

*Evaluation of the Andulia Community and  
Health Development Project*

*External Evaluation Report*



*Dedicated to the women, men and children, whose  
commitments and devotion to improve their own lives are  
transforming their community*

*Report Prepared for  
The Salvation Army International, Bangladesh*

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### List of Abbreviations

CHDP	Community Health Development programme
CSG	Community support group
ED	Executive Director
IEC	Information Education Communication
NGO	Non Government Organization
GoB	Government of Bangladesh
PM	Programme Manager
PRA	Participatory Rural Appraisal
PTA	Parents Teachers Association
SMC	School Management Committee
TSA	The Salvation Army

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**Rabeya Rowshan**

**Team Leader**

## **Executive Summary**

### **Socio-Economic and Political Context of the Project Area and history of Andulia CHDP:**

"Andulia Community Development Project" is a project committed to act as a change maker to bring development through education, better medical services both curative and preventive and by enlarge through creating scope for income generation since 2001. It started its journey with a commitment to stand beside the poor people of the "Billdakatia" water logging area, where due to the devastating situation of water logging and flood middle and marginal farmers also had a sharp decline of production as well as income for a certain period and had gone under poverty line. As a result of that The Salvation Army International through their Andulia CHDP aimed to help/support vulnerable groups of these communities in their endeavor to reach better lives.

Historically The Salvation Army International Bangladesh with funding support from The World Vision responded with emergency welfare program at the Rangunathpur Union, Dumuria Upazila to the devastating high water logging flood affected people during 1989, when there the infrastructure of the upazila was very poor and virtually people were unable to get access to proper health services and also to quality primary education. The Salvation Army started this project in the Rangunathpur union with their education and health component. Across the union The Salvation Army is known as lifesaver for poor in particular as they are getting access to health services. This project is known as hospital in the area and people are grateful to them for making health services available to them.

According to the proposed current phase, has been working in one union and 6 villages focusing on three major areas of (a) Curative and preventive health services (b) Self running primary school (c) Savings and group formation (d) Micro credit (e) Capacity building of Community support groups and (f) capacity building of adolescents.

### **Rationale of the Evaluation**

This phase of the project will be phased out in June '09 and in a development structure this project is going to complete its five years of implementation. Socio-economic and political conditions have change a lot. This is the fourth external evaluation of the project, where now it become a need of the project to look back it's achievements, lessons learned in order to get future direction to create more impact in the intervention community. This evaluation is an attempt to find out the achievements, limitations and future direction for a project like Andulia CHDP, which has been stepping to its fifth phase and over last 5 years social, economic and political scenario of the locality have changed.

### **Objectives and Methodology of the Assessment**

To assess the implementation process, status, effectiveness, impact, relevance and sustainability of the Andulia Community Health Development Project and make recommendations for further improvements, a wide variety of Participatory Rural Appraisal (PRA) techniques were used to generate information and data at the Community,

Groups, Local elites, and local government and at central level of the Salvation Army International, Bangladesh.

**Major Achievements of the project:**

- High level of acceptance of the project in the local community.
- Poor communities become more of a savings oriented community, due to the penetration of micro credit programme in all parts of the country that is a very unusual success in Bangladesh.
- Group formation and awareness rising activities at least in Ragunathpur union CHDP become able to raise the participation of woman in all kinds of mass gatherings and woman become more mobile in the area.
- Overtime CHDP achieved the faith of local people for the good works been done by them.
- 50% female group formed strictly followed the criteria of group formation at six villages under Ragunathpur Union.
- The drop out rate of saving group member is less than 5% which is very little;
- Through skill training programme on handicraft and sewing so far project have produced 150 production worker for The Salvation Army show room Sally Ann and 50 skill producer for Khulna new market.
- So far through skill training they have produced 350 skilled garment and handicraft producers. Many of them are earning by using this skill and some are working in the garments sector as skilled worker.
- Established very strong working relation with health department of the local government authority.
- Good relationships have developed between teachers and parents.
- Over time they have ensured quality education for children of their schools after leaving these schools at high school level these children are doing very well.
- Through health service created a wider impact on community health. Project has been positively contributing in reducing TFR, malnutrition of child, infant mortality and morbidity rate and prevalence rate of diarrhoea and ARI.
- Through the community based primary health care programme they have significantly improved the quality of maternal care, particularly during antenatal and postnatal period.

◆ **Some lessons learned**

During their many program related work CHDP learned some important lessons that would help to design better programs in future. Here are some specific important lessons learnt, according to the experience of CHDP staffs and findings of the evaluation:

- It is important to involve influential community people with the program and forming linkages and networking with other organizations for effective implementation of programs, information dissemination and scaling up the program activities.
- In education sector it is very important to make the parents and local elites aware about the importance of education and also actively involve them in the school level development activities.
- Informative and non threatening IEC materials on gender based violence, Child sexual abuse, HIV/Aids and adolescent reproductive health for both the literate and non literate people are needed. IEC materials like leaflets, posters, brochures, booklets, stickers, etc are essential to raise mass awareness in order to reduce gender gap, prevalence of child sexual abuse and ensure child protection and to raise mass people awareness about HIV/Aids and adolescent reproductive health care in the community. Issues related stickers and booklets are very effective for conducting sessions with adolescents.
- Case sharing is a very effective method for primary group and CSG meetings. Such method helps others to feel comfortable to share their own experiences. We noticed in other project areas primary group members in the village though may, at first, feel hesitant to discuss their own groups experiences of working together and the outcome of group investment related stories they are not shy at all when describing the incidences of 'others'. In this context it was also discovered that local staffs are more acceptable to the group members, therefore developing the capacity of the local staff in program is very essential.
- In this 'patriarchal' society it is important to include men in prevention program of violence against woman as well as stop child sexual abuse.
- Children are largely ignored by the adults of the community. Project staffs, group members', CSG members, adolescents, school teachers and SMC members need training on Child rights and their role to ensure that. Child right is an entitlement for children, but it's a responsibility of the adults to ensure that.
- This project does not need to provide financial and logistic support to run primary schools. In education sector it is necessary to make the parents, School Management Committee and local elites aware about the importance of education and also actively involve them in the local level school development activities.
- Parents themselves can take measures to prevent malfunctioning of the schools if the SMC and school teachers are not willing to maintain the school properly.
- Parents and SMC members' needs orientation on the issues of child development and growth, and problems that children facing in different ages, it is important to involve the mothers in all kinds of activities targeted to parents. Program need to pay special attention to mothers, because in this patriarchal society males tend to ignore the role of mother in grooming their children. This will increase the status of the woman in the family as well as in the society at large.
- Experiences of CHDP shows that out of their own school students they never tried to groom the children as future citizen rather they has provided logistics support to



the school which is no doubt very important. But at the same time as there are nothing on Child Rights and human rights issues in the school curriculum so CHDP basically needs to help school going children to learn about their rights and social responsibilities. CHDP needs to have awareness rising program particularly on Child Rights and children responsibility towards their family and community and on Health and Hygiene. If CHDP can address this future generation also then in future they will be in a position to work for the best interest of the given community.

- To develop peer educators, adolescents' group members who have crossed the age of adolescent need to be trained first. It will be very useful for the project if they can take their over age adolescent group members and at least two staffs to have an exposure visit to a local NGO in Comilla to learn how their adolescents program is working as one of the best in the country. Also how they are developing peer educator in the community through teaching theater for behavior change.

### **Key Findings**

#### **Social empowerment and institution building**

- So far project has formed 50 primary savings group. Ten for male farmers and forty women's savings groups which are still functioning.
- All the women groups are having their own bank account and all their transaction are directly controlled by them. They have full access to their savings.
- Farmer groups are not exiting now. Project personnel were unable to find it why farmers didn't continue their group. Even project were unable to identify their own role and responsibilities regarding the malfunctioning of the farmers groups.
- Women savings groups are still functional. Considering the socio-economic condition of Bangladesh where women participation in productive sector is still very low rural women are earning and saving money is a positive impact created by the project and through that practices this project is helping poor community to contribute to the macro level development goal of poverty reduction in the country.
- Over ten years apart from working as a savings oriented credit group. Primary savings groups do not learn other things and not really become empowered and capable to solve their own problems in the community. According to different research findings in Bangladesh there very many examples of primary groups in rural setting which become social pressure group over ten years.
- Primary groups do not get required training and help from the project, which would enable them to function more effectively. Moreover, project management never tried to work with them by using the gender lens on long term strategic needs of women of the wider community. As a result of that after completing nine years still primary groups are vision less.

- According to project management the only plan regarding the primary group is to work with them for five years. For these five years according to project proposal and work plan they are supposed to provide training on leadership, bookkeeping, human rights and legal issues, environmental issues and IGA. These activities at group level had been partially implanted. Though the project didn't provided training to all group members.
- At the level of primary group there is no spill over effect of the trainings. Not only that those groups are fully depended on the project for managing the credit and all records.
- FIVDB adult literacy program were implanted among the group members, but still apart from writing their name over majority of women who received the training are not able to write and read.
- Group is not taking any decision regarding the savings and all register of the groups are with the project. Project staffs mainly visit those groups where they gave loan money.
- Most groups in the area are women groups who are brought together by CHDP's initiative. Group members have good knowledge about different methods of family planning, due to the door step health services of the project. But this service is not targeted to the group members only. They have indicated that many of them have used one or the other method of family planning. It is also found that most women members in the groups have 2-3 children because their knowledge on family planning method is clear and they also under stands the important of keep the family size small. As the health services are available at The Salvation Army Office so many women are using IUD. But a few group members said that it is very difficult for them to take the pills or to go to the health centers for taking doctors suggestions on family planning. Because their husband are not allowing them to go anywhere alone. Not only that some of these women already left the group and not even interest to get into the CSG.
- From a review of resolution books of sample groups it has been found that the meetings of the primary groups were not held regularly. Also it is very clearly mentioned in the regulation book that apart from savings and credit actually no social and legal issues were discussed at group level and women never received any training on these issues. The resolution appeared sketchy and no indication has been found regarding the follow-up activities.
- In some group members are writing the regulation, but in some cases still they need to take the help from project staff.
- All most 50% group members are under criteria of group. They are working in fishing, rickshaw/van driver, labour, small business and agriculture activities which make them eligible to be in the poor category and become a member of the group.

- All the position of Chairpersons, secretary and cashier in the groups have been hold by the better educated/literate members particularly who can write and read fluently and also have leadership quality. These positions are not rotating among group members in any of the sample groups, even where CHDP followed adult literacy course of FIVDP for 8 months. In the groups they are in a crisis of new leadership and these primary groups are controlled and dominated by a few literate members who received leadership and bookkeeping training.
- Primary groups didn't get any training on group management and discipline and there is no specific field staff assigned to help the groups in a regular basis to organize meeting. Over ten years primary groups yet need to learn more about discipline and culture of the group. The monthly meetings are not taking place regularly. The attendance in the monthly meetings is satisfactory and savings and repayment are regular.
- CHDP in all six villages has formed six mixed (Male, Female, Social worker, community social volunteer etc.) Community support groups.
- CSG's are holding regular monthly meeting and six executive committees are formed through electoral process.
- Following the participatory method with the help of project staff CSGs developed the draft constitution, which been approved by general members in majority CSGs in their annual general meetings.
- CSG have started saving money for them and formed a kallon shomity (welfare fund). All the CSGs have their own bank account and they are operating their own account.
- CSG have started providing loan from their own savings and also helping poor group members during their crisis.
- According to the members criteria CSG is not a pro poor group. Though in the project proposal it is mentioned that CSG would organize poor people for their development and for the development of the local community. Through CSG project is not trying to address poverty.
- Project management is taking the decision about all activities of the CSG. Not only that project personnel are not trying to change their own mind set and they do not believe that poor people have the ability to become a good leader as well as community resource mobilizer. So, according to the decision of the project management project is providing training to educated and influential members of the CSG.
- Training provided to the CSGs was not very effective. Most of the members were unable to explain what they had learned from the training. These may not be the

problem of the participants only because some part of the training were imparted by health workers who are not capable to provide training on social issues and have lack of knowledge on the issues they discussed in the training.

- CSGs are formed as local development agents which are supposed to work along with local authority. But CSGs are not clear about this objective and they are not really concern about local development. Rather they are functioning as an upper tier savings oriented credit group.
- Programs are implemented according to a pre-designed criteria and objectives been set by the PM, while the key staffs have no freedom to change these criteria in the light of local situation and the need.
- Project has no group graduation plan. According to the project staffs currently project is trying to merge the primary groups with respective CSGs. Assessment findings shows that the project personnel are basically trying to influence the individual group members to join in the CSG. This means ultimately project is going to leave the primary groups without building their capacity to sustain.
- Over majority of poor group members are not willing to become member of the CSG. Because in terms of power structure of the village they are living in a disadvantage situation and also they do not have the ability to save Tk. 42 a month (Tk. 20 to the primary group and Tk. 22 to the CSG).
- Project does not fix any criteria for membership in CSG. Any body from the village has the right to become member of CSG. As a result of that CSGs are fully dominated by rich and powerful people of the community. Local project staff also becomes member of the CSG.
- So far project do not tried to build any network between CSG and the local government institutions. They even do not take any initiatives to provide a service providers list to the CSGs as well to the primary groups. Rather project have raised the expectation of the CSGs that getting registration they will be able to extract fund from the donor. The most unfortunate thing is these CSGs do not know who these donors are. On the other hand project management believes this is CSGs responsibility to think how they will survive.

### **Adolescent Group**

- The adolescent group members are aware about, trafficking, human rights, HIV/AIDs and taking Care of adolescent reproductive health and sanitation. However, knowledge regarding all above mentioned issues are reasonably good. But they are not aware about child rights issues and the issue of child sexual abuse and child protection. These very stimulating and potential groups have not been given any lesson on moral and ethics and on their future role and responsibilities towards the community where they live in.
- Among the adolescent group members over 50% are not adolescent and they are studying in the colleges. The monthly meeting is not held regularly.

- School going and some school drop out normal children are members of the adolescent groups and distress children i.e. disable children, working children and children without parents are excluded from this specific project activity of The salvation Army.
- Adolescents as a whole are not very aware about human rights and justice. Project need to organize more mass campaign and orientation to specific groups on justice and human rights. In the adolescents groups it is an essential need to raise their self esteem and moral strength.
- There is no structural process of the implementation of the adolescent group activities, which can help the project to create a multiplayer effect of the component in the community. To have a multiplayer effect of adolescent programme in the community it is important to establish socialization center/resource center in the working areas, where the main mission of the center will be providing training to the children and adolescents on moral and ethics and their role and responsibilities towards family and the community.

#### **Adult literacy**

- Over majority of group members are illiterate. Formation of saving groups involving community people from different status are participated in the adult literacy course and illiterate group members completed the 8 months course facilitated by adult literacy community teachers.
- 100% group members can only sign their name and only 40% can read and can do simple calculation after receiving adult literacy training;

#### **Child education**

- One of the key activities of The Salvation Army is their primary education programme. In Andulia project area there are three primary schools run by this project and the services of these schools are very good.
- These schools were free of cost for a longtime, but for the survival of the school project has started taking a small amount (Tk.10-Tk.25) of money as fees from the students. This amount has been gradually increased from tk. 2 to tk. 25.
- School teachers are part of the main programme as education is one of the key components of the project, but by the project management teachers are treated as paid employ only and not been involve in the process of decision making even regarding their own issues.
- According to the decision of donor The Salvation Army authority well informed the project manager about the future plan regarding their school (they have started phasing out these schools in their other programme areas). But project management didn't take it seriously and even didn't do a community survey to know whether there is any demand or need remaining in the school now. As a result of that this project so far didn't tried to figure out the education need of the community and didn't tried to diversify their education component from service delivery to a education advocacy programme.

- According to the teachers and staffs as per the command of PM last month only they had discussed with parents about the future of the school and wanted to know from parents whether they will pay minimum Tk. 200 tuition fees per month. Otherwise they cannot continue the school.

### **Key Recommendations for the CHDP**

Andulia community health development project should have one year interim period before starting the next phase to conduct series of participatory strategic planning process taking into consideration of recommendations of this evaluation and involving representatives of all primary groups and CSGs of the CHDP working area in order to develop their next project proposal with action plan.

*The Evaluators strongly recommend that CHDP should redesign their activities focusing on Infant and Maternal Health, Education, child rights and Justice by considering poverty reduction and gender as crosscutting issues in the whole project. Also in the next phase CHDP needs to work with a clear guideline on role and responsibilities of the primary groups (women savings groups and adolescent groups) and CSG and the strategic plan to build the legal relation between primary groups, CSGs and local government bodies in the working area.*

### **Management Recommendations**

- CHDP needs to shift their programme implementation approach from welfare to right based community development approach.
- To make this project cost effective and efficient The Salvation Army need to do an assessment of workload of each staff according to activities implemented in the field and redistributes the manpower accordingly.
- All staff need in depth training on the philosophy, mission and vision of The Salvation Army, development goal, objectives and activities of Andulia CHDP and on rights issues.
- Develop an integrated holistic training module for CHDP covering all major subject areas and train all staff in their basic knowledge and skill requirements. Lessons learned from other similar programme of The Salvation Army may also be incorporated.
- Design a training course for all CHDP staff on the "Right based integrated community development programme approach" focusing on i) active participation of community people in the programme, ii) need for developing the capacity of community people in all aspects of the programme iii) ensuring ownership of all the resources of the programme by community people.
- Each Community Support Organization must be encouraged through a participatory strategic planning process to envisage what they want their organisation to be like at the end of next 5-year period. The CHDP 5-year plan may then be prepared based on these community strategic visions.

- A one-year bridging period is required before initiating the next 5-year programme plan to enable this participatory strategic planning processes by the communities to be incorporated into the long-range plan of CHDP.
- Need to establish monitoring unit as early as possible. One person should be designated as monitoring officer and coordinator for all units, 2 persons assigned for micro-credit and 4 health workers needs to be assigned for group development. It is also strongly recommended that the staff obtain practical training from the Jeshor CHDP programme of The Salvation Army which have good programme monitoring plan and tools.
- To get better output from the current staffs The Salvation Army needs to arrange intensive training for project management personnel on right based community development issues and the attitude of development sector towards community, also on project management, team building and working in a team by applying the participatory method.
- The Salvation Army higher authority should take over the responsibility of monitoring, reporting and maintaining day to day relation with project office. Currently different staffs are assigned to carry over different activities without even getting access to the project proposal.

#### **Major Strategic Recommendations:**

##### **Effectiveness**

- In order to run the activities smoothly and to save a good initiative which is directly benefiting the local people in general and marginalized peoples also Evaluation team strongly suggest CHDP The Evaluators strongly recommend that CHDP should reorganize the CSG and make it an organization for poor and socially disadvantage people, rather developing another place for village politics against the poor.
- CHDP should not to create class difference and huge gap in power relation by making the CSG open for all and by providing training to the educated influential people of the community. Minimum five years CHDP will closely work with local community by applying different method where the main vision and mission of the project would be changing the mind set of local people and make them active in working as change maker of the given community.
- In order to enrich group members' capacity to deal with health problems CHDP needs to provide training on HIV/AIDS, human rights and legal aids at group level and fro retention of the massages they need to repeat these training at least thrice in a year.
- To make their awareness program more effective CHDP needs to produce more poster, leaflet on FP, Human right etc. for distributing to community people
- To make the program more effective CHDP needs to develop their monitoring plan and tools based on the logical frame work. Coordinator needs to have more group visits and also needs produce visit report as part of the monthly progress report. Supervisor also needs to visit the groups where field workers are facing problem or if any doubt he/she has regarding the progress report. Manager should at least visit 5% of the total groups every month. This sample of 5% should be selected randomly. All staff must singe in the visiting book of group after each of the visit.

- Group members need more training on accounts keeping and leadership. This will allow the groups to rotate the positions among all of them.

### **Relevance**

- Continue the primary health education programme: A stronger follow up of some important primary health education i.e. use of safe water and sanitation, HIV/AIDS, smoking will need to be continued in the next plan. Along with these topics other relevant and regular discussion issues also needed to be continued such as water-borne diseases, antenatal & postnatal care, mother & Child care, nutrition, arsenic and some new health education messages like bird flue, hepatitis etc.
- Promote education by providing medical support to poor students through school: CHDP can start a free medical camp for poor children who will be nominated by their class teachers and will get one year's free treatment if they continue their school. Every time when they will come to the doctor they will need to get their class teachers signature on the card. This service will be provided to formal primary school students within the catchments areas of CHDP. Parents' forum, local elites and SMC members needed to be prepared through advocacy and awareness program of CHDP to support and partially contribute in this initiative and CHDP will provide technical assistance to the parents' forum/community forum.
- Promote education through raising capacity of the School Management Committee and the Parents and Teachers Forum: CHDP needs to organize at least 12 meeting in a year with parents and 6 meeting with SMC members around the issue of quality education and how to ensure education for girl child and children with special need. Education is the key for this patriarchal society to get freedom from the control of powerful patriarch and reduce the level gender based violence.
- Support school drop out adolescents with Technical Training facilities: Group members, particularly female strongly requested the next programme plan gives priority to technical training for adolescents of the community who are working as child labour. CHDP can provide skill training to their group-members' children and adolescents groups members who are drop out of school. Also they can make a partnership with ADAMS, Khulna to send their adolescent group members for different types of skill training.
- Start awareness and advocacy program to stop violence against woman: female group members are highly discriminated by the society because of their gendered position. Rate of gender based violence, polygamy, dowry and divorce or separation are quite high in the catchments area of CHDP. CHDP needs to launch awareness program in the community where males will also participate on these issues. They also need to form a village development group consist of socially acceptable elite persons and local government representatives such as ward members, which committee will work as catalyst to stop violence against woman and children in this area.
- CHDP also need to develop linkage with other NGOs like Doorbar network, Blast, BNWLA, BRAC, Acid Surveillance who are working locally to refer the victim of gender based violence to them.
- To grow the sense of unity and too share their experiences of stay as a group and the way to develop the local community CHDP needs to organize yearly convention of groups



(separate for CSG, Women's savings groups and the adolescents groups) at union level. This will help the groups to have an exposure out of their own group and will encourage them to become more active.

- *The evaluation team strongly recommends CHDP to start socialization center/resource center in each of their current schools, where they will set up a library, will have different types of games and educative toys, musical instruments and a resource person to take care of the resource center and also to organize children and youths to make them aware about Child rights, child sexual abuse, trafficking, impact of early marriage, impact of dowry etc. These centers main focus will be to motivate the future generation not to get involve in anti social activities and to help them to uphold their self esteem and ethics in order to bring a positive change in a society where level of crime and social injustice is high and virtually no other NGOs or the Government is doing any thing to change peoples mind set.*
- *The evaluation team strongly recommends CHDP to reshape their program by scaling it up in the community. It is not recommended that CHDP will expand their area coverage rather evaluation team recommends to CHDP to start working among SMC, parents, school going adolescents and school drop out adolescents and need to raise peoples awareness on their rights and responsibilities towards the community.*

#### **Coordination/Coherence**

- CHDP must build a very strong working relationship and linkage with Local Government of Bangladesh and use their resources at Union and Upazila level.
- CHDP should make a list of service provider in the working Upazila and make a network with them. Particularly in health sector project need to have official MoU with upazila and district level maternity centre to refer their pregnant mothers.

#### **Sustainability**

- A well defined strategy should be developed for the stakeholders at local level with strategic guidelines for different groups at village. CHDP should then replicate this approach throughout its working area.
- All types of groups needs to develop their own vision and mission needs to be developed accordingly.
- The graduation strategy also needs to be developed with specific qualitative indicators which relate closely to vision and mission statement of groups.
- Training to develop capacity of all group members should be designed and conducted. Specially, the following training courses and activities could contribute to make the impact sustainable:
  - Leadership and Participatory Management
  - Advocacy and lobbying for tapping local resources
  - Sustainable village development programme
  - Community-based Monitoring
- Yearly convention (once a year) should be arranged for all primary group and CSG

members to share their experiences (peer to peer learning), so that their strategic vision for institution building and lessons learned along the way can be extended to other groups and it will also make the linkage and relation between groups, which will work as the basis of forming Union level Committee.

- Considering the issue of sustainability project needs to develop their strategic plan for next phase with gradual exit plan. All villages will need the same time to prepare for phasing out as they started working in different villages more or less at the same time and also the whole issue of phasing out from one village and expanding the program to another village depends on the development of community support groups.
- Building linkage of CSGs with the local government is necessary. Because local government will be here for ever and also The Government of Bangladesh has resources at Union and Upazila level. Different organized networking bodies at grass root levels are successfully accessing them. In different parts of the country the different alliance and networks has been functioning well using a rights-based approach. Something similar should be incorporated into institution building and networking which will contribute to sustainability.
- Andulia CHDP needs to go through staff appraisal to assess the satisfaction level of staffs to work with current management. Also to assess the capacity of current management level staffs to operate the project independently.
- To sustain the project they need to form board of management consisting The Salvation Army central level staff, qualified development workers and local qualified people. Currently there is no board of management, so the PM will be accountable to board members for all kinds of activities. Board of management will work as an advisory committee also.
- parents didn't agreed to pay tk.200 per month and they already informed the school teachers that if this happened then they will take away their children to other school.
- Parents are not even in favor of down sizing the school up to grade two. On the other hand assessment findings show that there are 12 primary schools and 2 govt. maddrasa in six working villages of CHDP and there is absolutely zero need of school in this community.
- Also as per govt. rules in some of the schools they have already started play group for 4/5 years old children. Not only that this particular union has a govt. model school.
- This project is working as an obstacle for govt. schools here. In Deruli one of the primary school is not getting enough students to continue the school.

## **Chapter 1**

### **Introduction**

This report is assigned to a team of consultants by The Salvation Army in Bangladesh to evaluate the progress in bringing about positive changes in the lives of children, men and women of the community through capacitates the local community, who may be marginalized in Ragunathpur union, Dumuria Upazila and through bringing changes in their lives improving the over all socio-economic and political situation of the entire union.

#### **1.1 Background and Rationale for the Evaluation of the Andulia Community Health Development Project.**

In 1989, The Salvation Army Bangladesh responded to need of the poor people of the Ragunathpur union of Dumuria upazila, Khulna district where they had water logging of the adjacent low land areas of Bildakathia. During that period for a long time this areas crop production had gone down and the infrastructure of the upazila was very bad. Many people due to the crop loss had become poor and due to the scarcity of farm work day laborers become ultra poor. People didn't have access to proper education and medical facilities and the community was economically going down. At that moment The Salvation Army with an emergency effort made the medical and primary education services available to the poor community by launching the Andulia Community Health Development project at Ragunathpur union. Over time according to the need of the community this project as changed its way of operation and also the activities. This phase of the project was started on 2005 and will be phased out in Dec '09, completing its 5 years of implementation of the current phase. This is the fourth external evaluation of the project, where now it became a need of the project to look back at its achievements and lessons learned in order to get future direction to create more impact in the intervention community. This evaluation is an attempt to find out the achievements, limitations and future direction for Andulia CHDP, which has been stepping to its fifth phase and over last 5 years social, economic and political scenario of the locality have changed.

#### **1.2 Objectives of the Assessment**

The objectives of the assessment are;

- Evaluate project performance as regards to preparation and implementation of plans, follow-up on achievements of targets and objectives (impact)
- Identify Project Strengths and Best Practices
- Make recommendations on possible improvements in project design and organisation and on modifications to targets, objectives and plans for future implementation
- Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded
- Assess the future sustainability of the different activities supported by the project after the phasing out of external financial support.

### **1.3 Methodology of the Evaluation**

#### **1.3.1 Sampling procedure**

##### **Sample Design**

As the evaluation team had very little time to conduct a large scale survey we conducted a qualitative assessment and used a range of qualitative tools and techniques in order to collect more in-depth and insightful data. In accordance with the TOR multistage stratified random sampling was considered for the study. The stages were Union, Village, community support group, primary group and skill producers. CHDP Andulia works in one Union (Ragunathpur) and in six villages.

##### **Allocation of Sample**

This evaluation covered 100% Upazila and Union in which CHDP works and we visited 6 women saving groups and 4 community support groups 5 adolescents groups and took random interview of skilled production workers from three working villages.

Informal discussions and meetings at local government administration level were conducted. 100% staff of CHDP, senior management staff of The Salvation Army was also covered by the evaluation.

#### **1.3.2 Evaluation Activities**

A set of indicators was designed to gather assessment information, which was developed based on the three key areas that the project plans to address: i) level of socio-economic condition of the household of the group member; ii) creation of awareness of the group members and community people about their justice and human rights, health care & sanitation, environmental care, IGA and nutrition iii) level of education of group members and enrolment and retention rate of student.

In accordance with the TOR, to generate information a wide variety of PRA techniques were used at household, community and local government levels. To conduct the evaluation, the following methodological steps were followed;

- Document Review
- Data Collection
- Data Analysis
- Report Preparation

#### **1.3.3 Document Review:**

All the relevant documents and literature available from BCDP and ABMS were reviewed extensively by the Team Members before starting the preparation for fieldwork. Review of the documents helped to develop the data collection tools for the evaluation and data analysis. Among the important documents reviewed by the evaluation team were the following:

- Project proposals
- Project Activities Reports by CHDP
- Implementation Guidelines for the Field as well for the organization
- Training Modules

- Group formation criteria's, bylaws etc.
- Baseline Survey Report of CHDP
- Quarterly reports
- Documents related micro credit
- Previous evaluation reports.

#### 1.3.4 Data Collection Methods

**Walking Transects:** In 100% of the 6 villages visited, walking transects were conducted by the team members. The findings of this exercise were an important source of information to determine the status of socio economic status of different people and overall economic situation of the villages, children access to education, poor peoples access to health services, agricultural development, scope of income generation within the locality, housing condition, assessment of the situation of female and degrees of female mobility etc. This assisted the team to analyze and comment on the level of primary health care awareness and practices of community people and their ability to purchase necessary services (for example health service and IGA training etc.) and goods through economic development as an indicator of the impact of the activities of the project.

**Focus Group Discussion (FGD):** FGDs were conducted at different levels i.e. village, Union level, project head office and intuitional level. FGDs were conducted with community members and with CHDP staff to assess their involvement and commitment in the whole process. The specific details of FGDs conducted at different level are:

- **Village level:** In 6 villages FGDs were conducted with groups and also at institutional level. Total numbers of participants groups were 12. Among them 6 were CSG, 6 were women savings group and 5 were adolescents.
- **Union Level:** 1 FGDs were conducted with local union. There were 5 participants from the UP and 2 of the representatives from the project were attended the session.

**Key Informant Interview (KII):** The key personnel of CHDP and The Salvation Army were interviewed regarding the implementation process and administrative issues as well as to crosscheck data.

**Observation:** Around 75% of the sample villages were physically observed to get the information about the actual condition of the villages and impact of the project and related behavioural aspects at household level. Observations made during Walking Transect exercises included surrounding environment, access to health services, education and scope of income generation etc.

#### 1.4 Orientation of the Assessment Team

All team members were involved in the process of designing the evaluation framework, tools and instruments before starting the fieldwork: two separate orientation exercise as well as discussions and formal meetings with The Salvation Army and consultant Andulia CHDP were conducted to clarify the evaluation objectives, methods and technique for information collection, verification and to ensure quality of information. Apart from that

right at the starting of the field work PM of the project evaluation team were well briefed about the gradual development of the project, achievements so far and what project is expecting from this evaluation.

### **1.5 Assessment Team**

Evaluation Team comprised people with diverse expertise and proven experience in the areas of Institutional Development and Community Participation, Social and Gender issues. They are:

- Ms. Rabeya Rowshan, Team Leader.
- Captain Nipu Baroi, Team member.
- Mr. Shankar Kumar Nandi, Team member.

### **1.6 Key Contacts**

The evaluation team members, met a large number of people during the data collection and information generation phase of the review. Different sections of community and stakeholders were consulted in order to crosscheck the information provided at different levels. The following categories of people were involved in the whole evaluation.

- Community groups (female)
- Members of the community support group
- Key community leaders
- Adolescents group members
- Union parishad representatives
- All level staff members of CHDP, Andulia.
- Local NGO representatives
- Respective officials of The Salvation Army International head office.

### **1.7 Time Frame of the Assessment**

The evaluation was carried out from 15<sup>th</sup> April to 1<sup>st</sup> May 2009. The period included preparing and designing the evaluation in consultation with The Salvation Army, data collection, compilation and analysis, report writing etc. The findings were presented to the project staff and The Salvation Army management on end of May 2009.

### **1.8 Limitations**

One of the biggest constraints of this evaluation was non-availability of supporting documents and inadequate time for data collection. Also the office timing of the project from 7:00 am to 2:00 pm was constraining evaluators to work for a longer time with staff as well as in the community. As agreed, the consultant team interviewed all relevant staff members and stakeholders, however due to time limitations; consultant team was not able to select a statistically representative sample of primary groups for the assessment, because it was hard for the team to collect more in-depth and insightful data by working with a large number of people within the given time frame.

The Consultant team felt that in the community in cases of female groups more time would have allowed them to build better rapport with the groups enabling more in-depth interviews and FGDs.

## Chapter 2

### “Andulia Community Health and Development Project”

#### 2.1 Background and objective of the “Andulia Community Health and Development project”

“Andulia Community health and development project” is a project committed to act as a change maker to bring development through education, better medical services both curative and preventive and by enlarge through creating scope for income generation since 2001. It started its journey with a commitment to stand beside the poor people of the “Billdakatia” water logging area, where due to the devastating situation of water logging and flood middle and marginal farmers also had a sharp decline of production as well as income for a certain period and had gone under poverty line. As a result of that The Salvation Army through their Andulia CHDP aimed to help/support vulnerable groups of these communities in their endeavor to reach better lives.

Historically The Salvation Army Bangladesh with funding support from World Vision responded with emergency welfare program at the Rangunathpur Union, Dumuria Upazila to the devastating high water logging flood affected people during 1989, when the infrastructure of the upazila was very poor and virtually people were unable to get access to proper health services and also to quality primary education. The Salvation Army started this project in the Rangunathpur union with their education and health component. Across the union The Salvation Army is known as lifesaver for poor in particular as they are getting access to health services. This project is known as hospital in the area and people are grateful to them for making health services available to them.

According to the proposed current phase, has been working in one union and 6 villages focusing on three major areas of (a) Curative and preventive health services (b) Self running primary school (c) Savings and group formation (d) Micro credit (e) Capacity building of Community support groups and (f) capacity building of adolescents.

Below we cite the goal of CHDP.

#### **Box a: Goal of the project:**

Reduce poverty by providing better health services and health education , improving the situation of education and by increasing socio-economic status and lifestyle of the pro-poor, hard-to-reach and marginalized community by identifying and utilizing local resources and by involving in capacity and skill development activities.

Below we cite the objectives of CHDP.

**Box b: CHDP Objectives:**

- To provide preventive and curative health services in the community
- To increase the primary examination pass rate from 90%-93% and to continue sponsorship for continued education and technical training for underprivileged meritorious students.
- To continued to supervised and established development groups (sewing, adult literacy, savings, cooperative groups) to develop community members with skill and resources, which increase their capacity to generate income for their families.
- To involve the community in decision making through establishing of community support groups.
- To provide access to on going training for staff and community volunteers for programme effectiveness.
- To involve the community in project evaluation and design of future strategies and development goals through participatory Rapid Appraisal

**2.2 Work approach, activities and geographic reach of CHDP**

Based on their long work experiences in the Raganathpur Union with poor woman, man and children in particular and rural poor in general The Salvation Army strongly believes that participation of the rural poor, especially of the women in the overall development activities can only ensure and bring sustainable development in the country. In the light of this idea their Andulia CHDP project has successfully adopted multiple development activities to initiate self-governance, self-empowerment, self-reliance and entrepreneurship of the grass-root-women mainly and men also. With this motto, CHDP acting as a catalyst with its stakeholders pursues a lower stratum participatory development approach. Through different activities over the periods they have formed different groups at the grass root level, but for implementing any activity or decision apart from the community support groups (CSG) other groups are not working as the vehicle for CHDP to carry out the work in the community. As an implementing agency overall CHDP has not been working in an integrated group approach manner and not the individuals either. Rather CHDP Andulia has been implementing different components of the project in an isolated way and the project is still following the top down development approach in implementation, where community people are considered as passive recipients of benefits of the project. The program strategy has not been taken based of lesson learned from the previous phase of the project and it has relatively less linkages with The Salvation Army mission, vision and overall program implementation strategy in Bangladesh to address poverty and the millennium development goals in general and health and education sector in particular.

**Implementing strategy of CHDP:**

Through top down development approach to achieve project objectives, CHDP has adopted the following four-tier implementation strategies.



**Group Formation:** To make the poor people economically self reliant and empowered organizing poor people through forming community support group for poor villagers, women and adolescents primary groups.

**Awareness building:** Raising awareness of the poor woman and man on different social and economic issues i.e. environment, income generative activities, education, literacy, social justice, primary health care, hygiene and sanitation and the impact of saving and group formation in poverty alleviation among poor people, adolescents, community members and elected representatives.

**Networking:** Establishing network with local government who are working for the best interest of the Raguathpur union people, exchanging experiences and methods with other organizations and professionals to develop effective solution of the problem.

**Capacity building:** Enhancing the capacity of the project staff through participation in workshops and training. Through its training and advocacy activities CHDP is also trying to enhance the capacity of CSG, where the target of the project is to develop an economically and morally strong community support group of duty bearer at the level of community, in future which groups will be in the driving force of the community. In its capacity building activities CHDP has also developed number of female and adolescent groups who are actively working in the community.

**CHDP works in one Union through the following approaches:**

#### **Box c: CHDP's Work Strategy**

- Activities aimed at raising awareness among poor woman, man & adolescents to remove illiteracy, poverty, violence & injustice and to become self-reliant.
- Capacity building for all CSG members irrespective of age, sex, religion and class and build a community support group and project staff through training and discussion sessions.

#### **Target groups and beneficiaries**

**CHDP's target beneficiaries can be categorized as:**

- **General:** People from all categories irrespective of age, sex, ethnicity, religion, class and creed, and socio-economic background for medical services and to get access to better school
- **Specific 1:** Poor disadvantage and vulnerable woman.
- **Specific 2:** School going and non-school going adolescents.
- **Network and Advocacy:** Local government officials, locally elected bodies and representatives of non-government organizations.

## Geographic Location and Area Coverage of CHDP:

### **Box d: Geographic Location & Coverage of CHDP**

Involved in 1 Union namely; Ragunathpur in Dumuria upazila of the Khulna district, which is situated near the Billdakatia and was flooded for a long time due to the water logging.

## 2.3 Achievements, problems, and some lesson learned by CHDP

### ◆ Achievements at a glance:

- High level of acceptance of the project in the local community.
- Poor communities become more of a savings oriented community, due to the penetration of micro credit programme in all parts of the country that is a very unusual success in Bangladesh.
- Group formation and awareness raising activities at least in Ragunathpur union CHDP was able to raise the participation of woman in all kinds of mass gatherings and women become more mobile in the area.
- Overtime CHDP achieved the faith of local people for the good works being done by them.
- 50% female group formed strictly following the criteria of group formation at six villages under Ragunathpur Union.
- The drop out rate of saving group member is less than 5% which is very little;
- Through skill training programme on handicraft and sewing so far project have produced 150 production worker for The Salvation Army show room Sally Ann and 50 skill producer for Khulna new market.
- So far through skill training they have produced 350 skilled garment and handicraft producers. Many of them are earning by using this skill and some are working in the garments sector as skilled worker.
- Established very strong working relation with health department of the local government authority.
- Good relationships have developed between teachers and parents.
- Overtime they have ensured quality education for children of their schools after leaving these schools at high school level these children are doing very well.
- Through health service created a wider impact on community health. Project has been positively contributing in reducing TFR, malnutrition of child, infant mortality and morbidity rate and prevalence rate of diarrhoea and ARI.

- Through the community based primary health care programme they have significantly improved the quality of maternal care, particularly during antenatal and postnatal period.

#### ◆ **Some lessons learned**

During their many program related work CHDP learned some important lessons that would help to design better programs in future. For effective programs and delivery of their message they learnt that there are many vital considerations that must be given to the process of involvement of communities and parents; getting adolescents involved in making programs; forming linkages and opening networking possibilities; as well as improving the quality of the advocacy program and have more IEC materials to use in awareness raising activities. Salvation Army would be surprised to learn that including all staff of CHDP, community support group members, primary group members, teachers, clinic staff and different stakeholders are not fully aware about the development goal and the objective of the project. Project staff as a team never get chance to discuss their experiences and learning during phasing out from out phase and entering into a new phase with new objectives and activities. As a result of that thought 'Gender based Violence' is a crucial issue here, but CHDP never tried to focus on that. CSG and the primary groups have no knowledge about "gender based violence" and it's relation with 'Human Rights' and 'Child Rights' as well. Therefore it is imperative that there should be programs aimed at mass awareness on woman and child protection and right issues, and many open discussions. The whole issue of rights and justice should be linked to discussions of human right violation. Involving the local media persons is needed for mass awareness and Union wide coverage. Also issue based awareness raising and sensitization need to be done repeatedly for retention of information by all stakeholder groups at the monthly meeting of CSGs and the primary groups. Here are some specific important lessons learnt, according to the experience of CHDP staff and findings of the evaluation:

- It is important to involve influential community people with the program and forming linkages and networking with other organizations for effective implementation of programs, information dissemination and scaling up the program activities.
- In education sector it is very important to make the parents and local elites aware about the importance of education and also actively involve them in the school level development activities.
- Informative and non threatening IEC materials on gender based violence, Child sexual abuse, HIV/Aids and adolescent reproductive health for both the literate and non literate people are needed. IEC materials like leaflets, posters, brochures, booklets, stickers, etc are essential to raise mass awareness in order to reduce gender gap, prevalence of child sexual abuse and ensure child protection and to raise mass people awareness about HIV/Aids and adolescent reproductive health care in the community. Issues related stickers and booklets are very effective for conducting sessions with adolescents.
- Case sharing is a very effective method for primary group and CSG meetings. Such method helps others to feel comfortable to share their own experiences. We noticed in other project areas primary group members in the village though may, at

first, feel hesitant to discuss their own groups experiences of working together and the outcome of group investment related stories they are not shy at all when describing the incidences of 'others'. In this context it was also discovered that local staff are more acceptable to the group members, therefore developing the capacity of the local staff in program is very essential.

- In this 'patriarchal' society it is important to include men in prevention program of violence against woman as well as stop child sexual abuse.
- Children are largely ignored by the adults of the community. Project staff, group members', CSG members, adolescents, school teachers and SMC members need training on Child rights and their role to ensure that. Child right is an entitlement for children, but it's a responsibility of the adults to ensure that.
- This project does not need to provide financial and logistic support to run primary schools. In education sector it is necessary to make the parents, School Management Committee and local elites aware about the importance of education and also actively involve them in the local level school development activities.
- Parents themselves can take measures to prevent malfunctioning of the schools if the SMC and school teachers are not willing to maintain the school properly.
- Parents and SMC members' need orientation on the issues of child development and growth, and problems that children facing in different ages, it is important to involve the mothers in all kinds of activities targeted to parents. Program need to pay special attention to mothers, because in this patriarchal society males tend to ignore the role of mother in grooming their children. This will increase the status of the woman in the family as well as in the society at large.
- Experiences of CHDP show that out of their own school students they never tried to groom the children as future citizen rather they provided logistics support to the school, which is no doubt very important. But at the same time as there is nothing on Child Rights and human rights issues in the school curriculum, CHDP basically needs to work on helping school going children to learn about their rights and social responsibilities. CHDP needs to have awareness raising program particularly on Child Rights and children responsibility towards their family and community and on Health and Hygiene. If CHDP can address this future generation also then in future they will be in a position to work for the best interest of the given community.
- To develop peer educators, adolescents' group members who have crossed the age of adolescent need to be trained as peer educator first. It will be very useful for the project if they can take their over age adolescent group members and at least two staff to have an exposure visit to a local NGO in Comilla to learn how their adolescents program is working as one of the best in the country. Also how they are developing peer educator in the community through teaching theater for behavior change.

#### **Major Challenges for CHDP and its Stakeholders:**

- Biggest challenge for CHDP is to change the mind set of all project staff including the management. Instead of carrying over PM's order on the basis of equity every

single staff and stakeholder needs to get access in the process of decision making regarding activities and implementation process of the project. Otherwise it would be a hard job for CHDP to shift their programme approach from welfare to a real right-based community health and development project.

- This project's smooth implementation and maximum impact creation in the community is constrained by the mind set of the programme manager. As head of the project, he does not believe that poor illiterate people have leadership capacity, so they never thought to make the community support group a place for poor.
- Also to implement an integrated right based community health and development project for the poor community, all level project staff will need to become more competent and skilled in terms of managing the project cycle and the implementation process. All of them will need to receive intensive training on right based development approach and on integrated development project implementation and management.
- Project core staff needs to become more familiar about the global changes in the development sector. Particularly the shift of approaches from trickle down to bottom up and from bottom up to participatory etc. Project core staff have no idea about different development concepts. As a result of that core staff are misinterpreting the meaning of equality and non-discrimination, which lack in staff and including PM is allowing them to misinterpret the organizational (The Salvation Army) mission and vision. If the organization does not take care of this issue then in future due to the lack of the knowledge in the community as well to outside resource persons and visitors some of them will create a negative image of the organization.
- It is important to address poverty and MDG goals by transforming the whole project to an intervention for pro poor living in the community.
- One of the future challenges for the project is to develop linkages and networking with other organizations for effective implementation of programs, information dissemination and scaling up the program activities.
- Developing the capacity of project staff and putting them in the driving wheel to implement a right based community health and development project is another big challenge for CHDP.

## Chapter 3 Effectiveness

### 3.1 Findings

#### 3.1.1 Social empowerment and institution building

CHDP has made significant contribution in bringing economic, behavioral and attitudinal changes of the community people and group members in the program areas which are summarized below:

- So far project has formed 50 primary savings group. Ten for male farmers and forty women's savings groups, which are still functioning.
- All the women groups are having their own bank account and all their transaction are directly controlled by them. They have full access to their savings.
- Farmer groups are not exiting now. Project personnel were unable to say why farmers didn't continue their group. Even project staff were unable to identify their own role and responsibilities regarding the malfunctioning of the farmers groups.
- Women savings groups are still functional. Considering the socio-economic condition of Bangladesh where women participation in productive sector is still very low rural women are earning and saving money is a positive impact created by the project and through that practices this project is helping poor community to contribute to the macro level development goal of poverty reduction in the country.
- Over ten years, apart from working as a savings oriented credit group, primary savings groups do not learn other things and have not really become empowered and capable to solve their own problems in the community. According to different research findings in Bangladesh there are very many examples of primary groups in rural setting which become social pressure group over ten years.
- Primary groups do not get required training and help from the project, which would enable them to function more effectively. Moreover, project management never tried to work with them by using the gender lens on long term strategic needs of women of the wider community. As a result of that after completing nine years still primary groups are vision less.
- According to project management the only plan regarding the primary group is to work with them for five years. For these five years according to project proposal and work plan they are supposed to provide training on leadership, bookkeeping, human rights and legal issues, environmental issues and IGA. These activities at group level had been partially implanted. Though the project didn't provided training to all group members.

- At the level of primary group there is no spill over effect of the trainings. Not only that those groups are fully dependent on the project for managing the credit and all records.
- FIVDB adult literacy program were implanted among the group members, but still apart from writing their name over majority of women who received the training are not able to write and read.
- Group is not taking any decision regarding the savings and all register of the groups are with the project. Project staff mainly visit those groups where they gave loan money.
- Most groups in the area are women groups who are brought together by CHDP's initiative. Group members have good knowledge about different methods of family planning, due to the door step health services of the project. But this service is not targeted to the group members only. They have indicated that many of them have used one or the other method of family planning. It is also found that most women members in the groups have 2-3 children because their knowledge on family planning method is clear and they also understand the importance of keeping the family size small. As the health services are available at The Salvation Army Office so many women are using IUD. But a few group members said that it is very difficult for them to take the pills or to go to the health centers for taking doctors suggestions on family planning because their husbands are not allowing them to go anywhere alone. Not only that some of these women already left the group and not even interested to get into the CSG.
- From a review of resolution books of sample groups it has been found that the meetings of the primary groups were not held regularly. Also it is very clearly mentioned in the regulation book that apart from savings and credit actually no social and legal issues were discussed at group level and women never received any training on these issues. The resolution appeared sketchy and no indication has been found regarding the follow-up activities.
- In some group members are writing the regulation, but in some cases still they need to take the help from project staff.
- Almost 50% group members are under criteria of group. They are working in fishing, rickshaw/van driver, labour, small business and agriculture activities which make them eligible to be in the poor category and become a member of the group.
- All the position of Chairpersons, secretary and cashier in the groups have been held by the better educated/literate members particularly who can write and read fluently and also have leadership quality. These positions are not rotating among group members in any of the sample groups, even where CHDP followed adult literacy course of FIVDP for 8 months. In the groups they are in a crisis of new leadership and these primary groups are controlled and dominated by a few literate members who received leadership and bookkeeping training.

- Primary groups didn't get any training on group management and discipline and there is no specific field staff assigned to help the groups in a regular basis to organize meeting. Over ten years primary groups yet need to learn more about discipline and culture of the group. The monthly meetings are not taking place regularly. The attendance in the monthly meetings is satisfactory and savings and repayment are regular.
- CHDP in all six villages has formed six mixed (Male, Female, Social worker, community social volunteer etc.) Community support groups.
- CSGs are holding regular monthly meeting and six executive committees are formed through electoral process.
- Following the participatory method with the help of project staff CSGs developed the draft constitution, which been approved by general members in majority CSGs in their annual general meetings.
- CSG have started saving money for them and formed a kallaan shomity (welfare fund). All the CSGs have their own bank account and they are operating their own account.
- CSG have started providing loan from their own savings and also helping poor group members during their crisis.
- According to the members criteria CSG is not a pro poor group. Though in the project proposal it is mentioned that CSG would organize poor people for their development and for the development of the local community. Through CSG project is not trying to address poverty.
- Project management is taking the decision about all activities of the CSG. Not only that project personnel are not trying to change their own mind set and they do not believe that poor people have the ability to become a good leader as well as community resource mobilizer. So, according to the decision of the project management project is providing training to educated and influential members of the CSG.
- Training provided to the CSGs was not very effective. Most of the members were unable to explain what they had learned from the training. These may not be the problem of the participants only because some part of the training were imparted by health workers who are not capable to provide training on social issues and have lack of knowledge on the issues they discussed in the training.
- CSGs are formed as local development agents which are supposed to work along with local authority. But CSGs are not clear about this objective and they are not really concern about local development. Rather they are functioning as an upper tier savings oriented credit group.



- Programs are implemented according to a pre-designed criteria and objectives been set by the PM, while the key staff have no freedom to change these criteria in the light of local situation and the need.
- Project has no group graduation plan. According to the project staff currently project is trying to merge the primary groups with respective CSGs. Assessment findings shows that the project personnel are basically trying to influence the individual group members to join in the CSG. This means ultimately project is going to leave the primary groups without building their capacity to sustain.
- Over majority of poor group members are not willing to become member of the CSG. Because in terms of power structure of the village they are living in a disadvantage situation and also they do not have the ability to save Tk. 42 a month (Tk. 20 to the primary group and Tk. 22 to the CSG).
- Project does not fix any criteria for membership in CSG. Any body from the village has the right to become member of CSG. As a result of that CSGs are fully dominated by rich and powerful people of the community. Local project staff also becomes member of the CSG.
- So far project has not tried to build any network between CSG and the local government institutions. They even do not take any initiatives to provide a service providers list to the CSGs as well to the primary groups. Rather project have raised the expectation of the CSGs that getting registration they will be able to extract fund from the donor. The most unfortunate thing is these CSGs do not know who these donors are. On the other hand project management believes this is CSGs responsibility to think how they will survive.

### **Adolescent Group**

- The adolescent group members are aware about, trafficking, human rights, HIV/AIDs and taking care of adolescent reproductive health and sanitation. However, knowledge regarding all above mentioned issues are reasonably good. But they are not aware about child rights issues and the issue of child sexual abuse and child protection. These very stimulating and potential groups have not been given any lesson on moral and ethics and on their future role and responsibilities towards the community where they live in.
- Among the adolescent group members over 50% are not adolescent and they are studying in the colleges. The monthly meeting is not held regularly
- School going and school drop out both types of normal children are mainly members of the adolescent groups and distress children i.e. disable children, working children and children without parents (street children and orphans) are excluded from this specific project activity.
- Adolescents as a whole are not very aware about human rights and justice. Project need to organize more mass campaign and orientation to specific groups on justice

and human rights. In the adolescents groups it is an essential need to raise their self esteem and moral strength.

- There is no structural process of the implementation of the adolescent group activities, which can help the project to create a multiplayer effect of the component in the community. To have a multiplayer effect of adolescent programme in the community it is important to establish socialization center/resource center in the working areas, where the main mission of the center will be providing training to the children and adolescents on moral and ethics and their role and responsibilities towards family and the community.

### **3.1.2 Functional Education- Adult literacy and child education**

CHDP has made contribution on adult literacy and child education to changes the literacy rate, which are summarized below:

- Over majority of group members are illiterate. Formation of saving groups involving community people from different status are participated in the adult literacy course and illiterate group members completed the 8 months course facilitated by adult literacy community teachers.
- 100% group members can only sign their name and only 40% can read and can do simple calculation after receiving adult literacy training;

#### **Child Education**

- One of the key activities of The Salvation Army is their primary education programme. In Andulia project area there are three primary schools run by this project and the services of these schools are very good.
- These schools were free of cost for a longtime, but for the survival of the school project has started taking a small amount (Tk.10-Tk.25) of money as fees from the students. This amount has been gradually increased from tk. 2 to tk. 25.
- School teachers are part of the main programme as education is one of the key components of the project, but by the project management teachers are treated as paid employees only and not been involve in the process of decision making even regarding their own issues.
- According to the decision of donor The Salvation Army authority well informed the project manager about the future plan regarding their school (they have started phasing out these schools in their other programme areas). But project management didn't take it seriously and even didn't do a community survey to know whether there is any demand or need remaining in the school now<sup>1</sup>. As a result of that this project so far didn't tried to figure out the education need of the community and didn't try to diversify their education component from service delivery to a education advocacy programme.

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<sup>1</sup> According to the education supervisor and the PM a survey was done but they were unable to show the assess team any evidence or findings from the survey. As the project management were unable to provide any supporting document so it is hard to understand what actually they did regarding this matter.

- According to the teachers and staff as per the command of PM last month only they had discussed with parents about the future of the school and wanted to know from parents whether they will pay minimum Tk. 200 tuition fees per month. Otherwise they cannot continue the school. Teachers are also thinking to start a coaching centre here. From sustainability perspective parents didn't agreed to pay tk.200 per month and they already informed the school teachers that if this happened then they will take away their children to other school.
- Parents are not even in favor of down sizing the school up to grade two. On the other hand assessment findings show that there are 12 primary schools and 2 govt. maddrasa in six working villages of CHDP and there is absolutely zero need of school in this community.
- Also as per govt. rules in some of the schools they have already started play group for 4/5 years old children. Not only that this particular union has a govt. model school.
- This project is working as an obstacle for govt. schools here. In Deruli one of the primary school is not getting enough students to continue the school as they have a school of The Salvation Army next to them. But primary school received revolving grant from Primary Education development Programme 2 for their good performance.
- Project management is still not very worried about the surveillance of education staff. According to the PM they have developed a new project proposal and submitted to NGO bureau for approval and in that proposal they have created scope for teachers. But they will need to do other works other then teaching.
- Apart from education supervisor rest of the teachers have no idea about that proposal. Since inception till now teachers never gets the chance to participate in any decision making activities of the project. Program personal feels that teachers are not part of the mainstream development programme, though education is one of the major components of the project.
- Education staff of this project are not given any time or space to prepare them mentally for other types of job or to accept that after some time some of them will lose the job. This happened here because the project management is not accountable to their staff and to the children. This is out of professional rules and ethics.
- According to the staff though there are 12 primary school and two madrasa but the quality of education has not been ensured in any of the schools. In general parents and SMC members' are not aware about the issues of child development and growth, and problems that children facing in different ages, it is important to involve the mothers in all kinds of activities targeted to parents. Program need to pay special attention to mothers, because in this patriarchal society males tend to ignore the role of mother in grooming their children. This will increase the status of the woman in the family as well as in the society at large.

### 3.1.3 Economic Development

#### Savings, Credit and Income Generation Activities

CHDP is working as a facilitator for helping the groups in operating the savings money and in by annual audit of savings and income of the groups, build leadership and management capacity among the group members in the program areas:

- All of the 40 savings group members are participating in monthly meeting. At present they have amount of average Tk 12, 000. The weekly saving of each group member is Tk.20. Group members are allowed to withdrawn savings as per need and they are keeping the accounts with them directly. reasonable
- With the loan of CHDP women group members are mainly investing in poultry and ducks, fish culture, tailoring (sewing in machine), vegetable gardening and making a good profit out of that. With that profit some group members are repairing houses, some have built better houses, sending their children to school and arranging better food for the family. They are also keeping a portion as saving for future needs such as marriage of daughter, medical treatment etc.
- Monthly amount for savings has been fixed by the project and primary group and CSG has no participation in the decision making process. In some primary groups when they increased the amount of savings money many poor group members left the group.
- Through the savings group activities and the sewing training of project is not really targeting the poor. They are providing loan to those women who can return the money without getting returning from their IGA project where they have invested the money. For example one person can take tk. 15,000 as loan from the project in which case she needs to pay back tk. 1520 every month including the savings. Cow rearing, chicken and duck rearing, rickshaw van none of these IGA components starts returning money within a month.
- Many women use the loan money to fund economic activities of the males in their family (son or husband). These include purchasing rickshaws, and mortgaging land for rice production. When they impersonally handle their investment, it is usually in gardens, poultry or livestock. Overall the loans were invested in traditional activities which were already familiar to the borrower.
- The recovery rate of loan is approximately 100% and monthly savings are quite regular. Compare to other NGOs interest rate (10%) is relatively low in CHDP.
- Revolving loan program started on 1996 and the starting fund was tk.-1,30,975.00. In December 2008 it has increased Tk-19,88,502.00 with service charge included. In December 2008 total service charge earned tk-15,71,516.00 (with bank interest tk-2,88,213) but tk.4,19,989tk has transferred to the CHDP and rest remain in the bank.
- Income from credit programme is not used efficiently. By using this income CHDP can try to fulfill the compliance requirement of Government for the maternity and

the pathological laboratory. Also if the current school buildings are transformed to socialization/resource center then the project will be able to run the resource centre by using the income from credit program.

- In the working area of CHDP, half of the group members are poor and most of them are living very close to the poverty line. However, CHDP's coverage of hard core poor is not satisfactory.
- Group members received different type of IGA training such as tailoring, duck and hen rearing, small enterprise and modern farming from CHDP. Most of these training are given by CHDP staff and partially these training are imparted by the health and development field worker.
- According to the data of the skill trainer so far project gave training to 350 women and from 2007- March 2009 150 women are working with The Salvation Army and 40 women bought sewing machine and working independently.
- Project has 150 skilled production workers, who are working with the project and producing handicraft (jute work) and other items for Salvation Army Sally Ann show room. These skilled women are contributing a good amount of money to their household and from a wider perspective they are contributing to reducing poverty of the local community.
- Some poor women have upward move in the society and they have changed their social position by earning and contributing to the family. But this sewing training is not free for anyone. Course fees were tk. 300 before (it was not fixed in a participatory method and group members had no role in fixing the course fees). From last January project has made the fees double and now it is tk. 600. This year still project didn't get any trainee.
- Tk. 300 was out of the reach of poor women before, from this project hardly any poor received sewing training and making in Tk. 600 is even a process of exclusion for women who are belonging to marginal poor and low income group.
- Although project personnel said that the training on handicraft is still free, but as per the circular of the course this is free for those women who will get admission to the sewing course.
- In all components this project has a top down implementation approach and do not allow the primary groups, CSGs, field workers and even project core staff to share their opinion and views with management. Core staff only carries over the command of the project manager. For example increasing the course fee of the sewing course from tk.300 to tk. 600, increasing the service charge of the clinic, increasing the tuition fees of the school all were decided by the PM and been approved in the staff meeting.

### 3.1.4 Primary Health Care

The goal of primary health care program is to improve the health status of women and children in target families by promoting primary health care in order to prevent themselves from common and self manageable diseases:

- Conducting group discussion of preventive health care and development of awareness is done especially by the CHDP health and development worker. They encourage couples to use modern methods of contraceptive. They also teach group members how to install and use sanitary latrines. Wash hands before cooking and eating and drink safe water.
- In the primary health care programme project is working jointly with govt. particularly they are helping the govt. health sector to implement the national events on EPI and family planning in their working areas.
- Group members are aware of benefits of hygienic environment, use of tube-well, pure water and sanitary toilets (slab latrine).
- Villager people are aware of maternal health care and know how to take care during pregnancy. They are aware of nutrition and childcare. This a positive impact of the Primary Health Care Programme of the project.
- One woman stated that, "Our life become peaceful because we are getting family planning services within our reach and do not have many children, whom we cannot feed".
- Some of female group members received TBA training. But all trained TBAs are not practicing this expertise in the community.
- At the starting of the project in the project working areas there where no qualified doctors available for woman and children. As female mobility is very restricted so, women hardly had access to health services for physical problems unless that become severe. But CHDP's curative health service through clinic is still saving many poor peoples life. Providing low cost medical services has been highly appreciated by the villagers and particularly by the poor group members.

#### **Curative Health Services:**

- Project is running a clinic service where they have qualified staff and villagers are very happy with their service.
- This year like other programme component clinic also increased their charge without holding a consultation with the people of their catchments areas. Even health sector staff didn't participate while the decision of increasing the charge been taken by the management.
- Within last two years project also close down their pathology and maternity services, because they needed to get govt. registration for those services. These services have greater demand in the community and project management without taking any initiative for registration had closed the units. They even didn't apply for the registration and tried to fulfill the govt. requirements for running pathology and more significantly the maternity.

- Cost recovery from the clinic is satisfactory. They are able to run their clinic service cost from the service charges and project needs to pay the salary of the clinic staff only.

### **3.2 Recommendation**

- In order to run the activities smoothly and to save a good initiative which is directly benefiting the local people in general and marginalized peoples also Evaluation team strongly suggest that CHDP should reorganize the CSG and make it an organization for poor and socially disadvantage people, rather developing another place for village politics against the poor.
- CHDP should not to create class difference and huge gap in power relation by making the CSG open for all and by providing training to the educated influential people of the community. Minimum five years CHDP will closely work with local community by applying different method where the main vision and mission of the project would be changing the mind set of local people and make them active in working as change maker of the given community.
- In order to enrich group members' capacity to deal with health problems CHDP needs to provide training on HIV/AIDS, human rights and legal aids at group level and fro retention of the massages they need to repeat these training at least thrice in a year.
- To make their awareness program more effective CHDP needs to produce more poster, leaflet on FP, Human right etc. for distributing to community people
- To make the program more effective CHDP needs to develop their monitoring plan and tools based on the logical framework. Coordinator needs to have more group visits and also needs produce visit report as part of the monthly progress report. Supervisor also needs to visit the groups where field workers are facing problem or if any doubt he/she has regarding the progress report. Manager should at least visit 5% of the total groups every month. This sample of 5% should be selected randomly. All staff must sign in the visiting book of group after each of the visit.
- Group members need more training on accounts keeping and leadership. This will allow the groups to rotate the positions among all of them.

## Chapter 4

### Impact

#### 4.1 Finding

This Chapter examines the impact of CHDP interventions to the primary and secondary groups and in the community at large. It is very important to mention that that CHDP has been working in these areas over last 18 years. So this phase of the project is not really appropriate for impact assessment rather the evaluation will try to provide direction for future program design by doing the assessment of the activities and output.

In the light of the findings and the impact of the program, it is apparent that the project has achieved commendable success in achieving the objectives of Group formation & development, Primary health care and economic development.

- CHDP has partly created impact of all activities within the primary and secondary groups and their health component has created impact across the union, but their focus is not really clear. By using the integrated approach in development programmes focuses on different issues at the same time, but among the sectors of work each of the programme or project have their clear vision, what they actually like to achieve through the programme implementation. It was not clear to the evaluation team what CHDP want to achieve by forming the women saving groups, community support groups, and adolescent groups and by implementing the health and education proramme across the union. CHDP is not really focusing on any crucial issue of the given community they are working with and staff were unable to explain what they have so far achieved and what they really like to get as output by implementing the project.
- Apart from economic activities primary groups and CSG none are having any idea about their role and social responsibilities particularly in development of their own community.
- Formation of male and female saving groups involving people from poor strata of society was a unique step towards the effectiveness and impact of the project. But over ten years no social awareness related training were given to the group members and as per the proposal they didn't even receive proper training on leadership and accountants keeping. As a result of that apart from contributing economically primary groups were unable to create any other impact in the community.
- Project had formed these primary groups without any vision and in a long run they were unable to continue the male groups.
- Female group members' mobility increased and now they are also economically contributing in the family, which increased their status within the family. Female headed poor women also have an upward social move due to the scope been created by the project for them to earn as a skilled production worker.
- At large in the community skill training is also creating wider scope for primary group members to earn more by scaling up the job market for them and many of them are working in the informal garment sector.



- Due to its mode of operation functional literacy has very minimum impact among group members and non group members. All most of them can write their name, but none of them can read and keep simple accounts. Their ability to read and write made them empowered.
- Among group members gender based violence and early marriage has been a prevailing factor among the group members life and many women left the group and also not at all interested to join in the CSG because their husbands and in-laws didn't allowed them to continue with the group.
- Groups own capital has been increased, but groups are not using these capitals and even not encouraged by the project people for investing their capital jointly.
- The community people and group members are aware about hygiene and safe water. Many of them installed ring slab latrine and family members are using that.
- Apart from health other components/activities of CHDP has created impact within the group members (CSG, women's group and adolescent group etc.) only. But there is a very limited spillover effect of their activities in the whole intervention area.

## Chapter 5 Relevance

### 5.1 Findings

This Chapter examines the relevance of CHDP to the priorities and of the target people and policies of government. Relevance is discussed in relation to primary and curative health services, education, economic development and social empowerment the community's own buildings of social institutions for their development and environmental promotional activities as these are the main components of the project.

#### 5.1.1 Primary Health:

Under this component CHDP is providing curative as well as preventive both types of services to the group members as well as other poor villagers too. From our visits to 6 primary groups in 6 CSG, discussions with group members, community people and local leaders about various components of the CHDP, we understood that the health education and curative services was highly regarded by the people. The topics included- sanitation, water-borne diseases, immunization, worms, antenatal & postnatal care, mother & Child care, breast feeding, child growth monitoring, TBA, nutrition, family planning, ORS, HIV/AIDS, Adolescents reproductive health etc. Group members and community people in general were able to discuss the importance of practices mentioned above and said they applied them in their daily lives. They say this has helped to reduce various diseases significantly among group members and community level through a multifaceted effect. The PHCP has made a significant impact on the priority needs for primary health education of the people in the programme area. Apart from these CHDP is providing low cost health service to poor people. Recently they have increased their service charge and also taking money for medicine. This decision of change in service rules been taken by the project management and community people had no participation in the decision making process. But due to the rise of service charges for all many poor people are not able to avail the health service of The Salvation Army.

CHDP also provided TBA training to untrained TBA's and some new ones who are currently using their skill been acquired in the training. Some of them didn't get much scope to use their skill in the community. During delivery women and their guardians prefer to go to a senior and aged person to deliver their baby or they prefer to go to the hospital. Compare to national statistics maternal and infant mortality and morbidity both are high in the working area of CHDP.

The evaluation results suggest that in the next phase of the project CHDP will need to restart their maternity service. This will help to reduce the maternal and infant mortality and morbidity in the area. In particular, we recommend a strong awareness campaign of some important items like- water-borne diseases, antenatal & postnatal care, mother & child care, HIV/AIDS and any other health education required in response to observed problems.

#### **Sanitation and hygiene promotion:**

Majority of the community people and members of primary groups visited by the evaluators had a good appreciation of the importance of the main preventative health practices and trying to implement them. To reduce the prevalence of water borne diseases getting access

to hardware facilities are an absolute need for the group members. In this given community majority people have access to hygienic latrine.

### **5.1.2 Education:**

Almost all the group members of women group and CSG said that these schools have created scope for their children to study in a formal school where they are getting quality education. In this union overall drop out rate of children are very low and number of school is much higher than the number of school going children living in the community. Still parents as well as teachers want to continue these schools.

We had long interactive sessions with CSG members, women's group members and education unit staff who cannot think of it that the school will be closed very soon. Our assessment result shows that CHDP so far run these schools by providing logistics support and teachers' salary, which CHDP do not need to continue. Because there is no need of primary schools in their working areas and the programme overhead cost is too high, which is 98%. But assessment findings shows that there is a great need in the community to ensure quality education in the primary school, particularly parents who are sending their children to The Salvation Army school are worried about the smooth transition of their children to other primary school. Based on findings evaluation team felt that CHDP needs to work with parents, teachers, local school management committee and students, who are thinking that government schools are own by the teachers and the government. Evaluation suggests in the next phase CHDP will organize the parents and local people to develop a local education forum and will make these parents and SMC aware about their role and rights on this school. Working with parents will have two fold impacts in the community i.e. many local parents can be addressed by the project activities and will have very strong allies who will help them to work in the area more effectively and also will help the women to become empowered as a mother. We would also suggest as CHDP have an existing structure of providing health service, they need to make a linkage of health services with education. Instead of providing institutional support they need to provide free health service to the poor students who are not able to attend the school in a regular basis due to illness. This will encourage other poor parents to send their children to the school. To encourage general villagers to send their children in the school they can organize annual sports for school students in the union, can give awards to best students, best parents and best SMC member of the union etc rather continuing schools where in six villages there are 14 schools. To get first hand experience of helping the schools to become one of the best in the country CHDP can arrange exposure visit of SMC members, parents and Teachers in the Shibrum school in Gaibandah district, which has been awarded as the best school in Bangladesh for it's performance and for having an active SMC and PTA (parents teachers association) or even in other good schools in the country i.e. Bormi primary school, Gazipur, Nobogram primary school, Noakhali etc.

### **5.1.3 Economic Development:**

Among the community groups only women savings group members received IGA training on poultry, fish culture, homestead gardening and some women received on payment training on sewing and also received free training on handicraft making by using jute materials. Apart from these some women received TBA training. As these training been given to the groups once in a life time and there is no post training follow up so most of the women are not using

the acquired knowledge on poultry, homestead gardening, fish culture and TBA. Fifty percent women who received sewing training and training on handicraft making are working with The Salvation Army as skill production worker and they are earning reasonably good amount of money. Rest of the fifty percent trained women are also working with informal sector garment and taking subcontract from other tailoring shops.

Savings is important for economic development. Group members show strong motivation for savings as a foundation of their economic development. Community support groups members are taking credit from own CSG and investing this money in different business and they are getting good profit from their business.

Evaluation finding shows it is crucial to emphasize the importance of developing livelihoods skills of all group members to improve their own income and employment opportunities. Evaluation team strongly recommends starting rigorous training on livelihoods skills at group level in the next plan of CHDP. Technical vocational training for youth and adolescents who are drop out of school needs to be started in partnership with ADAMS, Khulna, where CHDP will pay 50% cost of food and lodging and 50% cost should be paid by the parents. On the other hand adolescent children and youth will get free vocational training from ADAMS. However in Ragunathpur union none of the NGOs and local government has any intervention for this particular group.

#### **5.1.4 Social Empowerment and Institution Building:**

Formation of self help groups (40 women groups and 6 CSG) is the key to empowerment and development of their own sustainable institutions by community people. But these groups still do not have group level coordination. Because of lack of vision and strategic plan regarding the future of groups these groups still do not get a chance to organize them as a strong powerful social pressure group to make the government resources responsive. Intra group network needs to be developed. Then groups will be able to cash in their relation as social capital to move up and also without group level networking CHDP will not be able to form any type of upper level committee for advocating and lobbying with service providers to drag the local resources for their own community development. Also the current community support groups are for poor. This support groups needs to be reorganized for poor. If poor people are organized and empowered, they will be able to protect them from any form of injustice and will be able to appropriate resources for themselves. It is most important for community-based programmes to foster an enabling environment for poor people to actively participate in transforming their condition, develop their capacities to obtain livelihoods and have their own community-based organizations.

#### **5.2 Recommendation**

- Continue the primary health education programme: A stronger follow up of some important primary health education i.e. use of safe water and sanitation, HIV/AIDS, smoking will need to be continued in the next plan. Along with these topics other relevant and regular discussion issues also need to be continued such as water-borne diseases, antenatal & postnatal care, mother & Child care, nutrition, arsenic and some new health education messages like bird flue, hepatitis etc.

- Promote education by providing medical support to poor students through school: CHDP can start a free medical camp for poor children who will be nominated by their class teachers and will get one year's free treatment if they continue their school. Every time when they will come to the doctor they will need to get their class teachers signature on the card. This service will be provided to formal primary school students within the catchments areas of CHDP. Parents' forum, local elites and SMC members needed to be prepared through advocacy and awareness program of CHDP to support and partially contribute in this initiative and CHDP will provide technical assistance to the parents' forum/community forum.
- Promote education through raising capacity of the School Management Committee and the Parents and Teachers Forum: CHDP needs to organize at least 12 meetings in a year with parents and 6 meetings with SMC members around the issue of quality education and how to ensure education for girl child and children with special need. Education is the key for this patriarchal society to get freedom from the control of powerful patriarch and reduce the level gender based violence.
- Support school drop out adolescents with Technical Training facilities: Group members, particularly female strongly requested the next programme plan gives priority to technical training for adolescents of the community who are working as child labour. CHDP can provide skill training to their group-members' children and adolescents groups members who are drop out of school. Also they can make a partnership with ADAMS, Khulna to send their adolescent group members for different types of skill training.
- Start awareness and advocacy program to stop violence against woman: female group members are highly discriminated by the society because of their gendered position. Rate of gender based violence, polygamy, dowry and divorce or separation are quite high in the catchments area of CHDP. CHDP needs to launch awareness program in the community where males will also participate on these issues. They also need to form a village development group consist of socially acceptable elite persons and local government representatives such as ward members, which committee will work as catalyst to stop violence against woman and children in this area.
- CHDP also need to develop linkage with other NGOs like Doorbar network, Blast, BNWLA, BRAC, Acid Surveillance who are working locally to refer the victim of gender based violence to them.
- To grow the sense of unity and too share their experiences of stay as a group and the way to develop the local community CHDP needs to organize yearly convention of groups (separate for CSG, Women's savings groups and the adolescents groups) at union level. This will help the groups to have an exposure out of their own group and will encourage them to become more active.
- The evaluation team strongly recommends CHDP to start socialization center/resource center in each of their current schools, where they will set up a library, will have different types of games and educative toys, musical instruments and a resource person to take care of the resource center and also to organize children and youths to make them aware about Child rights, child sexual abuse, trafficking, impact of early marriage, impact of dowry etc. These centers main focus will be to motivate the future generation

not to get involve in anti social activities and to help them to uphold their self esteem and ethics in order to bring a positive change in a society where level of crime and social injustice is high and virtually no other NGOs or the Government is doing any thing to change peoples mind set.

- The evaluation team strongly recommends CHDP to reshape their program by scaling it up in the community. It is not recommended that CHDP will expand their area coverage rather evaluation team recommends to CHDP to start working among SMC, parents, school going adolescents and school drop out adolescents and need to raise peoples awareness on their rights and responsibilities towards the community.

## Chapter 6 Efficiency

(Comparison with alternatives, cost, time, budget)

### 6.1 Findings

In the last eighteen years CHDP's work has been directly benefiting more than poor and marginal people and their households in Ragunathpur union in Dumuria Upazila in Khulna districts. A total of 34 staff is employed by the programme, implementing activities with focus in 5 major sectors: viz. primary health education & curative health services, Education of children, economic development and social empowerment & institution-building by the poor and marginalized households and environmental issues. The CHDP focuses on education, economic development, social empowerment and institution-building because of its underlying philosophy. CHDP aims to develop people's capacity to continue and sustain activities changes by themselves and collectively as community and show light of better life to the community people of their working areas. The Salvation Army's understanding is that such changes will not be sustained without people's active participation and they have the capacity to do things by themselves with full ownership.

#### 6.1.1 key findings in relation to the programme's efficiency

- CHDP's staff members are found knowledgeable, committed and well conversant about different program activities.
- CHDP staff with whom we met were not allowed to list their achievements and lessons learned and use their experience of work in redesigning activities as per need. Because none of the staff have access to the project proposal and also to other papers. Their work plans are prepared by the project manager and they are just carrying over the order of the PM. As a result of that staff do not own the project. This made this project costly but not cost effective.
- According to the understanding of The Salvation Army Andulia CHDP project has been planned as an integrated development project but it is not implemented as an integrated holistic programme; especially at the community level. Integrated programmes are better options for rural poor. In many part of the country a good example can be seen in the integral connection between nutrition and vegetable and fruit cultivation and economic development.
- CHDP is not working in an integrated manner. But covering the areas of education, adult literacy, group formation, IGA training, primary health care and justice and human rights issues, it is difficult for project staff to be equally skilled in all issues. Most field staff requested more training and opportunities for learning through exposure in the areas where they are comparatively weak. CHDP does not yet have a training module that provides an integrated overview for all it programme staff and also were not able to create opportunity for all staff to have exposure visit to different organizations relevant fields.
- At the same time they do not have a trainer who can specially carry out the training activities at the community as well as at institutional level.

- As CHDP is a community-based programme it is important for the programme staff to have in-depth understanding of community-based programme approach, which primarily focuses on- i) active participation of community members in the programme; ii) need to develop the capacity of community people through all aspects of the programme; iii) ensure ownership of all the resources of the programme by the community people.
- The Community-based programme approach also creates opportunities for the community to envision their own future community relative to their present context (using PRA methods). The groups we visited and CHDP staff with whom we met were quite capable of listing their achievements and useful activities, but had real difficulties in picturing or describing their vision for the future of their community. The savings groups of women and the CSGs future is stuck to their own economic development only and they are unable to visualize anything beyond self.
- To build up the capacity of community support groups, women's savings groups and the adolescent groups all relevant staff need immediate training on following issues:
  - Group formation and Leadership building
  - Advocacy and lobbying
  - Group management
  - Resource mapping and resource mobilization
  - Local need based IGA training i.e
  - Homestead gardening,
    - Cow and goat rearing ,
    - poultry
    - Fisheries management and marketing
    - Nursery management
    - Nursery pest control
  - Preparing compost fertilizer and use of it
- Mid-level managers should have training on following issues;
  - Monitoring systems
  - Data analysis
  - Project cycle management
  - Training planning and design
- Although during the SWOT analysis all staff mentioned that they have received training on different issues, but the quality of training was not very good. They do not have enough reading materials on development issues which they are working with. A list of training received by each staff member was created for this evaluation. All staff need to receive basic training on gender and development. All staff are not equally gender sensitive.
- 100% staff members have received different training on development related issues. On average each staff received 2/3 training on different subjects related to their activities. However, in case of some staff this appeared inadequate due to



their lack of scope to use the training in work and also due to their academic qualification.

- Although the personal file for each staff member contains notes documenting the training that person has received, there is no specific training register. A list of training received by each staff member was created for this evaluation.
- The project staff do not yet have a periodic (eg annual) target setting and review process. Training needs assessment would be best related to overall work appraisal in which skills and knowledge required for work could be assessed and documented.

#### **6.1.2 Management issues:**

- Andulia CHDP has come a long way since its inception in 1989. There have been periodical assessments and appropriate changes made in the proposal. But all changes were not implemented properly. The last external evaluation was conducted in 2004. Major recommendations were not received and appropriate action was not taken by the management. This indicates this particular project management has lack of capacity to take up new ideas and formulate new activities to implement in the working community for the betterment of the community people.
- It is recommended that the project needs to establish its own Monitoring and Evaluation unit. Also different units of the project needs greater structural coordination. In addition all staff including PM needs to learn how to keep documents both soft and hard copy. Overall this project is very weak in information collection i.e statistical data, case studies, success stories etc. and in proper documentation.
- In addition, amount of information collect during evaluation of different phase the CHDP are not also used properly for management purposes. One of the main reasons is that key issues for CHDP and major influencing factors are not identified, nor is appropriate data collected and analyzed in a form that managers can easily use.
- Due to the weak monitoring of progress and the top down autocratic process of programme implementation at field level this project become less efficient from the perspective of cost benefit analysis i.e. two staff are assigned for micro credit management, but they are not doing regular group visit, because management and both staff feel they are overloaded. Where as in the same area BRAC is assigning one person for 70 loan takers, which can be even from 100 different groups. Compare to BRAC or others CHDP staff needs to visit 5 groups per week only. It's same for health workers for six villages there are 8 health workers, which is not an efficient way of manpower distribution. On the other hand clinic is an emergency service where they have lack of staff. In education unit there is no need of having a coordinator, instead of that teachers can form a working team, which would be leaded by one of them who will be responsible for coordination and supervision of education related activities.
- The evaluation team notes that all individual staff members are scared of project manager. Thereby PM is continuously conveying a sense of power to control staff and creating disaffection within the project and affecting the organizational culture of participation.

## 6.2 Recommendation:

- CHDP needs to shift their programme implementation approach from welfare to right based community development approach.
- To make this project cost effective and efficient The Salvation Army need to do an assessment of workload of each staff according to activities implemented in the field and redistributes the manpower accordingly.
- All staff need in depth training on the philosophy, mission and vision of The Salvation Army, development goal, objectives and activities of Andulia CHDP and on rights issues.
- Develop an integrated holistic training module for CHDP covering all major subject areas and train all staff in their basic knowledge and skill requirements. Lessons learned from other similar programme of The Salvation Army may also be incorporated.
- Design a training course for all CHDP staff on the "Right based integrated community development programme approach" focusing on i) active participation of community people in the programme, ii) need for developing the capacity of community people in all aspects of the programme iii) ensuring ownership of all the resources of the programme by community people.
- Each Community Support Organization must be encouraged through a participatory strategic planning process to envisage what they want their organisation to be like at the end of next 5-year period. The CHDP 5-year plan may then be prepared based on these community strategic visions.
- A one-year bridging period is required before initiating the next 5-year programme plan to enable this participatory strategic planning processes by the communities to be incorporated into the long-range plan of CHDP.
- Need to establish monitoring unit as early as possible. One person should be designated as monitoring officer and coordinator for all units, 2 persons assigned for micro-credit and 4 health workers needs to be assigned for group development. It is also strongly recommended that the staff obtain practical training from the Jessore CHDP programme of The Salvation Army which have good programme monitoring plan and tools.
- To get better output from the current staff The Salvation Army needs to arrange intensive training for project management personnel on right based community development issues and the attitude of development sector towards community, also on project management, team building and working in a team by applying the participatory method.
- The Salvation Army higher authority should take over the responsibility of monitoring, reporting and maintaining day to day relation with project office. Currently different staff are assigned to carry over different activities without even getting access to the project proposal.

## Chapter 7 Sustainability

### 7.1 Findings

The Evaluation Team found that women savings groups will sustain, but they will sustain for getting credit, if there is no credit activities what they will do group members are not yet sure about that. Evaluation team pointed out that this not the right time to make any comment on sustainability of the CSG. All the CSGs are very weak to run their own activities and all of them have almost zero idea about their role and responsibilities as these groups are not groomed by the project properly. Moreover, the objective of the project is to make the poor people empowered by organizing them and through capacity building procedure poor people will act for their own development. But the project has formed six CSGs for all people and these are dominated by the educated rich people and also by the male. Project need to make these CSGs a place for poor. From the sustainability point of view it is needed by the project to consolidate their activities at group level and concentrate on the economic activities, which will help to reduce poverty through expanding the job market and also will help poor people to diversify their livelihood options and reduce the risk of vulnerability and economic shock. CHDP not yet took any initiatives to encourage group member to investment their capital as group and to start small enterprises, which will expand the job market. On the other hand no initiatives were taken by the project to help the group members in diversify their livelihood options in general and particularly the women.

For its group level interventions to be sustainable CHDP has to be guided by social mobilization and institution-building processes so that the women's groups, community support groups and adolescent groups themselves analyze their own socio economic and moral situation and plan for their improvement. To achieve the project objectives, project approach needs to be changed and The Salvation Army need to adopt right based community development approach for this project from the next phase and will need to ensure group members participation in the process of project implementation and developed their capacity through need-based training and awareness building. For sustainability, special consideration needs to be given at the CSG to assist and to monitor the women groups and adolescent groups and the prime need is to build network between all the groups, local government and with other service providers.

As a service provider health unit will sustain. Cost recovery rate in the hospital is satisfactory. But to make it more sustainable CHDP needs to restart the maternity service again. At the same time to keep these facilities accessible to poor CHDP needs to redesign the payment structure of doctors' fees and medicine based on the concept of equity. It should vary according to the income and class status of the household of the patients.

#### **Following are some key findings;**

- The evaluation team observed that CSGs and women groups were formed to save money and to become united in order to improve their own economic condition. CSG are gradually becoming credit groups instead of developing them as changing agent for local development.

- Neither CHDP nor the two tier i.e individual women saving groups and the community support groups at village level groups have any understanding about strategy of becoming self reliant groups and to work without the help of CHDP. Ten years mature women groups are still guided by project staff. This indicates that these groups are not yet confident enough to run alone.
- It seems to the evaluation team that the issue of sustainability is not really even rooted in the head of project management. As a result of that over last 18 years project have not developed any exit strategy. Not only that CHDP is completely vision less about the future of these groups and groups are also vision less. An aim less mental dependency has been created among the women groups and CSGs.
- Although CHDP has been working for last 18 years in six villages in Ragunathpur union with the poor and marginalized groups to reduce the poverty of the area by changing the economic condition of group members but it has been difficult to see a multiplier or spill-over effect across the villages and beyond.
- Achievements in forming women savings group will sustain even beyond CHDP. But beyond CHDP existence of CSGs will be at risk. But the impact of health unit will sustain and extends throughout the population of the area through the practices of different people.
- This project is currently under threat. Because it's management is an autocrat and in the decision making process none of the staff as well as the community members have any participation. As a result of that project has been closing different part of the program depending on one person's decision and also in the current year it has increased it's charges for all kinds of services without listening to poor community people and project staff also. Which has been negatively resulting and it has reduced the number of patient in the hospital, reduced the number of poor women in the skill training etc.

## **7.2 Recommendation**

- A well defined strategy should be developed for the stakeholders at local level with strategic guidelines for different groups at village. CHDP should then replicate this approach throughout its working area.
- All types of groups need to develop their own vision and mission accordingly.
- The graduation strategy also needs to be developed with specific qualitative indicators which relate closely to vision and mission statement of groups.
- Training to develop capacity of all group members should be designed and conducted. Specially, the following training courses and activities could contribute to make the impact sustainable:
  - Leadership and Participatory Management
  - Advocacy and lobbying for tapping local resources

- Sustainable village development programme
  - Community-based Monitoring
- Yearly convention (once a year) should be arranged for all primary group and CSG members to share their experiences (peer to peer learning), so that their strategic vision for institution building and lessons learned along the way can be extended to other groups and it will also make the linkage and relation between groups, which will work as the basis of forming Union level Committee.
  - Considering the issue of sustainability project needs to develop their strategic plan for next phase with gradual exit plan. All villages will need the same time to prepare for phasing out as they started working in different villages more or less at the same time and also the whole issue of phasing out from one village and expanding the program to another village depends on the development of community support groups.
  - Building linkage of CSGs with the local government is necessary. Because local government will be here forever and also The Government of Bangladesh has resources at Union and Upazila level. Different organized networking bodies at grass root levels are successfully accessing them. In different parts of the country the different alliance and networks has been functioning well using a rights-based approach. Something similar should be incorporated into institution building and networking which will contribute to sustainability.
  - Andulia CHDP needs to go through staff appraisal to assess the satisfaction level of staff to work with current management. Also to assess the capacity of current management level staff to operate the project independently.
  - To sustain the project they need to form board of management consisting The Salvation Army central level staff, core staff of project, outside development experts and local elite. Currently there is no local board of management, so the PM will be accountable to board members for all kinds of activities. Board of management will work as an advisory committee also. However, they have management board at present (PM, Accountant, Education Supervisor, Community organizer and handicraft supervisor) they are included in Management board and all of them are subordinate staff of PM and they have no authority to raise their voice in front of superior authority. On the other hand always they are not capable enough to take policy level decision regarding the implementation plan of the project and also to solve many problems been faced by the project. This is recommended for any development project to have a board of management as advisory panel who will set together in every quarter at the project office.

## **Chapter 8**

### **Coordination/Coherence**

Andulia Community Health Development Project operating in an isolated manner within "the community". They have formed different groups but these groups do not have any working relation or network within them. Over last 18 years apart from health department project even didn't tried to build up any type of relation with the local government departments, district government agencies and other NGOs. This section examines the extent to which the project has sustainable linkages with other stakeholders.

#### **8.1 Findings:**

- CHDP hardly has any working relation with local government. When they organize training for their staff and for group members they are not trying to use the expatriate of government officials to provide technical trainings on agriculture, poultry and fisheries and on environmental issues.
- CHDP is attending the NGO coordination meeting in the Upazila and as well as in the district also.
- They are not really having a working relation with other local NGOs, which would help them to avoid all kinds of duplication and also to take help from others when ever needed i.e. they had trained their CSG members on gender and justice, where unskilled health workers worked as facilitators, if they would have network with local govt. women affairs officer and also with other NGO who have the experience of training others they would be able to hire them as facilitator.
- CHDP has no network with other service providers to refer their group members and patients to other NGOs and government medical centre and maternity for getting low cost or free treatment.

#### **8.2 Recommendation**

- CHDP must build a very strong working relationship and linkage with Local Government of Bangladesh and use their resources at Union and Upazila level.
- CHDP should make a list of service provider in the working Upazila and make a network with them. Particularly in health sector project need to have official MoU with upazila and district level maternity centre to refer their pregnant mothers.

## Chapter 9 Conclusion & Key Recommendation

### 9.1 Conclusion

Compared to project starting information, it is clear that overall socio-economic and environmental situation of the area has been improved a lot. This is also evident that through savings and skill training women group members' as well as other women who received the training their socio-economic condition has improved. Compare to women over the last 18 years project has done almost nothing for poor male and it was not possible for the evaluation team to assess the impact of the project on male as there are no specific programme component which had been focused to the interest of the poor male. In the community support group progress of women and poor in general is relatively slow because the CSGs are dominated by the educated rich people of the community and in terms of power structure illiterate poor and women are not in a position to play the equal role in the CSG. Though playing the key role in the CSG is their entitlement and the project is responsible to ensure that. The evaluation has apparently shown that even beyond the intervention areas of CHDP people from all strata of the society become aware about health and hygiene and both the health component has created very positive impact across the union. On the other hand this project has excluded poor people from their curative health services by increasing the service charge and also by closing the maternity service. Evaluation findings also shows that still there is a big demand of maternity services and the pathological services, but project without doing any needs assessment and without taking any initiatives to fulfil the compliance requirements of the government project had closed both the service centre.

Moreover education component of the project is not function well and it is a costly, but not cost effective component of the project. Compare to programme cost logistics cost of the education component of this project is too high (98%). Evaluation findings shows that there is absolutely zero need of running school, because in six villages where the current project has been working including two madrasa and three primary school of the project there are 14 school, which is too high in number and also beyond the government rules. Findings of the evaluation showed that CHDP needs to close their school as early as possible and there is a great need to organize parents and to work with local school management committee and teachers at the community level. CHDP needs to redesign their education component and also need to work as grass root level education advocacy group with local government and the community to ensure quality education in all school within the project working areas. However, considering the socio economic and political situation there seems to be a slow progress in behavioural changes towards improved moral standard and social environment, particularly regarding violence against women and children and also repression of women. It is important to remember that repression is one of the leading causes of depression and CHDP needs to focus more on advocacy and awareness activities on these issues in general and with future generation in particular.

Health, education, child rights and justice are the most priority issues in this community where poverty and gender are crosscutting issues needed to focus on. These project needs to be looked into these issues at this moment for ensuring sustainability of the

progress. To make the program sustainable, involvements of other stakeholders in planning and monitoring is one of the key things to do in future where different community groups and Union Parishad will play a vital role in implementing the right-based Program Approach.

## **9.2 Key Recommendations for the CHDP**

**Andulia community health development project should have one year interim period before starting the next phase to conduct series of participatory strategic planning process taking into consideration of recommendations of this evaluation and involving representatives of all primary groups and CSGs of the CHDP working area in order to develop their next project proposal with action plan.**

*The Evaluators strongly recommend that CHDP should redesign their activities focusing on Infant and Maternal Health, Education, child rights and Justice by considering poverty reduction and gender as crosscutting issues in the whole project. Also in the next phase CHDP needs to work with a clear guideline on role and responsibilities of the primary groups (women savings groups and adolescent groups) and CSG and the strategic plan to build the legal relation between primary groups, CSGs and local government bodies in the working area.*



**Terms of Reference  
for  
Review of  
Integrated Community Health and Development Project (CHDP),  
Andulia, Khulna District, Bangladesh**

**1. The Purpose and scope of the Review is:**

**Overall aims:**

- ❖ Evaluate project performance as regards to preparation and implementation of plans, follow-up on achievements of targets and objectives (impact)
- ❖ Identify Project Strengths and Best Practices
- ❖ Make recommendations on possible improvements in project design and organisation and on modifications to targets, objectives and plans for future implementation
- ❖ Make recommendations as to whether the project should be discontinued, consolidated, prolonged or expanded
- ❖ Assess the future sustainability of the different activities supported by the project after the phasing out of external financial support.

**2. The report of the Review will be shared with:**

- ❖ NORAD, Norway
- ❖ BN, Norway
- ❖ The Salvation Army, Norway
- ❖ CHDP, Andulia
- ❖ The Salvation Army, Bangladesh

**3. Participants in the Review**

The Review will be made as a joint effort with participation from all groups involved: Users of health and education facilities, participants in development work, project staff and manager, administrators from Bangladesh. The external consultant will be involved as the lead facilitator.

*The Review Team will consist of:*

- ❖ **MS Rabeya Rawshan - Lead Consultant**
- ❖ **Two others members from The Salvation Army.**

The Review Team will undertake visits and interviews on their own and give their independent recommendations but will work in close collaboration with Project Manager Mr. Leo Sarker and Salvation Army Projects Officer, Captain Elizabeth Nelson.

#### **4. Time Schedule for the Review:**

The Review will take place at CHDP Andulia, Khulna on 15<sup>th</sup> March -19<sup>th</sup> March 2009.

#### **Tentative timeline 2009:**

Feb: Document Review - 3 days

March-April: Ms. Rabeya Rowshan to lead the overall evaluation. A field visit of 4 days including meetings with relevant stakeholders, e.g. the users of the health and education facilities, production groups for Sally Ann, members of loan groups, adolescent groups, and Community Support Groups.

There will be organised meetings with representatives from all levels of project staff;

- Separate meetings for health staff, educational staff and development staff respectively with qualitative methods to learn from their stories and work.
- Separate meeting with CSGs
- Meetings with local authorities to learn from their perspective on the programme
- Representatives for field staff and supervisors should also give their views at separate meetings.

Report writing 4-5 days

There will be a honorarium for the external consultant to cover 12 days of work, including the above and including a write-up of the findings and recommendations.

Main findings and recommendations will be presented to and discussed with CHDP, Andulia and The Salvation Army, Bangladesh and will be delivered in the form of a full report to Norway/NORAD during the project visit by 1 May 2009.

#### **5. Issues to be dealt with during the Review:**

##### ***a. Monitoring/follow-up regarding this Phase:***

Desk study of recommendations of review report from 2004 and fulfilment of programme objectives up to spring 2009 by MS Rabeya Rawshan. A desk

study of the project's performance according to the financial and narrative reports (end-of-year-reports 2005-2008). Desk study of KPC report for Fall 2008.

**General assessment of the implementation of the project**

- ❖ present status of the implementation compared to the approved activity plan and budget (cf. 7.)
- ❖ plans for the remaining project period.

***b. Evaluation/learning looking ahead:***

General assessment of the future of the project

- ❖ for phasing out and/or handing over project activities to permanent local structures, particularly in the education field
- ❖ Assess the relevance and future needs of the project activities, which should be continued and at what level and which activities will The Salvation Army, Bangladesh, the local government, local communities or others be willing and able to continue.
- ❖ measures to be taken to enhance the future sustainability of project activities.

***Assessments to be made for the following project sectors:***

I. Health.

II. Schools

III. Microfinance/savings program

IV. Community Support Groups and other community empowerment issues, that are new to the present project and need to be further developed

## Annex-2

### Evaluation/ Assessment Model (Guide)

#### **Executive summary**

##### *Acronyms*

#### **01. Introduction**

- (a) Background to the evaluation and the project
- (b) Analysis of the context
- (c) Methodology of evaluation
- (d) Limitations of the evaluation

#### **02. Effectiveness**

(Has the project been effective in achieving its intended objectives at Goals, purpose & output levels?)

- Findings: (groups capacity for leadership, increased utilization of services by the poor, increased economic, health, social security of member)
- Conclusion
- Recommendation

#### **03. Impact**

(What are the effects of the project on the lives of beneficiaries, non-beneficiaries & factors influencing those actors?)

- Findings: (Increased participation & control by people's groups, success of integrating people, increased understanding of empowerment, contribute resources for change)
- Conclusion
- Recommendation

**04. Relevance** (How relevant the project is to priorities & policies of the target groups?)

- Findings: (Effect of increased emphasis on mission-vision-values training - relevance of the project to needs/ values ability of the target people, project contributes to local society, organization staff)
- Conclusion
- Recommendation

## **05. Efficiency** (Comparison with alternatives, cost, time, budget)

- Findings: (Quality of training & technical support team, assess dropping of people from the project)
- Conclusion
- Recommendation

## **06. Sustainability**

(Is continuity by the people possible? Ultimate ends? Ownership by the people?)

- Findings: (Management & financial continuity by the people, Accountability of staff to the people/country, Leadership role of the poor & women in organization & society, Understanding of potential challenges when donors support will be reduced/discontinued)
- Conclusion
- Recommendation

## **07. Coordination/Coherence**

(Integration/net-working of the project with Government /other NGOs)

- Findings: (Linkages& relationships with government/other NGOs, coordination among projects stakeholders, monitoring, evaluation & quality assurance)
- Conclusion
- Recommendation

## **08. Conclusion**

## **09. Annexes**

Annex - 3

**The Salvation Army CHD Project, Andulia, Khulna  
Meeting schedule for evaluation team**

Date	Day	Time	Meetings
15/03/09	Sunday	9.30am-10.15am	Meeting with Dev. Staff
		10.15am-11.00am	Meeting with Health staff field
		11.00am-11.30am	Tiffin
		11.30am-12.30pm	Meeting with Education staff
		12.30pm-1.30pm	Meeting with representatives from all levels of project staff.
		1.30	Lunch
16/03/09	Monday	8.30am-9.15am	Meeting with Clinic staff
		9.30am-10.15am	Meeting with Raghunathpur CSG
		10.30am-11.15am	Meeting with Komrail CSG
		11.30am-12.00am	Tiffin
		12.15am-01.00pm	Meeting with Shahapur CSG
		01.15pm-2.00pm	Meeting with Andulia CSG
		2.00pm	Lunch
		17/03/09	Tuesday
		9.30am-10.15am	Meeting with Krishnanagar CSG
		10.30am-11.15am	Meeting with Krishnanagar 2 WSGs
		11.30am-12.00pm	Tiffin
		12.15pm-1.00pm	Meeting with Deroli 2 WSGs
		1.15pm-2.00pm	Meeting with Raghunathpur 2 WSGs
		2.00pm	Lunch
18/03/09	Wednesday	8.30am-9.15am	Meeting with Komrail 2 WSGs
		9.30am-10.15am	Meeting with Andulia 2 WSGs
		10.30am-11.15am	Meeting with Shahapur 2 WSGs
		11.30am-12.00pm	Tiffin
		12.15pm-1.00pm	Meeting with NGO working in the area
		1.15pm-2.00pm	Meeting with Upozilla officials (optional)
			Lunch
19/03/09	Thursday	8.30am-9.30am	Representatives from field staff and supervisors
		10.30am-11.30am	Meeting with Upozilla officials
		12.30pm-1.30pm	Meeting with local authorities
		2.00 pm	Lunch
		3:00 pm	Departure

WSG = Women Savings Group

## Annex-4

## List of Participants

### Participants of KII:

1. Chairman  
Ragunathpur Union  
Dumuria Upazila  
Khulna District
2. Credit supervisor  
BRAC  
Ragunathpur branch
3. Mr. Leo Sarkar  
Programme Manager  
Community Health and Development Project  
Andulia, Khulna
4. Captain Elizabeth  
The Salvation Army Bangladesh  
Central office
5. Captain Nipu Baroi  
The Salvation Army Bangladesh  
Central office
6. Mr. Sankar Kumar Nandi  
Programme Manager  
Community Health and Development project  
Jessor

### Core Staff:

Sl	Name of the staff	Position
1	Mr. Leo Sarkar	Proj. Manager
2	Mr. Susanto Biswas	Accounts Officer
3	Dr. Sukumar Mondol	Med. Officer
4	Mr Mukundo Shaha	Med. Asst.
6	Mr. Dulal Das	Health Supervisor
7	Mr. Ramen Biswas	Field Organizer
8	Mr. Kartik Halder	Field Organizer
9	Mrs. Saibia Seikh	Handicraft Super.
13	Mr. Topon Boiragi	School Super
14	Mr. Sanat Mondol	Development Coordinator

**Clinic Staff:**

Sl	Name of the staff	Position
1	Dr. Sukumar Mondol	Med. Officer
2	Mr Mukundo Shaha	Med. Asst.
3	Mrs. Mukti Kundu	Snr. Nurse
4	Mr. Dulal Das	Health Supervisor

**Health and Development Staff:**

Sl	Name of the staff	Position
1.	Mr. Ramen Biswas	Field Organizer
2.	Mr. Kartik Halder	Field Organizer
3.	Mrs. Rokeya Khatoon	V.H.W.
4.	Mrs. Fatema Begum	V.H.W.
5.	Mrs. Sanchita Mondol	V.H.W.
6.	Mrs. Minu Sarkar	V.H.W.
7.	Mrs. Nilima Biswas	V.H.W.
8.	Mrs. Joyanti Bala	V.H.W.
9.	Mrs. Ronjita Mondol	V.H.W.
10.	Mrs. Hosneara parvin	V.H.W.
11.	Mr. Sanat Mondol	Development Coordinator

**Education sector staff:**

Sl	Name of the staff	Position
1.	Mr. Topon Boiragi	School Super
2.	Mr. Kader Mollah	Teacher
3.	Mr. Anil Bala	Teacher
4.	Mrs. Bina Mallick	Teacher
5.	Mr. Abu Sayed	Teacher
6.	Mr. Shyamapado Das	Teacher
7.	Mrs. Kalpona Mondol	Teacher
8.	Mr. Sukdev Mondol	Teacher
9.	Mrs. Mahamuda	Teacher
10.	Mrs. Bashonti Bala.	Teacher

**Community Support Groups**

Sl	Name of CSG	Name of Participant
01	Deruli CSG	1. Nittanando Sarker. 2. Samajpoti Mondol. 3. Susuma Rani. 4. Bimola Rani. 5. Hirenmoy Mondol. 6. Monowara Begum. 7. Kobita Saha. 8. Nargis Begum. 9. Aloka Rani. 10. Dr. Badol Halder. 11. Kakoli Kormokar.
02	Raghnathpur CSG	1. Dr. Omar Ali Molla. 2. Uttam Das. 3. Nemai Das. 4. Nasrin Sultana Lipi. 5 Rita Saha. 6 Hamida Begum .7. Nazma Begum . 8. Shilpi Saha. 9. Anita Saha. 10. Susanta Das. 11. Nazma Saharin. 12. Nasima Khatun. 13. Parul Khutun. 14. Varoti Saha. 15. Purnima Rani Krmokar. 16. Taroki Rani Das. 17. Monowara Begum .
03	Komrail CSG	1. Abdul Mannan Jodder. 2. Salaha Begum. 3. Salina Begum. 4. Jahanara Begum. 5.



		Rohima Begum . 6. Sahajahan Sarder . 7. Ullasini Bairagi . 8. Shakma Begum . 9. Ramproshad Bairagi .
04	Krishnanagar CSG	1. Shotodal Gharami . 2. Ramesh Mondol . 3. Horichad Modol . 4. Somoresh Mondol . 5. Gita Rani Mondol . 6. Bithika Mondol .

### Women Saving Group:

Sl	Name of Groups	Name of Participant
01	Rupsha Saving Group, Shahpur	1. Nazma Begum . 2. Halima Begum . 3. Shahinur Begum . 4. Rokeya Begum . 5. Shapali Begumj . 6. Kobori Begum . 7. Vhanu Begum . 8. Forida Begum . 9. Hamida Begum . 10. Lovely Begum.
02	Meghna Saving Group, Deruli	1. Marufa Begum . 2. Dalia . 3. Nazma . 4. Salma Khatun . 5. Lipi . 6. Salina . 7. Panna . 8. Shabana . 9. Halima
03	Progoti Saving Group, Deruli	1. Aloka Saha . 2. Kobita Saha . 3. Parboti Saha . 4. Archona Saha . 5. Putul Saha . 6. Shapali Saha . 7. Anjoli Saha . 8. Anjoli Saha(2) . 9. Shapali Halder . 10. Doli Saha . 11. Laboli Halder.
04	Shathi Saving Group, Deruli	1. Dipali Saha . 2. Maya Saha . 3. Bina Saha . 4. Krishna Rani . 5. Kolpona Saha . 6. Shilpi Saha . 7. Nasrin Sultana . 8. Sadhana Saha . 9. Sonali Saha . 10. Rupali Saha
05	Doell Saving Group, Deruli	1. Hena Begum . 2. Taslima Begum . 3. Nasima Begum . 4. Rojina Begum . 5. Sokhina Begum . 6. Fotema Begum . 7. Rexona Begum . 8. Shahinur Begum . 9. Jesmin Begum . 10. Aleya Begum.
06	Das Para Saving Group, Deruli	1. Parboti Das . 2. Suroti Das . 3. Khoushalla Das . 4. Miloni Begum . 5. Sobita Das . 6. Shilpi Begum . 7. Vhanu Begum.

### Adolescent Group

Sl	Name of Groups	Name of Participant
01	Komrail Baly Group	1. Nila Khatun. 2. Poli Khatun . 3. Munni Khatun . 4. Sumona Khatun . 5. Mukta Khatun . 6. Sabina Khatun . 7. Panna Khatun . 8. Aani Khatun . 9. Shathi Khatun . 10. Laki Khatun . 11. Salma Khatun . 12. Bithi Khatun . 13. Shathi Khatun(2). 14. Rabeya Khatun . 15. Shiblu Khatun . 16. Suraiya Khatun . 17. Fatema Khatun . 18. Tazma Khatun.
02	Krishnanagar Golap Group	1. Anima Maittara. 2. Priyanka Bairagi. 3. Juthika Bairagi. 4. Shapna Mondol. 5. Pinki Maittara. 6. Shathi Mondol. 7. Rinki Sarder. 8. Priyanka Biswas. 9. Protiva Bala. 10. Shukla Mondol
03	Raghunathpur Daspara Shapla Group	1. Stefen Sushanta Das. 2. Uttam Das. 3. Alok Das. 4. Milon Das. 5. Kishor Das. 6. Protap Das. 7. Deb Kumar Das. 8. Sankor Das. 9. Plabon Das. 10. Ripon Das. 11. Shubtotto Das. 12. Basudeb Das. 13. Shamuel Tarun Das. 14. Taposh Das. 15. Alamin Gazi.

**Annex- 3 Cost analysis of different component of the project**  
**Cost Analysis of Clinic**

**Expenditure :-**

Particular	2004-2005	2005-2006	2006-2007	2007-2008
Salary-	537,139.00	618,444.00	673,771.00	742,046.00
Medicine	187,812.00	194,219.00	186,979.00	220,681.00
Medical Supplies	4,293.00	5,904.00	5,216.00	10,950.00
Medical insurance	30,531.90	17,469.83	17,622.09	--
Laboratory	--	65,114.75	30,891.00	7,227.00
Clinic registration fees	--	1,000.00	1,000.00	--
Medical Equipment	--	--	12,750.00	--
<b>Total exp =</b>	<b>759,775.90</b>	<b>902,151.58</b>	<b>928,229.09</b>	<b>980,904.00</b>

**Income :-**

Particular	2004-2005	2005-2006	2006-2007	2007-2008
Medicine	190,693.30	108,144.05	136,491.75	195,830.80
Clinic collection & others	--	76,738.00	90,340.00	97,990.00
Laboratory	--	36,881.00	42,218.00	6,900.00
<b>Total Income =</b>	<b>190,693.30</b>	<b>221,763.05</b>	<b>269,049.75</b>	<b>300,720.80</b>

**Cost Analysis of Education**

**Expenditure :-**

Particular	2004-2005	2005-2006	2006-2007	2007-2008
Salary-	803,063.00	908,837.00	999,779.00	1,103,678.00
Education materials	136,259.00	124,369.50	150,358.00	176,702.00
Adult Literacy	13,975.00	31,004.00	25,759.00	34,413.00
Travel	904.00	1,261.00	1,165.00	1,484.00
School Furniture	--	154,770.00	--	--
<b>Total exp =</b>	<b>954,201.00</b>	<b>1,220,241.50</b>	<b>1,177,061.00</b>	<b>1,316,277.00</b>

**Income :-**

Particular	2004-2005	2005-2006	2006-2007	2007-2008
School development fees	38,711.00	49,105.00	81,481.00	78,763.00
<b>Total Income =</b>	<b>38,711.00</b>	<b>49,105.00</b>	<b>81,481.00</b>	<b>78,763.00</b>

### Cost Analysis of Development

#### Expenditure :-

Particular	2004-2005	2005-2006	2006-2007	2007-2008
Salary	239,498.00	174,746.00	192,810.00	325,761.00
Travel	5,799.00	9,106.00	8,512.00	11,855.00
Tree plantation	10,474.00	1,703.00	7,430.00	5,586.00
Total exp =	255,771.00	185,555.00	208,752.00	343,202.00

#### Income :-

Particular	2004-2005	2005-2006	2006-2007	2007-2008
Microcredit S. Charge	--	113,000.00	143,500.00	163,489.00
Tree plantation	--	1,605.00	4,624.00	3,351.00
Total Income =	--	114,605.00	148,124.00	166,840.00

#### Revolving Loan Report

The Salvation Army, Dumuria C.H.D.P.

Andulia, Khulna.

- 1) Revolving Loan Program started in 1996.
- 2) When the Program started it's actual fund was tk.-1,30,975.00.
- 3) In December 2008 it has increased Tk-19,88,502.00 with service charge included.
- 4) In December 2008 total service charge earned tk-15,71,516.00( with bank interest tk-2,88,213) but 4,19,989tk has transferred to the C.H.D.P.

#### 5) Loan disburse & collection

Year	Disburse			Recover	Outstanding
	Principal	S.Charge	Total		
1996	47,500.00	4,750.00	52,250.00	33,250.00	19,000.00
1997	207,000.00	20,700.00	227,700.00	101,800.00	125,900.00
1998	544,000.00	54,400.00	598,400.00	393,800.00	204,600.00
1999	950,500.00	95,050.00	1,045,550.00	772,110.00	273,440.00
2000	987,500.00	98,750.00	1,086,250.00	962,400.00	123,850.00
2001	1,195,100.00	119,510.00	1,314,610.00	1,445,070.00	(130,460.00)
2002	1,639,200.00	163,569.00	1,802,769.00	1,769,960.00	32,809.00
2003	1,988,100.00	198,810.00	2,186,910.00	2,022,853.00	164,057.00
2004	1,288,640.00	128,864.00	1,417,504.00	1,588,829.00	(171,325.00)
2005	1,182,000.00	118,200.00	1,300,200.00	1,421,931.00	(121,731.00)
2006	1,341,000.00	134,100.00	1,475,100.00	1,468,890.00	6,210.00
2007	1,451,000.00	145,100.00	1,596,100.00	1,508,650.00	87,450.00
2008	1,949,000.00	194,900.00	2,143,900.00	1,841,600.00	302,300.00
Total =	14,770,540.00	1,476,703.00	16,247,243.00	15,331,143.00	916,100.00

- 6) Total Loan disburse :- Principal tk- 1,47,70,540.00  
S.Charge tk- 4,76,703.00  
Total = 1,62,47,243.00
- 7) Total Loan recover :- Principal tk- 1,40,47,840.00  
S.Charge tk- 12,83,303.00  
Total = 1,53,31,143.00
- 8) S.Charge transferred to C.H.D.P- tk-1,31,476 & rest of the amount have into the Bank account.

#### Annex-4

The Salvation Army  
Integrated Community Health and Development project ( CHDP)  
Andulia, Shahpur, Dumuria, Khulna.

#### Staff Training list.

Sl	Name of the Staff	Designation	Training Received
01	Mr. Leo Sarker	PM	ZOPP Advanced Course=97, ZOPP Basic Course=96, Project Cycle Management Workshop=96, Training of Trainer's(TOT)=94, The third International Conference on AIDS in Asia and the Pacific ( The fifth National AIDS Seminar in Thailand)=95 Enhancing Community-Based Management in Primary Health Care=99, MANGO
02	Susanta Kumar Biswas	AO	Computer=2000, Fish Farming=95, Poultry Training=95, Training of Trainer's(TOT), Book Keeping,
03	Tapan Kumar Bairagi	School Sup.	Basic Training=92, HIV/AIDS Counseling=93&95, New Curriculum=96, Basic Primary Education=07, Integrated Education, Computer =04, Training of Trainer's(TOT)=95, Good Governance and Legal Rights=08, Human rights and Women Rights=07, Spoken English =08.
04	Kalpona Mondol	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
05	Kader Mollah	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
06	bina Mollick	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
07	Mahmuda Khanom	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
08	Anil Bala	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
09	Sukdeb Mondol	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
10	Basonti Bala	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
11	Shyamapado Das	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
12	Abu Sayed	Teacher	New Curriculum=95, New Curriculum Primary Education=97, Integrated Education=98.
13	Dr. Sukumar	Doctor	Norplant Implantation.

	Mondol		
14	Kukti Rani Kundu	Nurse	Nursing Training, Delivery Training, I.U.D training(Copper -T )
15	Mukundo Saha	Assist. Medical Officer	Management Development=97
16	Mr. Dulal Das	Health Supervisor	Male Nurse=97, Community Based Development=01, Computer=01, Basic Health Care Training(Part-11)=98, Management Development=97, Basic Health Care=97, Training of Trainer's(TOT)=95, Planning and Management Development=94, Electrical Technician Course=86, Inj-Refresher, Reproductive Health, Health Education and TBA+ FP, Good Governance and Legal Rights=08, Human rights and Women Rights=07, Relief and Rehabilitation=91.
Sl	Name of the Staff	Designation	Training Received
17	Fatema Begum	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
18	Rokeya Khatun	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
19	Minu Sarkar	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
20	Nilima Biswas	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
21	Sanchita Mondol	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
22	Joyanti bala	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community

			Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
23	Ronjita Mondol	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
24	Hosneara Pervin	VHW	Basic Health Care Training (Part-11)=89, Poultry=99, Vegetable=99, TBA=2000, Community Health and Development=02, EPI=96,03,04, Development Communication and Motivation, AIDS=95
25	Ramen Biswas	C. Organizer	Community Based Development=01, Training of Trainer(TOT)=06, Poultry and Fish Farming, Disaster management, Computer=01, Organizational Management, Adult Literacy Training=06. Trafficking = 04. Good Governance and Legal Rights=08, Human rights and Women Rights=07

Sl	Name of the Staff	Designation	Training Received	year
26	Kartick Chandra Halder	C. Organizer	Community Based Development=01, Training of Trainer(TOT)=04, Poultry and Fish Farming=04, Computer, Livestock Training, Adult Literacy Training, Good Governance and Legal Rights=08, Human rights and Women Rights=07	
27	Saibia Khatun	Handicraft Supervisor	Embroidery=97, Dress making=97, Type writing English and bangla=86, Shot hand=86, Hand sties=97, Tailoring=96, Good Governance and Legal Rights=08, Human rights and Women Rights=07	
28	Veronica Das	Assistant		
29	Rekha Shill	Cook		
30	Motier Rahaman	Guard		
31	Abdul Latif Sheikh	Guard		
32	Dilip Mondol	Guard		
33	Basudeb Das	Guard		



34	Rozina Sheikh	Cleaner	
35	Sanat Kumar Mondol	Development Co-ordinator	Computer=05, Training on Participatory Learning and Action (PLA)=05, Training on Arsenic Mitigation=05, Primary Health Care=08, Communication & Counseling=08, Community Mobilization= 08, Behavior Change communication=08, Adolescent Training=07, HIV/AIDS Counseling=06. Homestead Gardening=06, Mapping =06.

## Annex-5

### List of Training and Trainee of TSA Andulia

Sl. No.	Time line	Names of training	Total participants	Cost
1	1.2.1994 to 5.9.1995	Tailoring, embroidery, Handicraft	109	Free of cost
2	5.9.1995 to 22.4.1996	Tailoring, embroidery, Handicraft	39	Free of cost
3	22.4.1996 to 1.12.1996	Tailoring, embroidery, Handicraft	30	Free of cost
4	1.12.1996 to 1.2.1998	Tailoring, embroidery, Handicraft	22	Free of cost
5	2001	Tailoring	22	Tk 300
6	2003	Tailoring	17	Tk. 300
7	2004	Tailoring	14	Tk. 300
8	26.6.2007	Jute work	37	Free
9	14.08.2007	Jute work	70	Free

- 1996-2001- 37 women are working freely in their community
- 1994 - 2007 total 350 women received training
- 2007-2009 total 150 women are working with TSA production work and more than 40 women bought sewing machine and are working freely in their community.

## Annex-6

### Advertisement for Admission

This is for you kind information for all members of Women Savings Groups and CSGs of The Salvation Army that admission is going on for training on tailoring and handicraft for the New Year. Interested members are requested to contact with Mrs. Saibia (Handicraft Supervisor) within December 22, 2008 in office hour.

Conditions of admission as follows:

1. Members must have the inhabitant of project's area.
2. She will be the member of TSA savings group or CSGs
3. Education qualification needs at least class 8.
4. Age will be maximum 35 years.
5. Organization will not give any training assistance such as paper, pen, pencil, tape, needle, thrade and scale.
6. She has to pay Tk. 600 in one installment for admission within December 22, 2008.
7. Duration of training is 6 month (3 months for tailoring and 3 months for handicraft).
8. Class will be held for 2 days in a week (Sunday and Wednesday)
9. Class time could be chanced due to order pressure.  
If any trainee shows good performance or TSA think she will be able to do or if she agrees she can get the order from office.
10. She has to remember that she will not get any order within 6 month of training period.
11. Previous member will get order first.

Class will start from January 4.2009

Authority  
The Salvation Army  
Andulia, Khulna.