

Summary

Evaluation conducted by: JICA Bangladesh Overseas Office

1. Outline of the Project		
Country : Bangladesh		Project Title : Project Human Resources Development in Reproductive Health (HRDRH)
Issue/Sector : Population/Health		Cooperation scheme : Technical Cooperation
Division in charge : First Cooperation Division, Medical Cooperation Department		Total cost : 600 million yen
Period of Cooperation	(R/D) August 1999-July 2004	Partner Country's Implementing Organization Ministry of Health and Family Welfare (MOHFW) Technical Training Unit (TTU) Maternal & Child Health Training Institute (MCHTI) National Institute of Population Research and Training (NIPORT) Institute of Child and Maternal Health (ICMH)
	(Extension) No (F/U) No	
		Supporting Organization in Japan : International Medical Center of Japan(IMCJ), Nanzan University
Related Cooperation		
1-1. Background of the Project		
<p>Despite considerable amount of efforts devoted to achieve and some progress achieved, maternal mortality rate remained as high as 4.5 per 1000 and infant mortality rate as 78 per 1000 in 2000. High maternal mortality rate and high death rate of female children have been resulting in much lower life expectancy for females than that for males, demonstrating a scenario which is just the opposite of what is observed in the developed societies. The Government of Bangladesh (GOB) has been recognizing these problems and undertaking interventions to mitigate them for long. Various donor agencies and governments, including the Government of Japan are assisting the GOB in these efforts.</p>		
1-2. Project Overview		
<p>The main activities of the project in the first stage were strengthening the clinical services of MCHTI and setting up of Training Unit. After the personnel of MCHTI were trained well and MCHTI functioned as a training institute well, survey for the performance of trained personal at MCHTI at the field was conducted. As results of the survey, it was found out that trained personnel could not utilize the skills and knowledge they learned at MCHTI at field level. By responding to the finding, it was considered to change PDM. During an evaluation mission, to take up feedback from the findings of field level, new output was added to the PDM so that supervise for FWA and FWV were carried out at field level.</p>		
(1) Overall Goal		
Reproductive health services are improved.		
(2) Project Purpose		
<p>The project purpose is “Health professionals such as doctors, Family Welfare Visitors, nurses and other paramedics are well-oriented and skilled after needs-based training for reproductive health at the MCHTI and related Training Institutes”.</p>		

(3) Outputs

1. The quality of clinical services at MCHTI is improved
2. The quality of training activities at MCHTI is improved
3. Supports are given at the sites so as to enable trainees to maximize the training results at her/his site.
4. A mechanism is developed so that the lessons learnt from the activities for HRD in RD are reflected as technical recommendations to stakeholders and concerned authorities.

(4) Inputs (as of the Project's termination)**Japanese side :**

Long-term Expert	12	Equipment	100 million	Yen
Short-term Expert	26	Local cost	50 million	Yen
Trainees received	18	Others		Yen
				<u>Total 600 million yen</u>

Bangladesh's Side Counterpart 58**Land and Facilities** TTU, MCHTI**Local Cost** Cost for running MCHTI, Cost for conducting training**2. Evaluation Team**

Members of Evaluation Team	JICA Bangladesh office	
	Contracted Consulting firm: Research Training and Management International	
Period of Evaluation	25/11/07 – 13/12/07	Type of Evaluation : Ex-post Evaluation

3.PROJECT PERFORMANCE**3-1. Performance of Project Purpose**

Through the strengthening the function of training unit, trainees such as FWV learned practical skills and knowledge at MCHTI. However because of the lack of supportive system, these trainees could not maximize skills at field. In addition, because of the lack of follow up system for trainees, MCHTI can not share those findings taken from field level with other concerned authorities. And these findings are not reflected to training curriculum in MCHTI.

In conclusion, even though the trainees are skilled in the central level, but they can not maximize these skills at field without any support system.

3-2. Achievement related to Overall Goal

Strengthening of clinical services at MCHTI contributed for improvement of the quality and quantity of reproductive health services. On the other hand, supportive system for trainees at field was not constructed well. Therefore, it will take more time for improvement of reproductive health services at field across the country.

3-3. Follow-up of the Recommendations by Terminal Evaluation Study

A few recommendations proposed at terminal evaluation such as issue of accommodation for trainees, accrediting women friendly hospital, are being implemented. However, more efforts by MOHFW and MCHIT are required to make some progress regarding the other recommendations. For example, the system which takes up feedback from finding in field level has not constructed yet. And, MCHTI does not hold regular meeting with other stakeholders.

4. Results of Evaluation

4-1. Summary of Evaluation Results

(1) Impact

By seeing the improvement of MMR, it can be evaluated that the overall goal “Reproductive health services are improved” is achieved to some extent. However, there is huge gap between overall goal and project purpose so it is difficult to assess how the project purpose has contributed to overall goal. In addition, because trainees can not utilize their skills at field, it also brings difficulty for assessment.

On other hand, it can be evaluated that MCHTI has been taking a position as women friendly hospital through the strengthening of clinical services and training services. In addition, MCHTI has been known for the main training institute for reproductive health in Bangladesh by other organizations such as NGOs.

(2) Sustainability

Even after the project, MCHTI has been providing clinical services and training services at the same level as of terminal evaluation. Especially, it is evaluated that clinical services have been provided well by seeing the number of patients.

Even though MCHTI has taken a position as reproductive health hospital, annual budget by the government is not enough. Therefore MCHTI can not assign enough personnel so far. In addition, decision making regarding the hospital issues are not conducted, involving government officials of Health sides.

On the other hand, it is said that skills and knowledge which were transferred during project period are still maintained well through the guidelines and manuals. In addition, MCHTI utilizes equipments and facilities which were provided during the project period to some extent, and it has contributed to keep the quality of clinical services.

However, it is not sure whether these skills and knowledge are kept in the near future. This is because some personnel who were the target for transferring skills during the project period have retired. In addition, some equipments and facilities are not fully maintained due to the lack of budget from the government.

Furthermore, considering the fact that MCTHI has not been conducting follow up for ex-trainees, concerned authorities should put more efforts to improve sustainability of MCHTI.

4-2. Factors that have promoted project

(1) Impact

By the ownership of the government, overall national health sector plan, HNPS (Health, Nutrition and Population Sector Program 2003-2010) was made. Through the implementation of the plan involving the developing partners, indicators related to reproductive health has been improved. These improvements were done with efforts and outputs of the field level. It is said that health personnel such as FWV, FWA who were trained at MCHTI has contributed to this improvement.

(2) Sustainability

MCHTI has been using several manuals and guidelines which were introduced during the project period, and it has maintained the skills and knowledge. In addition, MCHTI has taken a position as “main hospital which provides leading reproductive health services”, “main training institute for the reproductive health services”, it still accepts huge number of patients and trainees.

4-3. Factors that have inhibited project

(1) Impact

Transferring of skills and knowledge was limited because of the frequent personnel transfer. In addition, supervising and supportive system for the trainees were not enough at the field level, still there is a situation that most of the women have tendency to give birth at their own homes, and MCHTI could not share the findings and lessons learned from the field level with concerned

authorities, these things contributed to limitation of the project impact so far.

(2) Sustainability

Essential factor that has inhibited project is lack of the budget from the government, such as operating budget and development budget. Due to the lack of both types of budget, even though the quality of clinical services is maintained, it is difficult to maintain equipments provided during the project period and employ regular staffs for repairing them. In addition, MCHTI has not been given the authority to conduct feedback for trainees and MCHTI can not utilize the feedback from field level with other institutions and it can not input the lessons to its curriculum. Furthermore, line director who is in charge of MCHTI management is not assigned in Health department, so it is difficult to manage these issues in Health Department side, such as assignment of personnel, acquiring budget and making its own curriculum.

4-4. Conclusions

By considering the skills and knowledge which were transferred during the project period, it is evaluated that MCHTI still has been providing high quality clinical services and training services. However, the budget to keep this quality has not fully secured yet. Due to the lack of the budget, MCHTI can not provide supervision and supportive system, and feedback from the field level has not yet taken. So that, MCHTI can not make curriculum according to the needs of field level and ex-trainees which are not contribute to maximise their skills. More budgetary support from the governmental level and supports at field level from MCHTI can contribute to improvement of reproductive health services in whole area.

On the other hand, in the Ministry level, there is no one who is in charge of overall human resources development in the field of reproductive health. It is necessary for the government to have time for discussion for the issues of human resources above mentioned as well as assignment of personnel and securing of budget to MCHTI.

4-5. Recommendations

(1) MCHTI shall secure necessary budget for MCHTI as main hospital and training institute of reproductive health services.

(2) The government shall assign personnel who is in charge of human resources development in the Ministry of Health and Family Welfare.

(3) MCHTI shall be given an authority to conduct follow up for trainees to improve the efficiency of training. MCHTI shall make curriculum by itself by reflecting the needs of fields by cooperating with other concerned institutions.

(4) The government shall assign personnel who supervise management of MCHTI to carry out recommendations suggested above.

4-6. Lessons Learned

(1) In conducting training, it is necessary to create the effective system which conducts monitoring, and takes feedback in the beginning of the project.

(2) The government as well as hospitals and training institutes shall construct the system securing the quality and quantity which will be provided in the beginning of the project.

(3) In conducting technical cooperation, it is necessary to consider transfer of personnel so as to transfer skills and knowledge to target institutions as well as target personnel.

4-7. Follow-up Situation

N/A