Documents Name	**Project Completion Report**
Name of the Organization	Campaign for Popular Education
Project Duration	01.01.2019 to 30.06.2022
Date of Reporting	31.03.2022

Geographic Coverage & Targeted Beneficiary

District	Upazila	Union	Man	Woman	Boy	Girl	Transgender	Total
Netrakona	Durgapur	BIRISIRI	380	1000	520	570	0	2470
Netrakona	Durgapur	DURGAPUR	520	1440	850	872	0	3682
Panchagarh	Boda	JHALAISHALSIRI	450	1020	520	550	0	2540
Panchagarh	Boda	BARA SHASHI	450	1800	620	630	0	3500
Panchagarh	Boda	KAJAL DIGHI KALIGANJ	400	1700	514	550	0	3164
		Total	2200	6960	3024	3172	0	15356

Group & MIS-Uploaded Beneficiary Information

Group Type	No of Group	Man	Women	Boy	Girl	Transgender	Total
Community	5	6055	844	0	0	0	6899

1. Introduction (This chapter will follow the last version of project proposal and logical framework)

• Background / context (related to the theme of the project) The project proposal is base of this segment. The findings from baseline study/ situation analysis also can be part of this portion. Problem statement before project operation:

a) Background, Problem analysis, and Rationales Currently, the world is facing a serious learning crisis. A new World Bank dataset illustrates the bleak outlook: in developing countries. It is found that less than 50 percent of students are achieving proficiency in basic skills, compared to 86 percent in developed countries. Despite great gains in enrolment and an ambitious goal (SDG4), education quality worldwide is failing children, affecting their empowerment, employability, future earnings, health, and society's overall growth potential. The recent World Development Report 2018 identifies three policy actions that can lead to real change: 1) assessing learning, to make it a serious goal; 2) acting on evidence, to make schools work for learners; and 3) aligning actors, to make the system work for learning. Approaches towards implementing these recommendations are both technical and systemic, as well as political in nature. The Global Education Monitoring Report (2017/18) also underlines that everyone has a role to play in improving education. The government of Bangladesh has made remarkable progress in human

development, poverty reduction and economic growth. GNI per capita has grown from around US$780 in 2010 to US$1,330 in 2016, (The World Bank, 20216) and thus allowed the country to cross the LDC to become a developing and lower-middle-income country. The economy of Bangladesh has been predicted to have grown at 6.8% over the 2016-17 period, which was restricted over a decade at 6.0% on average. Poverty has been reduced to 24.3% with increased income at all levels. While striving towards attaining the EFA and MDGs, Bangladesh achieved significantly in gaining gender parity and also in increasing enrolment up to 98%, particularly in primary education. Primary education is the foundation of all learning. A large primary education sector is managed by the Bangladesh government, covering 126,615 formal and non-formal primary level educational institutions. Given the huge dependence of poor households on government services, primary education provision for all is highly subsidized and financed by the government as committed in Article 17 of the Bangladesh Constitution. Among the different types of public and private primary institutions, 50% are directly delivered and managed by the government (APSC 2016). Bangladesh is committed to achieving the Sustainable Development Goals. The government also believes that without reasonable improvement of health and education, the other goals could not be achieved, and even the achievement will not be sustainable. The government has recently approved the 4th Health Sector Program (2017-2021) of the Ministry of Health and Family Welfare (MOHFW), which will put the country on track to attaining the targets by 2030. The Health, Population, and Nutrition Sector Development Program (HPNSDP) played an important role in achieving better health indicators. Health policies and reforms in Bangladesh primarily aim at providing basic healthcare to all. It is to be recalled here that, health has been acknowledged as a right in the National Health Policy 2011. The policy aims to strengthen primary health and emergency care for all and expand the availability of client-centered, equity-focused, and high-quality healthcare services. It advocates for equitable access to health outcomes care by gender, disability, and poverty to achieve better health for all. In order to bring primary healthcare services to people''''''''''''''''s doorsteps, 10,723 community clinics (CCs) at a ratio of one CC for every 6,000 populations were established during 1998-2001. In 2009, the CC initiatives were revitalized by the government. It has been reported that at present, there are 13,500 CCs in rural areas, and another 4,500 CCs will be set up soon. Despite this quantitative progress in health indicators, the quality of healthcare in both public and private health services is not satisfactory. Resource constraints, lack of professionalism, poor management, and inadequate policy initiatives are the major reasons. Besides, several emerging issues are posing challenges in the health sector of Bangladesh. For example, the burden of non-communicable diseases has been on the rise. There are inequities as regards accessing health services which are reflected through differential health outcomes for different groups of people based on their economic condition, geographical location, and gender. This is evident in cases of early childhood mortality, neonatal mortality, infant mortality, under-five mortality, vaccination coverage, child nutritional status, and utilization of antenatal care by women (WHO, 2015; Rahman et al., 2017). The poor are also exposed to a number of diseases caused by living conditions and lifestyles, and this is true for both rural and urban areas. Exposure to new infections, lack of access to safe and clean environments, and poor-quality healthcare exposes them to various health risks. Climate-induced health risks affect the poor most. Primary health coverage in urban areas, particularly among slums and street dwellers, remains a challenge. Doctor shortage and absenteeism are other challenges in providing quality health services. Rational of the Proposed Project Despite impressive development achievements, significant challenges still persist for the country. Inequality is visible as per the BBS 2016 report showing some 10 percent of the poor own only one percent of total income. Generally, a poor socio-economic situation impacts education to a certain extent and increases inequality. Wider inequalities in society also have an adverse impact on the school system and partly determine patterns of education inequality. Particularly in primary education, the dropout rate is 19.2 % (boys 22.3% and girls 16.1%) in 2016, while the repetition rate stands at 6.1% (boys 6.4% and girls 5.8%) in all grades. Though the rate of students' absenteeism is gradually declining, it is still 12.5 %, where boys are 12.8% and girls 12.3%. Regular absenteeism leads those students to drop out eventually. 65.3% of students facing physical punishment in school, and 64.3% of guardians accepted the. Though Government declared the expansion of primary education up to grade viii

from grade V, no concrete initiative has been taken to realize this gigantic task. As per the NSA data, the student proficiency rate is less than 30%. The Decision-making process is highly centralized in the Ministry of Education and Ministry of Primary and Mass Education. It is also likely that poor governance has a disproportionate effect on the poor and is important in explaining levels of education inequality. Therefore, sector governance and government education policy, in particular, are likely to have important consequences on educational access and quality. Lack of accountability and good governance in education are the most important factors behind failure in quality service delivery. To ensure transparency, responsiveness, and accountability in education, the key concern is to respond to the gap that exists between citizens and institutions. So, there is a need to simultaneously strengthen the accountability and responsiveness of educational institutions and policies through changes in institutional practice and a focus on the enabling structures for good governance. When accountability works, citizens, especially the marginalized groups, are able to claim demands on institutions and ensure that those demands are met. This can enable them to realize their rights and gain access to resources and services. Though the government has established a number of health centers both in rural and urban areas but the service is not adequate. Most of cases, the excluded people had no access or limited access to the health centers, and the health centers could not provide enough services due to a shortage of doctors, medical equipment, shortages of medicine, and rigorous doctor absenteeism.

2. Project description

- Project goal and objectives: expected impact and outcomes / results with target:

Project Goal: The overall goal of the project is to contribute toward ensuring the education and health rights of excluded children through strengthening community participation. Outcome 1: - Enhanced efficiency and effectiveness in govt. the primary school focuses on - accessibility of marginalized and excluded children; Outcome 2: Local duty bearers for primary health care and primary education are more accountable and responsive towards delivering quality education and health services; Outcome 3: The local community are engaged and plays a watchdog role in ensuring accountable education and health system. Outputs with specific activities: Outputs Activities: Output 1: Improved school and health complex governance through enhanced community engagement: 1) Community Watch Group Formation Meeting 2) Orientation of Community Watch Group 3) Periodic Meeting in School and Community Clinic/Health Complex 4) Baseline Survey Output 2: Duty bearers sensitized and engaged in quality service delivery in school and local health complex: 1) Workshop with duty bearer 2) Public hearing on disparity issues 3) Interface meeting 4) Periodic interaction meeting with local education and health officials 5) Parents, Mothers Gathering Output 3: More responsive, transparent, and accountable administration in school and health complex: 1) Workshop on Community Score Card 2) Community Score Card (School) 3) Community Score Card (Health Complex) 4) Sub National Level public dialogues on inclusive Health 5) Public dialogues on inclusive Education & Education Governance 6) Awareness session with excluded groups 7) Social Audit initiatives 8) Citizens' Report Card 9) Citizens' Charter at Health Complex Output 4: Amplified grassroots voice and change from micro to the macro level: 1) Influencing 4 Policy Decisions Output 5: Strengthen Project Cycle Management: 1) Induction workshop 2) Quarterly Project Coordination Meeting 3) Carry out regular monitoring, MTR, and evaluation 4) Conduct a yearly audit 5) End-line Evaluation

- Project strategies and activities:

Strategy-1: The activities will be carried out on three-level - a) grassroots level, b) subnational level, and c) national level. CWG will carry out the grassroots level activities, partner organizations will carry out the project activities, and interaction at the sub-national level, and CAMPE will take the issues at the national level and advocate with policymakers, relevant ministries, and directorates, development partners. Strategy-2: It will work through partnership

with 2 selected partner organizations on the basis of their capacity, legal identity, previous experience, and interest. A total of 6,195 students and 45,971 excluded people will be reached through the project. Project locations have been selected based on criteria of poor literacy rate, poor socio-economic situation, ethnic minority-centred areas, and former enclaves. Strategy-3: CWG will play a key role in the community engagement process to accountable the duty bearer and generate data. CAMPE will use these data for national-level advocacy to bring about policy changes and thereby establish voice and accountability. The Partner NGOs will be a bridging point for data transformation from grassroots to national and also disseminate at the subnational level.

- Project stakeholders involved :

Geographic locations with direct beneficiaries: Category Wise Distribution: Targeted beneficiaries Health Education Grand Total Male Female Total Boys Girls Total Health Education A B C=(A+B) D E F=(D+E) G=(C+F) Ethnic minority 650 1350 2000 1005 1144 2149 4149 Dalit and others disadvantaged (bede and others) 200 900 1100 68 79 147 1247 People with disability 150 200 350 247 285 532 882 Widow/ destitute women 0 1010 1010 0 0 0 1010 Others (Extreme Poor) 1200 3500 4700 1704 1664 3368 8068 GRAND TOTAL 2200 6960 9160 3024 3172 6196 15356 Union Wise Distribution: Health Education Grand Total Disable SL Union Male Female Total Boys Girls Total A B C=A+B D E F=D+E G=C+F 1 Kajaldighi Kaliaganj 400 1700 2100 514 550 1064 3164 210 2 Barashashi 450 1800 2250 620 630 1250 3500 220 3 Jhalaishalshiri 450 1020 1470 520 550 1070 2540 152 4 Durgapur 520 1440 1960 850 872 1722 3682 200 5 Birishiri 380 1000 1380 520 570 1090 2470 100 GRAND TOTAL 2200 6960 9160 3024 3172 6196 15356 882

3. Project implementation and management

Major events in project lifetime which significantly contributed to achieve the objectives of the project. (Maximum 10 Events)

Major Events	Event Description
Awareness campaign	In the meeting there were many discussions, majors are as following: * Discussion on EPR project,* Importance of primary education and benefits of government primary school, * Taking health service from government institutions especially from community clinic, * Importance of moral education. *Taking health service from government institutions especially from community clinic.* COVID Vaccination, * School reopening guideline and parents responsibilities * Health Hygienic practice, * Miscellaneous
Parent Meeting conduction	In the meeting there were many discussions, majors are as following: * Discussion on EPR project,* Importance of primary education and benefits of government primary school, * Taking health service from government institutions especially from community clinic, * Importance of moral education. *Taking health service from government institutions especially from community clinic.* COVID Vaccination, * School reopening guideline and parents responsibilities * Health Hygienic practice, * Miscellaneous
Community Score Card	In the interface meeting there were following discussions meeting: 1. Short discussion on EPR project 2. Presentation of scores 3. Finalizing score for display 4. Formation of monitoring team. * Greetings and introducing * Program objective sharing * FGD

	and input tracking process discussion * Self-assessment and scoring on service delivery mechanism * Miscellanies. *Score Card (CSC)-interface meeting * Welcome speech and introduction *Program objective and modality sharing *Scoring analysis and review (Service providers and rights holders) * Prepare jointly action plan *Joint action plan monitoring team formation * Immediate solution of raised challenges * Closing speech.
Social Audit	* Welcome and introducing * In-depth analysis and sharing the findings by presentation based on data collection. * Challenge capturing and recommendation. *Joint Action Plan and distribution individual role of all stakeholders.
Public Hearing	1. Presentation and anchoring on Public Hearing 2. Service declaration of Govt Primary School by Teacher & SMC 3. Open questionnaire session 4. Public Hearing of Jury board 5. Closing session
Sub-national Consultation	* Welcome speech and objective sharing of sub national program. *Survey report presentation on education status during COVID 19. *Recommendation sharing and capturing *Generalize the recommendation and closing speech of DC.
Periodic interaction meeting with local education and health officials	1. EPR project activities 2. COVID 19 vaccination 3. Health Services from CC 4. Challenges of service receiving from CC 5. Initiative for COVID considering health hygiene practice in community level.
Periodic Interaction Meeting with Community Watch Groups	* Greetings,* COVID 19 Vaccination * Learning Progress of learners follow up * Service collection in Community Clinic * School reopening guideline, * Home visit* Problem Identify and initiative for a solution, * Action Plan and activity sharing.
Joint Action Monitoring	Welcome speech to sensitize health hygiene practice considering COVID-19. * Objective Sharing of display board setting * Discuss the communication message of the display board * Display board installation and inauguration * Responsibilities assigned to take care of the board.
IEC material display (Citizen Charter, COVID-19 awareness messages)	Welcome speech * Objective Sharing of display board setting * Discuss the communication message of the display board * Display board installation and inauguration * Responsibilities assigned to take care of the board.

4. Major Accomplishments/Achievements of the project

This portion will include quantitative and qualitative achievements of the project. Overall changes, major & minor impact will be described here. The compilation of all activities & results from partners' quarterly reports will be placed in this chapter.

4.1 Project activities:

Project activities	Target	Accomplished	Remarks
Community Watch Groups formation	5	5	
Orientation given to CWG	5	5	

Community Watch Group Meeting	80	80	
Meeting with Government Officers	32	32	
Public Hearing	12	12	
Focus Group Discussion (FGD)	189	189	
Input tracking	63	63	
Interface Meeting	63	63	
Action plan wise display board setting	63	63	
Joint Action Plan Monitoring	63	63	
Social Audit	8	8	
Parents Gathering	182	182	
Awareness Meeting	78	78	
Citizen Charter Displayed	17	17	
COVID-19 awareness message board setting	45	45	
International Literacy day observe	5	5	
Training on Enhanced Due Diligence, Gender and Development, disability inclusion and Social Accountability Mainstreaming	5	5	Arranged by MJF for project Staff.

4.2 Project Achievements/ Results:

Project Results/Outcome	Achievements (up to the project end) (June 2022)
Inclusion in Quality Education Services	100% govt. primary school of project area are giving access to marginalized and excluded children to quality education services equally.
The local community are engaged and play watchdog role to ensure accountable education and health system.	5 Community Watch Group members playing active roles to ensure Social Accountability to Service Providers. They are playing watch dog roles, challenges capturing and resource collection to overcome those challenges. They have already function as institutional shape and

	collective efforts.

5. Institutional / organizational achievement. The following issues to be considered to write down this segment:

• Mention overall organizational capacity development of the organization:

Project Staff received a lot of training like Enhanced Due Diligences, Gender and Development, disability inclusion, and Social Accountability Mainstreaming. They replicated their learning to all other target stakeholders. They also transmitted the technique of quality service delivery of education and health issues.

• Description of institutional linkages resulting from the project, forming networks with other NGOs, information dissemination and sharing etc. :

The organization could include members of the National Forum for Child Protection and could be formed and represent local-level Citizen Support, Groups.

• Mention the organizational and staff capacity increased involving with MJF EPR program :

Policy developed and functioning on Child Protection, Anti-Fraud Policy, Whistle Blowing Policy, Safeguarding Policy, Risk Management Policy. A complete complain response mechanism has been established in the operational and management process Complain Box set up, safeguarding related register maintaining, Hotline number activated, protection related focal person are functioning properly.

• EDD /DDA, policy development , Gender mainstreaming , BFM and social accountability tools

During the project period, CAMPE has introduced a number of new policies and updated the existing policies. For example, CAMPE Council approved the whistleblowing policy, child protection, safeguarding etc. and also updated its existing policies i.e. gender mainstreaming policy. A number of CAMPE staff have participated in gender and development, SAcc tools development and its implementation and other policy development organized by MJF, CAMPE and other stakeholders.

6. Value for money (VFM) of the project:

The project maximized the effective utilization of each currency to ensure the access of excluded people to education and health services. In terms of the project budget, considering the social benefit, it was very economical. Considering the acceptance, branding and social value, CAMPE is the pioneer and biggest network in the country to promote and influence policies and also practice change. The project capitalized on these values and the community contribution in terms of their reputation and direct engagement. The project was developed following the cost-sharing approach. CAMPE and its partner organizations invested time and shared the cost both in cash and kinds. To meet the challenges of budgetary constraints, CAMPE contributed its staff times, space and other logistical support. The project has achieved a set of good results by investing in the minimum allocation, which market price is supposed to be high if it was implemented by MJF directly or opening branch office by CAMPE.

• Economy:

The total budget of the project was 3,00,000,00. But for the reason of COVID-19, this had to reduce by more than 18%. The utilization rate was 98%. The service's value which increased from the regular mode,l which is the output of EPR project intervention, is 1,035,7,339 BDT during the interim. The total program cost was 1,12,0865. Management and admin cost was cost-effective.

• Effectiveness:

- Cost-effective approach - Result-based management - Sustainable point of view

7. Lesson learned from the project :

Self-assessment and individual works analysis internalize from the project review activity. It should maintain always in a structure.: Public Hearing and Community Score Card (CSC) were the best practice during the reporting period. Highlighted public voice, the government is taking the process in its own structure. Effective communication and advocacy are very important to success. Teamwork was our best practice. Any kind of challenge which can interrupt program implementation can be overcome by establishing a functional community Watch Group (CWG). In this COVID situation, we could learn this again. It’s also helpful for program continuation and sustainability.

8. Risk & Challenges :

- Service Providers couldn’t receive the program strategies initially. They first thought that the project representatives are their competitors and they will create conflict between service providers with them. But after a certain period when they found that it’s a better way to achieve the best performance against a target, they received the system positively. - The short-term duration of the project was one of the challenges. The main target of the project was to increase community involvement in the service delivery process. Another objective was sensitizing rights holders, ensuring accountability to service providers, and developing a community monitoring mechanism. But it’s so turfed to organize a community structurally, and community mobilization is not one short process. If could be possible to complete the institutional development process for all Community Watch Group. - Covid-19 had an adverse effect during the overall project period. Because of countrywide lock-down, administrative restrictions, and departmental office orders, it was so turf to accomplish all the targeted activities within a certain timeline. So, the program is concise, budget is reduced, which ultimately effected on project's impact.

9. Result sustainability and exit strategy :

Project completion occurred step by step from the point of sustainability view. The ending of the moment community Meeting is conducted in each citizen group. They had shared the matter about the bilateral donor support will be close from 30th June 2022. The Community Watch Groups members were determined to operate the Social Accountability activities with their Education, Health, and other departments. They also took action that they will try to maintain RTI application, find out the challenges in different institutions, will try to mitigate those challenges, and collect resources from different stakeholders regularly. The government officials of Primary education and Primary Health Care expressed their views that this was very effective to find out the internal challenges and progress. Within a very short moment, they found significant changes happened in their schools and Community Clinic. Community involvement increased notably, their target could achieve tremendously, transparency ensuring rapidly because of having accountability mechanism and for strengthening social monitoring. The formal agency representatives also declared and committed to conduct such type of activities as; Community Score Card, Public Hearing, and Social Audit regularly with the in-build structure. They had shared the significance of the process with their line management, and the government has already circulated an official notice to conduct Public Hearing in Union Parishad with relevant formal agencies. The citizen Support Groups organized strongly, took their office to

establish themselves in a structured manner, applied to the social service department for their registration, and prepared short-term and long-term action plan concretely. They have the vision to continue their activities independently and touch their ending point of success.

10. Conclusion :

The EPR project started date 01-01-2019 and closing date 31-07-2022 with a 7-month no-cost extension. The total budget of the project was 3,00,000,00. But for the reason of COVID-19, this had to reduce by more than 18%. The utilization rate was 98%. Total direct outreach of the project beneficiary 29889 people, geographical 45 wards of 5 unions under Panchagarh and Netrokona District. The project made functional 17 Community Clinics and 83 education institutions. The project made significant changes both for the service provider and the service recipient. Now the services are more concerned and careful with their services, on the contrary, the excluded people get access to the local level services, particularly in the education institutions, community clinics, Union Parishad, and local government institutions. The project has developed five Community Watch Groups (CWG) that are playing watchdog roles in their respective community and Union Parishad. Now the Community Watch Group becoming a community-based organization with getting formal registration from government respective departments. After completing the EPR project a number of CWGs functioning well bringing the EPR project objectives and mobilizing the local resources.

Annex :

Project proposal (all versions)	A. Final Project Proposal_epr_CAMPE.docx
Budget & Overall Financial Report	Financial Report EPR Project, 03 July 2022.pdf
Audit Report	
Baseline Report	EPR_CAMPE_ Final Baseline Report.docx
Evaluation Report (if any)	
Organizational Development (List of capacity building objectives and progress towards their achievement; analysis of how MJF contributed to develop PNGOs organizational capacity)	
Other supporting documents/ reports (if any)	Q14 MIS_EPR project.xlsx
Case Study	Case Study Damradighi GPS, Panchagarh.docx