/6/12	Citizen charter bill board	1	22,000
	27/12/12	BP machine	1	1,400	7/6/12	Display board	1	1,240
	27/12/12	Stethoscope	1	800	7/6/12	Framed poster (Health Massage)	10	1,000
Kashra UH&FWC, Tala	18/9/12	ANC/PNC table	1	9,720	02/08/12	Citizen charter information board	1	22,000
					02/08/12	Display board	1	1,240
					02/8/12	Framed poster (Health Massage)	10	1,000
Parulia UH& FWC, Debhata	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	20,000
	18/9/12	Screen	1	5,940	7/6/12	Display board	1	1,240
					7/6/12	Framed poster (Health Massage)	10	1,000
Nowpara UH&FWC, Debhata	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	20,000
	18/9/12	Screen	2	11,880	7/6/12	Display board	1	1,240
					7/6/12	Framed poster (Health Massage)	10	1,000
Shakipur union FP clinic, Debhata UHC	18/9/12	Screen	2	11,880	2/10/12	Citizen charter information board	1	20,000
					2/10/12	Framed poster (Health Massage)	10	1,000
Baradol UH&FWC,	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter bill board	1	20,000
	2012/8/9	BP machine	1	1,500	7/6/12	Display board	1	1,240

Assasuni	2012/8/9	Stethoscope	1	900	7/6/12	Framed poster (Health Massage)	10	1,000
Anulia UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	20,000
	2012/8/9	BP machine	1	1,500	7/6/12	Display board	1	1,240
	2012/8/9	Stethoscope	1	900	7/6/12	Framed poster (Health Massage)	10	1,000
Protabnagar UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	20,000
	2012/8/9	BP machine	1	1,500	7/6/12	Display board	1	1,240
	2012/8/9	Stethoscope	1	900	7/6/12	Framed poster (Health Massage)	10	1,000
Khajra UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter bill board	1	20,000
	2012/8/9	BP machine	1	1,500	7/6/12	Display board	1	1,240
	2012/8/9	Stethoscope	1	900	7/6/12	Framed poster (Health Massage)	10	1,000
Dargapur UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	20,000
					7/6/12	Display board	1	1,240
					7/6/12	Framed poster (Health Massage)	10	1,000
Budhata UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	02/08/12	Citizen charter information board	1	20,000
					02/08/12	Display board	1	1,240
					02/8/12	Framed poster (Health Massage)	10	1,000
Sreeullah UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	02/08/12	Citizen charter information board	1	20,000
					02/08/12	Display board	1	1,240
					02/8/12	Framed poster (Health Massage)	10	1,000
Kadakati UH&FWC, Assasuni	18/9/12	ANC/PNC table	1	9,720	02/08/12	Citizen charter information board	1	20,000
					02/08/12	Display board	1	1,240
					02/8/12	Framed poster (Health Massage)	10	1,000
Sonabaria UH&FWC,	27/12/12	Weighting scale (adult)	1	980	23/10/12	Citizen charter information board	1	24,000

Kalaroa	23/12/12	Screen	1	5,940	23/10/12	Display board	1	1,850
	23/12/12	Measuring tape	2	30	23/10/12	Framed poster (Health Massage)	10	1,000
	27/12/12	BP machine	1	1,400				
	27/12/12	Stethoscope	1	800				
	26/12/12	Normal Delivery set	1	9,930				
Karagachi UH&FWC, Kalaroa	26/12/12	Normal Delivery set	1	9,930	23/10/12	Citizen charter information board	1	24,000
	23/12/12	Screen	1	5,940	23/10/12	Display board	1	1,850
	23/12/12	Measuring tape	1	15	23/10/12	Framed poster (Health Massage)	10	1,000
	26/12/12	Baby weight machine	1	5,800				
	26/12/12	Thermometer	2	64				
	27/12/12	BP machine	1	1,400				
	27/12/12	Stethoscope	1	800				
	27/1/2013	Patient Examination Bed	1	9,720				
Alipur UH&FWC, Sadar	27/01/13	Patient Examination Bed	1	9,720	23/10/12	Citizen charter information board	1	24,000
	27/01/13	Isolation Screen	1	5,940	23/10/12	Framed poster (Health Massage)	10	1,000
	27/01/13	BP machine	1	1,400				
	27/01/13	Stethoscope	1	800				
	27/01/13	Normal Delivery set	1	9,000				
	27/01/13	Sucker (Penguin Sucker)	1	5,500				
	27/01/13	Weight machine (Foot for adult)	1	980				
Gona UH&FWC, Sadar	23/12/12	ANC/PNC table	1	17,280	23/10/12	Citizen charter information board	1	24,000
	27/12/12	Normal Delivery set	1	9,930	23/10/12	Display board	1	1,850
					23/10/12	Framed poster (Health Massage)	10	1,000
Ratanpur UH&FWC, Kaligonj	23/12/12	ANC/PNC table	1	17,280	12/6/12	Citizen charter bill board	1	24,000
	23/12/12	Patient bed	2	9,720	7/6/12	Framed poster (Health Massage)	10	1,000
	27/12/12	Saline stand	2	2,200				
Kushulia UH&FWC, Kaligonj	23/12/12	ANC/PNC table	1	17,280	12/6/12	Citizen charter information board	1	24,000
					7/6/12	Framed poster (Health Massage)	10	1,000

Gabura UH&FWC, Shyamnagar					30/9/12	Citizen charter information board	1	24,000
					30/9/12	Medicine list board	1	1,650
Padmapukur UH&FWC, Shyamnagar					30/9/12	Citizen charter information board	1	24,000
					30/9/12	Medicine list board	1	1,650
Grand total				463,409.00				593,450.00

3. Satkhira Hospital

Name of Facility	Date	Name of Medical Equipment	Quy	Total Amount(TK)	Date	Facility improvement, Renovation	Quy	Total Amount(TK)
Sadar Hospital, Satkhira	11/6/12	Caesarean set (complete)	3	95,100	11/6/12	IPS, ION1500 VA,1200 W	1	62,200
	11/6/12	Normal delivery set	1	12,420	19/12/12	Framed poster (TQM & health Massages)	25	2,540
					5/5/12	Wall fan	1	1,900
					20/1/12	Curtain	16	40,950
					6/1/12	Bucket with lid	16	14,400
					6/1/12	Plastic container	110	6,600
					31/12/11	Magazine file (TQM)	50	3,000
					13/8/12	IPS, 800 VA, 600 Watt	1	40,350
					18/6/14	Framed poster (TQM)	10	1,540
					29/10/14	Display board	1	3,250
					29/10/14	Stand board	1	7,920
					26/11/14	Medicine list board	1	7,130
					26/11/14	Flow chart	1	7,130
					04/02/15	Air-conditioner	1	92,350
					17/02/15	Doctor list board	1	7,100
					27/05/2015	Oxygen flow meter	6	51,750
Tala UHC	11/6/12	Anaesthesia machine	1	32,770	20/5/12	Citizen charter information board	2	44,000
	11/6/12	Autoclave machine (large)	1	27,000	7/6/12	Medicine list board	2	6,650
	11/6/12	Blood pressure machine & stethoscope	2	4,150	7/6/12	Duty roster board	2	3,000
	11/6/12	Caesarean set (complete)	1	31,700	7/6/12	Performance board	2	3,000
	11/6/12	Diathermy machine	1	68,000	7/6/12	Framed poster (Health Massage)	20	2,000
	11/6/12	Episiotomy set	1	5,170	23/12/12	IPS, 800 VA, 600 W	1	40,350
	11/6/12	foetal monitor (Doppler)	1	9,000	26/12/12	Oxygen, Nitrous gas with cylinder	4	26,762

	11/6/12	Mucous sucker	1	90	26/12/12	Trolley for gas cylinder	4	3,910
	11/6/12	NVD set	2	24,840	18/6/14	Framed poster (TQM)	10	1,540
	11/6/12	Spot light	1	7,000	29/10/14	Flow chart	1	7,390
	12/5/15	Autoclave Machine	1	23,000	29/10/14	Doctor list board	1	7,390
	12/5/15	Electric Sterilizer	2	13,000	26/6/2015	ANC/PNC table	1	11,990
	12/5/15	Doppler Machine	1	22,500	26/5/2015	Screen	4	29,320
	12/5/15	BP Machine with Stethoscope	1	2,400				
Debhata UHC	11/6/12	Anaesthesia machine	1	32,770	12/6/12	IPS, ION1500 VA, 1200 W	1	62,200
	11/6/12	Caesarean set (complete)	1	31,700	20/5/12	Citizen charter information board	2	40,000
	11/6/12	Mucous sucker	1	90	7/6/12	Medicine list board	2	6640
	11/6/12	Normal delivery set	1	12,420	7/6/12	Duty roster board	2	3000
	11/6/12	Mucous sucker	1		7/6/12	Performance board	1	1500
	11/6/12	Weighting scale (adult)	1	4,500	7/6/12	Framed poster (Health Massage)	20	2,000
	9/10/12	Tonsillectomy scissor	4	2,600	7/6/12	Partograph board	1	2,270
	9/10/12	Sport light bulb	4	200	17/7/12	Patient report board	2	4,160
	12/5/15	OT Table	1	80,000	2012/3/9	Book self	1	7,200
	12/5/15	Baby Sucker	1	5,500	2012/10/9	Oxygen, Nitrous gas with cylinder	4	64,137
	12/5/15	Delivery Set	2 sets	8,800	2012/10/9	Trolley for gas cylinder	4	3,910
	12/5/15	Needle Holder	1	700	21/11/12	IPS, 800 VA, 600 Watt	1	40,350
	12/5/15	Cloth Cutting Scissors	2	550	18/6/14	Framed poster (TQM)	10	1,540
					29/10/14	Flow chart	1	6670
					29/10/14	Doctor list board	1	6670
					04/02/2015	IPS, ION1500 VA,1200 W	1	62,200
					27/5/2015	Cylinder carrying trolley	2	2,173
Kaligonj UHC	11/6/12	Autoclave Machine (Large)	1	27,000	13/8/12	IPS, 800 VA, 600 Watt	2	80,700
	11/6/12	Baby Tray	2	1,860	2012/12/7	Citizen charter information board	1	24,000
	11/6/12	Baby weighting machine	1	52,000	2012/12/7	Medicine list board	2	6,640
	11/6/12	BP Machine with Stethoscope	2	4,150	2012/12/7	Duty roster board	2	1,950
	11/6/12	Caesarean Section set	2	63,400	2012/12/7	Framed poster (Health Massage)	20	2,000
	11/6/12	foetal Monitor (Doppler)	1	9,000	2012/12/7	UHFPO honour board	1	1,250
	11/6/12	Sport light	1	7,000	2012/12/7	Patient report board	2	4,160
					2012/12/7	Doctor list board	1	23500
					2012/12/7	Flow chart	1	6340
					18/6/14	Framed poster (TQM)	10	1,540
Shyamangar UHC	27/4/12	Autoclave machine (large)	1	21,500	30/09/2012	Citizen charter information board	1	24,000
	27/4/12	MR Syringe set	2	4,000	30/09/2012	Medicine list board (In door)	1	3,325
	27/4/12	Weighting scale (adult)	2	9,000	30/09/2012	Picture board	1	2,880

	27/4/12	BP machine & stethoscope	10	22,000	30/09/2012	Framed poster (Health Massage)	20	2,000
	27/4/12	Caesarean set (complete)	3	100,950	30/09/2012	Display board	1	2,880
	27/4/12	Nebulizer Machine	2	4,200	30/09/2012	IPS, ION1500 VA, 1200 W	2	124,400
	27/4/12	Baby scale	2	11,600	2012/2/10	IPS, 800 VA, 600 Watt	1	40,350
	27/4/12	Instrument trolley	1	3,000	2014/12/11	Framed poster (TQM)	10	1,200
	27/4/12	Lifter	2	2,200	30/12/14	Medicine list board (Out door)	1	7600
	12/5/15	Fetoscope	2	200	30/12/14	Doctor list board	1	4800
	12/5/15	Digital Pulse-Oxy-meter	2	9,000	30/12/14	Flow chart	1	7600
Kalaroa UHC	26/12/12	OT sport light	1	8,570	7/6/12	Citizen charter information board	1	24,825
	26/12/12	Electric sterilizer	3	7,860	31/5/12	EOC Information board, Health	1	2,100
	26/12/12	Machintose	5	850	31/5/12	Framed poster (Health Massage)	20	2,000
	12/5/15	Sucker Tube	1	4,500	2012/2/10	IPS, ION1500 VA, 1200 Watt	1	62,200
	12/5/15	Gully Pot	3	1,050	23/12/12	IPS, 800 VA-600 W	1	40,350
	12/5/15	Lifter	2	2,200	24/12/12	EOC Information board, FP	1	2,932
	12/5/15	Caesarean Set	1	37,000	18/6/14	Framed poster (TQM)	10	1,540
	12/5/15	Electric Sterilizer	1	6,500	29/10/14	Medicine list board	1	7390
	12/5/15	Curved Artery Forceps	12	9,120	29/10/14	Doctor list board	1	7390
	12/5/15	Curved Artery Forceps	8	5,600				
	12/5/15	Stich Cutting Scissors	1	450				
	12/5/15	Curved Scissors	6	3,300				
	12/5/15	Tissue Forceps	10	8,000				
	12/5/15	Cloth Cutting Scissor	1	550				
MCWC, Satkhira Sadar (under DGFP)	11/6/12	Fatal Monitor (Doppler)	1	9,000	13/6/12	IPS, ION1500 VA, 1200 Watt	1	62,200
	11/6/12	Pulse Ox meter	1	3,200	20/5/12	Citizen charter information board	1	24,850
	11/6/12	Weighting scale (adult)	1	4,245	7/6/12	Breast feeding information board	1	2,750
					7/6/12	Wall information writing	249 sqf	4,360
					18/6/14	Framed poster (TQM)	10	1,540
MCWC, Kaligonj (under DGFP)					17/6/12	IPS, ION1500 VA, 1200 Watt	1	62,200
					20/5/12	Citizen charter information board	1	24,000
					20/5/12	Framed poster	20	2,000
					28/10/14	Framed poster (TQM)	10	1,200
Assasuni UHC	11/6/12	Autoclave machine (large)	1	27,000	14/6/12	IPS, ION1500 VA, 1200 Watt	1	62,200
	11/6/12	Baby sucker machine	1	6,800	20/5/12	Framed poster (Health Massage)	20	2,000
	11/6/12	Baby weighting machine	1	5,200	20/5/12	Performance board	2	2480
	11/6/12	Caesarean set (complete)	1	31,700	7/6/12	Medicine list board	1	3325
	11/6/12	Normal delivery set	2	24,840	20/5/12	Citizen charter information board	1	22,000
	11/6/12	Sport light	1	7000	18/6/13	IPS, 875 VA, 640 Watt	1	40,350
	11/6/12	Electric Sterilizer	1	2,300	17/7/12	Patient report board	2	4,160
	11/6/12	Vento's machine	1	12,500	27/5/2015	Oxygen cylinder	2	28750

	29/7/12	Delivery table	1	17,280	27/5/2015	Cylinder carrying trolley	2	2173
	12/5/15	Autoclave Machine	1	23,000	27/5/2015	Oxygen flow meter	2	17250
	12/5/15	Electric Sterilizer	1	6,500	27/5/2015	Oxygen gas		234
	12/5/15	Delivery Set	1 set	4,400				
	12/5/15	BP Machine with Stethoscope	1	2,400				
	12/5/15	OT Table – China	1	80,000				
CS Office, Satkhira					30/9/12	Display board	1	15,500
Debhata Sadar union Sub Center, Debhata	18/9/12	ANC/PNC table	1	9,720	12/6/12	Citizen charter information board	1	22,000
					7/6/12	Display board	1	1,240
					7/6/12	Framed poster (Health Massage)	10	1,000
Kulia Sub Center, Debhata	23/12/12	ANC/PNC table	1	17,280	12/6/12	Citizen charter information board	1	20,000
	27/12/12	BP machine	1	1,400	7/6/12	Display board	1	1,240
	27/12/12	Stethoscope	1	800	7/6/12	Framed poster (Health Massage)	10	1,000
	15/01/13	Weighting scale (adult)	1	980				
Grand total				1,303,125.00				1,809,876.00

Appendix 7. Training

No.	Name of the training	Duration	Target Group	Target	# Trained					Total trained
					2011	2012	2013	2014	2015	
1	Leadership and Management Training	3 days	Health managers of LLP districts and upazilas.		-	32	-			32
2	TQM training: Sri Lanka Top row: number supported by SMPP2 (Bottom row: total number of participants/trainees)	8 days	Staffs of DGHS, District hospital and SMPP		-	19 (25)	16 (27)		21 (35)	56 (87)
3	Safe Delivery (OGSB)	1 month	SSN	14	7	8				15
4	CSBA Additional training	3 months	PCSBA working at Narsingdi District	18	11		-			11
5	PCSBA: FP method	1 day	PCSBAs, Narsingdi			15				15
6	Infection Prevention Practices (IPP) training	2 days/ 1 day	Health and FP staff (Physician, SSN, FWV, SACMO, LT, MLSS, Aya, Cleaners): Satkhira district, all UHCs, MCWCs, model union FWCs	477	-	-	466			466
7	ETAT training (Emergency Triage Assessment and Treatment) Top row: number supported by SMPP2 (Bottom row: total number of participants/trainees)	5 days	Physician (RMO, Con- OG, Con -paed, MO) & SSN: Satkhira DH & UHCs, RMO Raipura DH, MO and SSN DH		8	9 (44)	-	0 (8)	0 (2)	17 (62)
8	Computer training	3 days	Statisticians and relevant staffs working at district and UHCs	13	-	19	-	37		56
9	Postpartum Family Planning (PPFP): TOT for Service providers' training	4 days	Physician, SSN,FWV; Satkhira DH and MCWC	9	-	39	-			39
10	PPFP training for service providers	4 days	Health and FP staff; Satkhira UHCs	27	-	-	30			30
11	PPFP training for field staff	2-4 days	Health and FP field staff((FWA, FPI, HA, AHI, HI, EPI technicians, volunteers); Satkhira UHCs	953		-	911			911
12	Village Doctors' Orientation on harmful practices and early referral	1 day	9 Remote Unions of Satkhira District	270	-	24	344			368
13	Orientation for TBAs: harmful practices and early referral	1 day	9 Remote Unions of Satkhira District	270	-	-	60	246		306
14	Master ToT on CG	3 days	RCHCIB and NGO staff	40	20	25				45
15	Community Group (CG) Members' Training	2 days	CG members; Raipura and Monohardi Upazilas, Narsingdi)			1,156				1,156
16	CG TOT	3 days	UHCs staff; Narsingdi, Satkhira and Jessore districts		19	147				166
17	UDCCM training	2 days	Chairman, secretary, members of UP; Jessore		34	407				441

No.	Name of the training	Duration	Target Group	Target	# Trained					Total trained
					2011	2012	2013	2014	2015	
			and Narshingdi districts							
18	CSG Volunteer training	4 days	CSG volunteers, Kolaroa			-	105			105
19	MNH Package	3 days	SSNs and FWVs (delivery assistance and newborn care), Satkhira				43	48		91
20	TOT CQI	5 days	TQM hospitals, DGHS, ICDDR,B, JICA and UNICEF inviting Mr. Ishijima, JICA expert				32			32
21	Chowgacha experience training	2 days	UHFPO, RMO, MO					16		16
22	TOT for core team on CC activities	4 days	UHFPO, MO, etc satkhira, JSR, Narsingdi, Rajshahi, RCHCIB, Care					17		17
23	Core team training	3 days	CS, DD-FP, AD-CC, UH&FPO, MO-DC, HEO of CS office, PHN, Dist. EPI Superientant, Staitisticians, RMO, MO-DC, HI, SI, MT-EPI, AHI, FPI in Satkhira, Jessore, Narsingdi and Cox's Bazar					118	147	265
24	CSG Volunteer refresher training	1 day	CSG volunteers, Kolaroa					301	104	405
25	TOT on TBA orientation	1 day	FWV from remote union, Satkhira					7		7

*1) The above training courses were financially supported by SMPP-2 unless explained otherwise.

Appendix 8. Number of ANC Visits, PNC Visits and Delivery at Facilities in Khluna Division in Last 5 Years

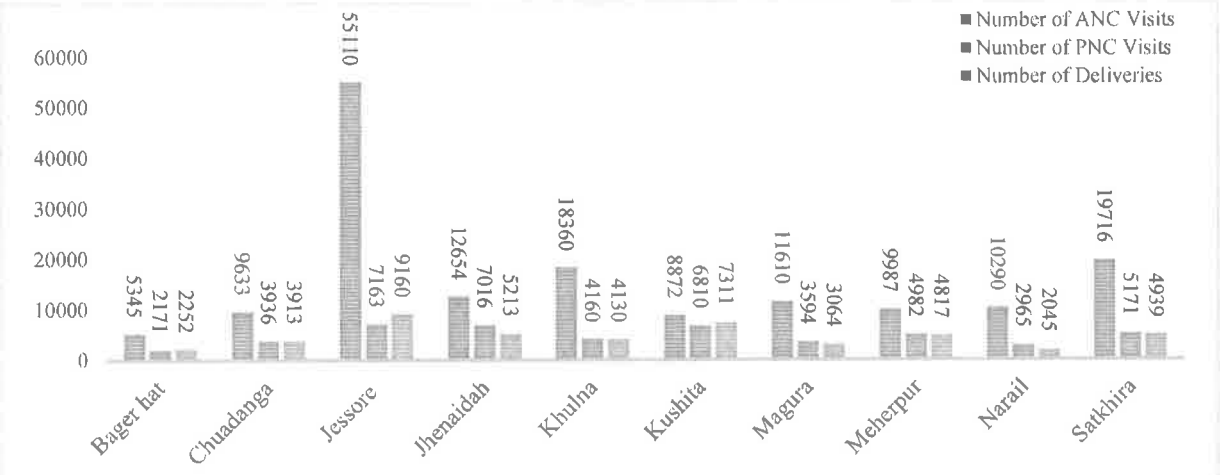

Figure A6-1 Numer of visits fo ANC& PNC and delivery at DIIs, UPCs & MCWCs from July 2010 to June 2011

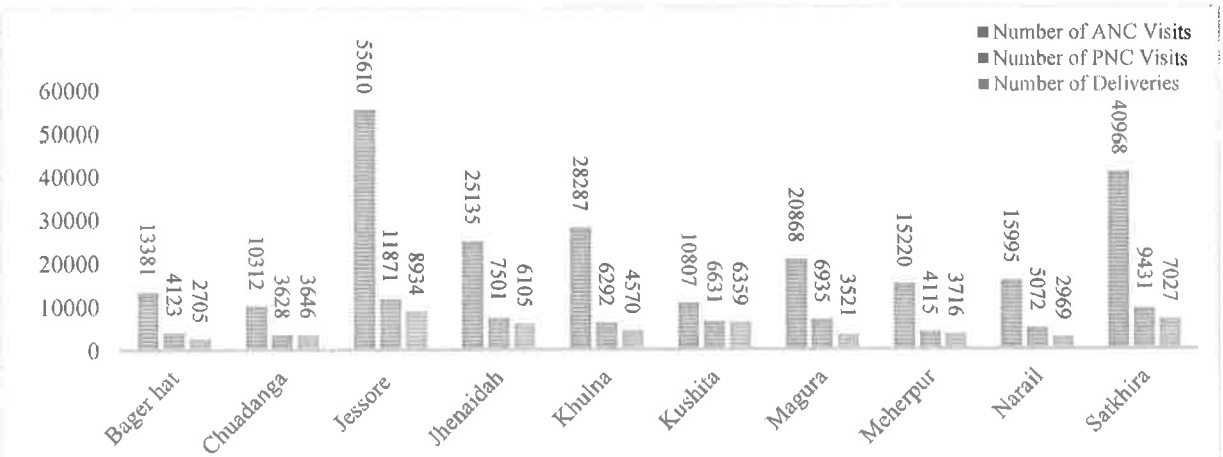

Figure A6-2 Numer of visits fo ANC& PNC and delivery at DIIs, UPCs & MCWCs from July 2014 to June 2015

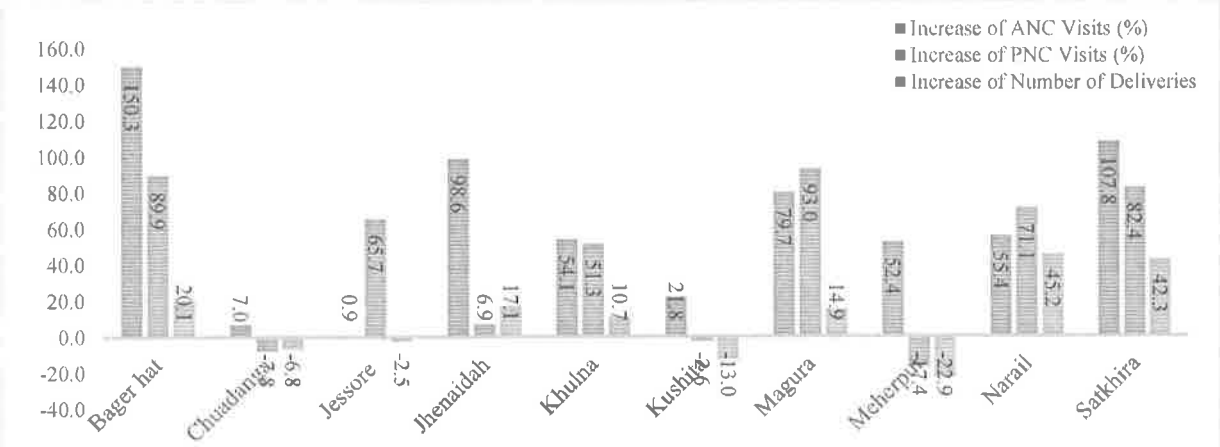

Figure A6-2 Increase of visits fo ANC& PNC and delivery at DIIs, UPCs & MCWCs from 2010-11 to 2014-15

Appendix 9. List of Awards received by Stkhira and Narsingdi District List related to the SMPP-2 -2011-2015

Satkhira District

District Level

Year	Name of Facility/Staff/Union	Name of Award	Remarks (special features, uniqueness, etc., needs to be mentioned, if any)
2011	MCWC, Sadar Satkhira	Best award on World population day	Received from Honorable Health Minister
2013	MCWC, Sadar Satkhira	Best award on World population day	Received from Honorable Health Minister

Upazila Level

Year	Name of Facility/Staff/Union	Name of Award	Remarks (special features, uniqueness, etc, needs to be mentioned, if any)
2012	Kumira UHFWC and Purnima Rani, FWV, Kumira union, Tala Upazila	Wold Poulation day-2012 award.	For increased safe delivery at facility level (UHFWC)
2012	Debhata UHC	Best award on CEmOC service	Received from Honorable Prime Minister
2013	Kumira UHFWC and Purnima Rani, FWV, Kumira union, Tala Upazila	World Population Day-2013 award.	For increased safe delivery at facility level (UHFWC)
2013	Md. Nazrul Islam, UP Chairman, Tala Sadar, Tala	Upazila Parishad Award-Tala Upazila	HLP- Upazila Parishad recognized Tala Sadar union is a model union.
2013	Debhata UHC	Best award on CEmOC service	Received from Honorable Prime Minister
2013	Md. Nazrul Islam, UP Chairman of Debhata Sadar UP, Debhata	George Washington award	HLP-UP provides good service for community people and pregnant mother's waiting shed preparation in front of the Community Clinic.
2014	Kumira UHFWC and Purnima Rani, FWV, Kumira union, Tala Upazila	World Poulation day-2014 award.	For increased safe delivery at facility level (UHFWC). UHFWC and FWV received award.
2014	Md. Golam Mostofa, UP Chairman, Kumira, Tala	World Pouplation day-2014 award	UP take initiative to increase safe delivery at facility level (UHFWC) and UPs fund utilized for

			maternal and neonatal death reduction.
2014	Md. Mahbubur Rhaman, UNO of Tala Upazila	Best UNO of Satkhira district	For smooth running HLP at Tala Upazila and utilize Upazila Parishad fund for Community Clinic.
2014	Md. Nazrul Islam, UP Chairman of Tala Sadar UP, Tala	National Award	HLP- For 100% Tax collection. Tax money used for Community Clinic.
2014	Md. Golam Mostofa, UP Chairman of Kumira UP, Tala	Mahatma Gandhi award	Good UDCCM at UPs level and smoothly running SMPP activity in his union.
2014	Md. Nazrul Islam, UP Chairman of Tala Sadar UP, Tala	Mahatma Gandhi award	Trade licences money used for market development.
2014	Md. Golam Mostofa , UP Chairman, Kumira , Tala	Upazila Parishad Award-Tala Upazila	HLP- Upazila Parishad recognized Kumira union is a Model union
2014	Shyamnagar UHC	National Championship Award on MNH	Received from Honorable Health Minister
2014	Debhata UHC	Best award on CEmOC service	
2015	Jalalpur UHFWC and Ms Jesmin Nahar , FWV, Jalalpur union, Tala Upazila	World Population day-2015 award.	For increased safe delivery at facility level (UHFWC).
2015	Md. Nazrul Islam, UP Chairman, Tala Sadar union.	World Pouplation day-2015 award.	For taking initiative for increased safe delivery at facility level and utilizing fund for maternal and neonatal death reduction.
2015	Pronob Goash Bablu, UP Khalilnagar, Tala	Upazila Parishad award-Tala Upazila	HLP- Upazila Parishad recognized Khalilnagar union is a Model union.
2015	Md. Mahbubur Rhaman, UNO of Tala Upazila	Best UNO of Satkhira district	For smooth running HLP and utilize Upazila Parishad fund for Community Clinic.
2015	Md. Abu Hana Sakil, UP Chairman, Sriulla union, Assasuni	Mahatma Gandhi award	HLP-for reduction of early marriage
2015	Md. Mafizul Islam, UP Chairman, Kadakati union, Assasuni	Begum Rokeya award	HLP- for safe water supply at remote area by own fund.
2015	Md. Golam Mostofa, UP Chairman, Kumira, Tala	Ma Moni Award	For ensuring safe delivery at Community Clinic level
2015	Md. Zahangir Alam, UP	Mother Teresa award	

	Chairman, Dhandia, Tala		
2015	Shyamnagar UHC	Best performance award on 5S-CQI-TQM	
2015	Kaliganj UHC	National award on HSS	Received from Honorable Health Minister

Narsingdi District

District

Year	Name of Facility/Staff/Union	Name of Award	Remarks (special features, uniqueness, etc., needs to be mentioned, if any)
2014	Civil Surgeon Office, Narsingdi	National Award on top 5 performing in Dhaka Division on CS Office Category by Health Minister	Runner's up
2015	Civil Surgeon Office, Narsingdi	National Award on top 5 Performing Organization on CS Office Category by Health Minister	

District level, Narsingdi

Year	Name of Facility/Staff/Union	Name of Award	Remarks (special features, uniqueness, etc., needs to be mentioned, if any)
2012	District Hospital, Narsingdi	Best Performance Award on TQM	Champion
2012	District Hospital, Narsingdi	Best Hospital on overall performance (Services, Client Satisfaction, cleanliness and good Management)	Certification given by Human Rights Commission Chairman, Bangladesh
2014	District Hospital, Narsingdi	Best Performance Award on TQM	Runner's up
2015	District Hospital, Narsingdi	Best Performance Award on TQM	Champion
2010	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	
2011	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	
2012	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	
2013	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	
2014	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	

2015	MCWC, Narsingdi	Best TQM Hospital Award	
2015	MCWC, Narsingdi	Best MCWC Award in Dhaka Division	

Union level, Narsingdi

Year	Name of Facility/Staff/Union	Name of Award	Remarks (special features, uniqueness, etc., needs to be mentioned, if any)
2012	Danga Union of Palash Upazila	Mother Teresa award	For maternal and neonatal death reduction
2012	Danga Union of Palash Upazila	Best performance Award	For maternal and child death reduction
2012	Danga Union of Palash Upazila	Best Award in Narsingdi District	For establishing digital Information System
2012	Danga Union of Palash Upazila	World Population Day, Best Performance Award of Best Union and Best Chairman	For maternal and neonatal death reduction
2013	Danga Union of Palash Upazila	World Population Day, Best Performance Award of Union and Chairman	For maternal and neonatal death reduction
2014	Danga Union of Palash Upazila	World Population Day Best Performance Award in Dhaka Division	For family planning and child death reduction
2014	Danga Union of Palash Upazila	General M. A. G. Osmany Award	For maternal child death reduction to zero level. Gold Medal