

JPF-BGD-21-2 / ANNEX -2

List of Projects Subject to Evaluation

#	Country	Project Title	Start date	End Date
1	Bangladesh	Health and Medical Assistance for the Forcibly Displaced Myanmar Nationals and Host Community	20 Feb. 2021	19 Jan. 2022 (subject to be extended one to two months)
2	Bangladesh	Primary Health Care Service Support Project for Forcibly Displaced Myanmar Nationals (FDMN) and Host Communities (HC) in Cox's Bazar District of Bangladesh	1st Sep. 2021	1 st Jul. 2022
3	Bangladesh	Youth and Adolescents Education Support in Cox's Bazar District, Bangladesh	3 Aug. 2021	2 Aug. 2022

Project 1

Name of the Project	Health and Medical Assistance for the Forcibly Displaced Myanmar Nationals and Host Community		
Start Date	20 Feb 2021	End Date	19 Jan 2022 (subject to be extended one to two months)
Project Objective	<p>(1) To provide Forcibly Displaced Myanmar Nationals' (FDMNs) with access to appropriate primary health care</p> <p>(2) To improve the knowledge of health care workers in the Host Community on treating Non-Communicable Diseases (NCDs)</p>		
Overview of the Project	<p><u>Component 1: Provision of Primary Health Care for FDMNs</u></p> <p>A Health Post will be constructed and operated in Kutupalong Camp 2W (Ukhiya Upazila, Cox's Bazar) to provide primary healthcare services to 5,000 FDMNs residing in neighboring area, including Camp 2E & 6. The Health Post will be operated 5 days a week, between Mon and Fri. Series of capacity building training sessions will be provided to 8 Health Volunteers who will follow up with the patients who require special attention through door-to-door visits. The Health Volunteers will also provide useful information to raise awareness of FDMN regarding health & hygiene promotion, such as communicable diseases including COVID-19, hygiene management, reproductive health, maternal care, lifestyle habits, and vaccinations. Any important feedbacks and information gained from the visits will be fed back from the Health Volunteers to the medical staff, so that patients can be followed up in a timely manner according to their needs. To maximize the efficiency of the health care services for FDMNs as a whole, the medical team will maintain regular communication with other organizations working in Health Sector and health facilities and collaborate in referrals.</p> <p><u>Component 2: Capacity Building of Health Care Workers in Host Community</u></p> <p>Capacity building training sessions on NCD and Palliative Care (2 days x 3 times) will be provided for the health care workers (nurse, doctor, medical assistant etc) in the Host Community of Teknaf Upazila. The participants of the training may include those who are working to provide medical services at health facilities such as Teknaf Upazila hospital, Family Planning Center, and private clinics in Teknaf Upazila. The content of the training will be developed based on WHO's Package of Essential Non-communicable Diseases (PEN) by WHO. Evaluation of the training will be performed in 2 phases, in order to assess the effectiveness of the training.</p>		

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Objectives	(1) To provide FDMNs with access to appropriate primary health care (2) To improve the knowledge of health care workers in the Host Community on treating Non-Communicable Diseases			
Baseline	Targeted outcomes	Indicators and verification method	Activities for outcomes	✓ Assumptions ✧ Risks, external factors
According to the Gap Analysis by the Health Sector, Camp 2W is in need of 2 Health Post, whilst no Health Posts exist currently, limiting access of FDMNs to health care facilities. Additionally, there are challenges such as FDMN's lack knowledge on health & hygiene promotion, reliance on risky health practices and dissatisfaction with the existing health facilities.	FDMNs can access adequate quality of health and medical services	<u>Indicators:</u> <ul style="list-style-type: none"> • Number of FDMNs who benefited from using Health Post (1,800 in total/monthly) • Japanese Medical Advisor confirms that the treatment approach and medicine prescriptions are adequate based on HMBD's Monthly Monitoring Report (90%, 9/10 mths) • 80% of HHs which benefited from home visits answer that they are satisfied with the health serviced provided. <u>Verification Method:</u> HP log book, medical record, HMBD's Monthly Monitoring Report, Medical Expert's Evaluation Report, beneficiary feedback reports.	<u>Component 1: Provision of Primary Health Care for FDMNs</u> 1-1. Construction of Health Post 1-2. Recruitment of Resources & Establishment of Operational Procedures 1-3. Training of Health Volunteers 1-4. Operation of Health Post (5 days/weekly) 1-5. Monitoring	✓ FDMNs living in Camp 2W, 2E and 6 will not be forcibly displaced from the camps. ✧ Activities will be severely impacted due to emergencies such as cyclone and serious pandemic.
It is said that in Bangladesh, 59% of the total deaths occur due to NCDs, and 886,000 lives are being lost yearly. According to WHO's survey conducted in 2019 at 90 health facilities in CXB show that only 20-30% of the facilities have guidelines for diagnosis and treatment of NCDs in place. Shortage of health care workers on the knowledge on treating NCDs is a serious challenge.	Health care workers in Host Community will improve their knowledge on early stage identification and treatment of NCDs	<u>Indicators:</u> <ul style="list-style-type: none"> • Number of HC health care workers who participated the training (>75) • Number of trainees whose understanding on NCD improved after taking the training (75/75, 100%) • Number of trainees who responded through email survey that the learnings from the training are being useful (24/30, 80%) <u>Verification Method:</u> Participants list, pre- & post- test results, email survey	<u>Component 2: Capacity Building of Health Care Workers in Host Community</u> 2-1. Capacity Building Training for Health Care Workers (2 days x 3 times) 2-2. Evaluation	✧ Activities will be severely impacted due to emergencies such as cyclone and serious pandemic.◦.

ACTIVITY TIME SCHEDULE:

Activities for Outcome	M 1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11
<u>Component 1: Provision of Primary Health Care for FDMNs</u>											
1-1: Construction of Health Post	→										
1-2: Recruitment of Resources & Establishment of Operational Procedures	→										
1-3: Training of Health Volunteers	→										
1-4: Operation of Health Post (5 days a week)			→	→	→	→	→	→	→	→	→
1-5: Monitoring			→	→	→	→	→	→	→	→	→
<u>Component 2: Capacity Building of Health Care Workers in Host Community</u>											
2-1: Capacity Building Training for Health Care Workers (2 days x 3 times)			◆			◆			◆		
2-2: Evaluation				◆			◆			◆	

Project 2

Name of the Project	Primary Health Care Service Support Project for Forcibly Displaced Myanmar Nationals (FDMN) and Host Communities (HC) in Cox's Bazar District of Bangladesh		
Start Date	1st September 2021	End Date	1st July 2022
Project Objective	To promote health and infectious disease prevention for FDMNs and Host community by providing primary health care services and establishing a community based network for health promotion activities in Ukhiya, Cox's Bazar		
Overview of the Project	<p>Component 1: Provision of Primary health care services</p> <p><u>Provision of 24/7 primary health care services</u></p> <ul style="list-style-type: none"> • Provide primary health care services at Hakimpara clinic, including ANC, PNC, FP, EPI/ vaccination, NCDs, infectious disease management, normal deliveries and general OPD. <p><u>Health awareness activities at Hakimpara clinic</u></p> <ul style="list-style-type: none"> • Awareness sessions will be held once every two months for patients from both FDMN and host community residents. • The purpose of holding this session is: <ul style="list-style-type: none"> - To enable interaction with clinic staff with beneficiaries by giving advice and counselling to build mutual trust and understanding - To enable interaction between beneficiaries to share their health concerns and solutions <p><u>Data collection, analysis and monitoring</u></p> <ul style="list-style-type: none"> • Medical specialist will be checking the patient database to monitor and analyze the patient trend, and shared with medical staff. The result of the monthly analysis will also be used to select the topic for awareness. <p>Component 2: Support the establishment of community based health activities</p> <p><u>Select target community</u></p> <ul style="list-style-type: none"> • Four target communities will be selected for component 2 (two blocks from Camp 14, two villages from Palong Khali union). Two blocks with bad access to health facilities (including our clinic) will be selected from Camp 14. Two villages that are accessible to our clinic but with less patients coming to our clinic will be selected from Palong Khali. <p><u>Community volunteer recruitment</u></p> <ul style="list-style-type: none"> • Four community volunteers will be recruited from each of the four community (16 volunteers). <p><u>Focus Group Discussion (FGD)</u></p> <ul style="list-style-type: none"> • The discussion will be about the health and hygiene issues in their community. The purpose of the FGD will be to make the community think and realize what kind of health/ hygiene issues that exist within their community. <p><u>Awareness on health and hygiene</u></p> <ul style="list-style-type: none"> • Based on the health/ hygiene issues that were discussed in the FGD, the community volunteers and the FGD facilitators will discuss a topic for each of the four communities. Due to the COVID-19 situation, we expect that the topics will be related to infectious disease prevention, such as maintaining hygiene (handwashing, latrine usage, general hygiene), but will not be limited to this. <p><u>Supporting the establishment of community emergency network</u></p> <ul style="list-style-type: none"> • The community volunteers will collect information about the vulnerable and high risk people within their community with the help of community leaders and members of existing community groups. We expect that in the end of the project, the community volunteers and community leaders are aware of the vulnerable and high risk people within their community, so that they can be supported in case of emergencies. Community volunteers are expected to be the key person in their community that the community people can rely on 		

	when they need health related information.
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Problem/ Needs	Expected Outcome	Indicators (means of verification)
Component 1: Provision of Primary health care services		
There are insufficient quality health services available in the FDMN camps and the host community. The 2021 JRP (Joint Response Plan) for Rohingya Humanitarian Crisis requests health partners to continue to work on improving the access to preventive and curative health services, and response to public health emergencies including prevention of COVID-19, and outbreaks of communicable diseases.	<p>1-1. Access to primary health care services improves for FDMNs and host community</p> <p>1-1-1. Primary health care service are provided at the clinic 24/7</p> <p>1-1-2. Health awareness sessions are provided at the clinic bi-monthly for FDMNs and host community</p> <p>1-2. Quality of health care services are maintained and assured</p> <p>1-2-1. Clinic database and medicine consumption are monitored for quality control and regularly reported to the health sector</p> <p>1-2-2. Patients are satisfied with clinic service</p>	<p>1-1. Increase in clinic patients from both FDMN and host community compared to the previous year (Database)</p> <ul style="list-style-type: none"> • Number of patients: FDMNs/ HC • Number patient per : e.g. ANC/PNC, delivery, EPI, NCD <p>1-1-1. Days of clinic operation: Every day</p> <p>1-1-2. Health awareness sessions at clinic: Bi-monthly (Health awareness session report)</p> <p>1-2. Clinic database, medicine consumption are recorded and regularly monitored (Clinic database, Medicine consumption record, Clinic monthly report, Sector monitoring report)</p> <p>1-2-1. Monthly report: monthly Medicine consumption report: monthly EWARS: weekly 4W: monthly SRH report: monthly</p> <p>1-2-2. 80% of the patient answer that they are satisfied with the clinic service (patient feedback)</p>
Component 2: Support the establishment of community based health activities		
There are issues with access to health facilities including geographical access as well as access to correct health information. There are no established transportation or communication system for referrals in case of emergency. Especially, vulnerable peoples such	<p>2-1. Establish the basis to support community based health promotion and improve health seeking behavior for FDMNs and host community.</p> <p>2-1-1. FGD on health and hygiene are held at the four target communities (2 blocks from Camp</p>	<p>2-1. Improvement in community volunteers' knowledge on basic health information and available health services in their community (conduct community volunteer survey)</p> <p>2-1-1.FGD sessions : 12 times = 3 times x 4 communities</p> <p>2-1-2.FGD participants : total 120 people =10 participants x 12 sessions (Health awareness session report)</p>

<p>as elderly persons, disabled persons, women headed households, and those with specialized health needs are likely to be left out in case of emergencies.</p>	<p>14, 2 villages from the host community) 2-2. Community volunteers are able to hold health awareness sessions at the four target communities</p> <p>2-3. Establish an emergency network at the four target communities.</p>	<p>2-2-1. Health awareness sessions at the community : 48 sessions = 2 times/ month x 4 communities x 6 months 2-2-2. Health awareness session participants : Total 480 people =10 participants x 3 sessions (Health awareness session report)</p> <p>2-3. Community people are given advice about available health services by community volunteers (Community volunteer records, beneficiary survey) 2-3-1. Community people with higher health risks are identified and listed per community</p>
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ACTIVITY TIME SCHEDULE:

Activities	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Component 1: Provision of Primary health care services										
1-1. Provision of 24/7 primary health care services										→
1-2. Health awareness activities at Hakimpara clinic				→		→		→		→
1-3. Data collection, analysis and monitoring	→									→
Component 2: Support the establishment of community based health activities										
2-1. Select target community	→									
2-2. Community volunteer recruitment	→									
2-3. Focus group discussion (FGD)		→			→			→		
2-4. Awareness on health and hygiene			→	→		→	→		→	→
2-5. Supporting the establishment of community emergency network										→
2-6. Monitoring									→	→

Project 3

Name of the Project	Youth and Adolescents Education Support in Cox's Bazar District, Bangladesh		
Start Date	August 3, 2021	End Date	August 2, 2022
Project Objective	<ol style="list-style-type: none"> 1. A community-led Functional Literacy and Numeracy (FLN) education system for Rohingya youth is established in Rohingya refugee camps 1, 3, 6, and 7, and access to the FLN education is improved for young people in these camps. 2. Safe and gender-responsive education environment is strengthened at secondary schools in host community. 		
Overview of the Project	<u>Component 1: FLN education in the camp</u> <ul style="list-style-type: none"> • The project will target a total of 1,260 learners in camp 1, 3, 6 and 7. Learners are divided into small groups of up to seven individuals, and they come to a learning center twice a week for the duration of six months. In addition to the existing 48 learning centers, which were established under the preceding JPF project, the project will set up additional 12 learning centers. • Our FLN program is composed of 72 lessons plans that can be completed in 6 months. Learners will attain basic English writing and reading skills and basic numeracy skills. The project also upgrades teaching and learning materials to be used along with the package. • The educational support staff will be recruited from the host and the refugee communities. Most of them will be recruited from the preceding JPF project. Education Support Volunteers will receive a series of training that is essential in delivering the FLN program. Many of the training will be conducted prior to the inception of the FLN program. In additions, Facilitators and Host Community Mentors will attend monthly follow-up sessions during the implementation of the FLN program. • The project will also support learners to organize four extracurricular activities throughout the program duration. These activities will cover such activities as sports events, community awareness raising campaigns, drawing contests, and life skills learning sessions. The objective of this activity is to help learners to develop such essential life skills as communication, leadership, interpersonal, and creative thinking. It intends to enhance the unity among young people. 		
	<u>Component 2: Educator Training in Host Community</u> <p>The project will deliver a series of 3-day capacity development training inviting teachers and school management committee members from the selected 10 schools. In total 150 individuals will receive the training from these 10 schools.</p> <p>A. Teachers and SMC Members Training School teachers and School Management Committee (SMC) members will receive capacity development and awareness raising training on safe and gender-responsive education. Each training will last for 3 days.</p> <p>B. Capacity Development of Education Officials Education Officials at Ukhiya Education Office will receive 2-day basic training on gender responsive education and protective environment monitoring. The monitoring tools will be developed in consultation with Education Officials with an aim of strengthening practical capacity of Education Office. A follow up session will be organized once to ensure the use of the monitoring tools by the Education Officers. The project will also support the small-scale retrofitting of school buildings and infrastructures to enhance the school physical capacity to accommodate child protection, inclusive education, and disaster risk management needs.</p>		

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Outcome Indicator (Target)	<p>1-a. # of Rohingya youth aged 15 to 24 in Camp 1, 3, 6, and 7 who participated in the FLN program more than 4 months (1008 pax – learners’ registration, attendance list)</p> <p>1-b. % of Facilitators who feel confident in supporting literacy education in the community by using the developed FLN program. (70% - pre-/post-test, endline study)</p> <p>% of host community educators in target schools who feel more confident about safe and gender-responsive education after receiving the training (80% - activity reports, endline study)</p>	
Outputs and indicators	<i>Outputs</i>	<i>Target (indicator) and Means of Verification</i>
	1-1. A community-led FLN program is established in target camps, 1,3,6, and 7 for Rohingya youth aged 15 to 24 years old.	<ul style="list-style-type: none"> ✓ # of Rohingya youth enrolled in the FLN program (1260 – enrollment list) ✓ % of learners who record more than 70% of attendance rate for the FLN program on average (70% - attendance list) ✓ % of youth with improved numeracy and literacy skills (60% - endline study) ✓ # of Facilitators, Aunties, and ALCMC members who receive trainings (80 – participants list, training report)
	2-1. Educators in host community receive capacity building training on safe and gender-responsive education	<ul style="list-style-type: none"> ✓ # of teachers, government officials, and school management committee members who complete training at least for 3 days (150) ✓ % of training participants who develop an understanding of safe and gender-responsive education after receiving 3-day training (70%) <p>Participants report, Training report, Pre- and post- test analysis</p>
	2-2. Secondary schools in host community receive small scale infrastructure support to ensure safe and protective environment for students and teachers	<ul style="list-style-type: none"> ✓ # of schools who receive small-scale infrastructure support (4) ✓ # of children who benefit from small-scale infrastructure support in the target schools

ACTIVITY TIME SCHEDULE:

Activities	M1 Aug	M2 Sep	M3 Oct	M4 Nov	M5 Dec	M6 Jan	M7 Feb	M8 Mar	M9 Apr	M10 May	M11 Jun	M12 July
1-1 FLN education in the camp												
1-1-1 Community meetings & engagement	◆		◆				◆			◆		◆
1-1-2 Selection of learners		→										
1-1-3 Refurbishment of Learning Centers		→										
1-1-4 Upgrading of FLN Education Package		→										
1-1-5 Recruitment of Education Support Volunteers	→											
1-1-6 Staff and Volunteers Capacity Development Training									→			
1-1-7 Delivery of the FLN program				→								
1-1-8 Youth-led activities				◆			◆			◆		◆
2-1. Educator Training in Host Community												
2-1-1 Selection of Target Schools	◆	◆										
2-1-2 Capacity Development Training		→										
2-2. Small School refurbishment												
2-2-1 Retrofitting of School Infrastructure												