

Annex I: ToR, Evaluation Matrix, Results Framework, IHE-IRB Approval Letter, List of Interviewees, and Selected Upazilas

1. Terms of Reference

TERMS OF REFERENCE FORMAT (INSTITUTIONAL CONSULTANCY CONTRACTS)	
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UNICEF-BCO: TERMS OF REFERENCE (TOR)
Project/Programme assignment title: Evaluation of Community-based health systems strengthening program in UNICEF supported areas
1. Background and rationale: <p>UNICEF and Government of Bangladesh (GoB) with support from Civil Society Organizations (CSOs) have been implementing Community Support Systems (CSS) in project areas in Bangladesh. Through the partnership with CSOs, several demand creation activities have been undertaken to increase awareness of service users, and use of MNCH services, especially in hard-to-reach areas. The Community Support System programs have different implementation period by districts, and have phased out in those districts without support from development partners. The results of some recent studies showed that these demand creation activities at the community level helped to increase MNCH service utilization (Jahan et.al. 2016, Jahan et. al. 2017). However, there is a gap in knowledge, because the impact evaluation of such intervention has not been conducted in more detail.</p> <p>As of Sep 2018, the intervention is currently being implemented in two districts of Bangladesh with support from UNICEF (Tangail and Khulna), and will be implemented in five more districts (Patuakhali, Sirajganj, Moulvibazar, Jamalpur and Rangamati) from October 2018. This assignment aims to conduct impact evaluation of the Community Support Systems program in some selected new districts against OECD-DAC evaluation criteria with some economic analysis elements in comparison with control districts. Cost-effectiveness evaluation of this program will also be done, as such is important for measuring use of services, and efficiency gain in health service delivery. Both qualitative and quantitative surveys will be conducted in selected intervention and control districts. The study will compare the change in utilization of MNCH services during baseline and end-line in intervention and control areas. The change in the level of quality of services in intervention and control areas will be studied, and the cost-effectiveness of CSS program will be analysed. The study will also review and compare similar programs in Bangladesh and in similar developing countries. The evaluation report will be disseminated among the national stakeholders and policy makers for higher level advocacy, and for mainstreaming in national programs.</p>

2. Purpose/Objective of the assignment:

The objective of this impact evaluation is to determine, as systematically and objectively as possible, the effectiveness, efficiency, relevance, appropriateness and coherence of Community Support Systems, through a comparison between intervention and control districts. Effectiveness and efficiency of program will also be studied through cost-effectiveness analysis (CEA). The agency will first develop a theory of change of the programme, making the pathways from inputs to impacts clear, and will derive from this ToC and evaluation framework that will guide the evaluation itself.

The agency will review the effectiveness and impact or impact potential of the programme in relation to its objectives; the efficiency with which its project outputs and activities are being delivered and their connectedness to those produced by other actors; as well as assess the programme's sustainability and/or potential for sustainability.

The objective of evaluation is also to understand whether the findings and recommendation can be used for high level advocacy for scaling the program with GOB support. Related to this point, the evaluation will also be backward looking and consider the activities and efforts that were performed during the past program periods, and which may feed into the next steps.

Impact evaluation will follow OECD-DAC criteria and UNEG evaluation guideline. A desk review will be conducted for situational analysis in Bangladesh.

Specific objectives

- To assess impact of program on utilization of MNCH service and examine the cost-effectiveness of the program in intervention and control areas using both quantitative and qualitative surveys
- To evaluate Relevance, Effectiveness, Efficiency, Sustainability, and impact of the project (OECD DAC evaluation criteria)
- To identify the enabling factors, key barriers and bottlenecks to achieving program results
- To assess the achievement of project over the given environments, challenges and lessons learnt
- To provide information as a basis for making concrete recommendations and planning for improving MNCH activities
- To assess scalability and sustainability of the program at national level.
- To develop user-friendly materials that can be shared with the findings of the evaluations

3. Scope

The agency will prepare the theory of change through review of program documents, proposals and progress reports, and through consultative meetings with UNICEF, GOB and implementing partners, so that indicators and means of verification can be defined across level of changes. The ToC will be the basis for the design of the evaluation framework that will guide the creation of indicators and data collection tools. The agency will develop a proper sampling methodology and power calculations that will ensure that impacts can be estimated with at least 80% power. The agency will propose the best evaluation methodology given the characteristics of the programme, which will need to account for selection bias. The agency will conduct baseline field survey and end-line field survey using CAPI, and analyze the data between baseline survey and end-line survey to assess achievement of the expected outcomes and impacts. The qualitative survey through key informant interviews and focus group discussion with

beneficiaries will provide in-depth knowledge on reasons for impacts of the programs. Facility surveys and review of secondary data will be conducted for review of service utilization and costing. Exit client interview will be held at different tiers to assess the effect of community support systems and changes in perceived quality of care at the facilities. A mix of both primary data collection and secondary data collation and analysis should be considered to answer the key survey questions. Through qualitative interviews, the agency will collect primary data from key health officials from government, and from service providers at health facilities and communities. Secondary data collation will be conducted through review of national surveys (BDHS, MICS), HMIS data and other grey literature including health facility admin data. A mixed methods approach that combines the analysis of quantitative and qualitative data needs to be ensured.

The agency will review the lessons learnt from the programs, and make recommendations for national level programs and policy makers through consultative meetings and dissemination activities.

• **Evaluation issues and questions**

During the inception phase, an in-depth desk review will be conducted for past program progress reports, programme documents, any other available documents related to community based health program for MNCH, data on MNCH from HMIS, and other grey literature related to the project. Sub-questions based on the OECD-DAC criteria should be further defined and prioritized. An inception report should include the details of the methodology to be used, and an Evaluation Matrix for each finally agreed research question and a detailed analysis plan. The below list shows key research questions, and suggested methods for further exploration. The following evaluation questions and issues will need to be covered in the assignment.

- **Relevance:** Whether the objectives of the community support systems match the needs of the target groups and the Government's, UNICEF's and other stakeholders' basic development-policy orientation.
- **Effectiveness:** Demand creation and increase in utilization as a result of community support systems initiation, the quality of MNCH services that public facilities are delivering, performances against target, review the barriers.
- **Efficiency and cost effectiveness:** Whether the community support systems can achieve targets at an affordable cost.
- **Impact and results:** Identify the effects the community support systems may have had on MNCH services and the health system, and the strengths and weaknesses of the community level activities.
- **Sustainability:** To analyse the sustainability of the CSS, capacity of the partners in maintaining community support systems to provide a high quality MNCH services and level of ownership for continued implementation of community support systems for improved MNCH service and beyond the life span of the development partners' support.
- **Coherence and coordination:** To analyse the extent to which the community support systems have systemically created synergies between the different health facilities (UHCs, UH&FWC and CC), towards achieving the defined objectives and goals over time and effective referral mechanism.

4. Budget: USD65,000 Grant: ROSA UNEG grant WBS: 5070/A0/05/101/001/096

5. Indicative assignment dates: 1st November 2018 – 28th February 2020 (16 months)

6. Duty station: Dhaka, with visits to the field

7. Methodology

The evaluation will be grounded on a sound theory of change that will guide the development of the evaluation framework. Both ToC and evaluation framework will need to be developed by the agency,

The agency will propose the best evaluation technique given the characteristics of the programme (i.e. non-random selection of treatment districts, coverage of the whole district, expansion to new districts in October 2018 and scope for inclusion of control districts). The proposed technique should take into account possible selection biases and should provide the best way to estimate impact with the least amount of bias. The methodology should also include power calculations to ensure high power of the tests.

Data collection should include a combination of sample survey of facilities and communities together with key stakeholder interview for the evaluation. For health services availability data, secondary data review and interview with local health manager and central health authority will be conducted. Data analysis will include review of secondary data, service records or registers, structured interviews, observation, site visits and any other data collection and analysis approaches deemed necessary and appropriate. Interviews will be carried out with eligible household members, community members, administration officials, service providers and any other relevant stakeholders. The research agency will use/develop maps to assess/inspect, in consultation with communities, the quality and level of services provided in the project areas. The geographic areas will be determined in consultation with UNICEF and GoB. A complete listing of health facilities will also be undertaken for assessment of service availability and quality in selected facilities. The detailed sampling design must be presented to UNICEF for clearance prior to field work (through inception report). The tool(s) and other data collection instruments for desk and document review, institutional mapping and data collection shall be shared with UNICEF for technical inputs and clearance before their application. The evaluation should employ the following combination of qualitative and quantitative data collection methods:

Formal Desk Review

- Systematic desk review of key documents (e.g., programme documents, presentations, intervention log frames, project proposals, MIS, etc.)

Primary Data Collection

- Health Surveys on key MNCH indicators at households
- Health Facility Assessment and exit client interviews
- Interviews and/or focus groups with key informants,
- Interviews or FGDs with end beneficiaries
- Costing of services and utilization of services for Cost-Effectiveness Analysis

Secondary Analysis of Existing Data

- Analysis of input, output and outcome data collected by UNICEF and others (both among program beneficiaries and non-beneficiaries, where possible)
- Use of real time HMIS data
- Use of health facility admin data and registers

The proposal should present the sampling framework that will be used for deciding both quantitative and qualitative data collection efforts. The quantitative data sample should be driven by power calculations that ensure that impacts can be estimated with 80% power. Sampling and power calculations with their assumptions need to be included in the proposal.

For national level results sharing and policy advocacy, dissemination activities and consultative meetings should be planned as agreed with UNICEF and Government of Bangladesh.

8. Evaluation norms and standards

The evaluation will abide by the following norms and standards:

- United Nations Evaluation Group (UNEG) Norms and Standards for Evaluation in the UN System, 2005 (updated 2016)
- Ethical Guidelines for UN Evaluations will guide the overall process
- The evaluation should incorporate the human rights-based and gender perspective and be based on Results Based Management principles and logical framework analysis

These guidance documents will be part of the contract of the evaluator/team.

The final report is expected to meet the UNICEF-adapted [UNEG Evaluation reports standards](#) as well as benchmarks used in UNICEF's [Global Evaluation Reports Oversight System](#) (GEROS). The final report of the evaluation will be rated by GEROS and the rating will be made publicly available in the UNICEF evaluation website.

9. Duration, timeline and deliverables

16 months

	Deliverable	Items covered/Included	Time frame	Payment schedule
1	Inception report and presentation	<ul style="list-style-type: none"> - Inception report including Theory of Change, list of indicators, data collection tools, data analysis and triangulation methodology, timeline, interview schedule, evaluation questions and tools consistency matrix, etc. - Secondary data review should have happened during this stage - Presentation of the inception report to UNICEF for approval of report 	2 month	20%
2	Field work and presentation of Baseline report	<ul style="list-style-type: none"> - Conduct data collection mission (interviews, surveys, observation) - Presentation of aide memoire on key findings and highlights from field work - Data Inputting, Analysis and Report Writing 	3 months	30%
3	End-line Field Survey and Draft final report	<ul style="list-style-type: none"> - Conduct data collection mission (interviews, surveys, observation, FGD) - Data Inputting, Analysis and Report Writing 	8 months	30%

4	Final report and presentation	<ul style="list-style-type: none"> - Data analysis and triangulation - Responding evaluation questions in report, ensuring DAC-OECD evaluation criteria - Drafting conclusions and recommendations tied with findings - Power point presentation with main contents of the report for initial feedback - Incorporation of feedback into final report - Final presentation 	3 months	20%
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9. Supervisors and management of the assignment:

Minjoon Kim, Health Specialist

10. Payment schedule:

First payment: 20% upon approval of the inception report and work plan
 Second payment: 30% upon completion of baseline survey and delivery of presentation
 Third Payment: 30% upon completion of end-line survey and receiving draft final report
 Final payment: 20% upon approval of final report and delivery of final presentation

**11. Qualifications or specialized knowledge/experience required for the assignment:
 Institutional Consultancy:**

- Agency and members of the team, including the leader, to have expertise and proven substantial experience of at least 10 years in health surveys, economic analysis and impact evaluations, with a focus on quasi-experimental evaluations in the field of economics, development economics or health economics.
- Adequate knowledge and exposure to the maternal newborn child and adolescent health situation and programs in Bangladesh and the sub-continent
- Skills in quantitative and qualitative data analysis ,synthesis and triangulation
- Acknowledged Ethical Review Board (either internal or external) approval process of proposals
- Good report writing and verbal communication skills
- Experience with UN or UNICEF an advantage

Prepared by:

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2. Evaluation Matrix

Research question	Key Indicators	Objectively verifiable indicators	Sources of Data	Respondents/ source of information	Tools/ instruments	Evaluability assessment
Relevance						
Does the targets of the CHSS program match the targets of the HNP sector of Bangladesh?	Objectives of CHSS	Targets of CHSS	KII and desk review	Civil surgeon/DDFP/ UHFPO/UFPO, Plans and Strategies	KII Guidelines, Sector plan and strategies	Moderate
Effectiveness						
Did the CHSS increased utilization of MNC&AH services?	Mothers receiving antenatal care from a medically trained provider	Proportion of mothers receiving antenatal care from a medically trained provider	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
	Women who completed 4 ANC visits or more during last pregnancy	Proportion of women who completed 4 ANC visits or more during last pregnancy	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
	Delivery conducted in health facility	Proportion of deliveries conducted by skilled birth attendants	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
		Proportion of delivery conducted at facilities (by public (BEmOC/CEmO) /private)	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire FGD guideline, Report of MICS, Report of BDHS	High
	Post-natal visit conducted within 2 days	Proportion of mothers receiving postnatal care from a medically trained provider	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High

Research question	Key Indicators	Objectively verifiable indicators	Sources of Data	Respondents/ source of information	Tools/ instruments	Evaluability assessment
	Treatment sought for pneumonia from medical facility/MTP	Proportion of children U5 with pneumonia in last two weeks who received antibiotic from medically trained provider	Household survey, FGD, MICS, BDHS	Mothers/caretakers of U5 children, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
		Proportion of children U5 (boys and girls) with suspected pneumonia cases in last two weeks who received full course of antibiotics	Household survey FGD, MICS, BDHS	Mothers/caretakers of U5 children, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
Did the CHSS program change the health care seeking behavior and improve knowledge on MNC&AH?	Unmet need of complicated pregnancy	Unmet need of complicated pregnancy	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
	Newborns died within 10 minutes after birth	Newborns died within 10 minutes after birth	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
	Clean cord care with antibiotic/ antiseptic	Clean cord care with antibiotic/ antiseptic	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High
	Newborn with suspected infection/sepsis who received care from MTP/at least PHC facilities	Proportion of newborns with suspected infection or sepsis who received care (antibiotics) from a medically trained provider of primary	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire, FGD guideline, Report of MICS, Report of BDHS	High

Research question	Key Indicators	Objectively verifiable indicators	Sources of Data	Respondents/ source of information	Tools/ instruments	Evaluability assessment
		health care facility or above				
	IYCF practice (breastfed within 1 hour after birth)	IYCF feeding practice	Household survey, FGD, MICS, BDHS	Woman with live birth in two years, Secondary data	Household survey questionnaire(U5), FGD guideline, Report of MICS, Report of BDHS	High
Efficiency						
Did the CHSS program increased utilization of available resources and improved efficiency at the facilities?)	Decrease in per patient cost and efficiency gain	Efficiency gain	Facility survey, Secondary data	UH&FPO/UFPO/RM O/ SACMO/FWV/ CHCP/Manager/ concerned person(s) in charge	Facility survey questionnaire, HMIS website, Project documents	Moderate
	Decrease in disability adjusted life years (DALY) related to MNCH	Decrease in burden of disease	Household survey, Secondary data	Woman with live birth in two years and Mothers/caretakers of U5 children	Household survey questionnaire, HMIS website, Report of MICS, Report of BDHS	Moderate
Impact/Results						
Did the CHSS program increased community participation and increase the capacity of the frontline activities?	Quality of MNCH services improved	Number of service providers trained on management of sick newborn and maternal complication management at health facilities (MCH, UHCs, UHFWCs)	Health facility survey, FGD, KII	UH&FPO/UFPO/RM O/ SACMO/FWV/ CHCP/Manager/ concerned person(s) in charge, end beneficiaries	Health facility survey questionnaire, FGD guideline, KII checklist	Moderate
		Number of service providers trained on essential newborn care (ENC)	Health facility survey, Secondary data	UH&FPO/UFPO/RM O/ SACMO/FWV/ CHCP/Manager/ concerned person(s) in charge, NGO	Health facility survey questionnaire, facility records, project documents and HMIS	Moderate

Research question	Key Indicators	Objectively verifiable indicators	Sources of Data	Respondents/ source of information	Tools/ instruments	Evaluability assessment
		Number of service providers trained at national level institutes and staff in facilities offering care for very sick newborn in project districts	Health facility survey and Secondary data	UH&FPO/UFPO/RMO/ SACMO/FWV/ Manager/concerned person(s) in charge, NGO	Health facility survey questionnaire, facility records, project documents and HMIS	Moderate
Sustainability						
Did the CHSS program increase the capacity of the local government in carrying the activities of CHSS?	Strengthening local governance	Capacity of union and upazila parishad in carrying out MNC&AH program	KII, FGD and secondary data	UH&FPO/UFPO/RMO/ SACMO/FWV/ CHCP/Manager/ concerned person(s) in charge, NGO	KII checklist, FGD guidelines and project documents	Moderate
		Capacity of CG and CSG in carrying out MNC&AH program	KII, FGD and secondary data	UH&FPO/UFPO/RMO/ SACMO/FWV/ CHCP/Manager/ concerned person(s) in charge. NGO	KII checklist, FGD guidelines and project documents	Moderate
Coherence and Coordination						
Did the CHSS program improve the referral system at upazila level and below?	Community health system strengthened	Referral of complicated pregnancy and sick newborn and child	Household survey, health facility survey, and secondary data	Mothers of U2 children and U5 children, hospital manager/UHFWO/RMO/key person	Household and facility survey questionnaires, Project documents	High
		Number of facilities with functioning default tracking system	Health facility survey, KII, and secondary data	Hospital Manager/UH&FPO/RMO/relevant person(s) in charge	Health facility survey questionnaire, facility records, project documents and KII checklist	High

3. Results Framework

PERFORMANCE MEASUREMENT FRAMEWORK (PMF)

Title	Improving sexual, reproductive health and rights including maternal and newborn health in Bangladesh.	No.		Team Leader	Mr. Joseph Sebhatu
Country / Region / Institution	Banqladesh/Asia	Budaet	USD\$ 27 million	Duration	5 years

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
ULTIMATE OUTCOME							
1000 Improved sexual, reproductive health and rights and reduced maternal and newborn morbidity and mortality in low performing districts in Bangladesh.	1. Maternal Mortality Ratio (MMR)	176 (UN estimate 2015)	121	BMMS	Periodic Surveys	BMMS – 4 yearly SVRS annually MPDSR Quarterly	MOHFW & NIPORT UNICEF UNFPA
	2. Neonatal Mortality Rate (NMR)	28 (BDHS 2014)	18	BDHS Baseline and End-line survey	Periodic Surveys	Every 5 years	MOHFW & NIPORT
	3. Infant Mortality Rate (IMR)	38 (BDHS 2014)	31	BDHS, MICS Baseline and End-line survey	Periodic Surveys	Every 5 years	MOHFW & NIPORT
	4. Adolescent Fertility Rate	113 (BDHS 2014)	105	BDHS	Periodic Surveys	Every 3 years	MOHFW

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
INTERMEDIATE OUTCOMES							
1100 Improved utilization of quality, gender responsive sexual and reproductive health-related information and services that equitably meet the needs of girls and boys and women and men.	% of live births attended by skilled birth personnel	42% (2014) 28% (DHIS-2 2016 in targeted districts)	65% (Increase by 7.5% per year from Baseline Expected SBA delivery per year 135,000)	DHS, MICS, BMMS, UHS DHIS2	Surveys and HMIS	Every 3 years	MOHFW & NIPORT
	Percentage of demand for contraception satisfied	83.9% (2014) Patuakhali 77% Rangamati 80% Sirajganj 84% Jamalpur 88% Moulvibazar 76% (MICS 2013)	87.2% Increase by 3% in each district: 1.5 mln women of reproductive age who are married or in union	BDHS, 2014	Surveys and HMIS	BDHS: 2017, 2020	MOHFW & NIPORT UNFPA
	Percentage of demand for contraception satisfied (15-19 years).	74.9% (BDHS, 2014)	2% increase per year 84%	BDHS, 2014	Surveys and HMIS	BDHS: 2017, 2020	MOHFW & NIPORT UNFPA
	Contraceptive prevalence rate (disaggregated by age to include adolescents aged 15-19)	62.4% (BDHS 2014) Adult 46.7 (BDHS 2014) 15-19	75% (2021 BDHS, national target) 55% (15-19 years)	BDHS, SVRS (potential source of annual data)	Periodic Surveys. The nationwide percentage can be calculated from DHS	BDHS every 3 years	MOHFW & NIPORT UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
	years of age)				data.		
	Proportion of women who delivered in the last 12 months, reporting 4 ANC visits during pregnancy	National 31.2% (BDHS 2014)	50% (300,000 mothers targeted for ANC4 per year)	BDHS, MICS, DHIS-2 project baseline and end line survey	HMIS, Annual Project MIS, survey	Annually	MOHFW & NIPORT, UNFPA
	% of last live births in the five years preceding the survey where mother/ child received PNC from a medically trained provider within 2 days of delivery	National : Mother 36.4% Children 31.5% (BDHS 2014)	50% (300,000 mothers received PNC per year)	Baseline/End-line survey HMIS BDHS DHIS2	BDHS 2017, 2020 HMIS, Annual Project MIS, project end line survey	Annually	MOHFW & NIPORT, UNFPA
	Number of Union and FWCs providing MR services.	53% (Gutmacher Institute, 2014)	75%	DGFP MIS Monitoring Missions	DGFP MIS	Annually	MOHFW
1200 Improved utilization of quality, gender-responsive	Proportion of newborn receiving all essential	6% (BDHS 2014)	40% (300,000 in 5 years)	Baseline/End-line survey DHIS2	Periodic Surveys	periodic	MOHFW , DGHS, DGFP

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
essential newborn and infant health services for baby girls and boys	newborn care practices among both facility and home deliveries – CHX, Thermal care, early initiation of breast feeding and delayed baths(72hrs) (Disaggregated by age)						
	Proportion of Newborn receiving postpartum care by trained health provider within 2 days of birth (regardless of place of delivery)-	32 % (2014), BDHS	64% Estimated 300,000 newborn receiving PNC by a trained provider within 2 days of birth	BDHS DHIS2	Survey	Every 3 years	MOHFW , DGHS, DGFP
1110 Enhanced Government of Bangladesh's (GOB's) policy commitment and ability to mainstream innovations nationally	Number of innovations targeting gender responsive public SRHR service delivery systems.	0	3	Project Report	Reporting	Every three years	MOHFW , DGHS, DGFP

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY														
through gender-responsive public sexual and reproductive service delivery systems.																					
IMMEDIATE OUTCOMES																					
1110 Increased skills and facility readiness to deliver quality emergency obstetric and neonatal care services for pregnant adolescent girls and women	Proportion of pregnant women with major direct obstetric complications who are treated in EmONC facilities	20% (2016) National : 40% (2014 EmOC assessment report) 13,735 <i>Complicated pregnant women treated in 2016</i>	60% increase from baseline <i>(22,000 Complicated pregnancy to be treated at facility per year)</i> <table border="1"> <thead> <tr> <th>Districts</th> <th>Complications per year</th> </tr> </thead> <tbody> <tr> <td>Patuakhali</td> <td>4973</td> </tr> <tr> <td>Rangamati</td> <td>1899</td> </tr> <tr> <td>Jamalpur</td> <td>7443</td> </tr> <tr> <td>Sirajganj</td> <td>9974</td> </tr> <tr> <td>Moulvibazar</td> <td>6936</td> </tr> <tr> <td>Total</td> <td>31224</td> </tr> </tbody> </table>	Districts	Complications per year	Patuakhali	4973	Rangamati	1899	Jamalpur	7443	Sirajganj	9974	Moulvibazar	6936	Total	31224	HMIS, EmOC assessment reports	Administrative report, surveys	Annually, periodic	MOHFW, UNFPA
Districts	Complications per year																				
Patuakhali	4973																				
Rangamati	1899																				
Jamalpur	7443																				
Sirajganj	9974																				
Moulvibazar	6936																				
Total	31224																				
1120 Increased capacity of skilled birth	Number of births attended by midwives	TBD	25% of all facility deliveries	HMIS, monitoring mission reports	Review of HMIS and hospital records	Quarterly	MOHFW (DGHS, DGFP), UNFPA														

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
attendants, especially midwives, including increased capacity in adolescent SRHR and in measures to prevent gender-based violence and child marriage & pregnancy	Number of midwives trained on the essential components of adolescent SRHR and in measures to prevent gender-based violence and child marriage & pregnancy which are not currently covered by the pre-service curriculum.	0 (2016)	1200 midwives	DGNM/ IP Reports	Review of records and IP reports.	Annual	DGNM, UNFPA
1130 Increased awareness and demand for institutional deliveries by skilled birth attendants including by mid-wives	Percent increase in a number of pregnant girls between 10 and 19 years of age who used midwifery services at targeted 38 MLC sites	TBD	10% increase over baseline	MLC register books	Review of register books	Annual	UNFPA, SRH Unit
	Percentage of women of reproductive age who can	TBD	80%	Cell phone surveillance	Review of the surveillance data	Annual	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1140 Increased capacity of health managers on planning, budgeting, implementing and monitoring gender-responsive SRHR including MNCAH services	identify 3 activities to prepare for birth.						
	Number of target facilities with functional QI system for SRHR including MNCAH services	0	80% (37 out of 46 Facility) (UHC & DH)	Project report	Project report	Annual	MOHFW , DGHS, DGFP
	Number of district health managers who are using 'gender responsive' planning (sex disaggregated data).	0	5	Monitoring missions	Monitoring mission reports	Annual	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1150 Increased availability of sexual and reproductive health information and services, including family planning information and services, especially for adolescents	Discontinuation rate for contraceptives among adolescents/women aged 15-49	30% (2014)	20%	BDHS (2017, 2020)	Review of BDHS data	BDHS every 3 years	UNFPA
	Number of women who received SRHR information and services (disaggregated by adolescents and women)	TBD (Baseline assessment)	73,000 adolescents 15-19 years of age 473,000 WRA	Hospital, school and club records	Analysis of reports (disaggregated by adolescents and women)	Quarterly	UNFPA
	Percentage of women aged 15- 49 who were provided with FP information by a health worker by the last 3 months,	TDB	TBD from baseline survey	Cell phone surveillance	Review of surveillance data	Annual	UNFPA
	Number of first time young mothers (max age 20, using services in UHC's) provided with ANC by midwives.	TDB baseline survey	TBD Baseline survey	Monitoring missions	Review of monitoring mission reports	Annual	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
	Percentage of adolescents who know the places within their reach to comfortably seek ASRHR and family planning services.	15.3% (2015) (GB baseline survey)	22% Eshani to confirm/ determine target	Midline and End line survey reports	Review of survey data	Mid line/ End line	UNFPA
1210 Increased coverage and quality of essential gender-responsive newborn and infant health services that equitably meet the needs of girls and boys, at community and facility levels.	Proportion of caregivers who know 5 danger signs of newborns	Baseline Assessment	30% increase from baseline	Baseline/ Endline Survey	Baseline/Endline surveys	Every 5 year	MOHFW , DGHS, DGFP
	Proportion of Infant receiving exclusively breast feeding for 6 months	55.3% (BDHS 2014)	80%	Baseline and end-line survey BDHS 2017, 2020	Routine administrative report, Surveys	annual, periodic	MOHFW , DGHS, DGFP

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1310 Increased capacity of Government of Bangladesh to translate pilots and operational research into policy and services.	Number of evidence based best practices documented	0	3	Project Report , minutes	Project Report	Annually	MOHFW , DGHS, DGFP, UNFPA, UNICEF
OUTPUTS							
1111 TA provided to strengthened capacity and readiness of government district hospitals and mother child welfare centers on provision of quality 24/7 comprehensive obstetric care in supported locations	Number of districts which have an established network of facilities providing 24/7 EmONC services	0 (2016)	5 (District Hospitals)	DHIS-2, FP-MIS, monitoring mission reports	Quarterly	Quarterly	UNICEF, UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1112 TA provided to upazila level and union levels of government on readiness of health complexes to provide quality 24/7 basic emergency obstetric care in supported locations	Number of UHCs health facilities who have provided 4 out of 7 signal functions in the last 3 months	0	46 upazilas	Hospital records, monitoring mission reports DHIS2	Review of hospital records (referral cards)	Annual/Quarterly	UNFPA
	Total number of facility deliveries in the 5 districts	44,725	89,450	DHIS-2, FP-MIS, monitoring mission reports	Quarterly	Quarterly	UNICEF, UNFPA
1113 Training provided to selected hospitals on accreditation as a women friendly hospital with associated package of services including gender based violence management in supported locations	Number of women received respectful women friendly services from five accredited district hospitals	TBD	50,000 per year	Admin report	Yearly	Yearly	UNICEF

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1114 Training and awareness raising programs provided to health workers on a comprehensive referral system for pregnant adolescents and women and newborns, including public private partnerships, in supported locations.	Number of high risk pregnant women referred in to higher facility (UHC + DH) per year	TBD	5,000	Admin report DHIS-2	Yearly	Yearly	UNICEF
1115 TA provided to service providers and managers to monitor distribution and ensure the quality of maternal life-saving drugs through supply chain management.	Number of facilities with no stock-out of oxytocin in last 3 months	30% (admin Data 2016)	100% 46 Facility (UHC & DH)	Admin report DHIS-2	Yearly	Yearly	UNICEF

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1121 TA and training provided to develop the gender-responsive policy and legal framework for the full development of the new professional cadre of midwifery, mentoring, deployment and retention strategies	Number of midwives providing midwife-lead continuum of care	0 (2016)	160	The policy documents, DNS reports	Review of documents and reports	Annual	DGNM, UNFPA
	Number of policy makers/ decision makers within the MOHFW who are capacitated on gender responsive policies and frameworks for the midwifery profession.	0 (2017)	50	Training registers, meeting minutes	Review of documents and reports	Annual	MOHFW, UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1122 Quality gender-responsive skill-based training, curriculum development, ToT, institutional capacity development and facility readiness enhancement of national midwifery and nursing institutions and training sites, as well as mentoring, supervision and professional development	Number of women receiving education and services on GBV from midwives in the 5 districts	0	120,000	DNS and BNC records, MIS	Analyses of records, review of MIS data	Annual	DGNM, UNFPA
	Number of midwifery faculty and/ or pre-ceptors who express confidence in being able to teach the following topic areas; adolescent SRHR, gender based violence, child marriage.	0 (2017)	150	DNS/ BNC records	Analysis and review of records	Annual	UNFPA Dalarna

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
that includes attention measures to address adolescent SRHR, and attitudes to gender based violence and to child marriage and pregnancy delivered.	Number of simlabs (in hospitals and in midwifery education sites) which have materials on the following topic areas; adolescent SRHR, gender based violence, child marriage available,	0 (2017)	8	Monitoring mission reports	Review of reports	Annual	UNFPA
	Number of deliveries conducted by midwives (posted in government facilities) nationwide	0 (2015)	525,000	DNS and BNC records, MIS	Analyses of records, review of MIS data	Annual	DGNM, UNFPA
1123 Midwifery-led gender-responsive service models that empower women, including	Number of districts with monitoring and supervision systems in place for midwives	0 (2016)	5	DNS and BNC reports, monitoring mission reports	Review of reports, interviews with midwives and their supervisors	Quarterly	DGNM, UNFPA,

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
supportive supervision structures introduced in selected locations.	Number of UHCs providing midwifery led continuum of care.	0	15	Monitoring missions, DHIS2	Monitoring mission reports, review of DHIS2 data	Annual	UNFPA
	Number of MR services provided by midwives in the 5 districts	0 (2016)	4000	DNS and BNC records, MIS	Analyses of records, review of MIS data	Annual	DGNM, UNFPA,
1131 Support provided to MoHFW to develop a training package for SRHR including MNCAH service providers on counselling skills on quality gender-responsive adolescent	Number of midwives trained on counselling skills for SRHR service provision	0	90% of midwives posted to 5 district public health facilities (144)	DGNM records	Reports from DGNM trainers	Annual	DGNM, UNFPA
	Availability of a training package on technical and counselling skills related to quality gender responsive adolescent	No	Yes	MoHFW training package/ documents	Review training materials	3 year of programme	UNFPA, MoHFW

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
friendly MNCH and SRHR, including on midwifery services available in the targeted districts.	friendly SRHR services.						
1132 Home-based counselling conducted with women and their families on birth planning, including on ANC, facility delivery, PNC and essential newborn care.	Number of women of reproductive age who identify midwives as safe birth attendants to perform deliveries	92,500 (5% of WRA)	370,000 (20% of WRA)	Cell-phone based surveillance system	Review of the surveillance data	Annual	UNICEF, UNFPA
	Percentage of women of reproductive age who can identify 3 activities to prepare for birth.	TBD	80%	Cell phone surveillance	Review of surveillance data	Annual	UNFPA
1133 Support provided to MoHFW to undertake orientations for officials, MPs, religious	Number of people (MPs, religious leaders, ministry officials and young people	0	1000	Registers/ participant lists	Analyses of records	Annual	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
leaders and young people and their in-laws regarding SRHR, gender based violence, and preventing early marriage and early pregnancy.	and their in laws) who are orientated on SRHR, gender based violence, and preventing early marriage and early pregnancy						
1134 BCC and IEC materials on five danger signs on pregnancy, labor and post-partum designed and disseminated in project locations.	Number of mothers counselled using BCC and IEC materials	16% (1,36,000 mothers receives ANC and nutritional counselling in a year)	65% 5,40,000 will receive individual counselling using BCC and IEC materials during pregnancy per year.	Routine HMIS data	Analyses of records, review of MIS data	Quarterly	UNICEF
1135 Functional community groups established to ensure improved post-natal care coverage that equitably meets the needs of girls and boys within 48 hours of delivery in	Number of functional community groups	50% (Total numbers of CG is 1084)	90% (976 CG functional)	Baseline/Endline survey; Project report; DHIS 2	Analyses of records, review of MIS data	Annual	UNICEF

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
project locations.							
1141 Training provided to local health managers in management and evidence based planning and budgeting.	Proportion and numbers of Health Managers trained on management & district evidence-based planning and budgeting for MNCAH programs.	TBD (Baseline assessment)	90% of health managers trained) (Total 117 Health Managers-41 UH&FPO and 5 Civil Surgeons 41 UFPOs and 5 DDFP, 15 RMO/MO-MCH/superintendent)	Project reports Training reports	Project reports Training reports	Annually	MOHFW , DGHS, DGFP, UNFPA, UNICEF
1142 District evidence-based planning and budgeting for effective coverage of SRHR including MNCAH developed, implemented, and monitored.	Number of district implemented evidence-based planning and budgeting for effective coverage of MNCH	0	5	District plans	Routine administrative Reports and District plans	Annually	MOHFW , DGHS, DGFP, District offices, UNFPA, UNICEF

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1143 TA and Training provided for national , divisional and district Quality Improvement institutions following national QI strategic framework for SRHR including MNCAH	Proportion and numbers of Health Managers, Service Providers trained on 5 S-CQI-TQM and PDCA	0	80% (400 health managers and service providers)	Project report	Routine administrative report	annual, periodic	MOHFW , DGHS, DGFP
1144 TA and Training provided on Comprehensive and web-based Maternal, Perinatal & Neonatal Death Surveillance, across the different tiers of health system	Number of targeted population reached during Social Autopsy in community	0	186,000 community people will be aware through social autopsy to prevent maternal and neonatal death	Project reports HMIS	Routine administrative Reports	Annually	MOHFW , DGHS, DGFPUNFPA, UNICEF
	Number of districts implementing MPDSR according to national guidelines.	0 (2016)	5	MPDSR reports of DGHS and DGFP, DHIS2	Review of MPDSR reports and maternal mortality data from DHIS2	Annually	UNFPA
1145 Web-based sex-disaggregated HMIS, Default tracking and health facility	Percentage of pregnant mothers fully tracked* for services. *Mothers	6 % (106 035 Pregnant registered in 2016 and only 3,527	25% 50,000 mothers will be fully tracked throughout pregnancy to ensure effective MNCH service	Project report DHIS-2	Routine administrative report	annual, periodic	MOHFW , DGHS, DGFP

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
monitoring on SRHR including MNCAH set up in targeted districts.	registered and received all ANC services, delivered at facility and received PNC services.	fully tracked)	per year				
1151 The Ministry of Health and Family Welfare and Ministry of Education have the capacity to provide SRHR information and services, including FP, to adolescents target districts.	Number of service delivery points with at least one trained service provider who can provide adolescent-friendly sexual and reproductive health information	2 (2016)	400	1) Progress report of DGFP (training attendance sheet) 2) Health Facility survey/exit survey Report 3) Administrative data	1) Periodic data collection; 2) Health Facility Survey	1) Quarterly; 2) 3rd year of the programme	UNFPA
	Number of education/training institutions teaching gender-responsive Life Skill Education according to developed curricula	150 (2015)	250	1) Annual report of MoE; 2) Session registers in schools; 3) Monitoring mission reports	1) Review of MoE Annual reports; 2) Review of monitoring mission report and interview with teachers/ students	1)Annual 2)Quarterly	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1152 An effective SBCC programme to increase acceptance by community members and create demand among adolescents for SRHR information and services, including FP, is implemented in target districts.	Percentage of adolescents who know the places within their reach to comfortably seek ASRHR services	15.3% (2015) in Patuakali	30% of all adolescent boys and girls (15-19 years of age) = 240,000	GB Project Baseline Survey, Midline and end line survey reports	Survey	Baseline, Midline and end-line	UNFPA
	Percentage of women in the reproductive age who have heard of at least four modern methods of contraception	TBD (2017)	80% of 1.95 mln of women of reproductive age in total = 1.56 mln.	Cell phone surveillance system	Analysis of surveillance data	Annual	UNFPA
1153 Health facilities provide high quality SRH and FP services, including to adolescents in target districts	Percentage of current users of modern methods, who were counselled on side effects at the time of acceptance of the method	TBD (2016)	TBD	Cell phone surveillance system	Analysis of surveillance data	Annual	UNFPA
	Number of women counselled and provided with post-partum family	0	30,000	DHIS-2	DHIS-2, monitoring reports	Quarterly	UNFPA

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
	planning services in the 5 districts						
1211 TA and Training provided to service providers on essential gender-responsive newborn care that equitably meets the needs of girls	Number of Service Providers trained on ENC	0	3000	Project report	Project report	Annual	MOHFW, DGHS, DGFP
1212 TA and Training provided to national level institutes and staff in facilities offering care for very sick	Number of Service Providers trained at national level institutes and staff in	2	400	Project report	Project report	Annual	MOHFW , DGHS, DGFP
1213 Communication materials, including print, mass media, ICT and social networking,	Proportion of male and female newborn treated at SCANU	60%: 40%	55% :45% Additional 500 female newborns will be mobilized to higher level facilities to improve gender inequality per	Project report	Project report	Annual	MOHFW , DGHS, DGFP

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1214 Training provided to service delivery providers on equitable case management of pneumonia and diarrhea for female and male infants.	Number of under five children received treatment for pneumonia by a medically trained provider <i>Service</i>	0	100,000 under five children will receive treatment for pneumonia and diarrhea at public health facility by 3000 trained service providers in a year (50% of total expected pneumonia case treated at public	Admin Data	Yearly	Periodic Admin data	MOH&FW, DGHS, DGFP
1215 Training and on the job supervision about recommended practices that address gender bias for early	Number of facility jointly visited by Health Manager and NGOs manager for monitoring	0	200 visits	Project reports	Project reports	Annually	MOHFW , DGHS, DGFP UNFPA UNICEF
1311 National Policy dialogue platform established for sharing lessons and mainstreaming successful	Number of round tables held at national level for SRHR, including maternal	0	5	Project reports	Project reports	Annually	MOHFW , DGHS, DGFP UNFPA UNICEF
1312 MNCAH forum established with parliamentarians. activists (civil	Number of MNCAH forum established at District	0	5	Project reports	Project reports	Annually	MOHFW , DGHS, DGFP UNFPA UNICEF

EXPECTED RESULTS ¹	INDICATORS ²	BASELINE DATA	TARGETS ³ 2022	DATA SOURCES METHODS	DATA COLLECTION	FREQUENCY	RESPONSIBILITY
1313 Training provided to health workers and community support systems on rights and accountability on SRHR including	Number of best practices established on rights and accountability on SRHR including MNCAH services	0	5	Project reports	Project reports	Annually	MOHFW , DGHS, DGFP UNFPA UNICEF

From Logic Model

1. Gender and Environment where possible
2. including time range (where possible)

4. IHE-IRB Approval Letter



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February 23, 2020

Nahid Akhter Jahan
Professor
Institute of Health Economics
University of Dhaka
Dhaka 100

Title of the project: Evaluation of Community-based health systems strengthening program in UNICEF supported areas

Dear Prof. Jahan

The Institutional Review Board of the Institute of Health Economics (IHE-IRB), which is approved by *Federalwide Assurance* (FWA), No. FWA00026031, has recently reviewed your responses to the conditions placed upon the ethical approval of the proposal entitled “Evaluation of Community-based health systems strengthening program in UNICEF supported areas”. Your proposal now meets the requirements and, hence, full ethical approval has been granted.

Dr. Muhammod Abdus Sabur
Chair
IRB, IHE

List of interviewees

Name and designation of the KII Respondent							
District	Upazila	Union	Name of the Respdents	Designation	Cont. No.		
Moulvibazar	Moulvibazar Sadar		Tawhid Ahmed	CS	01711-477074		
			Md.Abdur Razzak	DDFP	01718-157482		
			Mokim Hossen	NGO Personal	01725-479024		
	Sreemongal	Sreemongol Sadar		Dr. Sazzad Chowdhury	UHFPO	01936-418752	
				Rento Puru Kayasto	UFPO	01722-228232	
				Mrigendro Kumar	NGO Personal	01712-879221	
		Doshroth Union			Madhuri Rani	FWV	01728-899670
					Shikta Rani Dev	CHCP	01751-819765
					Sucheta Bhattacharjee	CHCP	01747-265886
					Reba Akter	CHV	01758-048184
					Mst. Nusrat	CHV	01782-749232
					Niaz Iqbal	LG	
	Komolgonj	Komolgonj Sadar		Mahabubul Alam	UHFPO	01752-672085	
				Rento Puru Kayasto	UFPO (In Charge)	01722-228232	
				Salauddin Bhuya	NGO Personal	01710-549286	
		Alinagar Union			Prodip Kumar	SACMO	01732-259437
					Sharmila Sinha	CHCP	01732-026150
					Abdul Hai	CHCP	01724-235925
					Tezu Malakar	CHV	01795-260827
					Anira Sinha	CHV	01713-809941
Saiful Islam					LG		
Borolekha	Borolekha Sadar		Dr. Ratnodip Biswas	UHFPO	01712-516246		
			Dr. Rashedul Hasan	UFPO (In Charge)	01712-247825		
			Nurul Islam Sobuj	NGO Personal	01711-516241		

		Uttor Shabazpur Union	Shamsunnahar Khanom	FWV	01710-926151
			Rubel Das	CHCP	01715-335190
			Ali Hossain	CHCP	01737-653366
			Shima Akter	CHV	01829-988827
			Parvin Akter	CHV	01767-129221
			Md. Selim Ahmed Khan	LG	

Name and designation of the KII Respondent						
Districts	Upazilla	Union	Name of the Respondents	Designation	Cont. No.	
Sylhet	Sylhet City Corporation			CS		
			Lutfunnahar Jesmin	DDFP	01711-174222	
	Suoth Surma	South Surma Sadar		Dr. Mynul Hasan	UHFPO	01711-440609
				Taposh kanty	UFPO	01922-722674
		Jalalpur Union		Pronati Rani Shill	FWV	01713-807253
				Md. Mozahid Ali	CHCP	01737-410955
				S.M. Omor Faruk	CHCP	01711-912448
	Bishwanath	Bishwanath Sadar		Dr. Abdur Rahman	UHFPO	01712-171813
				S.M. Ahmed Faruq	MO-MCH (Act-UFPO)	01711-380190
		Lamagazi Union		Rina Bala de	FWV	01819-566033
				Sheli Rani Dey	CHCP	01717-533734
				Bappa Das	CHCP	01719-426799
		Balagonj	Balagonj Sadar		Dr. Shahriar	UHFPO
				Hamida Begum	UFPO	01711-392278
	Kayosthoghat Union			Kohinur Akter	FWV	01774-147362
				Md. Josim Uddin	CHCP	01713-807015
			Bikas Das	CHCP	01723-095400	
Jaintapur	Jaintapur Sadar			Dr. Aminul Hoque	UHFPO	01819-371213
			Dr. Jahid	UFPO	01711-966855	

		Fatepur Union	Bithi Das	FWV	01739-626653
			Md. Ahsek Uddin	CHCP	01737-323130
			Md. Tazuddin	CHCP	01710-361372
	Golapgonj	Golapgonj Sadar	Dr. Monosh Dhor	UHFPO	01717-451597
			Uchit Kumar Sinha	UFPO	01711-977531
		Bagha Union	Shili Rani Dev	FWV	01711-385496
			Md. Kamran Hossain	CHCP	01711-911953
Shilpi Rani dey	CHCP		01754-772142		

Name and designation of the KII & IDI Respondent					
District	Upazila	Union	Name of the Respondents	Designation	Cont. No.
			Dr Faisal Nasim Sunny	UHFPO	
Patuakhali	Patuakhali Sadar			CS	
			Dr. Md. Samsujaman	DDFP	
			Ratna Rani Debi	NGO Personal	
	Bauphal	Bauphal Sadar	Proshanto Kumar	UHFPO	01711-190058
			Jakir Hossain	UFPO	01715-846220
			Abdus Sattar	NGO Personal	01712-125286
		Modonpur Union	Aminul Islam	SACMO	01727-348114
			Yasmin	CHCP	01734-958765
			Kamrunnahar	CHCP	01741-329206
			Taslima	CHV	01716-671463
			Dilruba	CHV	01767-199322
			Nur Hossain	LG	
	Kolapara	Kolapara Sadar	Dr. Chinmoy Howlader	UHFPO	
			Md. Ilias Khan Rana	UFPO	
				NGO Personal	
Dhulasar Union		Khalil	SACMO	01718-873441	
		Abul Hossain	CHCP	01745-536126	

			Sabih Sukhi	CHCP	01725-498499
			Jidni Akther	CHV	01831-969124
			Tania Akhter	CHV	01796-685026
			Bahadur Islam	LG	
	Dumki	Dumki Sadar	Dr Mir Shahidul Hasan	UHFPO	
			Md. Shafiqul Islam	UFPO	
	Taslima Birle Ansari		NGO Personal		
		Lebukhali Union	Naheed Ullah	SACMO	01746-740809
			Jahangir Alam	CHCP	01716-442163
			Tarikul Islam	CHCP	01736-183032
			Parvin Akhter	CHV	01792-406452
			Kohiur Akther	CHV	01688-428131
			Dulal Hawlader	LG	

Name and designation of the KII & IDI Respondent					
District	Upazila	Union	Name of the Respondents	Designation	Cont. No.
Borguna	Barguna Sadar		Dr. Humayun Shahin Khan	CS	01711-219850
			Tapash Kumar Shill	DDFP	01716-169725
	Pathorghata	Pathoghata Sadar	Dr. Muhammad Abul Fattah	UHFPO	01715-289095
			Dr. Bijli Bala Mitra	UFPO	01715-380005
		Kathaltoli Union	Smriti Mondal	FWV	01719-661669
			Biswajit Halder	CHCP	01710-077442
			Nipu Rani Baral	CHCP	01721-807967
		Amtoli	Amtoli Sadar	Dr. Shankar Proshad Adhikary	UHFPO
	Md. Alomgir Hossain			UFPO	01716-874547
	Arpangashia Union		Sumia Akter	FWV	01751-076217
			Tania Akter	CHCP	01745-675957
			MD. Parvez Mia	CHCP	01710-242539

Name and designation of the KII & IDI Respondent						
District	Upazila	Union	Name of the Respondents	Designation	Cont. No.	
Jamalpur	Jamalpur Sadar		Dr. Goutam Roy	CS	01716-885047	
			Jannat Yasmin	DDFP	01715-867168	
			Liton Kumar Sarkar	NGO Personal	01717-786183	
	Sarishabari	Sarishabari Sadar		Md. Rafiqul Haque	UHFPO	01711-828486
				Golam Rabbani	UFPO	01716-173833
				Liton Kumar Sarkar	NGO Personal	01717-786183
		Mohadan Union		Laily Begum	FWV	01737-017956
				Lipiar Khatun	CHCP	01937-924097
				Faruk Ahmed	CHCP	01734-128311
				Lucky Akhter	CHV	01742-569127
				Doly Akhter	CHV	01725-110652
				Alkas Ali	LG	
	Islampur	Islampur Sadar		Abu Taher	UHFPO	01716-318599
				Faruk Al Faisal	UFPO	01717-036300
				Liton Kumar Sarkar	NGO Personal	01717-786183
		Morkandi Union		Shirina Nasrin	FWV	01704-128277
				Abbas Ali	CHCP	01739-154930
				Jannatul Ferdaus	CHCP	01790-683667
				Farzana	CHV	01771-922444
				Zerin Jannat	CHV	01776-720950
Mofazzal Hossain				LG		
Madargonj	Madargonj Sadar		Saiful Islam	UHFPO	01728-031931	
			Dr. Asadul Islam	MO-MCH (Act-UFPO)	01712-585916	
			Liton Kumar Sarkar	NGO Personal	01717-786183	
	Sidhuli Union		Rupali Khatun	FWV	01723-171176	
			Sanoara Begum	CHCP	01748-577204	
			Younus Ali	CHCP	01732-510943	

			Ossa Parvin	CHV	01751-854110	
			Nazma Akhter	CHV	01762-355343	
			Nanto	LG		
	Bokshigonj	Bokshigonj Sadar	Dr. Protap Nandi	UHFPO	01734-174410	
				Mazedur Rahman	UFPO	01713-413328
				Liton Kumar Sarkar	NGO Personal	01717-786183
		Nilokkhia Union	Sahabuddin	SACMO	01768-154808	
			Akkas Ali	CHCP	01921-822478	
			Anjumanara Begum	CHCP	01736-972995	
			Jhorna Akhter	CHV	01951-921129	
			Ayesha Khatun	CHV	01751-830401	
			Nazrul Islam	LG		

Name and designation of the KII & IDI Respondent					
District	Upazila	Union	Name of the Respondents	Designation	Cont. No.
Lalmonirhat	Lalmonirhat Sadar		Dr. Nirmolendu	CS	01711-074348
			Md. Harun-or-Rashid	DDFP	01761-461000
	Aditmari	Aditmari Sadar	Dr. Snigdha Debnath	RMO (Act-UHFPO)	01787-973079
			Nazmul Huda	MO-MCH (Act-UFPO)	01732-549234
		Mohishkhota Union	Protiva Rani	FWV	01716-276587
	Mahmudul		CHCP	01719-247597	
	Moshiur Rahman		CHCP	01735-434689	
	Kalogonj	Kaligonj Sadar	Anjumanara Begum	UHFPO	01712-025514
			Shamsul Alam	MO-MCH (Act-UFPO)	01718-685434
		Gorol Union	Prionti Ray	FWV	01726-520411
			Biplob Shaha	CHCP	01724-777865
			Emranul Haque	CHCP	01722-254916

	Patgram	Patgram Sadar	Arup Kumar Paul	UHFPO	01714-080863
			Abul Kalak Azad	MO-MCH (Act-UFPO)	01715-145022
		Dohgram Union	Shapna Khatun	SSN	01774-180914
			Dulruba Yasmin	CHCP	01531-100668
			Raju Alamgir	CHCP	01776-920030

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Contract Number		
2	Moulvibazar	Sreemongol	Doshroth	FGD_11	Rajpara	Rubina Akhter	01763-842737		
						Jaya Akhter	01723-190761		
						Sokina	01735-153555		
						Ayesha			
						Kolpona			
						Runa	01789-591042		
						Mukta Das	01765-366042		
						FGD_12	Laiarkul	Sabiha Khanam	01734-262725
								Aklima Khatun	01733-895664
								Arifunnesa	
		Hasina Begum	01795-735261						
		Rozi Akhter	01722-660133						
		Sheli Begum	01742-497157						
		Shilpi Akhter	01765-654161						
		Komolgonj	Alinagar	FGD_13	Chitolia	Sobjan Begum	-		
						Taslima Akther	01723-575109		
						Ena Begum	-		
Mahmuda Begum	01776-444301								
Angura Begum	-								
Rabeya Begum	-								
Rehena Akhter	01700-600036								

			FGD_14	Sreenathpur	Awulia Begum	
					Shilpi Rani	01766-693493
					Sidhu Rani	
					Mollika	
					Shepul	
					Beauty Malakar	01728-361417
	Borolekha	Uttor Shahbazpur	FGD_15	Atoa	Nazira Begum	
					Rani Begum	
					Nasima	
					Lavelly Akhter	
					Shahida	
					Romana	
					Arifa Begum	
			FGD_16	Votosree	Romana	
					Nipa	
					Shayela	
					Rumi	
					Ferdausi	
					Fatema	
					Liza	

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Contract Number
1	Sylhet	South Surma	Jalalpur	FGD_01	Alamdin	Keya Akhter	
						Sujina Begum	01735-252058
						Rani Akhter	-
						Fatema Begum	01708-944857
						Shahanara Begum	-
						Shilpi Akhter	01765-715972
				FGD_02	Mokamduar	Nargis Akhter	01729-339197
						Rumi Akhter	01725-284537
						Happy	
						Maleka	01777-424902
						Lavly	
						Shely	
		FGD_03	Abokropur	Rumki Akhter	-		
				Rehena Begum	01746-878234		
				Amena Begum	01720-910368		
				Tajmin Akhter	-		
				Lubna Akhter	01795-395421		
				Khadiza	01762-414405		
		FGD_04	Merer Chor	Resna Begum			
				Momena Khatun			
				Shepa Rani			
Selina Khatun							
Jhorna Khatun							
Rubina							
FGD_05	Kayosthoghat	Balagonj	Kayosthoghat	Rumi Begum	01700-843561		

						Runa Begum	01775-255571
						Ayesha	
						Shepali	01723-436189
						Lovely	01758-680060
						Rita Begum	
						Happy	01760-346652
				FGD_06	Taharbohor	Jharna Begum	
						Rabeya Begum	01922-715138
						Sajeda Khatun	
						Lucky Akhter	
						Naznin Akhter	
						Shahina Akhter	
						Rahima Khatun	
		Jaintapur	Fatepur	FGD_07	Hemu	Binoti Rani	
						Rima Begum	
						Shammi Akhter	01719-504655
						Shamima Akhter	
						Rehena Akhter	
						Hasina Begum	
				FGD_08	Shikhar Kha	Tanjina Akhter	
						Tasmina Akther	01711-311239
						Jhumur Akther	
						Romana Akhter	01752-629463
						Sunara Begum	
						Nazma Akhter	
						Rina Begum	01792-145354
		Golapgonj	Bagha	FGD_09	Gopalnagar	Lucky Akhter	
						Nasima	
						Champa	01721-387701
						Ruzi Begum	01757-607299

						Peyara	01725-726141
						Hosna	01710-743133
						Maya Begum	
				FGD_10	Torogvag	Shahida Akhter	
						Rozina Akhter	
						Akhi Akhter	
						Nargis Akhter	
						Beauty Akhter	
						Rupa	
						Selina Khatun	

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Cont. Number
3	Patuakhali	Bauphal	Modhupur	FGD_17	Chandrapara	Monira	01730-899138
						Shima	01790-155198
						Aklima	01761-731153
						Mitu	01304-370799
						Akhinur	01714-140323
						Tanzila	01754-461181
				Khaleda			
		Kolapara	Dhulasar	FGD_19	Anantopara	Chadni	01745-197473

					Tinni	01749-767476
					Rima	01743-062264
					Golapi	01772-556002
					Jinia	01648-641402
					Aklima	01717-317586
					Monira	01782-751217
			FGD_20	Dhulasar	Kulsum	01777-446301
					Golapi	01775-281366
					Sabina	01753-628814
					Mahinur	01684-730288
					Selina	01753-995281
					Ria moi	01767-738702
					Chadni	01772-464611
					Sonia	01718-420904
	Dumki	Lebukhali	FGD_21	Atharogachi	Asma Akhter	01721-081511
					Mousumi	
					Nasrin	01750-219561
					Roza Akhter	01770-913052
					Sumi	01706-002026
					Rabeya	01778-137288
					Fatema	01763-714812
					Shimul	01727-173994
			FGD_22	Lebukhali	Tanzila	01795-712470
					Rima Khatun	01759-794340
					Shahinur Begum	01761-432827
					Tania	01731-280149
					Lucky	01743-858337
					Sumi Akhter	01319-955038
					Morsheda	01766-571188
					Lutfu Begum	01708-185645

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Cont. Number
4	Borguna	Amtoli	Arpangashia	FGD_23	Chorkgachia	Jesi Akhter	91734-424194
						Sonia	01740-666923
						Jepi Akhter	01718-544639
						Rabeya	01751-626244
						Meri	01312-011631
						Asma	01788-770255
						Jesmin	01780-738037
				FGD_24	Tarikata	Hosneara	01743-926720
						Sajeda	01748-996900
						Honufa	01797-230210
						Sharmin	01743-977165
						Salma Begum	01740-612361
						Hafsa	01737-587445
						Karina	01753-134214
		Pathorghata	Kathaltoli	FGD_25	Kathaltoli	Rumana Akhter	01725-618468
						Selina Begum	01779-299610
						Afroza Begum	01748-787989
						Salma Begum	02758-549366
						Asma Begum	01782-576218
						Parvin Begum	01739-755016
FGD_26	Dhalukar Chorduani	Dhalukar Chorduani	Dhalukar Chorduani	Parvin Begum	01886-627946		
				Layzu	01714-669529		
				Farzana Akhter	01753-023242		
				Fatema Akhter	01729-410007		
				Mahmuda	01724-417633		
Rumi Akhter	01762-074531						

					Nasrin	01306-400865
					Shima	01793-729052
					Mitu Rani	01787-530334

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Cont. Number
5	Jamalpur	Sarishabari	Mohadan	FGD_27	Mohadan	Mostakima	01788-102673
						Funeja Akther	01786-601304
						Khadiza	01869-413733
						Bonna Akther	01936-856630
						Akhi Akther	01311-355313
						Jahanara	
				Anna Begum			
				Moyuri Begum	01749-426833		
				FGD_28	Bashbari	Sabina	01767-754788
						Rumpa	01933-117996
						Anjuara	01944-650503
						Sabina	01931-744878
		Lipi Akhter	01994-744755				
		Laily Begum	01938-771540				
		Islampur	Morakandi	FGD_29	Chordadna	Shikha	
						Bilkis Begum	
						Jobyda	01984-549570
						Sobuja	01868-568433
Jakia							
Monjura							
Rokeya	01956-501956						

					Tania	01963-400108
					Minara	
					Jamila	01960-399652
			FGD_30	Morakandi	Sumi Akhter	01779-919621
					Rupa	01902-112780
					Liza	01994-504992
					Rozina	
					Hasi	01891-839948
					Kusum	01957-374709
					Tamanna	01817-191173
	Madargonj	Sidhuli	FGD_31	Chorvatiali	Eity Akhter	01620-109190
					Muslima Akhter	01706-035978
					Julekha Akhter	
					Jesmin	01646-357982
					Morsheda	01714-811271
					Eity Akhter	01734-308638
					Nurjahan Begum	01303-366044
			FGD_32	Hatbari	Bithi Akhter	01749-253503
					Ruma	01751-423036
					Jonaki	01799-344173
					Mahbia	01776-294289
					Jinia Akhter	01765-456839
					Rotna Begum	01726-991104
					Rekha	01713-398084
					Sumi Akhter	01755-165813

	Bokshigonj	Nilokkhia	FGD_33	Bashkada	Rumi	01933-733707
					Muslima Akhter	01953-218017
					Rupali	01988-265766

						Rozina	01953-221966
						Farida	01928-921722
						Alesa Akhter	01950-480622
						Shima	01921-883916
						Rekha	01962-460779
						Parvin	01403-242350
				FGD_34	Kushalnagar	Shahina	01940-485416
						Nazma	01706-906046
						Nurnahar	01988-936402
						Choyonika	01749-734411
						Sharmin	01776-710807
						Rasheda	01992-537032
						Muosumi	01936-791134
						Rina	01821-871830

Name and contract number of the FGD respondents

SL No.	District	Upazila	Union	Number of FGD	Village	Name of the Respondents	Cont. Number
6	Lalmomirhat	Aditmari	Mohishkhota	FGD_35	Baroghoria	Rubina	01770-664314
						Mukta	01770-825568
						Hamida	01770-825568
						Halima	01779-361784
						Aklima	01780-808209
						Lovely	01798-895712
						Nasima	01797-681443
						Monzila	
				Shahida			
				FGD_36	Mohishkhota	Mousumi	01301-106505

				Monoara		
				Shepali	01944-949856	
				Moyna		
				Beauty	01716-405996	
				Nurbanu	01796-125764	
				Rashida		
	Kaligonj	Gorol	FGD_37	Dulali	Lina Khatun	01767-330183
					Jahanara	01742-359292
					Basonti	01796-126001
					Mojiron Khatun	01788-272890
					Aleya	
					Sondha Rani	
					Afroza	01727-855506
					Jannati	01798-969420
					Murshida	
			FGD_38	Tepatari	Rabeya	01706-782649
					Hasina	01719-337808
					Kulsum	
					Mukta	01318-074192
					Alo Rani	01314-184070
					Kakoli Rani	01773-548046
					Khuku moni	01728-652676
					Dipali	01315-165013
					Suity Akhter	
	Pathgram	Dohgram	FGD_39	Angurpota	Laily	
					Golapi	01740-264608
					Lina Khatun	
					Moyna	
					Aklima	01533-086440
					Parvin	01572-573106

					Sarzina	
					Mina	01572-124863
			FGD_40	Mahimpara	Taslim Nahar	01791-858373
					Ruhida Khatun	01311-964413
					Arnika	01304-698387
					Rezia	
					Sharifa Begum	01740-640390
					Laila Akhter	01761-305547
					Mira Akhter	01701-908164
					Ayrin akhter	01773-752574

7. Selected Upazilas for Facility Survey, KII and FGD

Type of district (no. of selected upazilas)	District (no. selected upazilas)	Upazila
Project area (12)	Jamalpur (4)	Baksiganj
		Islampur
		Madarganj
		Sarishabari
	Moulvibazar (4)	Barlekha
		Kamalganj
		MaulvibazarSadar
		Sreemangal
	Potuakhali (4)	Bauphal
		Dumki
		Kala Para
		PatuakhaliSadar
Comparison area (12)	Lalmonirhat (3)	Aditmari
		Kaligang
		Patgram
	Sylhet (6)	Balaganj
		Bishwanath
		DakshinSurma
		Golapganj
		Jaintiapur
		Sylhet Sadar
	Borguna (3)	Amtali
		BargunaSadar
		Patharghata