

(Final Report)

Mid-Term Evaluation Report
Of
Integrated Community Development Program
(ICDP)

Funding Organization: Normisjon, Norway

Implementing Organization: Sacred Welfare Foundation (SWF)
Sunamganj, Bangladesh

Researchers
Mr. Enos Hansdak
Ms. Nurjahan Begum
Dr. Thomas Costa (Team Leader)

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Executive Summary

Major Field Findings:

The MTE found a strong positive complementary role of ICDP trainings and other components with SWF-MFI by the group members. Thus, ICDP skill trainings help to build up linkages between the “**social capital**” (community groups and the unity of members for bringing positive changes in their lives and communities) and “**financial capital**” (the Micro-Credit operations) of the organization. Here lies the success of ICDP. Success stories are the evidences of achievements of ICDP. All field findings indicate to this point at the individual, group and community levels.

a. Health Education and Assistance:

- Most women group members mentioned that their major health problems include- prolepses, irregular menstruation (long duration and huge flow), uterus cancer, low blood pressure, weakness, gastric pain, no delivery pain, eye problem, etc.
- For Health education and assistance presently ICDP is focusing more on the secondary role, instead of the primary one. As an NGO program, through health education, ICDP is trying to raise health awareness in its working areas and through assistance providing medical services in its capacity. All these are effective without any doubt. People are being benefited through ICDP’s secondary role.
- The Evaluation Team strongly suggests that ICDP focuses more on its primary role during the remaining period of the program and beyond. One of the key objectives of the present ICDP is “**strengthen Government service delivery for the poor and marginalized groups**”. We know that Govt has health services available at the district, upazila and union levels at a very nominal cost. These are primarily meant for the poor and the marginalized groups. But the service deliveries are not that functional. It is essential to mobilize citizen groups, raise their voices for such services.

b. Agriculture Development:

- Training for transferring technology- ICDP planned to develop agriculture sector in its working areas through transferring knowledge and technology on various types of trainings viz. fish culture, duck rearing, poultry, cow-fattening, composed fertilizer preparations, integrated pest management, homestead gardening, livestock vaccination, social forestry, etc. People’s capacity and skills are being improved and are well benefited through all these trainings.
- Distribution of quality seeds- free distribution of seeds after training for vegetable cultivation encouraged the trainees tremendously. There is a huge demand of quality seeds in the area and people are ready to buy seeds from unit offices of ICDP.
- Demonstration of integrated farming: ICDP/SWF developed a demonstration farm with cow, fish, nursing plants, composed fertilizer preparation, etc in one place at

Bishamverpur upazila. The farm is already a model demonstration venue for farmers and they buy seedling from the firm.

c. Gender and Human Rights:

- Family planning is considered only a women issue; not issue of the couples. There is also no effort from the health workers, volunteers and committee members to involve couples in their educational and assistance approach. The ICDP project proposal is very clear as it has presented family planning as a couples' issue; but the understanding and practice at the field level is not the same.
- The issue of land is a big problem for the Hajong Community, as is the case for other Adivasi Communities in Bangladesh. Adivasi groups suggested "softer loans" (with minimum interest rate, for longer durations and installments only after harvests) for release of their mortgaged and other lands. Adivasis consider their right to land as one of the most important Human Right issue.
- Most students of the Hajong Community can not go for college and other higher studies due to lack of financial support and lack of opportunities. They can not compete with the students of majority community for various reasons. Hajong group members suggested some kind of stipend component in ICDP in the future.
- Hajong women group members strongly felt the need of protecting and developing their own culture and language. They give importance to more collaborative works and unity among the Hajong community in the area and also support for the overall development.
- All three different types of committees have been formed by the ICDP beginning from 2008. Thus, the committees are yet new and have no much experience. The initiative, however, is quite important from the perspective of continuity and sustainability of the good outcomes of the ICDP.

Key Strategic Recommendations:

Health Education and Assistance:

- Focus on the primary role of ICDP in health education and assistance for linking poor and marginalized with Government Health Services through advocacy and building net-works of people and NGOs.
- MTE strongly recommends that ICDP Health Committees and Health Volunteers go through a Participatory Strategic Planning process, as early as possible, with other local NGOs for identifying Strategic directions and preparing an Action Plan on the primary role of the ICDP i.e. strengthen Government service delivery for the poor and marginalized groups.
- Make family planning a couples' issue and not only a women issue. Family planning should be considered as a couples' issue as per the project plan and should not be considered only as a women issue as it is being done now at the field level.

Agriculture Development:

- Provide softer loans to Hajong people for release of Mortgage and other lands. Hajong groups visited by the Evaluators suggested “softer loans” (with minimum interest rate, for longer durations and installments only after harvests) for release of their mortgaged and other lands.
- Support access to agricultural common property i.e. Khas lands and Haor water bodies by group members. It is essential for the ICDP to provide necessary advice and support to groups to access Khas lands and parts of Haor water bodies.

Gender and Human Rights:

- Improve Gender concept and practice in ICDP. Women should get some leadership opportunity in the project for such improvements.
- Creating opportunity for men with women for gender balance: Participation of men with women is essential for gender development in the cultural context of Bangladesh. The ICDP needs to develop some specific strategy and effort during the remaining period of the present phase of ICDP and beyond.

General Recommendations:

- Strengthening Program-wise Committees. People’s organization and their ownership of program are essential elements of sustainability. It appears from the field findings that Program-wise Committees formed at each Unit levels should be strengthened further with ownership; so that these committees are able to continue the responsibility of ICDP by themselves, when external donor support will be terminated.
- Improve SWF/ICDP MIS urgently. MTE Team strongly recommends to improve SWF/ICDP MIS reports is urgently need to help the Executive Board to make Strategic decisions on projects, including the ICDP.
- Provide Executive Board with proper MIS information for Strategic decision-making by the Board. This is to create real ownership of programs by the Board. As such, it is clearly understood that MIS information gaps hinder strategic decision-making by the Board.

Acronym

ASA:	Association of Social Advancement
BRAC:	Bangladesh Rural Advancement Centre
CBRMP:	CARE Bangladesh Rural Maintenance Program
CCUs:	Cooperative Credit Unions
CNRS:	Centre for Natural Resources Study
FIVDB:	Friend in Village Development Bangladesh
FS:	Financial Support
GO:	Government Organization
IRA:	Integrated Rural Advancement
ICDP:	Integrated Community Development Program
MTE:	Mid Term Evaluation
NGOs:	Non-Government Organizations
PRA:	Participatory Rural Appraisal
SDC:	Swiss Development Corporation
SWF:	Sancred Welfare Foundation
TBAs:	Traditional Birth Attendants
TMSS:	Thengamara Mohila Sobuj Shangha
TK:	Taka
UP:	Union Parishad
UTI:	urinary track infection
UZ:	Upazila

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Chapter-1: Introduction

This is the Mid Term Evaluation (MTE) report of Sancred Welfare Foundation (SWF)'s **Integrated Community Development Program (ICDP)**. The Program is being implemented since January 2007 in 4 Upazilas (Tahirpur, Bishwamverpur, Derai and Sunamganj Sadar) under Sunamganj district. The Evaluation was carried out by a three-member team- Dr. Thomas Costa (Team Leader) Ms. Nurjahan Begum and Mr. Enos Hansdak. The team carried out field study during 19-25 November 2009 following a pre-determined methodology through an in-depth physical observation, verification and information collection. The report focused on to the Terms of Reference provided by SWF.

1.1. Background:

SWF is a non-profit and non-political national NGO established in 2005 aiming at implementing charitable and social welfare activities for the poor and disadvantaged section of the society. The ICDP began in January 2007 for a 5-year period along with other on-going development projects of the organization. SWF organized this Mid Term Evaluation a little more than a half of the program duration (January 2007 to September 2009) to review the achievements, progress, constraints and to get practical suggestions so that the goals and objectives of the program are achieved as per plan.

1.2. Overall purpose of the study:

The overall purpose of the MTE is to produce sufficient evidence that should address the real situation. Therefore, it can be a learning process that will bring out valuable information for the program to do a better job in order to achieve the program goal and objectives.

1.3. Objectives:

The main objectives of the MTE are:

- i. To review the status of performance and progress of the program implementation
- ii. To explore the progress towards localization and sustainability of the program
- iii. To examine the relevance of the program in respect to the cost (cost-benefit analysis)
- iv. To review the management status (administrative, financial, implementation)
- v. To assess the program achievements in line with the project objectives
- vi. To explore the effectiveness of the capacity building initiatives.

1.4. Research process:

The evaluation process began with two inception meetings with the Director, SMNB, held in Banani at the Head office on last week of October and 3rd November 2009. The meetings were held to understand the program and collect relevant documents produced by the organization during the program implementation. The 3rd meeting was held on 15 November among the team members to decide about the evaluation methodology and develop tools required. Finally, at the first day of fieldwork, 19 November there was

another meeting with the Executive Director of SWF and a workshop with management and other staff members for understanding their expectations. The meeting came out with an agreement that the study would be a qualitative one. It should also focus on in all four working upazilas, if time permits, In each of the upazila, a field visit plan was developed with the unit staff for selection of villages, case studies and meeting various stakeholders on the basis the criteria set by the Team. Similarly, after the field study in each upazilza a de-briefing and instant feed back was taken from the concerned field staff. Thirteen villages were selected and women focus group discussions took place in order to learn and have in-depth understanding of the program by looking not just at achievements, progress and constraints of the program; but also people's views, behavior and attitudes were observed towards the program.

1.5. Report Outline:

The report is made up of 6 chapters. Chapter one gives a brief introduction, the second chapter presents methodology of the study. Findings and analysis are presented in the third and forth chapters. Chapters fifth and sixth present recommendations and conclusions.

Chapter-2: Methodology

The MTE was conducted basically following the qualitative approach due to the very nature of the project. Besides, quantitative approach was also followed for focusing on the aspects of the program as required. The evaluation process followed an in-depth research approach resulting in focusing on one district that covered 13 villages in 4 upazilas. For each site, it focused on drawing a picture of issues related to the goals and objectives of the MTE following the Terms of Reference provided by the organization.

2.1. Details of the evaluation sites:

Sunamgonj district is located in the northeaster border-belt of Bangladesh. The district is nationally known as the **Haor** area, containing some of the largest inland wetlands in the country. Basically, natural depressions are being under water and flooded for a half of the year, during the monsoon and beyond. The district is locally known as the 'district of rice, fish, sand and stone'. However, in reality, the district has one of the poorest physical communications systems and is one of the poorest districts of the country in terms of peoples' livelihood opportunities.

A total of 13 villages, from four upazila were selected for assessing following some criteria. Villages are remote from the district and upazila towns.

Table-1: Shows detail of the field visit sites:

Name of selected District	Name of selected upazilas	Name of union	Name of selected villages	Name of Samities
Sunamganj	Sunamganj Sadar			Meeting with 3 program Committees
	Tahirpur	Uttar Shreepur Uttor bordol Badaghat	Lalghat Taligaon Poschim Para Rojoniline Rajai	Rojoniline Mohila dol Sonali Mohila dol Janata Mohila dol Rajai Adivasi Samity Ridoy Mohila dol
	Bishwamverpur	Dhonpur Dokkhinbadhag hat Sholukabad	Chatarkona Moddhochor ga Sureshnogor Kaitkona	Ghashful Mohila dol Juthika Mohila dol Rojonigondha Mohila dol Bely Mohila dol Jadukati Mohila dol
	Derai	Rajanogor “ Korimpur	Rajanogor Jahanpur Kornogaon	Notun Jahanpur Samity Sunmoon Mohila Samity Gondhoraj Mohila Samity

2.2. Process and criteria for selection of villages:

The selection of villages was finalized through discussions with the program staff members working closely with the program on the basis of a list of specific criteria. Selection criteria included the following considerations:

- Distance and communication from Sadar

- Poverty prone area
- With and without health service centers
- Meeting indigenous group
- Drought or water scarcity, low land, arsenic problem exists
- Evidence of good practice related to program achievements
- Evidence of failures for learning purposes
- Evidence of integrated approach
- Meeting various stakeholders of the program

2.3. Brief Description of the program:

The ICDP has three major components as noted below:

- Health education and assistance:** Under this component 1 community health service center & hospital, 3 village health service centers (clinics) and mobile outreach are operated to provide antenatal care, child care, out-patient care, in-patient care, family planning service, diagnosis service, health education, growth monitoring, training for traditional birth attendants, tube-well, sanitation and health governance.
- Agriculture development:** Under this component nursery development, homestead gardening, mini botanical garden, Koel bird rearing, beef fattening, fish hatchery, duck hatchery, skill development training, pig rearing and vaccination are carried out.
- Gender and human rights:** Under this component various activities like capacity building, establishment of gender and human rights cells, conducting training, organizing workshop and seminar, providing legal assistance, campaign, skill development training, and formation of indigenous cultural group are undertaken.

2.4. Site visits and Research Tools used for the Evaluation:

The evaluation team spent seven days at the project location. The first day was spent at Sancred Head office in Sunamganj meeting and planning with head office and senior staff; second day at Derai upazila, the third day and night in Bisshwamverpur upazila and the forth day and night in the upazila named Tahirpur. After completion of fieldwork in Tahirpur, the team came back to the Sadar upazila and spent three days for further discussion with 3 program committees, preparation of field note, discussion within the team, sharing with management and preparing for preliminary presentation of field findings. At the last day the team made a presentation to the staff members from all four unit offices, hospital and Head office. On 09 December 2009 the Evaluators met the Executive Board of SWF as per convenience of the Board, after shifting two different dates set earlier. An outline of the research methods, stakeholders, activities and number of interviews are listed below:

Table 2: Outline of the research methods, stakeholders, activities and number of interviews.

Stakeholders	Issues / activities covered	Methods used	Tools	Number of session
ICDP management	- Planning - Village selection	- Informal Interview	Checklist	1

ICDP staff members	<ul style="list-style-type: none"> - Expectation and experience sharing - Strengths, weaknesses, opportunities and threat analysis 	<ul style="list-style-type: none"> - Informal discussion - SWOT analysis workshop 	Checklist	1
	Studying villages: <ul style="list-style-type: none"> - Idea about land use pattern - Social, economic and environmental aspects - Culture - Sanitation situation 	<ul style="list-style-type: none"> - Transect walk - Observation - Informal discussion 	Checklist	13
Women	<ul style="list-style-type: none"> - Diseases, health, sanitation and hygiene practice, and knowledge - Nutritional status - Information on Morbidity and Mortality rate/situation - Access to and quality of different service providers - Participation in economic activities - networking with GO or/ and NGOs 	<ul style="list-style-type: none"> - Focus Group Discussion - Case study - PRA 	<ul style="list-style-type: none"> - Checklist - Body Mapping - Matrix Ranking 	13
TBA	Information on Morbidity and Mortality rate/situation	<ul style="list-style-type: none"> - Case study - In-depth interview 		4
Local community leaders	<ul style="list-style-type: none"> - constraints and possible solutions - Understand sustainability 	<ul style="list-style-type: none"> - Semi-structured interview - PRA 	<ul style="list-style-type: none"> - Checklist - Mode mapping 	4
Health service providers (Health Volunteers)	<ul style="list-style-type: none"> - Available services - Quality of services - Information on Morbidity and Mortality rate/situation - Staffing 	<ul style="list-style-type: none"> - Informal discussion - Observation 	Checklist	3
Paramedic	<ul style="list-style-type: none"> - Available services (GO, NGO and Private) - Quality of services - Information on Morbidity and Mortality rate/situation - facilities 	<ul style="list-style-type: none"> - Discussion - Observation 		3
Health care centre	<ul style="list-style-type: none"> - Available services (GO, NGO and Private) - Quality of services - Information on Morbidity and Mortality rate/situation - Staffing 	<ul style="list-style-type: none"> - Informal discussion - Observation 	Checklist	4 +2
Polli Doctor	<ul style="list-style-type: none"> - effectiveness of training - their experience - suggestions 	<ul style="list-style-type: none"> - Informal discussion 	Checklist	2
Committee	-	-		3
Management Board	-	-		1
		Review	Available literature on the issues at both local and national level	

In one location, two types of data were collected: (i) Quantitative/factual data related to management, accounts, number of staff recruited etc, and (ii) Qualitative data through focus group discussions, in-depth interviews, semi-structured interviews, informal discussions, transect walks, mapping, and case studies. Body mapping used to capture

the types and frequency of diseases in the area that linked with availability of services. Matrix ranking was also done to understand the choice/preference of health centers to receive services, on the basis of criteria given by the respondents from the community.

2.5. Analysis and reporting:

Data analysis was done in several steps, the steps are as follows:

- i. Soon after completion of field work, all the field notes were typed, producing the scripts that used as data sets.
- ii. Key themes identified in the data set on the basis of the program objectives and evaluation objectives.
- iii. All the data gathered was organized theme wise. Each theme examined through triangulation to see if it was relevant to all of the respondents.
- iv. A session was conducted within the team members to find out key points and quotations, case studies identified to strengthen each and every theme.
- v. At the final stage, the evaluators identified the recommendations emerging from the data and information.
- vi. On the basis of themes evaluation report is produced.
- vii. A de-briefing session was organized with SWF/ICDP staff members to get feedback and suggestions on the field finding presentation.

2.6. Team Composition:

The Evaluators combined specialized and complementary skills of each of its technical and programmatic resources in the areas of qualitative study, PRA with experience and expertise in the given aspects of the assignment. A three-member evaluation team was formed under a Team Leader. The team worked together on the first day of field visit and then split into three sub-team and worked individually. All contributed in writing the report and its improvements as required.

2.7. Summary of Work Plan:

The Evaluation Team prepared a work plan for the assignment in consultation with both Directors of SWF and SMNB. A summary of the work plan is presented here below:

Table-3: presents summary of work plan of Evaluation Team:

Activities	Tentative time line	Responsible person
Stage one		

- Collect secondary documents - Understand ICDP through Meeting with Santal Mission staff members and secondary documents review - Prepare and finalize detain work plan - Prepare methodology - Select research tools	Nov 03-09	Team Leader and Members Team Members
Prepare checklist	Nov 09 - 18	Team Leader
Stage two		
Fieldwork	Nov 19-24	Whole Team
Stage three		
Meeting with 3 program-component Committees at Sadar Unit, Sunamgonj	Nov 24	Whole Team
Prepare field notes and preparation for presentation of field findings	Nov 24	Whole Team
Field findings presentation for feedback and suggestions and back to Dhaka	Nov 25	Whole Team
Data coding, translation,	Nov 26-27	Whole Team
Data compilation, Photo cataloguing	Nov 30	Whole Team
Analysis, first draft report	Nov 30- Dec 15	Whole Team
Finalizing the Report (after feedback)	Dec 15-31	Team Leader

2.8. Limitation(s) of the Study:

One major limitation appeared to be the common feature of the district- the physical distance of study villages from the district and upazila towns and mode of communications. All those consumed a good part of time of the evaluators.

Secondly, during the field visits group members were found busy with works relating to harvesting of paddy, as it was the harvesting time. Even than women members tried their best to spare time for the purpose of this evaluation. Most of them were aware about the evaluation; thus, attendance in focus group discussions was encouraging.

Chapter-3: Field Findings

3A. General Observations on Beneficiary and Group

3A.1. Some Common features of Women Samities (groups) Visited:

- The MTE Team visited 13 women groups in 3 upazilas, viz. Taherpur, Bishamverpur and Derai. Table-1 presents the list of groups visited by the Team;
- It was found that ICDP/SWF staff encouraged landless, share-cropper, day-laborer women household to form samities and when convinced after discussing among themselves women decided to form samities;
- Group members also expected that SWF will do something for their well-being and they see that the organization is trying to do things for them;
- Most samities started 3-5 years back with 20-40 members. But by now they lost one third of the members. With regard to the dropout numbers they mentioned the following:
 - Majority of them left because they were not able to pay loan installments regularly;
 - for others groups decided to let them go;
 - a few lost interest to continue in the group and
 - some joined other NGOs like- Grameen Bank, BRAC, ASA, etc.

However, this was done with the concurrence of ICDP/ SWF. Following is the list of Samities visited during MTE showing the initial and present members:

Table-4: List of Samities visited during MTE

SL	Name of group visited with Upazila	No. of members at the start	No. of existing members
1.	Sunmoon Mohila Samity, Rajanagor, Derai	35	31
2.	Notun Jahanpur (Chorer gram), Derai	40	27
3.	Beli Mohila Samity, Bishamverpur	25	21
4.	Rojoniline Mohila Samity, Tahirpur	30	09
5.	Rajai Adivashi Mohila Samity, Tahirpur	30	20
6.	Rojonigondha Mohila Samity, Bishamborpur	30	17
7.	Jadukathi Mohila Samity, Tahirpur	30	10
8.	Hridoy Mohila Samity, Tahirpur	20	12
9.	Gondhoraj Mohila Samity,	28	21
10.	Ghashful Mohila Samity,	35	19
11.	Juthika Mohila Samity,	40	23
12.	Janata Mohila Samity,	30	30
13.	Krishnochura Mohila Samity,	25	21
	Total members	398	261

- **As Women they emphasize on women issues:** Women group members were observed quite aware on women issues and all social violence against women and children. They mentioned that in rural villages still 90% women are abused by men within the family. However, these are now in the declining trend due to increased awareness by women themselves, women's joint actions on some key issues and laws of the land are in favor to support women. Child marriage has reduced; but it

still exists. In spite of some successes, there is still the need to continue awareness and women's voice-raising activities for some more years.

- **Gender development:** Except awareness, not much has been done on conceptual and practical improvements on gender issue. It is a paramount important issue for ICDP to re-double its effort on gender issue during the remaining period of the present phase and also the next phase of the program. ICDP itself needs its own conceptual and practice improvements on gender issue. Women should get some leadership in the project for assisting such improvements.

3A.2. Land ownership and occupation of the members:

- Upazila-wise general features of land ownership and occupation of the group members are as follows:

Tahirpur and Biswamverpur: - Migrant people

- Laborer
- Small farmers
- Garos & Hajong people (0.5 % of population)

Derai:

- Small farmers
- Fishers
- Hindu community

Sunamgonj Sadar

- Surrounded by river,
- Agro dependent

- Most members do not or own little cultivable lands. But they do share crop and small farming. Most of them are wage laborers. Male sell labor to others in agricultural land.
- Women in some groups do work outside in the field.

3A.3. Savings and loans:

- Members save TK.10-20 each weekly in their groups. This seems not that difficult for most members. As such, each member has a different amount of savings in the same group.
- Their Savings and Loan pass-books are kept with the chairperson of each group. Thus, no one exactly knows how much her savings is. However, each of them has a rough idea about the saving amount.
- Most members received loan from SWF as many as 4-8 times and the loan size was Tk.2000-12000; in fact, this is the range of present loan ceiling;

SUCCESS CASE-1:

Rehana 17, daughter of Siddque Mia and Rabeya Begum. She has 2 brothers and 4 sisters. Siddique Mia works as a day laborer for six months in a year. Rest of the 6 months he sells ground nuts, sweets and fried grams at different village fairs and different places as a hawker. Her elder sister is a house wife who was married when she was a student of grade eight. Her elder brother works in a biscuit factory at Sylhet with a monthly salary of TK. 3000 that entirely he

gives to his mother as he works with free lodging and food. Other siblings of Rehana study at school.

Rehana stopped her schooling when she was in class eight due to superstitious thought as her hair turned into an abnormal bunch. She became frustrated sitting idle at home and burdened the family. Her mother was a member of SWF micro credit group. At this point her mother took her to SWF for Tailoring training following suggestion of SWF staff. She successfully completed a 20-day course. Rehana's mother managed to get a second hand sewing machine for her on installment at a cost of Tk. 3500 of which Tk. 2000 she paid as down payment and remaining amount was paid from Rehana's own income. She started doing very well in her tailoring business due to her quality work. She bought some cloths and materials at a cost of Tk. 5000 expecting more income, viz. Tk.4000 during the Eid festival. Her mother has to withdraw money from her group savings as she had no other alternative to manage capital for investing in tailoring business. At the moment Rehana receiving 10 orders on an average a day on the eve of Eid. Most of the women, young girls and children like to make their dress from Rehana's Tailoring shop. Now Rehana planned to expand her business, receive training on embroidery and buy another machine to engage her in business to facilitate self employment. Rehana dreams to have her own shop at Dholpur bazaar to establish herself as a successful small entrepreneur.

SUCCESS CASE-2:

Maushumi(43), a member of Beli Women Group of the the Bishamborpur Unit, under Bishamborpur Upazila. Their group began in 2002. Maushumi used to work as a traditional birth attendant in her village. She took 3 days training of TBA from ICDP. Then she took another training in Upazila Govt Hospital. Those trainings helped her to be known as a qualified TBA in the adjacent villages. She took the first loan of TK. 2000 to buy delivery kits required for the her profession and buy food for the family. She decided to start a medicine shop at home with the second loan of TK.4000. Her third loan was TK.6000, fourth TK.8000, fifth TK.12000. All the money was invested in her shop for purchase of medicine. She is now planning to take another loan for TK.20,000 for investing in her medicine store. Now she needs a govt license for selling medicine, which she things will not be difficult with her trainings and experiences. Maushumi is now happy with her achievements and support she received from ICDP-SWF. Local people highly appreciate her initiative as she is now a qualified TBA and common medicines are now locally available through her effort.

3A.4. Training:

Several members from each group received training on various subject-matters as noted below-

- One or two members from some groups received tailoring training. After the training some of them bought second hand sewing machines for self-employment purposes. The Evaluators noted a huge demand of tailoring training particularly among young girls/women from each group or village, without considering the market demand. ICDI Field staffs are convinced that providing tailoring training to more than two women/girls from one group/village will be more that the local market demand and thus wasting of money and efforts.
- Several members from each group received training on vegetable gardening and ecological fertilizer preparation for earning extra income for their families. They mentioned that before receiving training they were not serious about vegetable cultivation even for their own consumption. But now they grow vegetable for own consumption and income earning as well.

- Some members took training on poultry (duck-rearing), livestock (cow-fattening) and fish cultivation.
- Rajanigondha Mohila samity of Bishamverpur represents some key information with number and nature of training received from ICDP and purpose of their loan money:
 - 11 members of the existing 17 members took loan from SWF-MFI;
 - 4 members took loans up to TK12,000 each and others have loans between TK 4,000 to10,000;
 - Before taking loans they attended an adult literacy course run by the SWF;
 - Loan money used for the following purposes:
 - * Duck rearing - 2 persons
 - * Cow fattening - 2 "
 - * Small business- 4 "
 - * Barki boat - 2 "
 - * Crop cultivation -1 "
 - The above shows that about 2/3rds of the members took skills trainings and loans for raising their family income. The same is the trend in all groups visited;
 - Some of the members also took loan from other organizations working in the same village, viz. ASA, Grameen Bank, BRAC.

SUCCESS CASE-3: Duck rearing by Ms. Kulsuma Begum of the Rajanigondha Mohila samity under Bishamborpur Upazila. Now she has 200 ducks and every day she gets 150 eggs. She earns TK.800 - 825/- every day. Her husband is engaged with fishing work. They have 4 children (3 boys and 1 girl). They are expecting this duck farming will give them regular income at least for next six months. Then they will again continue with new ducks.

- SWF emphasized on TBA training well before starting of the ICDP as this was a serious need in the Sunamgonj area.
- The MTE was encouraged to see that ICDP trainings are addressing various needs of life-skills required by the group members; that are also taking a strong positive complementary role for best possible utilization and investment of loan money taken from SWF-MFI by the group members. Thus, ICDP skill trainings help to build up linkages between the “**social capital**” (community groups and the unity of members for bringing positive changes in their lives and in the community) and the “**financial capital**” (Micro-Credit) of the organization. Here lies the success of ICDP. Success stories are the evidences of ICDP’s achievements. All field findings indicate to this point at the individual, group and community levels.

3A.5. Health:

PRA exercises of women for Body Mapping at the group level identified the following health problems they are presently facing:

Table-5: Body Mapping

Health problems	No. of score given by women
Headache, fever, vomiting tendency, weakness	7

Eye & ear pain, ear shore, not seeing clearly, itching, water	4
Breathing problem, chest pain, flue	1
Diarrhea, Dysentery, Stomach pain,	6
Waist pain	2
Uterus pain, abnormal size, tumor , need operation, white leucorrhoea	10

(Scores are given out of 20 points on each justification)

Majority of women in the areas are suffering from uterus problems. Some of them are suffering from such kind of problem for long time and none of their family members even think that they need to be cured. Those health problems are totally ignored by the affected women and their families. According to the women, their health issue is not priority in the family as long as they can move and work with the severe pain and problems in their body.

The second major problems they face are headache and vomiting tendency. There is a relation between women stated about side effect of birth control pill and a number of women stated headache and vomiting as their health problem. In the area, major health problems children face are: eye infection, paralysis, physical disability, distance vision problem, etc.

It is assumed that mal-nutrition and lack of awareness about children vaccination are the major causes for children's health problem. Some mothers, whose children are suffering from disability and paralysis said that they are aware about their children's vaccination. But, when the question came about the course completion, none of the mothers could recall if they completed the vaccination course which is supposed to complete up to the age of five of a child.

Table-6: Group members' preference for treatment and their justifications:

Service providers	Less expense	Diagnostic facilities	Qualified doctor	Service always available	Take too much time
Sylhet Govt hospital	4	15	12	10	7
Upazila Govt hospital	5	5	5	6	4
SWF clinic	4	0	0	0	1
Private clinic	0	0	3	4	8
Local TBA	3	0	0	0	0
Quake/kabiraj	4	0	0	0	2

(Scores are given out of 20 points on each justification)

- Usually men decide to go to upazila govt hospital. Because that is less expensive, several doctors and all facilities like- pathological tests, x-ray, delivery facility, ligation, etc are available in one place. They don't have to run here and there for different pathological tests; which take a lot of time;

- They usually go to SWF hospital if children are sick of diarrhea, dysentery, fever, and weaknesses or cold;
- If women or men are affected by something serious then they first go to upzila hospital. If the patient is serious then doctors refer to Sylhet Medical College Hospital. Some times they also directly take patient to Sylhet Medical College Hospital;
- Free medicine is useful but free treatment (prescription) does not work. Because doctors do not want to listen to them if that is free of cost;

SUCCESS CASE-4:

One of their samity members is a poor mother of a child. She is very poor. The child got sick and she went to SWF clinic to see the doctor. The doctor prescribed the child that required medicine costing Tk.80 which was not possible for her to pay. As she had to pay van fare both ways, she was to come back home empty handed. Then the manager from SWF requested the doctor to give the child free medicine stating that the mother of the child is a member of SWF samity and he knows the economic condition of the mother. Now the baby has recovered and every one of the village think the baby is still alive because of SWF;

- In Bishwamverpur and Tahirpur upazila most women group members mentioned that their major health problem include- prolepses, irregular menstruation (long duration and huge flow), uterus cancer, low blood pressure, weakness, gastric pain, no delivery pain, etc. The main causes of those diseases are “intercourse with husband before completing 3 months of delivery and physical hard work immediately after delivery” the women group members said. They also mentioned that the major health problems their husbands face are- asthma, heart disease, appendicitis, gastric, cold & fever, etc. And their children usually suffer from- scabies, pneumonia, skin disease, dysentery, loose motion, malaria, etc.
- Most of the group members mentioned that they first go to Kobiraj for any female disease by several visits. If no improvement is noticed then they go to doctors.
- Group members mentioned during discussions that SWF clinics have only one doctor/paramedic, no inpatient facility, treatment without free medicine, higher ticket fee, no delivery facility, no oxygen cylinder, no x-ray and pathological facilities are available. But Upazila Sadar Hospital has all those facilities and several doctors, including specialists. Patients want all treatment facilities in one place. It is difficult for them to run at different places for different services. They get birth control pill from SWF, but for taking injection they need to go to other places.

3A.6. Family planning:

The following findings give a feature of the views and practice of male and female in adopting family planning methods;

- SWF didi (staff) distributes birth control pills. Initially she used to give them ‘*sukhi*’ pill but now ‘*femicon*’. Shukhi is not good. They feel vomiting and weak with sukhi pills;
- Birth control completely depends on women. Men do not care about it. Men take decision whether they should use birth control methods or not. And women decide which method to use;

- Women decide family size and children's education. But when any issue raises related to money then men decides what to do. For example, men decide where to take children for treatment or which school should children to be admitted;
- Women prefer both pills and injection for birth control;
- Only newly married men use condom thinking their wives may not conceive at all, if they use pill or injection immediately after marriage;
- Using pills are better because men forget to use condom. Men say, “ *Amra eisob vejal tejal nite parbona, tomrai nao*” (we don't want to take this hazard, better you take);
- All birth control methods do not match all. Women who take pill suffer from head ache, vomiting and weaknesses as a side effect. Therefore many of them go for injections as it is safe for three months and less health problems. Although, most of women who have taken injection are suffering from irregular menstruation;
- Males say, “they can't work if they go for vasectomy”. Women even do not want men to have vasectomy from the fear if anything happen to their men than they would lose their earning person.

In view of the above noted field findings, the Evaluators think that family planning is considered only as a women issue; not issue of the couples. There is also no effort from the health workers, volunteers and committee members to involve couples in their education and assistance approach. The ICDP project proposal is very clear as it has presented family planning as a couples' issue; but the understanding and practice at the field level is not the same.

3A.7. Sanitary latrine and tube-well:

Most of the households do not have sanitary latrines. SWF supplied the sanitary latrine materials at Tk.300 each, i.e. less than 50% members have sanitary latrines. However, awareness on sanitation is well accepted by the group members. They also feel the need of learning more about the technical aspects of sanitation. But most members in each group mentioned that the carrying costs of latrine items are more than the actual latrine cost. Thus, they are discouraged to take them for use.

3A.8. Future plan of Samities:

- Samities do not have any strategic or future plan. When asked some members replied, “it is not wise to have dream when we sleep in torn beds”. It appeared that groups are primarily formed to serve the purposes of micro-credit operation. Members see their ultimate fate is linked with micro-credit, not more that that at the group level.
- However, as an individual, each member has her own dream for her family - education of children, enhance family income and opportunities, good health and so on.
- The Evaluators discussed with group members whether or not it will be useful for them to prepare “**Month-wise Yearly Plan**” of the group for individual and collective benefits. Members expressed interest to do so; as that will help them to do many things for their benefits by themselves. Thus, the MTE strongly recommend that

ICDP helps the group members to prepare group's own Month-wise Yearly Plan of Activity by themselves and for their own benefits.

3A.9. Problems faced by the Hajong Community:

Evaluation team members visited 4 Hajong village communities. Some key information are important for the MTE and to draw attentions of the SWF Board and ICDP are noted below:

- The issue of land is big problem for the Hajong Community as is the case for other Adivasi Communities in Bangladesh. There is a continuous pressure from the majority community for grabbing of Hajong lands. Adivasi groups suggested “softer loans” (with minimum interest rate, for longer durations and installments only after harvests) for release of their mortgaged and other lands.

Sritila Hajong (67), a widow under Bishwamverpur unit. She has 1.5 acres of land. All mortgaged for a loan of TK 150,000. She requested to give her a soft loan of the total amount to get back her land through her women group. She will be able to pay back loan money gradually with the production of crops.

In one group two Hajong families were forced to sell their land (community property lands) and they had settled in another place with the presence of more Hajong Community households.

- Most students of the Hajong Community can not go for college and higher studies due to lack of financial constraints and lack of opportunities. They can not compete with the students of majority community for various reasons. Hajong group members suggested some provision of stipend component in ICDP in the future. This can be another focal area for the next phase of ICDP.
- When talked to women group members and community leaders (Rakesh Hajong - a political leader, Ashis Kumar Hajong – a model farmer) they strongly expressed the need of protecting and developing their own culture and language. They give importance to more collaborative works and unity among the Hajong community in the area and also support for the overall development. They expect special attention and support from SWF for them, which the Evaluators consider quite important and justified.
- The major problem the Hajongs face is bad road communication and getting less waged, particularly from the Muslims who are the majority in the village.
- Hajong community members stated to the Evaluators that they were safe during caretaker government, but were tortured before the tenure of caretaker government and after the general election of 2001.
- They do not have any connection with any other NGOs or local government offices. They also see the need of greater linkages among Hajong Community people and also with the majority community people, particularly those who are supporting well-being of the Hajong Community.

3A.10. Meeting with 3 Program Committees of Sadar Unit of Sunamgonj:

Community Health Committee: The committee is formed with 17 persons (15 from the communities of the unit and 2 staff members of ICDP). A half of the members are women and the other half men. They support the 16 health volunteers of the unit, who received training as health volunteers. Both committee members and volunteers help organize community-level health campaigns, camps, rallies and health related other activities. Another important role that the committee plays is to build linkages between the health clinic/hospital of SWF and the communities under the unit. The following are some important suggestions given by the members:

- * Both hospital and clinics need regular and good doctors;
- * Poor patients from the groups and outside need free health services and support;
- * New location for the hospital will be helpful for rural patients because of its location near the river side and road communications;
- * Medical camps are very useful for the rural and remote households;
- * One engine boat will be useful for rural patients and other purposes of the hospital and similarly one CNG auto-rickshaw or an ambulance for the urban patients and hospital purposes;
- * Committee meets quarterly, but want to have monthly regular meeting with their own initiative.

Adarsha Krishak (Agriculture) Committee: The committee is constituted with 17 members (15 from the communities of the unit and 2 staff members of ICDP). As like as the health committee, this committee was also formed with people from groups and outside, who have contributions in agriculture. The concept of *Adarsha Krishak* (ideal farmer) has been well accepted by all. They received training on various aspects of agriculture and themselves are directly involved in agriculture. Some of the committee members have received training from ICDP and Govt Youth Development Program. It is quite interesting to hear the stories of personal experiences in agriculture of committee members. Community people will be definitely benefited from the learning of each other. This committee meeting also held quarterly, which they feel should be monthly.

Gender and Human Rights Committee: This committee has been formed only in last year (April 2008) with 11 members (9 persons from the unit communities and 2 staff members). This committee is known as Executive Committee and in the future they are planning to form a General Body with 29 members to giving the process a more structured form. Committee discusses all social violence, including violence against women and children. The Committee members help organize day-observations, campaigns and rallies for social actions purposes. They expressed their concerns regarding child marriage, dowry, women oppressions. They also support groups for raising their voices against violence in their village communities.

All three committees suggested that a yearly gathering of all committees in one forum for sharing their experiences and learning with one another and develop attitudes of working together in bigger issues, if so required.

The Evaluators need to make some comments with regard to the above noted committees in general:

- All three different types of committees have been formed in each working unit of the ICDP beginning from 2008. Thus, the committees are yet new and have not yet gained much experience.
- The initiative, however, is quite important from the perspective of continuity and sustainability of the good outcomes of the ICDP.
- What is important at the moment is to have more Participatory Strategic Planning for identifying committees' 'SMART directions' for each of the program components by the respective committee members themselves. Some elaborations have been made in this aspect under 3B. Program-wise Findings below.

3B. Program-Wise Findings

3B.1. Health Education and Assistance:

The Evaluation team found that the health component of the program primarily focused on disease prevention and curative health services emphasizing Mother and Child health care through rural clinics and mostly through the community-based outreach activities. The Team, however, placed more attention on investigating the following key areas of activities of the health education and assistance components:

(a) Training of TBAs:

Case Study-5: TBA-1

Momena 60, mother of 11 children of which 3 died at a very early age. They died because of her ignorance of pregnancy and post delivery management. She is in practice of TBA for 30 years. She had no training on TBA up to 25 years of practice. Five years back she received 3-day training on TBA from SWF that helped her to be one of the most skilled TBA in the locality. Before receiving training she was not able to detect whether the baby is dead in mother's womb, how to release placenta and how to deal with complicated case. After receiving training she became skilled in dealing with all the cases. In the meanwhile, she conducted 2 complicated (babies were in abnormal position) deliveries. Moreover, she conducted delivery of her 3 children by herself. Her confidence level has boosted up to the level that she usually does not refer delivery cases to Gynecologists.

Case Study-6: TBA-2

Parboti Bala Das 65, mother of 3 children who lost her husband 20 years ago. She is in practice for last 30 years as a TBA. She continued her practice up to 15 years. She received her first training on TBA 15 years back from a government institution and received the second training from SWF 5 years back. She never referred any pregnancy case to Gynecologists before she received trainings. Consequently 2 children were died while she conducted 2 complicated delivery cases. Now she learnt from the trainings the necessity of referring complicated delivery cases to Gynecologists. As a result she referred 20-25 complicated cases to Gynecologists and saved 7 lives through referring pregnant mothers. Presently Parboti Bala Das is treated as a reliable TBA in the locality

A 3-day training is provided to traditional TBAs/new persons for imparting basic knowledge and know-how, conducted by MBBS doctors and paramedics. Field Animators help selection of TBAs from working villages on the basis of experience from groups, with experience out-side of groups or new persons from the villages interested to do the job. The recipients of such trainings admitted that trainings are very useful for the practicing participants and not good enough for the new ones. All TBA volunteers expressed the need of longer training covering more areas of mother and child care. TBAs expect to get a kit-box after the training, which was provided in the first year. Evaluators think that kit-box should be considered as part of training material.

It has been noted in the project that 25 TBAs were to be trained each year (75 in 3 years); however, due to a huge demand at the field level more participants (155 in 3 years) were taken shortening training days. Training module was prepared for 7 days training; but in practice it has been provided for 3 days for being within the budget allocation. As such, quality of learning suffered from the end of learners (TBAs), which was not desired by them.

Table-7: presents targets of training of TBAs and Village Doctors and actual number of participants trained:

Particular	2007	2008	2009	Total	% of increase
TBAs:					
Target	25	25	25	75	
Actual	75	52	28	155	207%
Village doctors					
Target	15	15	15	45	
Actual	59	14	78	151	336%

(b) Village Doctors:

Same is the situation with village doctors' training. As noted above, its increase of participants is more than 300%. Justifications given by field staff and management are mainly due to management's desire to reach to the maximum number of beneficiaries for fulfilling their needs.

Case Study-7: Polli Doctor

Binoy Bhushon Dhor (40) is a Polli doctor now doing practice for eight years. He has received a two years Diploma course on Local Medical Assistant from Dhaka two years ago. But he has been practicing as a Polli Doctor before he received training.

Just 4 months ago he came to know about Sancred and he wanted to have a training from Sancred. Because he thought that after receiving his diploma, he has not learned much in two years. If he can receive a professional training from Sancred then he would learn new things.

Three months back he received a3-day training from Sancred. Now he has a medicine shop where he does practice at a local market which is 2.5 km away from Sancred Sadar Unit. He thinks that a 3-day training is nothing in terms of the vast topics. The training should be minimum for two months duration. He thinks if Sancred arranges 2 months training and It held twice a week with the same group of participant that will help.

The patients come to him with various complications. Women mainly come with prolapsed, urinary track infection (UTI), anemia, malnutrition and false delivery pain. Children come with

cough, pneumonia, diarrhea and dysentery. He prescribes them and refers to the Sadar Hospital, if so needed.

Few days back he referred a patient to Sancred Hospital. The patient needed immediate surgery but at Sancred Hospital they did not have an anesthetist. Therefore, the patient needed to transfer to another private hospital where they have all the facilities.

Binoj thinks, doctor's behavior is very important for the patients. He gave some remarks about doctors' behavior in Sancred Hospital. He thinks, except one doctor, 2 others are not so attached to the patients. Because these 2 do not talk much with the patients; as such patients think about them that they are not cordial.

(c) Community Health Volunteers:

All Community Health Volunteers are women and received a 5-day training through ICDP. They provide support in building liaison between groups and Sancred clinics and hospital. . In addition to that they work as an informer between communities to Sancred staff members particularly about violence against women. They also actively participate in Govt organized programs. Sixteen health volunteers are trained under each unit office.

Case Study-8: Health Volunteers

- *Bakul Das from Sunamgonj sadar union and Rupali Barman from Surma union. Both of them are Health Volunteers*
- *They work on mal nourished children, pregnant mother, early marriage and safe motherhood*
- *Both of them received 5-day training from Sancred*
- *They discussed the issue after group meeting on credit and measure weight of children of 1-5 years*
- *They advice pregnant mothers for vaccination and refer those who look weak or tired*
- *They also advise pregnant mothers who have complaints of palm and foot burning*
- *Pregnancy and blood group test are provided free of cost*
- *Distribute Iron tablet free of cost*
- *They report at SWF office and discuss their activities on tri-monthly basis*
- *They report to SWF regarding violence against women for action*
- *Once Rupali informed SWF office a rape case of a poor girl by the son of an influential person. Office staff advised victim's mother to sue the criminal but she denied sue thinking their safety in future as they have to live in the village. Later the issue was settled by the village Matobbor with a penalty of TK 5000*
- *The health workers motivate mothers against early marriage*

Problem Faced by the volunteers:

- *People do not care*
- *Mother-in-laws do not like their daughter-in-laws to take health services*
- *Mother-in-laws have to be motivated first by the health workers because they are treated as bad people as they advise their daughter-in-laws*
- *Sometimes the health workers go to other villages for measuring weight of children and for other services*
- *They get an honorarium of TK 500/month that is also stopped for last one year.*
- *No per diem is provided by SWF and they have to travel with their own cost.*
- *Per diem should be different/ determined by their nature of work*
- *They opined that their position should be regularized as permanent staff with salary*

(d) Health Education (safe motherhood, nutrition, immunization, sanitation, arsenic awareness):

Motivational group lessons are given on these issues by the Health Animators through the cooperation of Health Volunteers. There is a general awareness on all these issues at the group levels.

(e) SWF Community-Based Health Service Center & Hospital:

On 24 November 2009, the MTE Team visited the Hospital and had a discussion with doctors, nurses and department in-charges. The following are salient points of the discussion:

- Out-door patients: on average 35 – 40 patients are treatment every day. Doctor's fee is TK 20 during the office time (9.00 am – 5.00 pm) and after 5.00 pm TK100.
- In-door patients: 10 patients in October 2009 and 1- 23 November 5 patients are admitted. About less number of patients Doctors views are as follows:
 - * Hospital should have a specialized lady doctor on Gynecology with surgical experience. This is quite essential as this hospital emphasizes on mother and child care;
 - * This hospital may incorporate with its services which are not available in Sunamgonj district viz. dental treatment, Nose-Ear-Throat treatment;
 - * The Hospital can also participate in Medical camps for awareness-raising;
 - * Ambulance facilities are needed in the hospital for the emergency patients.
- Free Medicine for malnourished children: 14 malnourished children received free medicine during 1 – 18 November 2009 periods for TK1,357. Decisions about free medicine are made by SWF Field Animator and doctors.
- The Hospital is run in a 3-storied rented house for TK 45,000 a month. SWF's own Hospital building construction work is going on after a long time gap of work. The new location seems better as patients from rural areas will be able to come by boat and adjacent urban patients will also be benefited.
- The Evaluation Team collected some important information and suggestions of two neighboring health service providers- a Poly Health Clinic and Sunamgonj Sadar Hospital as noted in the boxes:

Case Study-9: POLY Health Care Clinic, Sunamgonj:

Meeting with Mr. Monoronjon Chowdury, Manager of the clinic:

- Seat capacity of the clinic - 10 beds
- Clinic has two major services 1) Diagnostic test 2) Surgical operation gynecology matter
- Every month they do surgical operation of gynecology patients between 25 – 30 persons
- From operation they get TK 6,000 – 10,000/- per patient
- Moreover they get income from cabin and bed. Bed cost is TK 600 – 2,000/- per day
- They have 4 contact doctors- 2 gynecologists, 1 Medicine and 1 Anesthesia and 4 nurses. The Anesthesia doctor is a share holder of this clinic
- They do only gynecology surgeries
- They cover all their expenses including house rent and staff salary from their income
- The manager informed us that they got referral patients from the contact doctors.

Case Study-10: Sunamgonj Sadar Hospital (Gynecology Department):

Meeting with Dr. Maleka Bahar Lily, Junior Consultant Gynecology.
 - Earlier she was contact Gynecology doctor for the SWF hospital but she has not continued her contact for different reasons. She said SWF hospital has good facilities but it needs to get well reorganization through good health services in the community.

Her suggestions are as follow:

- Hospital should have specialized doctor, esp. Gynecology with surgical expertise.
- There should have expert nurses those can help the doctor freely during surgery and do the post operation care properly. Staff efficiency (nursing) is lacking in the SWF hospital.
- Avoid appointing any Govt. Doctors for the Gynecology section as this is an emergency area. Govt. doctors can not give proper time especially during office hours.
- Appoint a doctor those are living close by the hospital.
- There should be vehicle facilities for carrying the patients in any emergency.

- General observations and comments: The hospital environment looks very good and there are many diagnostic opportunities in-build. Pathological services, X-ray, ECG, USG, Patient bed with 3 doctors 1 full time (male) and 2 lady doctors on contact basis. Compare to the facilities exists in the hospital the number of patients are very low. The overall expenditure of the hospital including hospital house rent, staff salary and other management cost the outcomes are not encouraging. This means, medical facilities are under utilized.

(f) Derai and other two Clinics:

Table-8: A comparative analysis of 3 clinics with some key indicators as noted below:

Indicators	Derai	Bishwamverpur	Tahirpurk
Location	Upazila town	Union remote area	Union remote area
Nature of location	Upazila centre	remote	remote
Office	Rented	own	own
Daily patient	10-12	22-25	30
Satellite clinic patients	35-40	60-65	90
Availability of doctor	yes	yes	NO
Trained nurses	no	no	no
Diagnostic facilities	no	no	no
Formation of "Poor Fund" for supporting poor patients	no	no	no
Self-sustainability level	Less than 50%	Less than 50%	Less than 50%

It appears from the above comparative table of 3 clinics that the outcomes of Derai are quite poor in compare to the other two clinics. Both in and out patients of Derai are much lower and it does not justify the expenses. SWF management already decided to shift the clinic to another remote area of the Upazila, which is justified by seeing outcomes of the other two clinics located at remote Union areas. Evaluators are also in favor of such shifting of Derai Clinic. The sooner this shifting is made, it is better for the ICDP.

The MTE Team wants to draw attention of all stakeholders on a much bigger and important objective-issue of the project, which the Team also dealt with the Executive Body of SWF on 09/12/09 meeting for MTE purpose. The ICDP project proposal and

September 2009 MIS report noted two important strategic objectives and policy issues of the ICDP as noted below:

One of the 5 objectives of ICDP is to “strengthen Government service delivery for the poor and marginalized groups.”

“SWF will act as stop-gap measure to provide the services as the people have rights to these services”.

The above two statements are quite clear cut policy strategy of ICDP; which means:-

(i) Primary role of ICDP in health: That the primary role of the ICDP is to link up the poor and marginalized people/groups with the Government services for them. This linking up may be either from the people’s side, Government services’ side or both. This means, on the one hand, people may be organized and encouraged to avail the Government service, and on the other side, Government services mechanisms may be mobilized to be available for the people in their own locations or through outreach. In the health sector, presently Local Government is taking support of NGOs for Children’s immunization and distribution of family planning contraceptive materials.

Evaluators think that both Government and NGOs are wasting part of their valued resources without proper understanding of their roles and purposes. Let us place two concrete examples here:-

On 09/12/09, one national news paper reports that in Derai Upazila Govt Hospital one Government Health Supervisor went for investigation and found that 1 of the 10 medical officers and 1 of the 10 nurses were working that day and about 150 patients were waiting for health services. This means 90% of human health service facilities are wasted in Government Health services in remote upazila (sub-district) like- Derai.

Similarly, ICDP clinic in the same Derai Upazila, a small town is mostly under used as already noted earlier.

It means both Government and NGOs health services facilities are to a great extent wasted. This should be a great concern for local citizens, esp. the poor and marginalized, who are supposed to get such services. The same newspaper in the same day cites an opposite example of the adjacent district to Sunamgonj is Kishorgonj. The Citizens’ group of Baulai Union made a 19-point Citizens Charter agreement with their Union Parishad for ensuring of services by the Local Government and Local Elected Bodies for providing services to the citizens. The agreement was made to uphold accountability and transparency of all activities of the Local Government and Local Elected Bodies services. This is what is to be the role of ICDP at Derai upazila.

Thus, what ICDP is missing here is to properly understand its primary role in the health context of Derai upazila of – NOT duplicating of efforts what already exist; but to take pro-active role for reactivating what already exist, but not working properly through strong **ADVOCACY** and **NET-WORKING** activities. In this case **“strengthen Government service delivery for the poor and marginalized groups”** exactly means taking advocacy and net-working activities for making local Government machineries functional, accountable and transparent.

As noted earlier, it is strongly recommended that ICDP Health Committees and Health Volunteers go through a Participatory Strategic Planning process with other local NGOs for identifying Strategic directions and an Action Plan on the primary role of the ICDP i.e. **strengthen Government service delivery for the poor and marginalized groups.**

(ii) Secondary role of ICDP: The secondary role is to take some short-term initiatives as stop-gap measure for providing such services. Thus, this stop-gap measure should be in the remote areas, where Government services are hardly available. In such context, Derai clinic should be shifted to one of the remote Unions in the same Upazila immediately.

A general observation on the above is that presently ICDP is focusing on its secondary role, instead of the primary one. Thus, the Evaluation Team strongly suggests that ICDP focuses more on the primary role during the remaining period of the program and beyond. That is where the future of ICDP and other NGOs lie-in.

3B.2. Agriculture Development:

Agriculture Development component of the ICDP focuses on improving extension services of the relevant Government Departments in order to improve the knowledge of modern farming methods among the communities. Special emphasis is given on quality seeds, homestead vegetable production by women, tree plantations, fisheries and livestock development.

(a) Training for transferring technology:

The ICDP planned to develop agriculture sector in its working areas through transferring knowledge and technology through various types of trainings on fish culture, duck rearing, poultry, cow-fattening, composed fertilizer preparations, integrated pest management, homestead gardening, livestock vaccination, social forestry, etc. People are well benefited through all these training. Some input requirements generated out of such training and transfers of technology and know-how as noted below:

- People now realize the need of quality seeds of vegetable and crops. They expect that some mechanisms are developed through SWF/ICDP for providing this service to the farmers.
- For fish culture they also expect to get quality fingerlings available to them.
- Para-Vats volunteers those who are trained by the ICDP expect to get kit-boxes as support to their profession.
- People's traditional habits are now changing and are starting to do things in terms of economic benefits and small enterprises for them as source of earning and livelihoods.
- Vegetable trainings encouraged households eat more vegetables and thereby decrease their nutrition deficiencies.

(b) Distribution of quality seeds:

Free distribution of seeds after training on vegetable cultivation encouraged the trainees tremendously. There is a huge demand of quality seeds in the area and people are ready to buy seeds from unit offices of ICDP. Unit offices may provide the services of

seeds availability at cost price. Or support some group members to provide this service on enterprising way.

(c) Demonstration of integrated farming:

SWF/ICDP developed a demonstration farm with cow, fish, nursing plants, composed fertilizer preparation, etc in one place at Bishamverpur Upazila. TK 2.0 million spent for this model farm. It is expected that the venue will be used for practical learning and demonstration purposes.

Case Study-11: Sancred Farm

The farm is looked after by 3 staff. Md. Sohag Alom, Asstt. Program Officer Agriculture and 2 care takers.

Ponds: Farm has six ponds (3 small and 3 medium size). The medium ponds are used for fish culture and the small ponds are used for the fingerling nursery. In the big ponds there are mono sex tilapia fishes and also other fishes existed and the small ponds are now dried up. There is a problem of water holding capacity in these small ponds. From these ponds they earned TK 50,000 up to now.

Plant nursery: The nursery has around 15,000 different kind fruits and wood saplings viz. Jack fruit, Mango, Mehogoni, Akasmoni, Nim, Gorjon, Simul, Jam, Boro, etc. They started this plant nursery from February 2009.

Beef fattening: There are 20 Beefs in the farm. First batch started with 10 beefs for last 5 months and second batch with 10 beefs for last 2.5 months. Total purchasing cost was of TK 334,055/- and food and other cost they expended is TK 155,000/- Total TK 489,055/- . They are expecting to get profit approximately of TK 1 – 1.5 lac.

Others cultivation: Around the ponds boundary side they are cultivating vegetables, Pumpkin, Beans, Lemon etc.

Farm future plan: They have a plan to establish a poultry farm, duck hatchery and a training centre.

Observation/comments: Meanwhile this farm has created a positive impact in the area. People are regularly visiting this farm and are encouraged to undertake those activities. They are getting suggestions for any agriculture problems from the Agriculture resource person. This integrated farm would be a good demonstration place and agro resource centre (training) where people can see practically and learn new knowledge on agriculture if ICDP could reach their future plan.

(d) Model farmers: They are specially trained in integrated farming with the objective of modeling themselves for others, about 60 farmers in each UZ.

Case Study-12: Rumela Begum (Ruma): *Hridoy Mohila samiti of Kamrabanda village. She received Plant Nursery training and has established a nice nursery. At present there are about twenty thousand different types of young plants in her nursery. She is also producing different kinds of flowers in the nursery. She took loan of TK 50,000/- from SWF MFI program. Only 3 installments left to recover her full loan payment. She is running this nursery successfully.*

(e) Participating in Yearly Tree-Fairs:

Tree-Fairs are convened by UZ and District authorities of Government where NGOs are invited to participate. ICDP participates regularly and Government appreciates its contributions.

Some general observations:

- All agricultural trainings were quite useful and members were economically benefited from those trainings. Beneficiaries are happy with the results of their trainings.
- Supporting Groups to access to Khas lands and parts of Haor water bodies: Notun Jahanpur Chorai Village of Derai has the opportunity to access to 60 acres of khas lands near their village for 50 members/households of the group. They need organizational support from SWF to gaining such a big opportunity. Some token money will be required for registration of lands.
- The same group has another opportunity of taking lease of a manageable size of water body by the women group, which they have not done before. There is an open auction system of the water bodies every year. However, Poor households of adjacent to the water body have first right to take the advantage for their collective livelihood opportunity. The group wants to use part of their own savings and partial contribution/loan from SWF, which can help them to get the lease as the water body is adjacent to their village.

Accessing of local resources- lands, water-body, read-side plantations, etc are important local level resources for the poor and marginalized groups. Strategic planning and assistance are required for such resource accessing. The ICDP also needs to pay attention on this in the future.

3B.3. Gender and Human Rights:

Gender and Human Rights component of the ICDP focuses on the existing laws of the country that protect the right of women, children, ethnic and other minority communities. The purpose of the component is to raise awareness against various types of violence done against women and children- abuse, harassment, child marriage, divorce, dowry, including grabbing of lands of minorities by force. The following are some key issues that the Evaluation Team particularly focused, as they were raised by the people during discussions:

(a) Gender concept:

Gender concept and sensitivity is not clear to the project functionaries. The concept has been limited to reducing child-marriage, dowry, women oppressions, etc. TARD provided training on gender and development to staff members. However the concept and its aspects should be clear to all. What is most important for SWF and ICDP to make organization's Gender Policy for all necessary directions on the issue.

(b) Capacity improvement for Employment:

The program decided to have i) tailoring skills development and ii) enterprise development trainings for group members. A total of 166 members were provided tailoring and 174 enterprise training in 3 years as noted below:

- i) Tailoring training: a total of – basic $63+60+43=166$
follow up $60+34=94$
- ii) Enterprise training (small business): $100+74=174$

Training provided for basic 30days and follow up 15days (actually provided for 8 days). Most members who took tailoring training mentioned that they got some basic ideas in limited items for tailoring. They also need training for practicing. This mean, the training should have both theory and practice, both as part of training. Most NGOs which provide tailoring courses, proved 6 months or 12 months training, a half of which is theory and the other half is for practical learning. The Evaluation Team recommendations at least for 90 days training with 2 weeks follow up for practical learning.

(c) Violence against women:

Group lessons on Violence against women are provided through courtyard meetings and discussions. There is general awareness about women violence. Actions on some occasions were initiated with the encouragement of ICDP staff. It is understood that eventually groups and community people have to come forward for such collective actions of their own. Some discussions also took place on the following issues in Gender & Human Rights Committees for future actions by them:

- Linkages and networking are important for human rights
- Groups/Community Collective Action Plan
- Awareness raising through days observation
- Land problem of Adivasi group members.

Chapter-4: Analysis of Field Findings

4.1. RELEVANCE:

a) Health education and assistance:

The ICDP project proposal focuses on as a primary role of the ICDP “strengthening Government service delivery for the poor and marginalized groups” and as a secondary role some “stop-gap measure to provide the services as the people have rights to these services”. The objective of the project proposal for health component is quite clear. But in reality, this is not yet the case for ICDP’s primary role. For implementation, the ICDP functionaries are not clearly understanding the project objective and taking steps to that direction. Presently, only in two issues local government health authorities utilize the services of NGOs, e.g. distribution of family planning contraceptive materials and immunization of children. For the secondary role, ICDP is running 3 clinics and a community service center & hospital and outreach clinics.

The Executive Board of SWF accepts the reality and indicates not enough participation of the stakeholders in preparing the project plan of the ICDP as it was prepared by a third party.

However, the Evaluation Team thinks it essential that the ICDP Health Committees and Health Volunteers go through a Participatory Strategic Planning process with other local NGOs for identifying Strategic directions and an Action Plan on the primary role of the ICDP i.e. strengthen Government service delivery for the poor and marginalized groups. Such participatory process will help to make the implementation of ICDP more relevant to the needs of the poor and marginalized people and help achieve the project objective appropriately.

b) Agriculture development:

The MTE found that there is strong compliance of ICDP services to fulfill the agricultural needs of poor and marginalized people through various types of training according to the needs of people, distribution of vegetable and other seeds and loan support different types of income-earning and employment generating initiatives of individual members. The ICDP/MFI Unit committee/forum of *Adarsha Krishaks* (model farmers) is an innovative initiative of ICDP; which should be strengthened further. Individual and collective experiences of model farmers will be a valued asset for agricultural development in the area.

Out of the agriculture development interventions some new needs and input requirements generated to be addressed by the ICDP as noted below:

- People now realize the need of quality seeds of vegetable and crops. They expect that some mechanisms are developed through SWF/ICDP for providing this service to the farmers.
- For fish culture they also expect to get quality fingerlings available to them.

- Para-Vats volunteers those who are trained by the ICDP expect to get kit-boxes as support to their profession.
- People’s traditional habits are now changing and are starting to do things in terms of economic benefits and small enterprises for them as source of earning and livelihoods.
- Vegetable trainings encouraged households eat more vegetables and thereby decrease their nutrition deficiencies.

c) Gender and human rights:

As the concept of gender has become only a women issue, this component of the program is addressing a few limited issues, like- reducing child marriage, women oppressions, etc. The component has also included 30 days + 8 days tailoring training (basic + advance) and enterprise development training by women/girls. Tailoring training to women is a cultural bias and at the same time women have limited access to open markets as entrepreneurs. But what came out from the discussions and interviews with women who received training on tailoring are important. First of all they are happy about the opportunity, they liked the training and their learning is useful. But one month learning is useful for village level limited garment items. What they still need include more practices, know more items of women garments, items of boys and men.

4.2. EFFICIENCY

(a) ICDP Program Staff:

Two self-assessment exercises were conducted among the program staffs for identifying own strengths and weakness as facilitators/animators of development interventions. Some of the key points are noted below:

Strengths	Weaknesses
<ul style="list-style-type: none"> • Project personnel are qualified and young group putting in maximum efforts for the project. • For ICDP, of the 46 staffs, 11 are female, i.e. 24% are women. SWF, as a whole, 12% are women staffs. The main reason is that women are not interested to work in such remote area with so poor road communications. • General orientation and developmental trainings were useful for field level functionaries; • There is a strong team spirit among the Unit staffs; • Every day there is team’s evaluation of the day’s work and prepare next day’s plan; • MFI staffs need to give special drive when installments are not raised for big amounts; • ICDP staffs have good linkages with Union Parishad (UP) representatives and upazilza administration for stopping/reducing child marriage, injustices against 	<ul style="list-style-type: none"> • No women in senior position of the project; • Staffs are overworked, primarily because of the poor road communications; • Field staffs, in general, lack sufficient understanding in Gender Development; more training needed. • Service-oriented skills development is needed for improving motivation tools and techniques. • Project personnel need to be more open and

<p>women and other social evils;</p> <ul style="list-style-type: none"> • ICDP is more integrated type of program with a strong linkage with MFI; • Staffs need to give a lot of time to listen to the people with problems, esp. the patients; • Field staffs have self-confidence to deal with the problem-situation. 	<p>eager to share own experiences through self-assessment exercises.</p>
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The Evaluation Team has a very good impression about the ICDP and Micro-Finance field staffs and their performances. However, the ICDP field functionaries still need to improve their strategic thinking and practices on key issues and areas of the program.

(b) Management and Governance Board:

The Evaluators had an opportunity of a 3-hour discussion with 6 members, of 7-member Executive Council (EC) of SWF. As per the TOR, the discussion primarily focused on ownership of ICDP by the Board and their involvements in strategic decisions on the program.

It has been noted by the Evaluators that the EC Members have strong back ground and many years experience of development works in different organizations. They are meeting regularly on quarterly basis and maintaining records properly. Some of the EC Members, esp. the Chairperson, visited ICDP working areas in Sunamgonj and keep fair idea of program activities.

With regard to the ownership of SWF projects/programs the EC strictly follows organizational procedure of studying project proposals at the EC meeting carefully and analyzes their compliance with organizational vision, mission and priorities. The EC also study projects/programs compliance with Govt regulations and donors' conditions, where applicable.

One major problem the evaluators identified with regard to the EC's strategic decision-making on the ICDP. As a matter of fact, EC is lacking proper MIS reports done. Executive Council of SWF is not able to make decisions, as happen in the case of ICDP health education and assistance. EC must be provided with complete and full information on issues for necessary decisions.

(c) Management Information System (MIS) or Monitoring Report:

The Evaluation Team went through the last and previous MIS reports and observed the following:

- The reports mostly pick up the positive parts of activities and achievements. This is, no doubt, an important part of the MIS reports. MIS also identify variances of plan targets and achievements and utilization of project fund as against project budget. This is also good part of MIS.

- However, the MIS reports should also be able to identify gaps and lack or slow progress of achievement of targets, changes made during implementations, etc. This part is fully missing. This means management and the decision making board remains in dark about many important aspects of management information. Here, a good example can be- the primary role of ICDP with regard to “strengthening Government service delivery for the poor and marginalized groups.” Or Gender to be a couples’ issue as per the program plan of ICDP.
- Tables and data used in MIS reports are without analysis and explanations. A highlight on major issues and concerns should be presented for easy understanding of the reports by readers.
- Reports are full of repetitions. Same things mentions over and again in different forms. MIS should be improved for the greater benefits of the beneficiaries and for appropriate management decisions.
- The MTE Team considers MIS reports to be a poor quality one; based on which no management decisions are possible. Executive Director and Executive Council remain in dark on important problems and concerns; thus, are not able to making necessary strategic decisions on the program.

(d) MFI-SWF Subsidizing ICDP:

The donor of the ICDP wants to know from this evaluation under **TOR point-7.10** the implication of subsidizing ICDP by MFI. The requirement from the NGO-Affair Bureau that all incomes of MFI should be documented properly and inform the Bureau regularly. MFI-SWF is doing both the task properly. Earning substantially by MFI-SWF is definitely the positive aspect of MFI-SWF.

4.3. EFFECTIVENESS

(a) Health education and assistance:

For Health education and assistance presently ICDP is focusing more on the secondary role, instead of the primary one. As an NGO program, through health education, ICDP is trying to raise health awareness in its working areas and through assistance providing medical services in its capacity. All these are effective without any doubt. People are being benefited through ICDP’s secondary role.

The Evaluation Team strongly suggests that ICDP focuses more on its primary role during the remaining period of the program and beyond. One of the key objectives of the present ICDP is “**strengthen Government service delivery for the poor and marginalized groups**”. We know that Govt has health services available at the district, upazila and union levels at a very nominal cost. These are primarily meant for the poor and the marginalized groups. But the service delivery is not that functional. It is essential to mobilize citizen groups, raise people’s voice and create pressure on the service

delivery. That is what is also expected the program to be to have more effectiveness of the health component of ICDP in the lives of group members.

(b) Agriculture development:

Through various training of ICDP transferring of agriculture technology to the members and model farmers were found effective and well-accepted by the people. Trainings include- fish culture, duck rearing, poultry, cow-fattening, composed fertilizer preparations, integrated pest management, homestead gardening, livestock vaccination, social forestry, etc. People are well benefited through all these training.

The concept of model farmers and integrated farming demonstrations are also found quite effective and people are sharing their own experiences with one another. Formation of model farmers committees at each unit level of ICDP will give an institutional shape to the efforts of agriculture development.

(c) Gender and human rights:

The ICDP was found effective in raising awareness among women on women issues. Special attention was noted on various types of violence done against women and children- abuse, harassment, child marriage, divorce, dowry, including grabbing of lands of minorities by force. All these are part of protecting human rights. Awareness of women on women issues is important in themselves. But these are part of the game; doers of those injustices remained outside of the process. From the perspective of gender, it is essential to involve also men in the same process of awareness. The ICDP needs to develop some mechanism for involving men in some way for their awareness on women issues as well.

4.4. IMPACTS

a) Health education and assistance:

- There is more health awareness among group members and other community/villagers, esp. with regard to women and children's health problems.
- People are also aware with regard to health service providers in their area. They know types of health services provided by each of them and costs involves for the services.
- Health service outreaches when available at peoples' door-steps in remote areas are very useful and convenient for them. They appreciate the out reaches as they help save money and time for transportation.
- SWF/ICDP's medical assistance, esp. for the poor patients are beneficial for the poor.
- Self-sustaining of ICDP clinics could be useful for the poor, if each clinic could generate a "Poor Patients Fund" through local and donors' financial support for the poor patients.
- What is important for the poor and marginalized groups to regularly get health services from the Government service providers as those are free of cost or cheap. But the Government service providers are mostly absent from the duties. The ICDP,

local NGOs, Health committees, Health Volunteers and the local people should form their joint pressure group for ensuring accountability of the Government service providers. This has to be a primary role of the ICDP.

b) Agriculture development:

- Group members and local villagers are immensely benefited through various trainings of ICDP relating to agriculture, viz. fish culture, duck rearing, poultry, cow-fattening, composed fertilizer preparations, integrated pest management, homestead gardening, livestock vaccination, social forestry, etc.
- Those trainings provided them new knowledge and know-how. Provided them employment and income opportunities.
- Homestead Vegetable gardening training and various types of seeds encouraged them to grow vegetables for own consumption and income earning. All these have positive nutritional impact in people’s health improvements. Women and children are also included in such impacts.
- The concept and formation of “*Adarsha Krishak*” Committees will be able to continue the symbols and source of inspirations agricultural development for group members and others in the local areas.

c) Gender and human rights:

Gender and human rights awareness are growing among the group members and the local people in general. They were also able take some concrete cases of change, which are the evidences of social change among the people. Gender Committees already formed will be able to help sustain the awareness and benefits among the people.

The only draw back of the approach is that everything has become “only women issue”. Participation of men is most essential in the cultural context of Bangladesh. The ICDP needs to develop some specific strategy and effort during the remaining period of the present phase of ICDP and beyond.

4.5. SUSTANABILITY

Three indicators (benefits, service providing and people’s institutions) are used to for assessing sustainability of the three main program components. Here sustainability is understood whether the positive outcomes of the project purpose are likely to continue after external funding ends:

Table-9: presents comparison of Program-Components’ Sustainability with key Indicators:

Program	Benefits to continue	Service providing to continue	People’s Institutions, ownership
a. Health Education	Stop-gap benefits may continue through external support;. Or provide	Stop-gap services through SWF/ICDP clinics; but clinics has	No ownership needed

& Assistance	services at no profit, no loss basis. Primary benefits have to be to “strengthen Govt service delivery for the poor and marginalized groups”. Once this starts people themselves can avail those benefits, with no project cost.	to be self-sustaining; Govt to deliver service	Health Committees have to be active as pressure groups
b. Agriculture Development	Benefits are to continue by members themselves, as they have achieved required capability.	Government Agriculture related Department and organizations	<i>Adarsha Krishok</i> Committees have to be active for mobilizing such support
c. Gender & Human Rights	For gender, both men and women have to be involved. Not to make it only women issue.	x	Gender Committees of Units and and Net-work of NGOs

General Observations:

- Benefits are considered as one of the most essential elements of sustainability. It is clear in Table-9 that factors of sustainability vary on different program components.
- The project considers Govt to be the main service provider and NGOs as secondary stop-gap fulfillers.
- In all cases, people’s organization and their ownership of program are essential elements of sustainability. It appears from the above table that the Program-wise Committees formed at each Unit levels should be strengthened further with ownership; so that these committees are able to carry the responsibility of programs by themselves.

4.6. COOPERATION AND COORDINATION WITH GOVT AND OTHER NGOs

(a) Cooperation and Coordination with Local Government Offices and Local Elected Representatives:

When one of the main objectives of the ICDP project is to “strengthen Government service delivery for the poor and marginalized groups,” it is utmost important for ICDP/SWF to build up necessary cooperation and coordination with Government Offices at local as well as upper levels. The following are some of the key points on the matter:

- Like other NGOs ICDP/SWF is collaborating with local Government Health Functionaries for distribution of family planning contraceptive materials and immunization of children. These are very much appreciated by all.
- But with regard to other important government service delivery, access of the poor and marginalized to those services not much initiative of ICDP is found. The main problem of those government services is that doctors and nurses do not remain

present in their work stations regularly. The only answer to such a situation is to help raise voices of the people and create pressure groups by the local people for such services. ICDP and other NGOs together can take various initiatives to that direction. Providing little service in one's own way is NOT the solution.

- The ICDP/SWF has noticeably positive liaison and contacts with the local elected representatives of the Union Parishads. Evaluators met several of the Union Parishad Chairperson and Counselors for understanding their view regarding ICDP/SWF and the nature of cooperation among them. Some of them informed the evaluators that they are every now and then invited to visit activities and speak to the training participants. This also helps to increase accountability of the Elected Representatives. Among several of their suggestions, the following are related with ICDP:

* From Suolehabad Union they suggestion to help richshow-puller cooperatives and give loans to them for ownership of their rickshaws. Normally, rickshaw pullers come from very destitute economic conditions. The Evaluators also think that this is a good suggestion and SWF can decide about it.

* Provide technical skills training to school drop out boys and girls. This is a big problem in Sunamgonj district. This can be a new venture of development interventions by SWF.

* Providing sewing machines to the tailoring trainees after completion of their training.

(b) Cooperation and Coordination among NGOs:

It appears that several national, local and international NGOs are working in Sunamgonj district. The following are the key players:

National: BRAC, ASA, Podokkhep, TMSS, VARD, Inter Cooperatio, CNRS, FIVDB, Buro Bnagladesh, IRA, IDEA, Gono Unnayan Sangsta, Sapla, KRISH, Proshika, SWF, etc.

International: World Food Program, World Bank, SDC, CARE, Action Aid, etc.

The following are some salient points with regard to cooperation and coordination among the local NGOs:

- There exists a formal monthly coordination meeting of NGOs initiated by the District Commissioner. Each NGO presents brief written and verbal presentation of their activities. The District Commissioner also takes help of NGOs for observance of national days at the district level. Thus, this coordination is by Government for their own purposes.
- Whatever contacts NGOs make with each other are individual, informal, temporary and mostly based on one's own immediate needs. Issue-based purposive

coordination has not developed as yet. For example. ICDP could organize a forum with interested NGOs having health component in Sunamgonj district levels covering all Upazilas. The forum could have one common objective to “**strengthen Government service delivery for the poor and marginalized groups**”. A net-work of NGOs and People’s Health Committees at unit/union levels jointly strengthen ICDP’s project objective for the health component.

- One element is very focal in most of these organizations is their operation of micro-credit as per the set organizational policy, with no scope of cooperation with one another. Micro-credit itself has an inherent element of strong competition among the NGOs for ones own economic gains; thus, duplicating efforts without considering the positive aspects of cooperation with one another.

Chapter-5: Recommendations

The MTE Team makes the following key recommendations for the remaining period of the present phase of ICDP and beyond. Recommendations are presented program-wise for better understanding and for linking with program components:

Health education and assistance:

5.1. Primary role of ICDP in health education and assistance should be linking poor and marginalized with Government Health Services through advocacy and building net-works of people and NGOs:

Presently ICDP is focusing on the secondary role, instead of the primary one of linking poor and marginalized with Government Health Services. The Evaluation Team strongly recommends that ICDP focuses more on the primary role during the remaining period of the program and beyond. That is where the future of ICDP and other NGOs lie-in.

5.2. Preparing Strategic directions and an Action Plan for primary role of ICDP:

It is strongly recommended that ICDP Health Committees and Health Volunteers go through a Participatory Strategic Planning process, as early as possible, with other local NGOs for identifying Strategic directions and an Action Plan on the primary role of the ICDP i.e. **strengthen Government service delivery for the poor and marginalized groups.**

5.3. Family Planning to be couples’ issue and not only a women issue: Family planning should be considered as a couples’ issue as per the project plan and should not be considered as only a women issue, as it is being done now at the implementation level.

5.4. TBA and other health trainings:

Provide 7 days TBAs training as per original module of training. The same are the case for other trainings relating to health education. The program should not emphasize on quantity at the cost of quality of training. However, the management of the project responded that they made these changes according to the need of field demands.

5.5. Shifting of Derai Clinic in more remote Union:

To shift the Derai Clinic from Upazila town site to more remote Union for economic and all other considerations.

5.6. Financial Self-sustaining of ICDP clinics: To the evaluators this is not to be the primary concern of ICDP. However, ICDP may decide to generate a “Poor Patients Fund” for assisting poor patients through local and donors’ financial support. This can help achieve financial self-sustaining easily.

5.7. Supply each TBA a kit-box after the training, which was provided in the first year. Evaluators think that a kit-box should be considered as part of training material.

Agriculture development:

5.8. Reducing Rate of Interest on Loans:

Micro-credit interest rate on loan is too high (flat rate 15%, which comes to almost double, i.e. 30% in simple calculation rate). This is the case for almost all NGOs because of their supervised micro-credit operation. The interest rate can be scaled down to give more benefits to the people.

5.9. Softer loans for Hajong people for release of Mortgage and other lands:

Hajong groups visited by the Evaluators suggested “softer loans” (with minimum interest rate, for longer durations and installments only after harvests) for release of their mortgaged and other lands. ICDP can make this issue as its one of the focal points for the next phase of ICDP. Experience of other NGOs (Caritas Bangladesh) may be useful in this regard.

5.10. Supply vegetable and crops seed:

Group members strongly suggest that ICDP/SWF supply quality seeds of vegetables and crops to the samity members at cost price.

5.11. Access to agricultural common property (Khas lands, Haor water bodies, road side tree plantations):

It is essential for the ICDP to provide necessary advice and support to groups to access Khas lands and parts of Haor water bodies. Notun Janpur Chorai Village of Derai has such opportunities. Accessing of local resources- lands, water-body, read-side plantations, etc are important local level resources for the poor and marginalized groups. Strategic planning and assistance are required for such resource accessing. The ICDP needs to pay attention on this issue urgently.

5.12. Create small business opportunity for women:

The ICDP is successful in creating entrepreneur attitudes among a very small number of group members. They need special support and care for creating a “Social Business” opportunity for them.

5.13. Member suggested that SWF to take measures to supply fish fingerlings to the members of the samity and to create more opportunity of Fish Culture.

5.14. Group members suggested to raise the ceiling of Rural Credit Loan up to TK 20,000. SWF-MFI may consider it.

Gender and human rights:

5.15. Gender development of ICDP itself and beyond:

ICDP itself needs its own conceptual and practice improvements on gender issue. Women should get some leadership opportunity in the project for such improvements.

5.16. Creating opportunity for men with women for gender balance:

Participation of men with women is essential for gender development in the cultural context of Bangladesh. The ICDP needs to develop some specific strategy for the remaining period of the present phase of ICDP and beyond.

5.17. Tailoring Training:

Participants of the tailoring training have suggested the need of increasing number of days of training to be more useful. It is recommended to increase training period to 90 days with 15 days follow up.

General Recommendations:

5.18. Month-wise Yearly Plan of each Samity:

The MTE recommends that ICDP helps the group members to prepare group's own Month-wise Yearly Plan by themselves and for their own benefits.

5.19. Supporting college and higher studies of Hajong students:

Hajong group members suggested having a stipend component in ICDP for supporting college and higher studies for Hajong students in need. This should be another focal point for the next phase of ICDP.

5.20. Formation and strengthening of Program-wise Committees:

People's organization and their ownership of program are essential elements of sustainability. It appears from the field findings that Program-wise Committees formed at each Unit levels should be strengthened further with ownership; so that these committees are able to continue the responsibility of ICDP by themselves, when external donor support will be terminated.

5.21. SWF/ICDP MIS must be improved urgently:

MTE Team strongly recommends to improve SWF/ICDP MIS reports urgently to help the Executive Board to make Strategic decisions on projects, including the ICDP.

5.22. Executive Board must be provided with proper MIS information for Strategic decision-making by the Board:

Executive Board of the organization must be able to make strategic decisions on the program for real ownership of programs by the Board. In the case of ICDP, this

ownership is to some extent lacking by the Board due to MIS information gaps for strategic decision-making by the Board.

5.23. Experiences of project proponent recommend that it became very difficult for them to run and manage the program when in every year the donor reduced money from the budgeted amount. It has hampered the program implementation seriously. As such, plan budget should not be reduced in the future.

Chapter-6: Conclusions

After intensive field observations, learning, and understanding a wide range of stakeholder perspectives and their needs in the context of Sunamgonj, this conclusion is clear - the **success** of the ICDP is being proven. Impacts of education and support for health, agriculture, gender and human rights are clearly visible and valued at the member and community levels. Alternative income-generation activities by the group members through SWF-MFI fund for raising their family income are found need-based and flexible to suit to their desires and skills. All these interventions clearly led to create positive impacts in lives and livelihoods of the group-member families.

The MTE is happy to note that ICDP trainings are addressing various needs of life-skills required by the group members. Trainings are also showing a strong positive complementary role for best possible utilization of loan money of SWF-MFI by the group members. Thus, ICDP skill trainings help to build up linkages between the “**social capital**” (community groups and the unity of members for bringing positive changes in their lives and in the community) and “**financial capital**” (micro-finance) of the organization. Here lies the success of ICDP. Success stories are the evidences of ICDP’s achievements. All field findings indicate to this point at the individual, group and community levels.

At the very end of the MTE Report, the evaluation team, with sincere respect and gratitude, wishes to remember-

- all the members of 13 groups the team visited,
- Committee members, Volunteers,
- local govt. officials & locally elected representatives,
- the Executive Director & Board of SWF,
- Director of SMNB and
- all staff members of ICDP.

Sincere thanks to every one for kind cooperation and support in accomplishing this important task of MTE of the ICDP of SWF. The Evaluators returned with a strong feeling that many good works are being done with the poor and marginalized people, who are struggling to make the world better. The Evaluators also tasted a living culture of hospitality and cooperation there in Sunamgonj, the remotest part of the country.

7. ANNEXTURES

7.1. Bibliography:

- i. Annual Report (January-December, 2007), Program Unit: Integrated Community Development Program, Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh.
- ii. Annual Report (July 2008-June 2009), Micro Finance Services Program, Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh.
- iii. Annual Report (January-December, 2008), Sancred-Integrated Community Development Program (Sancred-ICDP), Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh.
- iv. Audit Report and Statement of Accounts (1st January 2008–31st December 2008), Sancred-Integrated Community Development Program (Sancred-ICDP), Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh. A. K. Deb & Co. Chartered Accountants.
- v. Audit Report and Statement of Accounts (1st January 2007–31st December 2007), Sancred-Integrated Community Development Program (Sancred-ICDP), Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh. A. K. Deb & Co. Chartered Accountants.
- vi. Brochure: Sancred Welfare Foundation Bangladesh, Sunamganj, Bangladesh.
- vii. Livestock-Health Care Training: one-day training activities, Training manual, Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh.
- viii. Management Information System (MIS) (September 30, 2009), Sancred Welfare Foundation (SWF), Sunamganj, Bangladesh.
- ix. Project Document (June, 2006), Integrated Community Development Program, Project period: 2007-2011, SANCREWelfare Foundation (SWF), Sunamganj, Bangladesh.

7.2. Evaluation Schedule and people met:

Date	Location	People met	
		Morning	Afternoon
Sunamganj	19/11/2009	Travel to Sunamganj	Sancred office staff meeting
Dirai	20/11/2009	Travel to Dirai Staff meeting Community clinic Sunmoon Mohila Samity Notun Jahanpur Samity Gondhoraj Mohila Dol TBA	De-briefing with staff members Travel back to Sunamganj
Bisshwamvarpur	21/11/2009	Travel to Bisshwamvarpur Staff meeting	De-briefing with staff members

		Community clinic UP chairman, and Councilor TBA Tailor (success story) Ghashful Mohila Samity Juthika Mohila Samity Bely Mohila Samity Janataline Mohila Samity Rajai Adivashi Mohila Samity	
Tahirpur	22/11/2009	Travel to Tahirpur Staff meeting Community clinic Krishnochura Mohila Samity Janata Mohila Samity Rojonigondha Mohila Samity Jadukathi Mohila Samity Hridoy Mohila Samity TBA	De-briefing with staff members
Sunamganj	23/11/2009	Travel to Bisshwamvarpur Visit agriculture farm Travel to Sunamganj	Visit Sancred Hospital
Sunamganj	24/11/2009	Field note documentation Prepare presentation Visit Private Clinic	Health Volunteer Polli Doctor ICDP Committees
Sunamganj	25/11/2009	Findings presentation, comments, sharing	Travel back to Dhaka
Dhaka	09/12/2009		Board Meeting

7.3. Checklist used for FGD and other discussions:

01. Partner Beneficiaries: Who are the beneficiaries of ICDP? Why are they selected?
Process of selection?
02. Benefits: What benefits beneficiaries received from the Program and what are their outcomes?
03. Long-term effect and sustainability of the Program: Assess the sustainability and long term effect of the program at the village level.
04. Involvement and Participation of beneficiaries/groups: Scope of involvement and participation of beneficiaries/groups in the program.
05. Health services offered: Assess the availability and quality?
06. Capacity Building: To what degree has the program contributed to income generation by the member beneficiaries?

07. Level of Awareness of Beneficiaries: Assess the level of awareness of the beneficiaries on different development issues like health education, gender, human rights, environmental issues related with agriculture.
08. Financial sustainability of the health component: Assess financial sustainability of the health component of ICDP.
09. MFI subsidizing ICDP: Assess positive and negative effects of the arrangement.
10. Cooperation and coordination with Govt and other NGOs of the area: Assess cooperation and coordination with Govt and other local NGOs working.
11. Overall management of ICDP: Assess overall management, including finance control, transparency, use of human and monetary resources as per plan and in line with internal rules of SWF or not.
12. Role of SWF Board: Assess the role of SWF Board in the implementation of this project. Is the Board taking a real ownership of the program by making strategic decisions?
13. Program relevance in the context and effectiveness: Assess Program relevance in the context and effectiveness in addressing the challenges of the target beneficiary groups.
14. Recommendations: Make practical recommendations so that the program may serve the people better, reach its goals and use scarce resources in an optimal way.

7.4. CVs of the Evaluators:



7.4.A. CURRICULUM VITAE OF DR. THOMAS COSTA

Date of Birth: 08-12-53	Profession : Social Anthropologist & Community Development Specialist
Nationality: Bangladeshi	Present Address: 101/1-A Monipuripara, Tejgaon, Dhaka-1215
Marital Status : Married	Tel:9120409(Res); 01715-193 896 (Cell)
	EM: t.costa53@gmsil.com

01. PROFESSIONAL ACHIEVEMENTS

- Over twenty years of senior management experience in **Caritas** in guiding and supporting pro-poor Community-based People's Empowerment & Development Programs: Major community empowerment programs include –
 - a) **Development Extension Education Services (DEEDs)** covering about 245,000 landless and marginal households in 51 Upazila focusing right-based awareness-raising for addressing root causes and community institution-building for institutionalizing their unity and power. It is, in fact, a process of making poor and vulnerable people resourceful, so that they are able to appropriate resources by themselves.

- b) **Experienced in Indigenous People's Empowerment focusing right-based social development and institution- building program:** Planned and executed several projects covering about 75,500 households of ethnic communities of greater **Chittagong Hills Tract, Sylhet, Mymensingh, Dinajpur and Rajshahi Barind Tract areas**. Strengthening the traditional social organizations, cultural heritage and supporting their land rights are major areas of expertise. Also executed a large pre-and-primary children education program for the disadvantaged and school drop-out children, prioritizing the indigenous children.
- c) **Fourteen years of experience in planning, execution and monitoring of GENDER & DEVELOPMENT PROGRAM (GDP) for empowerment and establishing rights of women,** covering 42,000 households in 7 Upazila: Considering gender as one of the very crucial and cross-cutting issues organizational GENDER POLICY, focusing dignity and rights of women, was developed and implemented at the organization and programs level. The process helped me significantly personally to bring a tremendous change in my own understanding and attitudes.
- d) **Bio-diversity and Environmental concern:** This is one of the key priority areas of the Organization. Thus, all development projects/programs addressed and incorporated bio-diversity and environmental issues in awareness- raising, campaigns and other community-mobilization activities. Experienced in **Community-based** specific environmental protection and development programs viz. Govt.'s **SEMP** program, **MACH** project in partnership with USAID, Winrock International, BCAS and CNRS: **CBFM** in collaboration with DFID, Worldfish Center; **Social Forestry program** and also other NATURAL RESOURCES MANAGEMENT projects through Community-based approach.
- e) Experienced in Community-based hard-to-reach and School drop out **Children Education Program and Vocational Skills Training** of Schools drop out and underprivileged **youth** and also assisting them for creating self-employments through **mobile and fixed Technical Training Centers**.
- *Experienced in NGO-Management at field operation, organizational management and policy formulations levels in Caritas Bangladesh focusing landless & marginalized households, disadvantaged women, indigenous communities, underprivileged children and school-drop out youth.*
 - **Prepared concept papers/project proposals** for donors' funding and dealt with international and local donor agencies on behalf of the organization.
 - **Developed organizational and program policies and guidelines:** Organizational Strategic Plan formulated, Management Policies and Procedures revised, Gender Policy formulated, prepared Environmental Development Policy, Human Resources Development Policy reviewed, Developed Programs Operational Guidelines, etc.
 - **Skilled in Participatory Strategic Planning (PSP) and Organizational Development (OD) process & techniques:** Followed educational strategy to bring in intended changes in organization's attitudes, values, work culture and structure for effectiveness. Felt at ease in organizational team-building and teamwork.
 - **Monitored activities and result/impact-assessment:** Community-based and Social Development programs and micro-credit activities of Caritas and other Non-Governmental Organizations (NGOs) assessed following participatory approaches.
 - **Experienced as a *trainer* at Caritas Development Institute** (a training center for social development practitioners and community leaders), for NGOs, Church bodies and civil society leaders on various subject-matters/issues – Empowerment of the poor & marginalized, Development Concepts & Trends, Community Leadership, People's Participation in their own development, Sustainable Development & Natural Resources Management, Gender & Development, Human Rights & Development, Impact and critical assessment of Micro-finance Operation, Management & Leadership for Community & NGO-leaders, Participatory Strategic Planning and Project Management Cycle, Monitoring Tools & Research Techniques, Training of Trainer (TOT) Courses, etc .
 - **Mediated donors' support and established partnership for their capacity-building** with about 250 local grassroots NGOs in Bangladesh on behalf of Caritas.
 - **Dealt with foreign delegates, donors, experts, cross-cultural groups and Government Officials and Offices:** Represented the organization in various meetings, seminars and forums nationally and internationally. Skilled in negotiations, liaison and policy advocacy works.

- **Institution Experiences:**

a) Church-based major donor agencies – CAFOD (UK), Caritas Australia, Caritas Germany, MISEREOR (Germany), CCODP (Canada), Trocaire (Ireland), CORDAID (Netherlands), CRS (Bangladesh, India and USA), Caritas New Zealand.

b) International Agencies – UNDP (Dhaka), USAID (Dhaka), Winrock International (Dhaka & USA), World Bank (Dhaka), DFID (Dhaka), DANIDA (Dhaka), WorldFish Center (Dhaka and Manila).

c) Net-work Organizations – Asia Partnership for Human Development (APHD, Bangkok), Caritas Asia Forum, Caritas Internationalis (Rome), Association of Development Agencies in Bangladesh (ADAB), Federations of NGOs in Bangladesh (Dhaka), Campaign for Popular Education (Dhaka), Credit Development Forum (Dhaka), Gender and Development Net-works, Cooperative Credit Union League of Bangladesh (CCULB), etc.

02. COMPLETED CONSULTANCY ASSIGNMENTS

November 2009	Led a 3-member Team for external Mid-Term Evaluation of “ <i>Integrated Community Development Program</i> ” (ICDP) of Sancred Welfare Foundation of Sunamgonj, funded by Santal Mission Norwegian Board-Normisjon, Norway.
Sept-Oct, 2009	Conducted External Final Evaluation of SHOUHARDO Program of CARE-BD as a National Consultant with 3 External Consultants of Norway (Lars T. Soeftestad, CEO, Supras Consult), UK (Dr. Dee Jupp) and USA (Dr. Eva Friedlander, Planning Alternative for Change) and 5 other National Consultants.
January-Feb 2008	Led a 3-member Team with an Australian External Consultant for External Evaluation of- “ <i>Participatory Development Program</i> ” of HEEH Bangladesh, funded by Tearfund-UK and TEAR-Australia.
Dec.07-Jan. 2008	Study of- “ <i>Household Energy and Indoor Air Pollution in Bangladesh</i> ”. Participated in Institutional Aspect of the study as a National Consultant of Winrock International funded by World Bank.
September 2007	Led a 3-member team for External Assessment of- “ <i>Mymensingh Family Development Program</i> ” of Australian Baptist Missionary Society, supported by Australian Baptist Aid, Australia.
June-August 2007	Profiling of- “ <i>Christian NGOs/CSOs & INGOs in Bangladesh</i> ” for Tearfund-UK.
August 2007	Led a 3-member team for External Assessment of “ <i>Primary Health Care Program</i> ” of Australian Baptist Missionary Society, funded by Tearfund (UK and Australia).
June 2007	A desk study for Tearfund-UK- “ <i>Governance and Corruption context of Bangladesh</i> ”.
June 2007	Role study of- “ <i>Garó Baptist Convention (GBC) Administration Projects</i> ” for Australian Baptist Aid.
May 2007	Led a 2-member team for External Evaluation of- “ <i>Tribal Children Education Program</i> ” of Koinonia Bangladesh, funded by European Commission and Tearfund-UK.”
May 2007	Led a 3-member team for mid-term assessment of- “ <i>Campaign for Non-Violence Peace Culture</i> ” of Bangladesh Development Partnership Centre (BDPC), funded by Novib and Misereor of Germany.
April-May 2007	Study of Nordic + Donors/ Embassy (CIDA, SIDA, DFID)- “ <i>Support Models to Civil Society Organization in Bangladesh</i> ” with another consultant of the Overseas Development Institute (ODI) of the U.K.
February 2007	Formulation of- “ <i>Integrated Community Development Program</i> ” of BNELC-DF, Dinajpur integrating 4 on-going projects supported by NORAD and Normijon, Norway.
January 2007	Assessment of- “ <i>Community Organization Building among the Coastal Fishers</i> ”, organized by CODEC and supported by Danida, Denmark.
Nov-Dec 2006	A Research-Study on- “ <i>Best-Practices of Food-for-Works programs in Bangladesh</i> ” for the Canadian Foodgrains Bank.
Nov-Dec 2006	An Impact Study on- “ <i>EU’s footprints to Bangladesh</i> ” for CIDSE (a Net-work of 48 European NGOs) and Caritas Europa (a network of 18 Caritas organizations of Europe) in collaboration with Prof. Dr Walter Eberlei, Dept. of Sociology, University of Applied Sciences, University of Dusseldorf, Germany.
Sept.-Oct 2006	Khasi Community in Bangladesh- A Basic Research conducted for Society for Environment and Human Development.
August-	Social-Political and Economic Empowerment of Coastal Fishers Community and

Sept 2006	Others- Worked as a local Consultant of COWI-Danida for Appraisal Mission for CODEC's five years Program Plan.
July 2006	Policy Strategy Paper based on learning of Alternative Income Generating Activities of MACH Project- for Winrock International, Financed by USAID-Bangladesh.
May-June 2006	Worked as the National Consultant for an assignment of Norwegian Foreign Ministry on- " World Bank and United Nations Relations in Bangladesh " with Dr Oyvind Jaer of Scanteam of Norway.
March-May 2006	Assessment of Capacity of 19 Local PNGOs in implementing UNDP-CHTDF Program for Community Confidence-Building in the Chittagong Hill Track Areas- with another local consultant.
Jan – March 2006	Assessment & Formulation Mission of UNDP-CHTDF Community-Based Program in Bangladesh – A Study of European Commission covering 1400 Community Development Committees and Quick Impact Fund for socio-economic development, with 2 other European consultants.
November 2005	Assisted HEED-Bangladesh for reviewing its large continuation program- " Participatory Development Program " focusing Hard Core Poor and Women.
October 2005	Led an expatriate 3-member team for External Evaluation of " Community-Based Health Program of Bangladesh Northern Evangelical Church Development Foundation (BNELC-DF) ", supported by Normisjon, Norway.
September 2005	Assessment of – " Federations of Resources User-Groups of Community-based Fishery Program " of Winrock International, supported by USAID.
July-August 2005	Assessment of- " Skills Training for Youth Program " of Bangladesh Lutheran Church (BLC), supported by Danmission- Denmark.
June-Oct 2005	Assisted Centre for Indigenous Peoples Research & Development (CIPRAD) for an- " Impact study of Govt. Special Affairs Division (SAD) Program & NGOs Interventions for Indigenous Peoples of the Plain Lands of Bangladesh ", financed by DANIDA-Dhaka.
October 2002	Facilitated – " Strategic Funding Policy Workshop of Local NGO-Partners " for Tearfund (UK and Australia) with two other International Consultants.

03. EDUCATION

- **Post Graduate Study of PROJECT MANAGEMENT:** University of Toronto/Centennial College, Toronto, Canada (August 2008- July 2009), covering Project Management Cycle and Nine Knowledge Areas.
- **Ph. D. in Social Anthropology,** Department of Sociology, Dhaka University, Bangladesh (1998). Specialization: Community Development and People's Participation, focusing the disadvantaged and marginalized people. Thesis research work was done following the **Social Anthropological** approach and the document has been published titling- "**Beyond Empowerment**".
- **M.S. in Sociology,** Dept. of Sociology, University of Portland, Oregon, USA (1984-1985). Specialization: Administration of Social Justice and Social Psychology.
- **M.S.S., Social Welfare,** Institute of Social Welfare and Research, Dhaka University (1981). Specialization: Community Development Approaches.
- **Post Graduate Study of "Philosophy and Theology",** National Major Seminary, Banani, Dhaka (1976). Specialization: Comparative Study of major Religions.

04. EMPLOYMENT

- A Teaching-Faculty member of the Department of Anthropology, Dhaka University, Dhaka (July2005-): Major areas of learning-teaching-research works are:- Anthropology of Bangladesh Rural Societies-covering:- Community organizations in the rural societies; life and livelihood pattern of the people; conditions & position of women and Indigenous Peoples of Bangladesh; cultures of different groups and communities; agrarian social structure and rural power relations; awareness of environment and natural resources management; societies in transition; rural development issues, etc
- **Development Director – Caritas Bangladesh (June 1989 to June 2005):** Head of Education, Research and Development programs focusing the disadvantaged groups/communities/ethnic

minorities through right-based awareness-raising & social mobilization, community-based education of underprivileged children, technical & professional skills training of school-drop out youths, income-generation & employment creating measures through micro-credit operations, etc. Major community development programs include – **Development Extension Education Services** covering about 245,000 landless and marginal agricultural laborer households; **Gender and Development Program** covering 42,000 households; **Integrated Community Development Program** focusing about 75,500 households of several **ethnic communities**.

Community-based Underprivileged Children Education Program, Technical & Professional Skills Trainings on 13 different skills for School-drop out Young Boys and Girls, various Income-Generation and Employment-Creation types of support activities.

Supervised participatory planning, monitoring, assessment and action research activities of Caritas and other local partners NGOs projects/programs supported by the external donors. Also studied impacts of projects/programs of various NGOs on donors' requests.

- **Central Education Officer – Caritas Bangladesh (July 1985 – May 1989):** Head of Education & Research Programs leading a team of 28 persons. Organized and conducted training courses on Community Development works and community leadership. Conducted assessments and evaluations on achievements and impacts of Community Development Programs of Caritas and partner-NGOs.
- **Academic study in the University of Portland, Oregon, USA during January 1984 to May 1985.**
- **Asstt. Welfare Director – Caritas Bangladesh (February 1981 – December, 1983) :** Management and supervision of implementation of charitable and disaster-management activities of Caritas among the disaster victims and the disadvantaged poorest people, irrespective of caste and faith.
- **Lecturer of Social Work, Director of Students Work-Program and part-time Researcher of the Episcopal Commission for Peace and Justice (Sept. 1977 – Feb 1981) :** Taught Social Work Methods at the graduate level at Notre Dame College, run by the Holy Cross Priests Society in Bangladesh and worked as the Director of Students' Works program for about 200 economic-poor students studying at the College. As the researcher of the Episcopal Commission for Peace and Justice in Bangladesh, studies were conducted on the domestic servants, child labor, child abuse cases and violation of human rights. Motivational and awareness-raising training courses were conducted for the community leaders and social worker.

05. COMMUNITY SERVICES AND MEMBERSHIP IN PROFESSIONAL SOCIETIES:

- **Honorary Chairperson and Trust Board Member of CORR-The Jute Handicraft (1995-)** A handicraft production and exporting organization of more than 4,000 war widows, socio-economically disadvantaged and disabled women. The Trust is self-financed.
- **Honorary Vice-Chairperson of the Episcopal Commission for Social Communication (1991-) :** A body for faith and value education in individual, family and social lives.
- **Governing Body member, Campaign for Popular Education (CAMPE), Dhaka.**
- **Executive member, Institute of Applied Anthropology (IAA), Dhaka.**
- **Executive member, Bangladesh Institute of Sociology, Dhaka.**
- **Member, Alumni Association of Social Welfare graduates, Dhaka University.**
- **Vice-Chairperson, Massline Media Centre (MMC), Dhaka:** A center for developing tools and techniques of community & mass awareness and communications.
- **Member, LAMB Hospital Project, Board of Governance, Parbatipur.**
- **Member, Governing Body, Holy Cross Girls' College, Tejgaon, Dhaka.**
- **Chairperson, Social Development Organization, Dhaka.**

06. TRAINING AND EXPOSURE

- Caritas Organizations (22 countries) policy workshop **on alleviating poverty through people's participation and self-help initiatives**, held in Bangkok during 10-16 May, 2004.
- Strategic Planning for **quality and life-oriented education** for the rural and slum children, organized by Caritas UCPEP, Dhaka Ahsania Mission and Nova Consultancy Bangladesh, June 2002.
- Participated in the **Micro-Credit Summit Campaign** Council towards reaching the poorest, held in New Delhi, India, during January 31 - February 6, 2001.

- **Ethnic Communities in Bangladesh: Culture and Development**, organized by the Institute of Applied Anthropology, Dhaka, April 2000.
- Participated in the NGO Dialogue Workshop on **Creating Development Synergies** organized by the European Commission in March 1999. Also attended other Seminars/workshops organized by EC, DFID, World Bank, Asian Development Bank on Country Development Strategy formulation and GO-NGOs relationships on behalf of the agency.
- Workshop on **Micro-finance Operation and Income Generation Activities for fighting poverty**, organized by Association of Social Advancement (ASA), Dhaka in 1996 and 1997 and **Peoples' Managed Credit** organized by CCDB and Caritas Bangladesh in 1998.
- **Organizational Strategic Planning**, organized by ADAB in 1996, the Institute of Applied Anthropology (IAA) in 1997 and Caritas Bangladesh in 1998.
- **Environmental Degradation in Bangladesh and Policy Formulation for Environmental Protection**, organized by Coalition of Environmental NGOs (CEN) and National Environment Management Action Plan (NEMAP) in 1995 and 1996.
- Basic training on **Participatory Learning and Action (PLA), Participatory Rapid/Rural Appraisal (PRA), ZOPP method, Focused Group Discussion (FGD), Logical Framework Approach (LFA)**, etc. organized jointly by Caritas Development Institute, PRA Network and PromPT in 1994, 1995 and 1998.
- **Methods and Guidelines for Evaluation and Monitoring of Social and Community Development Programs**, organized by Asia Partnership for Human Development (APHD), Bangkok in 1993.
- **Community leadership and Organizational Management** by Caritas Development Institute, Dhaka, 1989.
- **Social Analysis and Community Development** by Caritas Development Institute, Dhaka, 1988.
- **Empowerment and Institution Building of the Poor through development education**, organized jointly by MISEREOR of Germany, CEBEMO of the Netherlands and Caritas Bangladesh, 1987 and 1995.
- **Media Awareness and Social Development Seminar** by SONOLUX ASIA, Philippines, 1986.
- **Fighting Rural Poverty Through Self-Help**, organized by DSE and BMZ of Germany, Feldafing October, 1986
- **Gender Sensitivity and Formulation of Organizational Gender Policy**, by Asia Partnership for Human Development (APHD), Bangkok, 1986 and by Caritas Bangladesh, 1999.
- Basic quality education: goals and methodology for teachers and development supervisors of **Underprivileged Children Education Program** (Feeder Schools) for rural and slums children, organized by Caritas Social Welfare section in 1983.
- **Child & Human Rights and Advocacy**, organized by Hotline, Hong Kong, February 1982.

07. Computer Literacy: Have knowledge of computer management and applications.

08. PUBLICATIONS

- March, 2006 : **Impact Assessment – Experiences of three AFGRP funded projects in Bangladesh**, a study document published in collaboration with BFRF, DFID and the Universities of Dhaka, Khulna and Agricultural University of Mymeshingh.
- In March 2001, led a 5-member study team on **Institution Building and Sustainability of Technical Vocational Institutes**. The team visited and studied the experiences of Don Bosco Self-Employed Research Institute (Kolkata, India), Training Institute for Technical Instruction (Kathmandu, Nepal), Politeknik Manufaktur-Bangdung and ATMI-Jakarta (Indonesia) and Meralco Foundation Institute-Manila and Dualtech-Lubang (Philippines).
- Evaluation of **Caritas Fairness Trade with selected partners of Bangladesh and India** with an international team in December 2000.

- Co-author of a position paper on-**From Exclusion to Collective Ownership: A Case Study of User-Group Representatives in Fisheries Management in Bangladesh**- for the 8th Biennial Conference of the International Association for the Study of Common Property (IASCP), held at the Indiana University, Bloomington, Indiana, June 2000.
- A joint study conducted on the impact of **Tribal Welfare Academy** of Uttara Development Program in February 2000.
- Ph.D. thesis research work on-**Changing Power Structure in Rural Bangladesh** which is published as “Beyond Empowerment”, 1998.
- Co-author of a position paper on-**Health Education and Motivation for National NGOs**, for International Drinking Water Supply & Sanitation Decade, sponsored by VHSS & UNDP, 1989.
- Study report on **Caritas Feeder Schools (pre-schooling) Program**, published by Caritas Bangladesh, 1987.
- **A Study on Disabled Persons in Caritas Development Zones**, Published by Caritas Bangladesh, 1983.
- Follow-up study report on Emergency **Aid and Self-Help**, published by Caritas Bangladesh, 1986.
- Study Report on Linkages **Between Emergency and Self -Help**, Published by Caritas Bangladesh, 1985.
- **Characteristics of Selected Women Workers in Dhaka City**, published by Bangladesh Journal of Agricultural Economics, vol. 11 no. 2, Dec. 1980.
- Published various articles on socio-economic issues of the country in daily & weekly papers both in Bangla & English.
- Developed various **Teaching Materials**, viz. Posters, charts, leaflets & other education resources.

(Thomas Costa, Ph. D)

Dated: November, 2009

7.4.B. Ms. Nurjahan Begum (Koli):

CONTACT ADDRESS: House-22/B (3rd Floor, right side), Road-13, PisiCulture Housing Society, Block-B, Mohammadpur, Dhaka-1207.

Mobile: 0191-4955529, E-mail: nur.jahank@yahoo.com

SUMMARY OF PERSONAL SKILLS

Experience of working as a Researcher, coordinating and conducting individual and collaborative research projects. Skill in research areas, particularly in Education, Health, Gender, Livelihoods, environment, poverty, and institutional development. Worked with International organizations that includes UNICEF Regional Office South Asia (UNICEF ROSA), Overseas universities under Technical Assistance (TA) team of Department for International Development (DFID), UK. Swedish International Development Agency (Sida), and Danida. Besides, have substantial experience of coordinating and conducting research work for PROSHIKA, a leading national organization of Bangladesh. Skill in both qualitative and quantitative approaches.

Have over ten years of professional experience in formulating project proposal, program management, participatory planning, monitoring, and evaluation of different development programs. Moreover, have experience in designing and assessment of development research projects and policy research. Maintaining effective communication with Donors, Advocacy with government and networking with different stakeholders.

ACADEMIC BACKGROUND

- MSc in Environment and Development, Development School, University of East Anglia, Norwich, UK, 2005
- MSS in Economics, Under Dhaka University, Dhaka, Bangladesh, 1993.
- BSS in Economics, Under Dhaka University, Dhaka, Bangladesh, 1992
- Post MA Certificate Course in 'Research Methodology' (Qualitative and Quantitative), Tata Institute of Social Science, Mumbai, India 2001.

CONSULTANCY AND RESEARCH ASSIGNMENTS

- **WATER AND SANITATION, AND EDUCATION, 2009**

Recently completed working as a Co-Researcher, with UNICEF Regional Office South Asia (UNICEF, ROSA), for a research study on 'Water and Sanitation, and Education'. The study is implementing in four countries in South Asia including Bangladesh. The focus of the study was to explore sufficient qualitative evidence of children whose schooling is affected by issues related to water and sanitation. The Lead Researcher was Dr Hilary Thornton, Verulam Associates Ltd. My role was in every steps of the research process including Country Report Writing.

- **BANGLADESH REALITY CHECK 2008**

I have been working as an interpreter and research team member of a longitudinal (over five years) qualitative research study for Swedish International Development Agency (Sida), conducted by GRM International. The study has undertaken in the tradition of the 'listening study' focusing on Primary Education, and Healthcare. It has three main areas of strengths (a) engaging in more depth than conventional consultation exercises normally allow; (b) representing a wide range of diverse views on complex issues, and (c) creating an arena in which frequently ignored voices can be better heard by all sides. Those can give a snapshot of the huge potential of people in Bangladesh to improve their quality of life.

- **GOING TO SCALE? THE POTENTIAL OF COMMUNITY LED TOTAL SANITATION (CLTS) IN BANGLADESH (2007-08)**

A research study on CLTS organized and funded by IDS, UK. Conducted for CARE, Dishari, VERC and Plan-Bangladesh in their operated areas, CLTS was first developed in Bangladesh in 2000. Worked as a researcher in a team with the Lead Researcher Dr. Mick Howes, IDS, UK.

EVALUATION SKILL

- I worked as a field facilitator for an end project evaluation of CARE Bangladesh named 'Shouhardo'. The study Lead Researcher was Dr. Lars T. Soeftestad, CEO, Supras Consult, Norway. Also worked in a close supervision of two other International Development Consultants Dr. Dee Jupp and Eva Friedlander in 2009.
- Worked in a Danida appointed evaluation team coordinated by Mr Enamul Huda, Free Lance Consultant, PRA- Promoters Society for 'Mid Term Evaluation of Community Health & Development Project (CHDP)' of Salvation Army, an international NGO, working in Bangladesh in 2008.
- Worked in another Danida appointed evaluation team headed by Mr Robert Enns, Director, and Country Representative of Mennonite Central Committee, for 'Final evaluation of Jagoroni Chakra Foundation,' a national NGO in 2002.

EMPLOYMENT HISTORY

CURRENT POSITION: Researcher and Program Coordinator, Impact Evaluation and Research Department, PROSHIKA, Dhaka

- **FROM COMMUNITY TO SOCIAL FORESTRY (2007-08)**

The goal of the research project is to explore the economic, social, environmental, and political impact of social forestry program on people's livelihoods to prepare a complete and comprehensive document through capturing the role of social forestry program of PROSHIKA. I am working as a research coordinator and team leader.

- **ENVIRONMENT AND PROSHIKA PROGRAMMES: AN EXPLORATION OF ITS ENVIRONMENT-FRIENDLY APPROACH, 2004**

A collaborative research project between DFID & PROSHIKA with the aim to capture the impact of PROSHIKA programs on environment. I worked as the research coordinator and team leader (with 14

members) in the research project under close supervision of Dr. Declan Conway, University of East Anglia, UK.

• **INSTITUTIONAL DEVELOPMENT OF PROSHIKA, 2004**

A collaborative research project between DFID & PROSHIKA that explored the institutional aspects for development of PROSHIKA. The research was successfully conducted under close supervision of Dr. Mick Howes, Development consultant and lecturer of the University of Sussex, UK. I worked as one of the team leaders.

• **SUSTAINABLE CONTRIBUTION TO POVERTY ERADICATION: IMPACT ASSESSMENT STUDY 2002**

The significant part of the study was to conduct the study among different ethnic groups in Rangamati, Madhupur, Sakhipur organized by PROSHIKA. The study focused on education, health, women empowerment, local power structure, sustainable environment management, and ecological agriculture programs. In the study, I worked as a researcher under close supervision of Dr. Rick Davies, Development consultant, DFID, UK and Dr Rushidan Islam, BIDS, Bangladesh.

• **BASELINE SURVEY 2001-2002, PROSHIKA**

The survey identified the people under poverty line for PROSHIKA's development planning to undertake different interventions throughout Bangladesh. As a researcher my responsibilities in the survey were designing, develop methodology, questionnaire, facilitating training to the field investigators, data entry, manage, and coordinated the research team and guide research activities.

• **JOB MARKET STUDY, 2001, PROSHIKA**

The study assessed demand of existing and future labour market and explored suitable training for laborers in the working areas of PROSHIKA. Worked as a researcher.

• **IMPACT ASSESSMENT STUDY 1998-99, PROSHIKA**

The aim of the study was to assess the intended and unintended impact of PROSHIKA's interventions. It captured the socio-economic aspects of PROSHIKA's groups through two sets of indicators, social and economic. As a key researcher it was my responsibility to plan, design and conducts the study.

• **GROUP DEVELOPMENT STAGE (GDS) MONITORING & QUALITY CONTROL STUDY-1998**

GDS as a regular study measures the PROSHIKA's activities in focussing on group's development. In the study my role was to provide training to the enumerators, field visit and information collection, editing questionnaires and assist to report writing.

PUBLICATIONS

- Water and Sanitation, and Education, Published by UNICEF Regional Office South Asia, 2009
- Sustainable Contribution to Poverty Eradication: Impact Assessment Study 2002, Published by PROSHIKA Human Development Centre
- Reality Check Bangladesh 2008: Listening to Poor People's Realities; About Primary Healthcare and Primary Education, Published by Swedish International Development Agency, 2009. (<http://www.sida.se>).
- Reality Check Bangladesh 2008: Summary, Published by Swedish International Development Agency, 2009. (<http://www.sida.se>).

COMPUTER LITERACY

MS office, Internet browsing, MS Project Management.

LANGUAGE PROFECIENCY: Fluent in spoken and written both in English and Bangla.

PERSONAL HISTORY

Mother's name: Bilkis Hossain

Father's name : Late Md. Dilwar Hossain

Date of Birth : 31 August 1971.

PROFESSIONAL TRAINING RECEIVED

NAME OF THE TRAINING COURSE	ORGANIZER AND DURATION	COURSE TRAINER
Local Environmental Management and Local Agenda 21	Swedish International	Staff members of LIFE

	Development Agency (Sida) (One month)	Academy, Sida, Sweden
Environmental Impact Assessment	PROSHIKA, (One Week)	Dr. Ian Hancock University of East Anglia, K
Management Core Skills (Organization management, effective leadership skills, and leadership action for self-management techniques)	PROSHIKA, (One Week)	David Hearle, Director, Impact Management International in Australia
Logical Framework and Activity Plan	PROSHIKA, (One Week)	Dr. David Hearle, IMA, Brisbane, Australia
Quantitative Research Technique (Provides good skill on research planning, designing methods, sampling techniques, questionnaire preparation, manual writing, Presentation.)	PROSHIKA, (Two Weeks)	Prof. Gilroy Coleman University of East Anglia, UK
1.1.1.1.1 Quantitative Data Analysis (By using Ms-Excel & interpreting the result)	PROSHIKA, (Two Weeks)	Dr. Gilroy Coleman University of East Anglia and consultant of Overseas Development Group, UK
Report Writing	PROSHIKA, (Two Weeks)	Dr. Rick Davies, Research Fellow, Centre for Development Studies, University of Wales, Swansea, UK
Gender and Participation	PRA Promoters Society, Bangladesh (One week)	Kamla Vasin, Gender Expert and Trainer, India
Gender Analysis (Concept about Gender Analysis, Gender Planning Framework, Theories of Gender Analysis and Information needs for Gender Analysis)	PROSHIKA (One Week)	Dr. Janet Seeley, Teacher of University of East Anglia, UK
Women and Development (Identify women's tasks, contribution, problem analysis, identify the areas of discrimination, and empowerment)	PROSHIKA, (Two Weeks)	PROSHIKA Human Development Training Cell
Introduction to Poverty Analysis	World Bank and BIDS (Ten days)	Researchers from BIDS in collaboration with the World Bank staff members
Participatory Rural Appraisal (PRA) for Monitoring and Evaluation (Knowledge on the genesis, rationale, principal, approach and methodology of PRA. Skills on application of PRA tools, understand PRA and conventional methods, and the applicability of PRA in development field.)	PROSHIKA (One week)	Mr. Kamal Kar, Participatory Development Consultant, India
Development and Organization	PROSHIKA, (Two Weeks)	Human Development Training Cell

Nurjahan Begum

7.4.C. Mr. Enos Hansdak:

Mr. Enos Hansdak is a staff of SMNB working as Program Planner since 2002. He is representing SMNB/Normisjon in the Board of SWF.

PROFESSIONAL ACHIEVEMENTS

- Before joining SMNB has been working with Bangladesh Northern Evangelical Lutheran Church Development Foundation (BNELC-DF) for 16 years (June 1986 - June 2002) for two different positions: First 7 years as Field Supervisor and next 9 years as Program Coordinator for Participatory Community Development Program (PCDP).

ACADEMIC BACKGROUND

- Bachelor of Arts from Rajshahi University, 1982
- Diploma in Rural Social Leadership from SEARSOLIN, Xavier University in Philippines, 1991-1992.

TRAINING RECEIVED OUTSIDE COUNTRY

- **“International Training Course for Middle-Level Managers in Rural Reconstruction”** from International Institution of Rural Reconstruction” (IIRR), Philippines held from February 9 to March 21, 1987.
- **“Institution Building”** from Team for Human Resource Education and Action for Development (THREAT), India (10 days course) in 1992.
- **“NGO Management Course”** from SEARCH Bangalore, India held from July 8 to August 17, 2002.

TRAINING RECEIVED INSIDE THE COUNTRY

NAME OF THE TRAINING COURSE	DURATION	ORGANIZATGION
Functional Education	11 days	BRAC
TOT on Consciousness Raising	10 days	BRAC
Social Analysis and Development	10 days	CDI
Community Participation and Development Communication	6 days	WIF
Monitoring and Evaluation	10 days	FIVDB
Participatory Rural Appraisal (PRA)	5 days	MITREC Bangladesh LTD.
ZOPP (Object Oriented Project Planning) Basic Course	5 days	GTZ, ZCU
Goal Oriented Project Planning (GOOP)	5 days	BIM

Participated in a workshop on Gender and Justice	3 days	CRWRC
Effective Microfinance Operations Risk Analysis & Delinquency management	5 days	MDC
Micro Finance Management	5 days	BURO Bangladesh

EVALUATION WORK DONE AS TEAM MEMBER

- I worked as an evaluation team member for SATHI project of Christian Reformed World Relief Committee (CRWRC) together with Ms. Wyva as Team Leader from USA and Mr. Nick Armstrong team member from USA in 2005.
- I worked as an evaluation team member for “Bangladesh Lutheran Mission Danish” together with Dr. Mogens Mogensen as Team Leader from Denmark and Ms. Nancy Ten Brock from USA in 2006.

Enos Hansdak.

Mobile : 01715-493882, E-mail: pp@santalmision.org