

388000-1 (7)

PD- AAD- 130- C1

PROJECT EVALUATION SUMMARY
(Submit to MO/PAV after each project evaluation)

1. Mission or AID/W Office Name USAID/Bangladesh		2. Project Number 388-0001	
3. Project Title Population/Family Planning			
4. Key project dates (fiscal years) a. Project Agreement Signed FY 76			5. Total U.S. funding - life of project \$39,606,000
b. Final Obligation FY 80			
c. Final input delivered FY 81			
6. Evaluation number as listed in Eval. Schedule 78-3		7. Period covered by this evaluation From: 2/77 to 2/78 Month/year Month/year	
		8. Date of this Evaluation Review 2 24 78 Month/Day/Year	
9. Action Decisions Reached at Evaluation Review, including items needing further study (Note--This list does <u>not</u> constitute an action request to AID/W. Use telegrams, airgrams, SPARS, etc., for action)		10. Officer or Unit responsible for follow-up	11. Date action to be completed
a. Prepare PP amendment for expanded sterilization inputs		USAID	May, 78
b. Identify consultant for IEM position and negotiate contract		AID/W	ASAP
c. Fully implement the logistics supply system at thana level		BDG	ASAP
d. Fill vacant supervisory positions and clearly define responsibilities within the logistics system.		BDG	ASAP
12. Signatures:			
Signature Project Officer		Signature Mission or AID/W Office Director	
<i>Dallas Voran</i>		<i>Joseph S. Toner</i>	
Typed Name Dallas C. Voran		Typed Name Joseph S. Toner	
Date 10 MAY 1978		Date 5/11/78	

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13. SUMMARY - Summarize in about 200 words the current project situation, mentioning progress in relation to design, prospects of achieving purpose, major problems encountered, etc.

Considerable progress has been made toward achieving some of the easily quantifiable objectives of the project. Contraceptive supplies are available in adequate quantities and the internal distribution system has improved greatly over the last two years. While there have been some problems in recruiting personnel for field and mid-level positions, full staffing will probably be achieved by the end of the project. Training courses have been developed for these workers and the BDG has plans for institutionalizing in-country training programs. Participant training is on schedule and all but one of the planned consultants are working or have finished their jobs.

Despite this evidence of movement in all areas of project activities, the fact remains that the Bangladesh population program is not reaching as many people as it should, the training and motivation of field workers are seriously deficient, and at the highest levels the PC&FP Division appears unable and/or unwilling to exert the managerial control necessary to overcome these problems. As a result, while there is considerable activity, USAID observers are left with a feeling of concern that the BDG is not developing its own capabilities quickly enough to achieve its demographic goals.

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14. EVALUATION METHODOLOGY - Describe the methods used for this evaluation, i. e. was it a regular or special evaluation? Was it in accordance with the Evaluation Plan in the PP with respect to timing, study design, scope, methodology and issues? What kinds of data were used and how were they collected and analyzed? Identify agencies and key individuals participating and contributing.

This was a regular, annual evaluation in accordance with the Evaluation Plan. The Project Officer together with his BDG counterparts gathered the background information and prepared the issues paper for the evaluation. Data were collected from BDG records of training courses, number of field workers, commodity turnover, etc. The review of the distribution system profited by the participation of a logistics expert from the Center for Disease Control, Atlanta. The review was held in the office of the Secretary of the Population Division and a number of BDG officials actively participated in it.

15. Documents to be revised to reflect decisions noted page 1

- Project Paper (PP) Logical Framework CPI Network
 Financial Plan PIO/T PIO/C PIO/P Project Agreement
 Other This evaluation brought out ideas for a new project --
 a Project Identification Document (PID) will follow.
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16. Evaluation findings about EXTERNAL FACTORS - Identify and discuss major changes in project setting which have an impact on the project. Examine continuing validity of assumptions.

The political commitment of top BDG leaders to rapid reduction of the population growth rate remains strong. Budget allocations have increased each year. The BDG is still grappling with the problem of equitable merger of three personnel categories remaining from the Pakistan era -- Civil Service of Pakistan, East Pakistan Civil Service, and employees of "temporary" programs. Most population program personnel are in the last category. Further, a recently announced revision of pay scales is being contested by many government employees. These unresolved issues have created morale problems throughout the government; they are particularly severe in the population program and have had an adverse effect on progress. The PC&FP Division has yet to place sufficiently high priority on improving the quality of training and supervision. The major population donor agencies are united in urging prompt action on these basic deficiencies. The BDG plans call for addressing these needs in the next two years.

A factor over which we have had no control is the general shortage of medical personnel and the inability of PC&FP Division to attract doctors to established positions in the family planning program. Furthermore, there is a marked disinclination among doctors in the health services to do what they regard as the other Division's work, in particular, in the performance of sterilization procedures without additional remuneration. The contributing causes: significant numbers of Bangladeshi doctors accepting employment in Mideastern and African countries; inferior career opportunities for doctors in family planning; the curative bias in medical

education; and the perception of fertility control services as being separate and distinct from health services. Repeated and continuing donor representations to BDG on these problems have resulted in only limited progress so far.

The logical framework assumed that the BDG would fully support the program at all levels. While sufficient funding has been available, it has come from donors. The BDG is committing little of its own funds to the program and it is not preparing to assume major responsibility for funding in the foreseeable future.

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17. Evaluation findings about GOAL/SUBGOAL - For the reader's convenience, quote the approved sector goal, (and subgoal, where relevant) to which the project contributes. Then describe status by citing evidence available to date from specified indicators and by mentioning progress of other projects (whether or not U.S.) which contribute to same goal. Discuss causes -- can progress toward goal be attributed to project, why shortfalls?

"Reduced rate of natural population growth as a critical factor in social and economic development." The BDG estimates that the First Five Year Plan goal of a 2.8% annual rate of population growth by June 1978 has already been achieved. The late-1975/early-1976 Bangladesh Fertility Survey (BFS) data indicated a Crude Birth Rate (CBR) of 47 and a Crude Death Rate (CDR) of 19. The late-1977 BDG estimates were CBR=44 and CDR=16, resulting in a rate of natural increase of 2.8% per year. These were based on: a) the BFS benchmarks; b) an assumption that the BFS CDR was temporarily elevated as a result of the 1975 famine (a conclusion consistent with famine period experience of Matlab Thana, as revealed by the Cholera Research Laboratory's high-quality data); and c) inferences of fertility impact of estimates of prevalence of contraceptive use. Current estimates of prevalence, based on service statistics and the BFS, are 8% to 10% of eligible couples using modern contraceptive methods, with an additional 3% to 5% relying on traditional methods. There is some evidence that prevalence at the beginning of the program in 1974 was 1% or less.

It seems self-evident that governmental program as well as voluntary agencies must be credited with making effective means of contraception easily available to meet existing and, apparently, increasing demand. It is less clear to what extent the program can claim credit for increasing demand. It is evident that family planning has become a much more open, legitimate, and commonplace topic of discussion

during the past four years. The greatly increased staff of home-visiting field workers may have been a factor in this change. It is probable that the strong support of the top political leaders in the past couple of years and the constant public discussion of the population problem by leaders at all levels and in the mass media have also had an effect. On the other hand, we believe that some of the increase in demand can be attributed to severe and increasing economic hardship.

The BDG's draft plans for the next two years (1978-1980) and for the Second Five Year Plan (1980-1985) set forth the sharply elevated demographic target of achieving replacement-level fertility by 1985 (a 66.5% prevalence rate). USAID considers this goal to be unrealistic and has concluded that, under the most optimistic assumptions, achievement of 35% to 40% prevalence by 1985 would be a remarkable accomplishment.

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18. Evaluation findings about PURPOSE - Quote the approved project purpose. Cite progress toward each End-of-Project Status (EOPS) condition. When can achievement be expected? Discuss causes of progress or shortfalls.

"A functioning national institutional structure providing family planning services and population/family planning information and education on a continuing basis to the people of Bangladesh."

During this project about 80% of the planned total of village and union level family planning workers have been recruited and trained. Recruitment of the balance is in progress. Over 90% of the Thana, Sub-division, and District level supervisors are in place. The Population Division has been unable to recruit physicians for the Thana Technical Officer positions. Negotiations are now under way with the Health Division for deputation of their thana doctors to family planning duties. The logistics system is greatly improved and although localized shortages of contraceptive supplies still occur occasionally, these instances are becoming less frequent and significant progress is being made to ensure adequate supplies throughout the country. Seventeen of the 29 proposed training facilities have been completed and are operational. A National Population Council and a Central Population Coordination Committee have been established and the PC&FP Division and its Directorate are slowly developing the skills necessary to manage the country-wide family planning program effectively.

The progress shown thus far indicates that all of the EOPS conditions can be achieved by 1980. However, there are a number of problems which must be overcome. The technical and supervisory skills of workers at the thana level and below need improvement. Their training programs are generally poor and follow-up almost non-existent. Furthermore, Family planning staff have not yet been given permanent status as government employees, and their pay scale is low compared to other government workers, affecting their motivation. Progress has been made in improving the distribution of contraceptive supplies. Implementation of a new supply management system introduced in late 1976 is not yet completed at thana and field-worker levels. At the higher management levels, the effectiveness of technical assistance provided by the project has been decreased because of frequent transfers of key personnel, slots left vacant for long periods, and assignment of unqualified personnel.

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19. Evaluation findings about OUTPUTS and INPUTS - Note any particular success or difficulties. Comment on significant management experiences of host contractor, and donor organizations. Describe any necessary changes in schedule or in type and quantity of resources or outputs needed to achieve project purpose.

Most inputs have been provided on schedule. AID has had difficulty recruiting consultants, however, and is presently about two years behind schedule in getting a consultant for information and education programs.

Condoms procured under the FY 1978 agreements were increased over the original plan to overcome a developing shortage. However, the delivery schedule for FY 1978 condoms may be extended and the oral pills requirement for FY 1978 was held at the prior year's level and lower than originally planned because of a downward trend in user offtake during the first three quarters of CY 1977, a trend which was reversed in October 1977. Funds for participant training have been increased in FY 1978 and FY 1979 over amounts originally projected and the number of expected participants reduced because of escalating costs of training in the U.S.

20. Evaluation findings about UNPLANNED EFFECTS - Has project had any unexpected results or impact, such as changes in social structure, environment, technical or economic situation? Are these effects advantageous or not? Do they require any change in plans?

None

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21. CHANGES in DESIGN or EXECUTION - Explain the rationale for any proposed modification in project design or execution which now appear advisable as a result of the preceding findings (items 16 to 20 above) and which were reflected in one or more of the action decisions listed on page 1 or noted in Item 15 on page 3.

The basic project design remains valid and the project will continue to provide commodities, technical assistance and participant training. In execution, there will be increased emphasis on implementing the logistics control system at the thana level and below and on improving the training and supervision of field workers.

USAID is not directly funding these latter activities but will work with the BDG to improve them.

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22. LESSONS LEARNED - What advice can you give a colleague about development strategy--e.g., how to tackle a similar development problem or to manage a similar project in another country? What can be suggested for follow-on in this country? Similarly, do you have any suggestions about evaluation methodology?

At the end of this project the basic infrastructure for a nationwide family planning program may be in place. The BDG, however, will still need large-scale assistance for contraceptive supplies. Training, retraining and supervision of field workers will also require considerable investment, for which the BDG will need aid. Therefore, a follow-on project will continue to supply contraceptives, support selected components of voluntary sterilization services, and emphasize service delivery, perhaps being connected with the union level Family Welfare Centers project currently being developed by the Mission.
