

**Urban Primary Health Care Services Delivery Project (UPHCSDP)**

**Local Government Division**

**Ministry of Local Government, Rural Development & Cooperatives**



# **Quarterly Report**

**Sixth Quarter (January-March 2017)**

**Major Activities and Outcomes of the Project Performance  
Monitoring and Evaluation**



**Eusuf and Associates**

**Project Performance Monitoring and Evaluation Firm**

**April 2017**

## ABBREVIATIONS

ADB	-	Asian Development Bank
ANC	-	Antenatal Care
BMMS	-	Bangladesh Maternal Mortality Survey
BRAC	-	Bangladesh Rural Advancement Committee
CRHCC	-	Comprehensive Reproductive Health Care Center
DMF	-	Design and Monitoring Frame Work
DNCC	-	Dhaka North City Corporation
DSCC	-	Dhaka South City Corporation
FGD	-	Focus Group Discussion
FMIS	-	Financial Management Information System
FP	-	Family Planning
GIS	-	Geographical Information System
HIV	-	Human Immunodeficiency Virus
IDI	-	In-depth Interview
IP	-	Infection Prevention
ISI	-	Integrated Supervisory Instrument
LAP	-	Lower abdominal pain syndrome
LGD	-	Local Government Division
LQAS	-	Lot Quality Assurance Sampling
MDG	-	Millennium Development Goal
M&E	-	Monitoring and Evaluation
MMR	-	Maternal Mortality Rate
NGO	-	Non-government Organization
PA	-	Partnership Area
PAHQ	-	Partnership Area Head Quarters
PANGO	-	Partnership Area Non-government Organization
PHC	-	Primary Health Care
PHCC	-	Primary Health Care Center
PIU	-	Project Implementation Unit
PMU	-	Project Management Unit
PNC	-	Post Natal Care
PPP	-	Public Private Partnership
PPM&E	-	Project Performance Monitoring and Evaluation
PRA	-	Participatory Rapid Appraisal
QA	-	Quality Assurance
RTI	-	Reproductive Tract Infection
SC	-	Satellite Clinic
SIDA	-	Swedish International Development Agency
STI	-	Sexually Transmitted Infection
TFR	-	Total Fertility Rate
U5MR	-	Under Five Mortality Rate
UHS	-	Urban Health Survey
ULB	-	Urban Local Body
UNFPA	-	United Nations Population Fund
UPHCP	-	Urban Primary Health Care Project
UPHCSDP	-	Urban Primary Health Care Services Delivery Project
VDS	-	Vaginal Discharge Syndrome

## Executive Summary

### A. Project Background

1. The Urban Primary Health Care Services Delivery Project (UPHCSDP) started in July 2012 and will close in June 2017. The project engaged Eusuf and Associates as the Project Performance Monitoring and Evaluation firm (PPM&E Firm) and signed a contract on the 16 August 2015 for providing monitoring and evaluation services up to 30 June 2017. The purpose of the PPM&E is to undertake regular monitoring of the inputs and outcomes of the project in line with the project objectives aiming at improvement of the health conditions of the people of the project area particularly the poor women and children. The health services are delivered through Partnership Area Non-Government Organization (PANGO) ensuring extensive use of the health services facilities again and again established and maintained under the project for providing primary health care services to the clients.

### B. Scope of PPM&E Activities

2. The main objectives of engaging the PPM&E firm is to monitor and evaluate the extent of use of the health services facilities for the cause of the improvement of health conditions of the target population through quality and effective services and report to the project. The PPM&E firm will provide their outputs of routine monitoring and overall performance monitoring evaluation through the following time-bound deliverables.

- Qualitative Survey – Once at the beginning;
- Health Facility Survey- Once in the beginning;
- Training Program Assessment (intermittent but continuous monitoring and outputs once at the end;
- GIS data base and mapping – once in the beginning and again at closing;
- Half-yearly ISI performance monitoring and evaluation;
- Annual poverty updating and red card verification once at the beginning and again at the closing;
- Project end line survey at the closing; and
- Periodic and Quarterly Reports.

3. The contract on PPM&E was signed on 16 August 2015 and became effective from 1 September 2015. The PPM&E started to work from the 1 September 2015. The firm took advance actions to establish a full fledged PPM&E consultant office at Gulshan -1, Dhaka with all necessary logistic facilities and services. The firm recruited all the experts and professional support staff. The consultant team comprised of three key experts for monitoring and evaluation, public health, and sociology; six non-key experts on Geographical Information System (GIS) and mapping, monitoring evaluation, statistics, survey and data management and quality control; and eight professional support staff including programmer, secretary, financial management, data entry operators (four), and office assistant. The team accomplished the following major activities during the quarter and produced specific outputs.

4. The PPM&E firm having started in a time of the beginning of the fourth year of the project when several agreed deliverables became due such as qualitative survey, health facility survey, GIS based mapping (due in the beginning of the project), ISI survey- Round I (due after six months of the beginning of project), training program monitoring(continuous as and when any new training program takes place). As a result, the PPM&E firm initiated all these surveys within the first quarter (Sep-Dec 2015) which was four monthly quarter. The design (methodology and tools) of the qualitative survey, health facility survey, ISI survey, and GIS based mapping were discussed and agreed within the first two months after inception and surveys took place for the qualitative survey, health facility survey, and GIS mapping survey in December 2015. So far , Qualitative survey, Health Facility survey , GIS data mapping, ISI Round I and Round II, Annual Red card verification and updating (1) 2016, Training Assessment , Annual progress report and Five Quarterly reports were completed by December, 2016.

**C. Progress of Sixth Quarter (January-March 2017)**

5. Data collection for ISI Monitoring report- Round III is completed and draft report is already submitted to PMU.
6. Preparation for data collection of Annual Red Card Verification II is complete.
7. Selection of the project area (PA) and non project area (NPA) for End line Household survey is progressing.
8. Monitoring of training on RTI/STI for doctors and Monitoring of training on RTI/STI for counselors and Monitoring of training on performance based financial management for officials of PMU, PIU and PA-NGOs were conducted during the quarter.
9. Normal routine monitoring activities are continuing.

**D. Plan for the Seventh Quarter (April-June 2017)**

10. Annual Red Card Verification 2017
11. End line Household survey
12. Updating of GIS mapping

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## SECTION I

### The Project

#### A. Background

1. Primary health care (PHC) is an approach to health beyond the traditional health care system that focuses on health equity-producing social policy and it includes all areas that play a role in health, such as access to health services, environment and lifestyle. The model of health care was adopted in the declaration of the International Conference on Primary Health Care held in Alma Ata, Kazakhstan in 1978 (known as the "Alma Ata Declaration"), and became a core concept of the World Health Organization's goal of Health for all.

2. The Government of Bangladesh follows a pro poor health policy to ensure health care services for all at no or affordable costs even though health services are generally expensive everywhere. Consequently, despite many adversaries, Bangladesh made plausible achievements in the health sector particularly in the last two decades and met most of the Millennium Development Goals (MDG).

3. Although the maternal mortality rate has declined but the MDG goal is yet to be achieved. Several other challenges remain unmet such as high rates of adolescent pregnancies and early marriages coupled with low rates of antenatal care (ANC). Only 26% of pregnant women attend at least four ANC visits during their last pregnancy. In addition, there is a strong preference for home deliveries with only 29% of women delivering at a health facility within the last three years. This rate declines with age less than 20% of women over the age of 35 delivering at a health facility.

4. The mortality rate for children under 5 in urban slums is 91 per 1,000 live births as compared with 77 per 1,000 live births in rural areas. In Bangladesh child malnutrition is quite high with 41% of children stunted and 36% underweight. Urban slum dwellers also have a higher total fertility rate of 2.46 as compared to non-slum dwellers at 1.85.

#### B. The Project

5. Considering the trend for high rate of urbanization and rapid growth of urban population particularly in the city areas Government initiated the Urban Primary *Health Care Project (UPHCP)* in *Dhaka, Chittagong, Rajshahi and Khulna city* corporations during 1998-2005 to provide primary health care services primary health care facilities under the local government bodies with assistance of the Asian Development Bank (ADB) and the Swedish International Development Agency (SIDA). The initiative proved excellent and created interests among the city dwellers and local government bodies.

6. Subsequently it was extended up to 2005-2012 in 15 cities as *UPHCP-II*. The present on-going Urban Primary Health Care Services Delivery Project (UPHCSDP) covers ten city corporations and four municipalities<sup>1</sup>. The project is financed by the Government of Bangladesh, Asian Development Bank (ADB), Swedish International Development Agency (SIDA) and United Nations Population Fund (UNFPA) during FY2012-13 to FY2016-17. The three projects are designed with program approach, under public private partnership (PPP), decentralized project management, and institutional governance capacity building of the local government bodies to deliver PHC services in a sustainable manner. The target beneficiaries include the poor particularly the women and children of the project areas.

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<sup>1</sup>Dhaka (North), Dhaka (South), Barisal, Khulna, Rajshahi, Rangpur, Sylhet, Comilla, Gazipur, Naraayangonj city corporations; and Kishoregonj, Sirajgonj, Gopalganj, and Kushtia municipalities



### **C. Project Impact and Aim**

7. The Urban Primary Health Care Services Delivery Project (UPHCSDP) has been providing health services to the fast growing urban population specially targeting poor segments of women and children in all the city corporations except. Chittagong city and four municipalities of Gopalganj, Kisoregang, Sirajganj and Kustia. It is the 3<sup>rd</sup> phase in continuation of two earlier stages of Urban Primary Health Care Project (UPHCP). The intended aim and impact of the project is improved health of the urban population in Bangladesh, particularly the poor, women, and children. The performance target indicators for achievements of the project impact include to: (i) reduce maternal mortality rate (MMR) from 194 to 143 per 100,000 live births, (ii) reduce under five mortality from 63 to 48 per 1,000 live births and gender discrepancies eliminated (5% difference), (iii) proportion of underweight is reduced from 28% to 21% and stunting from 36% to 27% and gender disparities reduced (5% differences between sexes), (iv) total fertility rate (TFR) is maintained at 2.0, (v) differentials in MMR, U5MR, TFR and child malnutrition between the lowest wealth quintile and the highest wealth quintile in urban areas is reduced by 15%.

### **D. Outcome/ Objectives**

8. The expected outcomes include sustainable good quality urban primary health care services provided in project area that target the poor and needs of women and children. The performance target indicators of achievements of the outcome/objectives are: (i) 60% of births are attended by skilled health personnel (baseline: 26.5% BMMS 2010), (ii) at least 80% of growth monitoring and promotion performed on under -5 children (baseline: 43.3% UPHCP II 2008), (iii) at least 60% of eligible couples use modern contraceptives (baseline: 53% UHS 2006), (iv) at 80% of poor households are properly identified as eligible for free health care (baseline: 67% UPHCP II 2008), (v) at least 80% of the poor access project health services when needed (baseline: 64.7% UPHCP II 2008), and (vi) at least 90% of project clients express satisfaction with project services (baseline: 76% UPHCP II 2009).

### **E. Project Outputs/Components**

9. The project components/outputs include (i) strengthening institutional governance capacity to sustainably deliver urban primary health care services; (ii) improving the accessibility, quality, and utilization of urban primary health care services delivery, with a focus on the poor, women, and children, through public private partnership (PPP) and (iii) effective support to decentralized project management.

10. The target indicators of the outputs/component for improving accessibility through public private partnership (PPP) performance and accountability improves adequately to ensure achievements of the PA NGOs.

11. The target indicators of the outputs/component for effective support for decentralized project management are the following. A fully functional PMU with at least 20% of the staff female is established by loan effectiveness and PIUs are established in ULBs within 3 months of loan effectiveness; computerized FMIS is functioning fully in partnership areas by 31 December 2014, streamlining accounting procedures and processes at all levels of project implementation (PMU, PIUs, and partner NGOs); and project monitoring and evaluation surveys, follow-up on findings, data collection, and quarterly progress reporting are implemented on schedule.

### **F. Project Overall Scope**

12. The project will achieve objective outcome and outputs in terms of delivering extended service delivery packages through establishing primary health care service network with Comprehensive Reproductive Health Care Centers (CRHCC), Primary Health Care Centers (PHCC) and Satellite Clinics in 25 partnership areas. The project also has a significant training component to build capacity in management, service delivery, and project monitoring and reporting skills for staff at various levels.



## SECTION II

### Project Performance Monitoring and Evaluation

#### A. Introduction

13. The Urban Primary Health Care Services Delivery Project (UPHCSDP) has a provision for conducting **Project Performance Monitoring and Evaluation (PPM&E)** through an external independent agency as PPM&E firm. Eusuf and Associates (a private project management consultant firm specialized in monitoring and evaluation) was engaged on 16 August 2015 as PPM&E firm for 22 months starting 1 September 2015. The PPM&E firm started to work from 1 September 2015 with experts and professional support staff.

#### B. Objectives of the Assignment

14. PPM&E firm will work as an external professional agency to assist the project management to track progress of PA NGOs in achievement results, provide a regular independent assessment of performance, conduct mapping activities and provide support for routine project monitoring conducted by the project. The PPM&E firm will also suggest improvements in performance based on results and facilitate broader awareness and participation among stakeholders in the use of monitoring and evaluation (M&E), quality assurance (QA) and geographical information system (GIS) data.

#### C. Scope of Services and Major Tasks

15. The PPM&E firm will assess project performance from outputs, outcome and impact of the interventions made under the components/outputs. The PPM&E firm as per contract and approach plan will capture necessary data corresponding to the DMF indicators for impact, outcome and outputs using various tools and produce the results as output deliverables. In addition, agreed output deliverables additional reports as may be prepared in the course of the PPM&E studies as for example the monitoring& evaluation report on Training programs of the UPHCSDP.

#### D. Major Deliverables and Timelines

16. PPM&E firm will provide regulars progress reports quarterly and annually to supplement project management in periodic reporting. In addition, the PPM&E firm will prepare the end of the project impact report.

17. PPM&E firm will specifically prepare the following seven specific reports in certain agreed intervals as specified against each hereunder. The detailed timelines of preparation and submission of the reports is at implementation schedule.

- ✓ Qualitative survey report (once at beginning of first year of PPM&E)
- ✓ Health facility survey report (once at beginning of first year of PPM&E)
- ✓ Training program assessment report;
- ✓ GIS database and mapping (once at the beginning and again at the end);
- ✓ Half-yearly ISI performance monitoring system reports (every January and July meaning three times during the tenure of PPM&E firm);
- ✓ Annual poverty updating and red card verification report (once at beginning of first year of PPM&E and at the end of project); and
- ✓ Project end line survey report (once on project completion using household end line survey data compared with baseline with appropriate treatment and comparisons overtime).

## E. Methodology and Tools

18. **Strategy and Approach:** The PPM&E firm's approaches to the strategy for team synergism maintaining independent characteristics as monitoring firm to follow PMU-PIU guidelines, jointly develop tools, data analysis plans, and reporting format, undertake joint field visits, frequent interactions targeting end results of no differences in opinion but having left no stone unturned to propose and advise best possible technical, social and professional options.

19. PPM&E firm will adopt separate approaches for monitoring of individual component of the UPHCSDP, develop separate monitoring tools and separate data processing and tables and interpretations and present in individual report as applicable.

20. The specific strategies and approaches apply to various activities of the performance monitoring and evaluation include planning and programming, field work, data processing and analysis, and presentation. The specific strategies and approaches do not limit to but include the following major monitoring and related activities. PPM&E firm also plans to adopt and follow specific strategies and approaches for any further activity that might arise in due course of the administration of the monitoring contract over the years as needed by UPHCSDP and also felt and proposed by the PPM&E firm and agreed by the client.

- ✓ strengthening institutional governance and local government capacity to sustainable deliver urban PHC services
- ✓ improving accessibility, quality, and utilization of urban PHC service systems via public-private partnerships;
- ✓ supporting effective decentralized project management
- ✓ conducting household survey
- ✓ conducting health facility surveys
- ✓ conducting qualitative survey
- ✓ measuring Gender Action Plan indicators
- ✓ preparing end line GIS mapping
- ✓ conducting independent performance assessment
- ✓ linking ISIs with NGO performance incentive scheme
- ✓ assessment on impact of the project's training programs
- ✓ annual updating of the red card system - annual verification and updating of the poverty listing
- ✓ preparing GIS database and mapping
- ✓ coordination and support with the HMIS
- ✓ management responsibilities
- ✓ quality control for the data - collection, data coding, data scrutiny, data management and computerization issues
- ✓ preparation of various reports as scheduled
- ✓ CRHCC/PHCC/satellite clinic, access and quality of services
- ✓ Orientation of supervisors and surveyors
- ✓ Coordination at all levels including UPHCSDP
- ✓ Reporting
- ✓ Dissemination of feedback

21. The team adopted Participatory Rapid Appraisal (PRA) method following the techniques of Focus Group discussion (FGD), Survey, transect walk, Venn Diagram, Social Mapping, Problem Ranking and In-depth Interview (IDI).

## SECTION III

### Integrated Supervisory Instrument (ISI) Monitoring Report – Round III

22. The Government through the Local Government Division of the Ministry of Local Government, Rural Development & Cooperatives has been providing primary health care services in selected major city corporations and municipalities since 1998. Based on the success of the two earlier projects and on the backdrop of rousing demand for primary health care services particularly from the poor urban population the Government started the on-going 'Urban Primary Health Care Services Delivery Project (UPHCSDP)' from July 2012 in 25 partnership areas of 10 city corporations and 4 pourasavas. The goal of the project is to improve the health status of the urban population, especially the poor and particularly the women and children through providing primary health care services free of cost to poor and at low costs to the non-poor.

23. The Project Performance Monitoring and Evaluation (PPM&E) firm of the UPHCSDP, namely Eusuf and Associates, regularly monitors project outcomes and impact. One of the major monitoring activities is half-yearly performance monitoring in each of the 25 partnership areas using standard Integrated Supervisory Instrument (ISI) developed jointly by the project and the donors. The ISI monitoring is conducted in January and July every year covering overall performance of past six months. The present ISI Monitoring - Round III covered the period July-December 2016 in all 25 partnership areas (included all 25 partnership area head quarters (PA HQs), 25 comprehensive reproductive health care centers (CRHCCs), 113 primary health care centers (PHCCs), and 226 satellite clinics (SCs). The performance of these centers are assessed in terms of the quality and quantity of services and management of the health facilities and service delivery to the beneficiaries over the previous six months.

24. A team of 24 field enumerators and 04 field supervisors was engaged for field survey and data collection for Integrated Supervisory Monitoring (ISI) Report-Round III. The members of survey team were imparted training for two days on techniques of field survey and data collection on January 21&22 at the training center of Eusuf and Associates Gulshan, Dhaka.



The training program was addressed and inaugurated by Mr. Sabirul Islam, in-charge Project Director. Field survey and data collection were completed by February, 20, 2017 starting from January 23, 2017. The members of team of consultants in persons monitored the total field survey and data collection procedure through extensive field visits.

## **SECTION IV**

### **Annual Red Card Verification and Updating II**

25. The Local Government Division (LGD), Ministry of Local Government, Rural Development & Cooperatives of the Bangladesh Government is implementing the Urban Primary Health Care Services Delivery Project (UPHCSDP) in ten city corporations and four municipalities. The project has started in July 2012 and is scheduled to complete in June 2017. The UPHCSDP is financed by the Bangladesh Government, Asian Development Bank (ADB), Swedish International Development Agency (SIDA), and the United Nations Population Fund (UNFPA). The project is delivering a package of essential services delivery plus services that include comprehensive emergency obstetric care. The target beneficiaries include the urban poor, particularly the women and children of the project area. The project is designed to serve at least 30% of all services to ultra poor and poor recipients free of cost including drugs, and for non-poor at lower costs than market price. The partner NGOs of the project has issued red cards to the ultra poor and poor for entitlement to get services free of cost.

26. The project engaged Eusuf and Associates as the independent Project Performance Monitoring and Evaluation (PPM&E) firm to assist project implementation through monitoring project operating performances including measurement of project impacts, outcomes and outputs. The Red Card Verification and Updating is one of the seven agreed deliverables of the PPM&E firm. The main objective and purpose of the red card verification and updating survey is to verify whether (a) the red cardholder households are residing at their registered addresses, (b) the red cards are issued only to the eligible poor beneficiaries, and (c) the PA NGOs verify and update the red cards at regular intervals ensuring that only the active red cards are maintained in the red card issue registers.

27. The PPM&E firm adopted different approaches for red card verification such as household survey and focus group discussion and developed specific data collection tools. Lot Quality Assurance Sampling (LQAS) technique was used to select households for survey. In the survey, all 25 partnership areas (PAs) were selected for survey and data collected from the sample red cardholder households. Secondary data was collected from master register and red card registers. The record of red cardholder household as of 31 December 2015 was considered for sampling and data collection for verification and updating of Annual Red Card 1. The Annual Red Card Verification and Updating 11, present one, will be conducted on the record as of December 2016.

28. In addition to household survey, 25 focus group discussions (FGD) will be conducted (one in each partnership area) with three categories of stakeholders (service recipients, service providers, and community) following the procedure as that of first Annual Red Card Verification and Updating.

## SECTION V

### Monitoring of training during January–March 2017

29. During the quarter 3 training courses were monitored by the PPM&E, which are as follows:

30. Training on RTI/STI for Doctors, Training on RTI/STI for Counselors and Training on Performance Based Financial Management for PMU, PIU, PA NGO Officials

#### A. Training on RTI/STI for Doctors and Counselors

31. Two separate training courses on Reproductive Tract Infection (RTI) and Sexually Transmitted Infection (STI) organized by the Obstetrical and Gynecological Society of Bangladesh (OGSB) for the Doctors and Counselors of PA NGOs were held at OGSB Reproductive Health and Family Planning Training Center, Dhaka. The duration of the courses were 5 days each held from January 07 to 11, 2017 and March 19 to 23 2017.

#### 1. Objectives of the Courses

32. At the end of the course the participants will be able to:
- Explain the dynamics of HIV transmission and epidemiological aspects of STI/RTI & HIV/AIDS
  - Explain the syndrome management and flow chart for STI case management
  - Perform proper history taking, examination and diagnosis of STI/RTI
  - Manage STI/RTI cases by using syndromes' flow chart as per National Technical guideline
  - Counsel the STI clients and their partners utilizing the four health education messages (4Cs)

#### 2. Participants

33. Number of participants in each batch of was 15. Among the participants in doctors' batch, 11 were female and 4 were male. All the participants were working as Medical Officers of different CRHCCs of PA NGOs of UPHCSD. All the fifteen counselor participants were female working as counselors of different CRHCCs/ PHCCs of PA NGOs of UPHCSD.

#### 3. Course Contents

34. Major contents of the course were:

- Introduction of RTI/STI and HIV
- Difference between RTI and STI
- History taking of RTI /STI cases
- Physical examination of RTI/STI case
- Epidemiological aspects of RTI/STI
- Epidemiological aspects of HIV & AIDS
- Urethral discharge of men
- Scrotal swelling
- Basic health education & Counseling
- Syndromic management
- Neonatal conjunctivitis and other STIs
- Prescription writing and Rational use of drug
- Genital ulcer & inguinal bubo
- Understanding the transmission of HIV
- Diagnostic approaches for RTI/STI case
- Vaginal Discharge Syndrome (VDS)
- Lower abdominal pain syndrome (LAP)
- Role of gender in Sexual and Reproductive Health

#### 4. Findings of the Monitoring

- **Venue:** Obstetrical and Gynecological Society of Bangladesh (OGSB) Reproductive Health and Family Planning Training Center at Mirpur, Dhaka was the venue for the 'Training on RTI/STI' facilitated by the **OGSB**. Training room was spacious, having sufficient light and fully air-conditioned.
- **Seating Arrangement:** *Chairs in the training room was arranged in rows. Room was decorated with different posters displayed in the wall.*
- **Resource Persons:** Resource persons in the course were mostly members of OGSB who were highly qualified Obstetrician and Gynecologist. Almost all of them are involved in teaching and research in their respective field of specialization.
- **Training Materials/Tools Used:** A Training Manual prepared in Bangla on 'RTI and STI' by the National AIDS/STD Program was used in different sessions and a copy was given to each of the participants. Multimedia was used for presentation in most of the sessions.
- **Training Method:** Most of the trainers used lecture methods followed by discussion, however, most of the topics had practical sessions, group works, case studies and in some topics dummy was used for demonstration.
- **Quality of Presentation and Nature of Participation:** *Resource Persons were all regular trainers of OGSB. They were found comfortable to present their respective topics. Training sessions were participatory and interactive. Participants were divided into small groups by the Course Coordinator, so that all the participants could get the opportunity to participate in the practical sessions and group works.*
- **Evaluation of Participants:** To measure the improvement in the level of knowledge of the participants, pre and post training evaluation was conducted using a structured questionnaire.

35. Participants were interviewed on the last day of the training using a structured questionnaire to receive feedback from them about the course.

- **Relevancy of the Course:** All the participants expressed that the course objectives were 'Relevant' to their profession and they were 'Satisfied' with the course content.
- **Relevancy of the Training Materials Used:** Among the training materials used by the trainers, the participants mentioned Multimedia and handouts. They considered the training materials used as 'Relevant' with the contents of the course.
- **Training Method and Nature of Participation:** Participants stated that the training methods used by the trainers included Lecture, Practical Sessions, Group Work and Demonstration. Respondents mentioned that the practical sessions were 'Relevant' to their work situation. They also mentioned that the degree of participation in the training sessions were 'Good'.
- **Overall Impression about the Course:** Participants expressed that they liked the course, as the course was relevant to their job. As regards organization and management of the course, all of them mentioned 'Good'.
- **New Knowledge and Skills Acquired:** All the participants mentioned that they acquired new knowledge and skills after attending the course. When asked to mention some of the new knowledge gained, participants mentioned 'Epidemiological aspects of RTI/STI' and 'Basic Health Education & Counseling (4Cs)'. As regards acquiring any new skill after attending the course, they mentioned 'Counseling of clients'.

#### 5. Comments and Suggestions

- *Participants of training on RTI and STI who were all Doctors of different PA-NGOs highly appreciated the course, because it was relevant to their job.*
- Training being conducted by the qualified and experienced Obstetricians and Gynecologists enabled them to clarify many important aspects/issues of RTI/STI and HIV/AIDS.
- Practical sessions and group works were extremely useful to them.

- *Training Manual* on 'RTI and STI' prepared by the National AIDS/STD Program in Bangla *would be useful for the participants to use as hand book in their work place.*
- Video presentations on different topics followed by discussion could be more useful for the participants to get better understanding.
- There was provision for evaluation of course participants and the training course as a whole, but there was no provision to evaluate the trainers by the participants. Feedback from the participants may be taken for qualitative improvement of the Resource Persons/Trainers.

## 6. Concluding Remarks

36. Participants of the course were Doctors and councilors working in different PA-NGOs under the UPHCSDP, they felt that the RTI/STI training was essential for their job; as such they were highly interested with the course as a whole. Tailor made training on this topic should be given to Counselor, Supervisor, FWA and FWV of the PA NGOs.

## 2. Training on Performance Based Financial Management for PMU, PIU, PA NGO Officials

37. Training on Performance Based Financial Management sponsored by the Urban Primary Health Care Services Delivery Project (UPHCSDP) was held at Financial Management Academy (FIMA), Mirpur, Dhaka for the PMU, PIU, and PA NGO Officials organized by the 'FIMA'. The duration of training was for 5 days and it was held from January 08 to 12, 2017.

### 1. Objectives of the Course

38. The objective of the course was to enhance the capacity of the UPHCSD Project and PA NGO officials on financial management and procurement rules in the public sector.

### 2. Participants

39. Participants in the course comprised of Project Management Unit (PMU), Project Implementation Unit (PIU)) and PA NGO officials of UPHCSD Project. Number of participants in the second batch was 25. Types of participants included, Program Officers and Monitoring & Quality Assurance Officers of the Project Implementation Unit (PIU) of the City Corporations and Municipalities under the project, Project Managers, and Manager (Admin. & Finance) of PA NGOs

### 3. Course Contents

40. Major contents of the course were:

- Preparation and approval of development projects, development fund release
- Income tax
- Audit process and responsibilities of auditee and auditors
- PPR: goods, works and services
- Private public procurement
- Responsibilities of DDO, maintenance of bill register and cash book
- Bill preparation and store management
- Project accounting and reporting system
- Value Added Tax (VAT)
- Audit settlement process

### 4. Findings of the Monitoring

- **Venue:** Financial Management Academy (FIMA), Dhaka was the venue of the training. Training room was spacious, having sufficient light and fully air-conditioned.
- **Seating Arrangement:** Seating arrangement was like a typical formal class room with the *chairs arranged in rows. Room was not decorated with any training materials.*

- **Resource Persons:** Resource persons in the course were mostly Faculty Members of the FIMA or officers of the Audit & Accounts Service.
- **Training Materials/Tools Used:** Multimedia was used for presentation in most of the sessions and hand outs were given later.
- **Training Method:** Lecture method was used by the trainers in most of the sessions; however, some of the topics had practical exercises.
- **Quality of Presentation and Nature of Participation:** *Being regular trainer, Resource Persons were found comfortable to present their respective topics. Training sessions were participatory and interactive.*
- **Evaluation of Participants:** Participants were evaluated at the end of the course through an overall examination.
- **Session and Speaker Evaluation:** After each session participants evaluated the session and speaker of the session through a printed format.

41. Participants were interviewed on the last day of the training using a structured questionnaire to receive feedback from them about the course.

- **Relevancy of the Course:** All the participants expressed that the course objectives were 'Relevant' to their profession and they were 'Satisfied' with the course content.
- **Relevancy of the Training Materials Used:** Among the training materials used by the trainers, the participants mentioned, only Multimedia and handouts were used. They considered the training materials used as 'Relevant' with the contents of the course.
- **Training Method and Nature of Participation:** Participants mentioned that the trainers mostly used Lecture method, with few Practical exercises. Respondents mentioned that the Practical exercises were considered as 'Relevant' to their work situation. They also mentioned that the degree of participation in the training sessions were 'Good'.
- **Overall Impression about the Course:** Participants expressed that they liked the course, as the course was relevant to their job. As regards organization and management of the course, all of them mentioned 'Good'.
- **New Knowledge and Skills Acquired:** Participants mentioned that they acquired new knowledge and skills after attending the course. Among the new knowledge gained from the training 'Value Added Tax (VAT)' and 'Audit Settlement' were the most mentioned topics. As regards acquiring any new skill after attending the course, they mentioned 'Audit Settlement Process'.

## 5. Comments and Suggestions

- *Financial Management course participants were all holding managerial or administrative positions in their respective organizations and as such they considered the Performance Based Financial Management training as relevant to their job.*
- Participants during this training got the opportunity to receive accurate clarifications of different issues related to income tax, VAT and audit from senior resource persons.
- Manager (Admin. & Finance) of different PA NGOs felt they should receive more intensive training on Financial Management.

## 6. Concluding Remarks

42. Training on Performance Based Management organized by FIMA was appreciated by the participants. However, PA NGO officials felt that some of the topics were not relevant to them, which may be redesigned as per need of the participants.



## SECTION VI

### Manpower Resources

43. Three categories of personnel have been working under the assignment. The categories are key experts, non-key experts and support professionals. Personal inputs are different for individual. The duration of each project personnel is presented at following table 7.1.

Table 7.1: Manpower

Position(s)	Name	Total Inputs	
		Total	During 6 <sup>th</sup> QTR
<b>Key Experts</b>			
Team Leader (Performance Monitoring & Evaluation Specialist)	Prof. Dr. Md.Nurul Islam	22	3
Public Health Management Specialist	Dr. Md. Alamgir Hossain	14	3
Sociologist	Mr. Kazi Bazlul Karim	20	3
<b>Support Professionals</b>			
Project Coordinator – 1 Person	Mr. Nitai Chand Das	22	3
Programmer – 1 Person	Mr. Md. Muneer Hussain	10	3
Secretary – 1 Person	Mr. Md. Mokbul Hossain	22	3
Manager Accounts – 1 Person	Mr. A K M ObaidulHuque	22	3
Data Entry Operators – 4 Persons	Four Persons	88	12
Office Assistant – 1 Person	Mr. Md. Manik Miah	22	3

### SECTION VII

#### Plan for the Next Quarter

44. The PPM&E firm in consideration of the work plan for monitoring and evaluation and carrying out specific surveys and report preparation prepared the following planned activities schedule of the next quarter.

45. The PPM&E firm has few activities in the next quarter that will continue through quarter (April-June 2017). The planned activities of the next quarter (April-June 2017) are at table 8.1.

Table 8.1: Planned Activities of Quarter 6

PPME Years	2015				2016												2017									
Duration of PPME >>>>>>>>>>>>>>>>>>>>	QTR I				QTR II			QTR III			QTR IV			QTR V			QTR VI			QTR VII						
Calendar Months	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J				
Inception Report		■																								
Quarterly Progress Report					■			■			■			■			■							■		
Annual Progress Report																										
Qualitative Survey Report final					■	■	■	■	■																	
GIS Database and Mapping	■	■	■	■	■	■	■	■	■	■	■	■	■	■												
Updating GIS Maps																										
Semi-annual ISI Report-					■	■	■					■	■	■												
Health Facility Survey Report					■	■	■	■	■	■																
Training Evaluation Assessment					■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■				
Annual Red Card Verification					■	■	■																			
End line Household survey																										
Updating of GIS mapping																										

**Legend**

- Planned
- Actual
- Intermittent
- Next QTR