

ISBN 1443

38800/0/53

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DIS

PRIVATE AND VOLUNTARY ORGANIZATIONS (PVO's)  
IN BANGLADESH AND THE  
PVO CO-FINANCING PROJECT EVALUATION

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April 1977

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## THE ROLE OF PVO's IN BANGLADESH

### I. INTRODUCTION

The AID PVO Co-financing project in Bangladesh prepared in 1975 is one year old since being signed and is due for an annual evaluation.

Many points described in the project paper continue to reflect the PVO situation in the country; certain critical aspects no longer hold true and some implementation targets are not being realized. Specifically these are: \*

1. Many PVO's seem to have either sufficient funds or the capability to raise the necessary resources for their projects. (p. 3, last para).
2. At present none of the PVO Co-financing projects have BDG interest for take over or support. (p. 5, para 1a).
3. Base line quantitative measures for all PVO activities in Bangladesh to see if PVO's are expanding were never developed by AID, AVAB/ADAB or anyone else as far as can be determined. (p.6, pars. 1d, e & f).
4. The three conditions expected at the end of project and the three outputs listed in the Logframe are not being met adequately or at all (p.7, par. 2a & logframe).
5. Some of the AID inputs have not been effective in producing desired outputs: technical assistance through ADAB; overall guidance, recommendation, responsibility for project implementation at both levels: the individual PVO Co-financing sub-project (micro) and the PVO Co-financing project as a whole (macro) p.12 par. a(i) & (vv). Considerable PVO program monitoring and implementation documentation has not been timely or in a useful format (p.13, par b (iii). BLG has often not provided timely project clearance or the "support staff necessary to assist PVO's in implementing projects" (p.13, c (ii & iii).

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\* Page numbers refer to the PROP Revision 1

6. Some of the project selection/approval criteria have either not been adhered to or are no longer useful and relevant. (pp. 15-16).

In partial preparation for the evaluation and as a means to acquaint myself with the PVO programs, I surveyed and analysed a number of PVO's and their projects to determine the project's general progress and performance. These notes are based on a 10% sample review of PVO's in the country, as registered in the ADAB PVO Directory, (19 PVO's and 23 projects visited\*), of which six receive AID support under the Co-Financing scheme.

## II. PURPOSE

The purpose of the report is to present an analysis of the BDG, AID and PVOs roles in PVO development activities and propose some changes in the PROP for consideration in the project's evaluation. The major focus is on PVO's and their strengths and weaknesses as instruments of development change.

## III. THE BDG AND PVOs

For BDG there exist strengths and weaknesses to having PVO's pursuing development projects. The strengths include that PVO's provide:

1. badly needed resources,
2. dedicated personnel, especially at the poverty level,
3. highly mobile operations (by virtue of their size),
4. low cost, pilot projects in innovative approaches,
5. convenient mechanisms through which certain politically unpopular groups can be helped.

isolated P.V.O.  
as far as PROP

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\* See Annex A for a list of these.

The weaknesses are:

1. virtual lack of control of PVO activities and use of their resources,
2. difficulties to coordinate PVO and BDG programs (competition), > why?  
answer ministry  
confuse
3. disagreements on objectives to be pursued, ↗ between whom?
4. potential political clashes, especially at grassroots levels, > unclear  
relate to #5 pre

In recent months the BDG has tried to improve its hold on PVO's by reexamining the regulations under which they operate in Bangladesh. Difficulties in securing inter-ministerial agreement seems so far to have prevented any revamping. In fact, in some cases the postponement of project approval through the PIO/T has seriously called into question BDG support of PVO's.

A major difficulty is to secure a cohesive chain of command between ministerial and thana-union levels. When PVO projects have multi-sectoral activities inter-ministerial agreement becomes a serious implementation bottleneck. At the grass-roots level BDG authorities often demonstrate contradictory views. They favor PVO take-over or establishment of certain services (especially in the medical and family planning fields). However, they also resent the success, better living standards, mobility, popular support the PVO projects and personnel have. At the extreme this view regards the PVO projects as competitive, subversive and/or potential opportunities for personal advancement.

The lack of a comprehensive picture of total PVO resource inputs and outputs, a mechanism through which BDG could monitor and influence in a coordinated manner PVO activities and the inability to agree on what the PVO role should be, prevent the BDG from using and exploiting in a more productive way these private organizations.

#### IV. AID AND PVO's

##### 1. Regulations

① recommend 3<sup>rd</sup> country waiver  
 ② indigenous PVO  
 ③ speed up time of PVO approval

In the past few months many AID regulations have become clear and more lenient in enabling PVO's to obtain AID support, especially in Bangladesh. The major outstanding block for this Mission is securing a waiver of the third country PVO rule. There are 30-35 U.S. PVOs or PVOs with American affiliates in Bangladesh. Some of these have been AID's traditional clients; others have substantial missionary support. There appears to be more room to channel AID funds through the third country PVO's, but a comprehensive canvassing of this fact would be advisable. Likewise the potential for channeling more funds to indigenous PVO's has not been systematically explored or exploited. Foreign donors are increasingly building up groups like BRAC, CORR, GUP/Faridpur as a means for providing greater program continuity, adaptability, and understanding of local problems.

##### 2. Procedure

Should the PVO Co-financing project continue, better monitoring and evaluation procedures within the Mission will be necessary. The lack of base line data regarding number, distribution, kind, length of operation, size and impact of the PVO projects - at least the major ones - prevents the Mission from following PVO developments on the macro level. Several bilateral donors have a full-time staff member in Dacca covering PVO activities. How effective and useful this arrangement is should also be examined as well as the donor's formats, requirements, selection criteria, monitoring and evaluation methodologies. It has often been said AID criteria, design, monitoring and evaluation standards are too stringent for most PVOs to measure up to. How true is this? Are we in fact losing potential "customers"?

not USAID

perhaps after these to better fit needs of PVO

One PVO director considers that AID devotes too much attention to project design and insufficient concern with

the PVO's capabilities to manage a project. Procedures may be even more needed to assess institutional capability if the third country PVO rule is waived. *recovered #4*

### 3. Responsibilities

In the PVO Co-Financing project AID is committed to providing technical assistance for project design and evaluation. To date only one, short workshop on this subject (run by PCI from Washington) was held in early 1975 at USAID. \* Besides the attendance and interest being low, the PVO's considered the course too general, over their heads, and not helpful to their own problems. There was no follow-up to determine the impact of the workshop or why it was not more successful. *workshop aimed at specific needs of PVO*

To date the Mission has approved seven projects under the PVO Co-Financing. The time it takes from project proposal submission to grant signature has ranged between 6-8 months, and worsened over this past year. \*\* The PIO/T problems notwithstanding, our record needs to be improved, especially if we do not want to loose our "clients" to other donors. Finally, a great major assumption in the PVO Co-Financing project is a coordinating role for AVAB. Since it became ADAB the forum has been narrowed to agriculture. As a result many experimental projects in health, nutrition, family planning, rural development, functional education and community organization do not have a similar clearing house cum forum. Could Aid provide leadership and urge similar services for the non-ag fields be reinstated in ADAB or in another organization? *speed time of PIO approval*  
 The many and diverse PVO experiences need to be recorded, *clarify AD AD role*

\* AVAB at this time helped recruit the PVO participants for the workshop. Meanwhile CUSO just completed a very successful 3 week course in organizational development/management for 28 persons from PROSHIKA (CUSO training organization), BRAC, CORR and GUP (Gono Unnayan Prochesta, Faridpur). It was run by a French-Canadian who has established an Organizational Development consultant training institute, SAIDI, in Manila. CUSO believes if the course were offered again 100 persons would easily attend.

\*\* See Annex B for a list of project approval times.

analyzed, compared and the results incorporated in existing projects. The Mission cannot presume the implementation of small-scale PVO projects will be of "great significance to later large-scale grant or loan investments" (PROP p. 4, par 1) without the existence of a linkage to test on a comparative basis the PVO experience and achievement.

## V. STATUS OF PVO CO-FINANCING PROJECTS

Separate memos have been prepared on the individual project progress of IVS, MAP/HEED and MCH after the completion of project visits. \* The general impression of these and brief visits to YWCA and CARE/Mirzapur provide is:

1. Most projects (excluding CARE) are pre-project feasibility activities: preparing the basis for a program; gathering data; developing community/market relationships; determining needs and ways to meet these.
2. They do not represent the most interesting, forefront blazer PVO activities in the country. In fact three build (in often not successful ways) on existing PVO models: IVS and MAP/HEED on some aspects of BRAC; YWCA on CONCERN and other handicraft programs. MCH is pursuing ulterior motives and not delivering satisfactorily on even minimal data collection requirements. And CARE is implementing, somewhat mechanistically, a traditional and costly approach to cooperatives.
3. Few have a long-term vision of where they are going, what is needed to get there, what it will look like and when it will be, and what the environment will hold in store for the project.
4. Few if any show promise of becoming Bangladeshi, self-sufficient, viable, continuing development activities.

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\* See respective memos February 16, 24 and 25 to B. Kurland.

5. Compared to other more successful PVO innovative approaches, the AID supported projects at present offer little replicability.

To a certain extent better AID selection criteria, monitoring, provision of technical assistance and intermediary relations with other PVO's could have resulted in better performance. However, the PVO's own strengths and weaknesses substantially contribute to project success or failure. An examination of some of these, including four non-AID supported PVO's, help explain PVO project downfalls and provide a basis from which improvements can be developed.

## VI. PVO's: THEIR STRENGTHS AND WEAKNESSES

There are many different perspectives from which to examine PVO's and their activities. The PVO's organizational capabilities in terms of their strengths and weaknesses provide a basis from which it is possible to determine some of the critical major reasons for which the PVO Co-Financing scheme has encountered implementation problems. Ten organizational profiles drawn from project visits have been developed. \* They are summarized below in five categories: objectives, management, resources, environment and impact.

### A. OBJECTIVES

The PVO's objectives generally fall into three categories: developmental, relief and missionary. The first tends to be in Bangladesh a relatively new undertaking, especially by relief and missionary groups. As a result many of the weaknesses in this category (vague, unclear, inappropriate, overambitious defined objectives) probably can be attributed to changing institutional roles, searching for new identities and means to achieve organizational goals. As long as relief efforts are needed, a PVO will postpone getting into development work and will quickly revert to it again when a new disaster hits. Priority for development

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\* See Annex C for an individual PVO listing.

activities requires a build up of sufficient time, manpower experience - especially in selecting concise, achievable objectives in relation to relative competences and vulnerabilities.

Few PVO's set as an objective per se reasonable time frames for entrance and withdrawal from a development project. A dependency relationship develops (between the serviced population and the PVO). It becomes easier to continue providing the services than to secure community responsibility and take over. Poorly defined objectives and their appropriate measurement prevent not only planned implementation but also a clear perspective of when the pilot project is proven & ready for turning over.

## B. MANAGEMENT

If one were to select any one critical weakness of PVO's it would be in the area of management. The PVO's particularly with relief and missionary backgrounds have problems in designing a development strategy/plan, organizing their resources accordingly, providing adequate leadership, monitoring and evaluating performance, securing appropriate resources, and training national staff. In strategy/planning the kinds of difficulties encountered are random selection of activities, inadequate subproject planning (often at sub-village level), partial setting of targets, lack of time frames for outputs and in general difficulties in formulating and perceiving the means to reach development goals. The PVO's organization - or lack of - reflects often an inability to streamline functions, provide clear lines of authority, establish mechanisms to integrate and coordinate activities internal and external to the project. Leadership and management inadequacies accompany structural shortcomings. The switch from relief to development management may be too abrupt to allow for establishing monitoring and evaluation procedures and training of national staff for the new institutional role and programs.

Perhaps most important, the profiles of PVO's substantiate the already known weaknesses in project monitoring and evaluation. Some organizations, especially the missionary ones, have no monitoring or evaluation procedures. Others keep basic records but conduct no analysis of these. Others make no attempt to evaluate the more qualitative aspects of their programs (e. g., impact and relevance of training; results of fielding "motivators"; comparative results of innovative approaches). And very few - in fact only one of the PVO's visited - attempt to monitor and analyse failure to implement targets and goals.

Furthermore, in the area of national staff training by foreign PVO's the weaknesses in monitoring and evaluation often become linked with inattention to the kinds of skills needed, national standards required (will the training provided qualify the individual for the profession), cost considerations in terms of future replicability, management experience for eventual take over of the project and/or employment opportunities. Frequently training is provided to service the PVO project. When the PVO withdraws the future saleability of the acquired skill and experience is ignored. Or, as one PVO remarked regarding a paramedic program, the trainee can always set up private practice - a solution with questionable benefits for the community.

### C. RESOURCES

PVO's in general do not have the resource flexibilities of larger private and public organizations. Regarding staff inputs they rely on a limited constituency (especially for national staff) from which to recruit manpower. Partly due to their operational scale, orientation (missionary, relief, volunteer), and employment conditions they draw upon highly dedicated, adaptable people who are willing to adopt simple, materialistically unsophisticated living standards. These are not always as qualified, in both technical and management functions, as would be desirable. Hence, the size, cost and competence of project staff (national and international) may be inappropriate in amount, kind and timing. National staff may have little opportunity to take over foreign launched programs or continue working on these after public take over.

Furthermore, the PVO staff tour, especially for the foreign groups, often influences their ability to envision objectively over time where they stand and where they are headed. For example, the long term service of missionaries permits a postponement of facing these questions. The short-term volunteer services (ranging from 18 months to 3 years) do not afford a sufficiently long perspective to see where the project is and where it is going.

Regarding funding activities most of the PVO's visited for this survey are able to raise sufficient support for their activities, generally from their affiliates or bilateral donors. One indicator of this is the AID share in PVO Co-Financing projects where four of the seven supported projects receive less than 40% from AID for project costs. \* This picture may be misleading and not a representative sample: few indigenous PVO's are included, most have substantial overseas affiliates, some are our traditional customers (CARÉ, IVS).

Still it is wise to recognize at present Bangladesh enjoys a large, diverse, wealthy donor market from which to draw external resources. The PVO's do not appear to seriously compete in this situation at least for innovative, experimental projects. Rather it is the donors who pursue appropriate development projects to fund and thereby run the risk of creating an elastic resource supply for PVO's.

There also exists the matter of support for certain kinds of costs. Some PVO's cannot secure finances for basic infrastructure, operating costs, and certain commodities. There may be a double standard involved where some donors provide resources for such costs in government and not PVO programs. Whatever the specific reasons for this - and there exist some very good ones - it is not sufficient to allow and urge PVO's to mount programs which satisfy many basic needs and then expect the communities or the BDG to continue them. The slow growth of public funds simply does not create sufficient resources for development. In some instances, therefore, it may be appropriate to finance such PVO expenses if the potential for self sufficiency exists.

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\* See Annex D for a table of Cost Sharing in PVO Co-Financing Projects.

#### D. ENVIRONMENT

The experience of the PVO's visited shows mixed success regarding PVO-community relationships. Some PVO's have found it difficult to be accepted, overcome negative perceptions of their programs, mobilize local enthusiasm and participation, ensure sustained interest. Others have found increasing competition from other programs which "spoil the people" to carry out their share of a program. One group of PVO members considered most service programs create a community dependency which will retard communal responsibility in these areas.

On the other hand personal relationships especially in very rural programs seem to be very positive. PVO's are often well received, appreciated, encouraged to stay, sought for advice and assistance. As long as a PVO is the only effective "change agent" in a community (village, union or thana level), relations continue harmoniously. In fact some PVO programs can be accused of "stealing the fire" and clientele of neighboring community programs because the quality of services and benefits is so high.

Unfortunately the linkages to BDG programs and other PVO's have low priority or are non-existent. Either the PVO ignores BDG officials or prefers a distant relationship. It is not clear to what extent the lack of pressure to involve BDG in a PVO program determines low BDG interest to take over. Or, if take over interests are shown, they often are for the wrong reasons, which deter a PVO from giving up ultimate project control.

Among certain PVO's there exists substantial interchange and cross-fertilization. This is particularly true for PVO's engaged in agriculture where ADAB has played a recognized useful role. But by and large much more needs and can be done, especially concerning different approaches, experiences and a joint dialogue on reasons for success or failure. Of particular interest by now would be an exchange on functional education, community organization, handicrafts (and their future), health insurance and credit schemes, midwifery training and practices, nutrition and women's programs.

Outside the established family planning linkages no organized forum exists for these subjects in which substantial experience by now has been accumulated.

#### E. IMPACT

The overall development results obtained by PVO's are difficult to judge for the very weaknesses described above. Many PVO's are applying innovative approaches, perhaps in too ambitious, not sufficiently selective and purely empirical ways. Some have proven their approaches to be successful, replicable and inexpensive (especially in the paramedic field). Unfortunately, the BDG is not prepared to follow-up on some of these programs and in some cases has barred public exchange on the matter. \*

The problems are similar regarding application of results obtained by other entities. Programs often are not well-known, have attracted little indigenous attention or are still too young and insufficiently well monitored to be extensively replicated. Too often it is assumed one or two years of experience are sufficient to prove the viability of an approach, only to later discover due to certain project weaknesses further experimentation is necessary. Time frames for pilot projects are tricky under the best of circumstances.

However, few projects contain phased take-over or replication plans during the life of the project to permit a smooth withdrawal or transition.

It should be emphasized that the above described weaknesses rarely surface unless the PVO is put under a scrutinous looking glass. In fact many projects can plod along quite "successfully" without falling apart or tarnishing the PVO's image, credibility and/or survival. However, they also do not achieve their goals or contribute to real development and often waste resources in the process.

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\* In October 1976 a traveling seminar on rural health care organized and run by PVO's with experience in the field was prohibited by BDG from holding a public meeting concluding its findings and recommendations.

On the other hand the more successful PVO's define their goals specifically, often narrowly in relation to a timed sequence of conditional resource commitments which serve to define the organization's concept of its role, its mode of operation, its means of accomplishment and its criteria for evaluation.

## VII. PROPOSALS *add BDG coordinating agency.*

The above has focused exclusively on the negative BDG, AID and PVO qualities, assuming more is learned from an examination of these than a restatement of strengths. It has also treated all three actors as homogenous groups, when in fact substantial differences exist among and within them in all five categories. Nevertheless, from this exercise have surfaced certain shortcomings which can be tackled over time more selectively, systematically and progressively. A partial agenda is proposed below as the subsequent stage.

### A. PVO Co-Financing Project Evaluation and Redesign

In addition to examining the issues raised in T. Oliver's March 17 memo, the following questions should be included:

1. Rationale for PVO support in Bangladesh: need, mandate, convenience, appropriate instrument;
2. PVO competence: human and managerial, technical, financial, PVO "market" position (missionary, relief, volunteer);
3. AID resource availabilities for all PVO activities and their utilization: Co-Financing, DPG's, sectoral funds (population, women's programs).
4. Appropriateness of objectively verifiable indicators at the macro level (overall PVO Co-financing); baseline quantitative measures for all (some) PVO activities in Bangladesh;

*Conte Black*

5. PVO and project selection criteria: appropriateness; definition of replicability, spread effect;
6. AID internal functions on PVO's: appropriate mix of technical assistance monitoring, coordination, evaluation;
7. USAID external relations: BDG (urge finalization of PVO regulations policy) and PVO's familiarization of non-AID supported PVO projects, exchange, coordination).

A paper or listing of various Mission options and constraints on these and similar points would be useful to help formulate policy and design any subsequent phases of the project.

B. Professional Services to PVO's

The Mission should reexamine the possibility of locally providing professional services to PVO's. Many PVO weaknesses, described above could be substantially overcome if technical advice were made available on a short-term, timely, low cost basis.

1. Kinds of Services

There are at least three major areas of need for such services:

- a. Project preparation, monitoring and evaluation ("projectology");
- b. Project management and operations;
- c. Technical project problems in all spheres of PVO activity; e.g., community health, organizational development, audio-visual aids, etc.

Some PVO's have sought services in these areas. For example, the MAP/HEED project contracted a community health consultant for three weeks from India to formulate the project's rural health program and its relation to BDG efforts. The recent project visits to non-AID supported PVO's indicate more PVO's would embark on development efforts were assistance available to formulate, implement and evaluate development projects.

## 2. Ways to Provide Services

There are several options how to provide such services:

- a. Expand USAID technical assistance to PVO's (including continuing workshops, training, coordination);
- b. Build into projects preparatory and technical assistance like many multi-lateral donors do;
- c. Regional service of a mobile consultative team\* (for Asia);
- d. Consultative institution in Dacca providing project and training services by
  - (1) expanding an existing organization or
  - (2) establishing, creating a new institution.

This writer favors the last option. The DPG's have served to build up the capacity of AID's traditional PVO clients at their centers of operation. They are still relatively young and do not cover many of the PVO's in Bangladesh. Nor do they provide the needed services on a continuing local basis for local capability upgrading. Perhaps a similar kind of grant could be provided to a PVO or consultative group in Dacca. This could have the advantage of providing (a) more continuing institutional facility for all PVO's in the country, (b) help build-up indigenous PVO's, (c) extricate USAID from such functions, and (d) permit the development of a data base of PVO project designs, experiences, approaches which over time can be more systematically evaluated and drawn upon for a variety of purposes.

Good

### C. Coordination among PVO's

As part of an existing or new organization the function of coordinating activities among PVO's is well realized.

A forum for information exchange on non-agriculture matters (given ADAB's narrower focus) must be provided; identification of what kinds of matters could be coordinated without infringement on institutional autonomy should be developed; and a suitable mechanism for this purpose ought to be explored.

At present ADAB, with a reduced focus, provides services that are closer within its capabilities than before, given its limited resources. Perhaps it would be possible to again explore AID support to ADAB and build upon an already established competence. If AID assistance is unacceptable, other donors might be mobilized. USAID could and should play an active role in helping this matter become better resolved.

### D. USAID Expansion of PVO Program

Should the Mission decide to expand the support to PVO's in Bangladesh, and there may be considerable room for expansion if the service and coordination functions were provided, certain preliminary actions would be necessary. A survey of PVO needs (in kind, amount and timing for US, indigenous and third country agencies) is required to provide a basis from which to decide program substance, size and length of commitment. A "conscientization" of PVO's to avail themselves of USAID support could be launched on a PVO by PVO basis. (Past mass or group approach seems to have brought limited results.) A backstopping campaign by the Mission urging PVO's to seek professional services and coordinate their activities would help ensure the kinds of results expected and convince PVO's of AID's commitment and cooperation.

USAID can play a far more proactive role in shaping, coordinating, channeling PVO efforts -- provided the resources are made available. Within the Mission's overall program the PVO component is small. It could be made one of the more interesting, exciting, meaningful contributions to Bangladesh's development.

List of PVO's & PVO Projects Visited

January - March, 1977

PVO Co-Financing

PVO	Project Location	Visit
CARE	Mirzapur	Jan 20
CDF	Rashiddeohata Rangunia	Feb 1 Feb 22
CNRU	Dacca	Jan 19
IVS	Sylhet	Feb 7-8
MAP/HEED	Kamalganj	Feb 9-10
MCH	Malumghat	Feb 17-18
YWCA	Dacca	Jan 14

Non-USAID Supported

ADAB	Dacca	Several
Bangladesh Voluntary Service	Dacca	Jan 28
Brothers to All Men (BAM)	Narchi & Shariakandi, Bogra	Mar 3-4
BRAC	Dacca	Feb 3
Chittagong Federation of Thana Central Coop. Association	Chittagong Patiya	Feb 19 Feb 20
Christian Health Care Project (CHCP)	Dacca	Jan 31
Churches of God	Jaypurhat Bogra	Feb 28-Mar Mar 2 & 4

Non-USAID Supported (continued)

<u>PVO</u>	<u>Project Location</u>	<u>Visit</u>
CONCERN	Demra	Jan 20
	Shrimangal	Feb 11
(3 projects)	Chittagong	Feb 21 & 23
	Hathazari	Feb 23
Franklin Book Programs, Inc.	Dacca	Jan 14
International Union for Child Welfare (IUCW)	Kaliakair, Mirzapur	Jan 29
SWALLOWS (Denmark)	Bogra Sherpur	Mar 4-5
YMCA	Dacca	Jan 12

PVO CO-FINANCINGPROJECT APPROVAL TIME FRAMES

PVO	Date PROP Submitted	Date PIO/T Signed	Date OPG Signed
CARE	Early October, 1975	February 25, 1976 November 20, 1975	April 27, 1976
CDF	June 8, 1976	December 28, 1976	PENDING
CNRU	August 25, 1976	February 28, 1977	March 7, 1977
IVS	March 1, 1975	May 23, 1975	June 23, 1975
MAP/HEED	October 10, 1975	April 1, 1976	May 28, 1976
MCH	February 10, 1976	April 7, 1976	April 15, 1976
YWCA	October 10, 1975	March 3, 1976	May 6, 1976

April, 1977

PVO's Strengths and Weaknesses

The following ten profiles are compiled from data collected during field visits to PVO projects. The observations are admittedly highly subjective and entirely my own assessment of these PVO's capabilities. They reflect the situation at the time of the field visits. They represent: (1) excluding CNRU, all PVO's under the AID Co-financing, and (2) missionary, relief, volunteer groups at various levels of involvement in development projects. The selection of variables for the framework is based on the standard systems analysis components. The profiles are for:

BAM	IVS
CARE	MAP/HEED
CHURCHES OF GOD	MCH
CONCERN	SWALLOWS
CPF	YWCA

BAM (Brothers to All Men or Freres Des Hommes)  
Based on visits to Thana Health Complex (Shariakandi, Bogra)  
and rural development project (Narchi Union, Shariakandi).  
Project operational since 1974.

	<u>Strengths</u>	<u>Weaknesses</u>
A. <u>Objectives</u>		
Defined Objectives	Fairly clear in agriculture, education and health; development oriented.	Perhaps too broad; lack of time frame.
B. <u>Management</u>		
1. Strategy/Planning	Specific activities carefully chosen in accordance with rural life, cropping cycles, seasons, villagers' resource availabilities, etc. Principles: (1) for every input needed, villager must pay in money, kind or labor, (2) teach a basic skill from where villager can continue on his/her own (e. g., literacy for 10-15 years olds, pursuit of self-education if interested.)	No visible targets set, few structural mechanisms established in villages, <u>no time frames</u> set. Group is keenly conscious of need to measure their impact but to date has not been able to develop appropriate indicators or EOPS, end of project status.
2. Organization	Seven volunteers (6 males, 1 female, all single) completely decentralized from BAM, Paris, having no structural or hierarchical relations within the group.	Difficult to determine where responsibility should lie for management; group accountability.
3. Management/Leadership	Group management, self-leadership.	Requires volunteers with maturity, cooperation, tolerance, flexibility.

BAMStrengthsWeaknesses

## 4. Monitoring/Evaluation

Periodic reports to Paris; analysis of causes in cases of failure. Some semi-research papers (in functional education and umbilical tetanus) prepared in English and submitted to interested entities to provide dialogue.

No systematic monitoring - partly because still unclear on what to monitor and partly because want to avoid "paper production"; no real evaluation.

## 5. Training of National Staff

Training junior nurses at thana hospital; training mid-wives at union level; extension work with farmers; literacy with young adults (literacy has decreased in villages in last 2 years; literacy program 1 year old).

No evaluation of training impact.

Best Available Copy

C. Resources

## 1. Staff - National

At thana hospital, locally recruited and trained (except for MD's); at village locally recruited and trained; MD's prohibited to carry on private practice while employed at thana hospital.

High MD turnover (every 6 months); BDG standards and pay maintained; presence of international MD to maintain reasonable medical care required.

## 2. Staff - International

Highly motivated, dedicated, qualified volunteers; completely integrated into village life in language, housing, dress, food and eating habits (use hands not utensils) and seem very well adjusted.

Some aspects of complete integration <sup>also may be useful?</sup> ~~may not be useful~~; exemplary behavior from development view (e.g., use of tubewell water without boiling; washing dishes with cold water only.)

## 3. Funding

Appears to have no problems in raising necessary resources (is mounting a 3rd

BAMD. EnvironmentStrengthsWeaknesses

1. Relation to Community Respected, sought for advice. *see form note on complete integration*
2. Linkages to Government Organizations Open to cooperate only if programs support the people; use BADC, BPHE, FP services for supplies and training. Little outreach to BDG; wait for BDG to come to BAM.
3. Linkages with other PVO's Recent interest in other programs; extensive use of IVS visual aid posters; proposed visit to BRAC to compare functional education approach. Mostly confined to own resources over past 2 years.

Impact

1. Application of Innovative Approaches Adapt approaches to local conditions: i. e., took BRAC material for literacy, extrapolating "conscientization" components which gave better results.
2. Replicability Integrated living and style with village life of skilled volunteers. Perhaps one of the least costly programs: about \$40,000/yr for Hospital and rural development programs. Relatively unstructured approach provides little chance for program continuity in conventional sense? requires substantial community initiative and probably is possible mostly with young volunteers (given flexibility required).
3. Adoption of Approach by other Entities A number of PVO volunteers have visited BAM. Program still young and not well known.

Based on a visit to Mirzapur; OPG since April 27, 1976

Page 4 of 28

A. <u>Objectives</u>	<u>Strengths</u>	<u>Weaknesses</u>
Defined Objectives	Clear, specific, well understood, developmental.	Unsure if these objectives when achieved will in fact accomplish a viable cooperative system; i. e., selection of goals and purpose may be inadequate.
B. <u>Management</u>		
1. Strategy/Planning	Systematic, concise, generally well founded projections.	No indicators established for when it will be appropriate for CARE to withdraw.
2. Organization	Tight, strong organization.	Heavily dependent on international manager.
3. Management/ Leadership	Good, respected.	Unclear how to be managed without CARE presence.
4. Monitoring/Evaluation	Monthly record keeping and quarterly summations of progress on targets.	Much carried out or supervised by CARE expatriate.
5. Training of National Staff	Extensive, thorough.	Expensive, CARE Bengali staff probably will leave when CARE withdraws.

why not integrate into BDG

CARE

	<u>Strengths</u>	<u>Weaknesses</u>
<u>C. Resources</u>		
1. Staff - National	Good, experienced.	Overpaid in comparison to BDG; not clear who would pick up costs after CARE withdrawal.
2. Staff - International	1 person living at CARE office in Mirzapur; speaks Bengali, experienced, dedicated, innovative and open to try new ideas.	Provides perhaps excessive control.
3. Funding		Could not continue project without AID support.
<u>D. Environment</u>		
1. Relations to Community	Appear good.	Presence of other PVO & BDG programs - is Thana saturated with aid?
2. Linkages to Government Organizations	Good cooperation with IRDP.	Presence of CARE gives impetus to provide support or be responsive; no idea how IRDP to behave after CARE withdrawal.
3. Linkages to other PVO's.	Interested	
<u>E. Impact</u>		
1. Applications of Innovative Approaches	Providing role of middle man for information and agriculture inputs.	

CAREStrengthsWeaknesses

## 2. Replicability

Structurally has very good potential, guarantees mechanics of cooperatives be observed.

May be too costly to establish and maintain; provides no insurance for system's viability in that qualitative indicators are lacking.

## 3. Adoption of Approaches by other Entities

Accounting forms respected by some other PVO's.

Some PVO's view CARE operation to be too costly, sophisticated and cumbersome to adopt.

CHURCHES OF GOD

Based on visits to Jaypurhat and neighboring villages, where Missionary work since 1907; school, since 1952; clinics since 1976. The Mission also runs a 60 bed hospital in Bogra, since 1952.

	<u>Strengths</u>	<u>Weaknesses</u>
<b>A. <u>Objectives</u></b>		
Defined Objectives	Clear in missionary work and First Priority. Desire to develop/expand a rural health care program.	Vague and unfocused in development; unclear how to define objectives.
<b>B. <u>Management</u></b>		
1. Strategy/Planning		None
2. Organization	Provided by school; 5 village clinics.	No organization as a group; individual non-integrating functions.
3. Management/Leadership	Relatively well managed school and weekly tubeligation program.	Extensive, disjointed, individual efforts.
4. Monitoring/Evaluation	Systematic financial record keeping.	No program monitoring or evaluation.
5. Training of National Staff	Provided for clerical, teaching and nursing staff.	No training provided for management, planning, evaluation.
<b>C. <u>Resources</u></b>		
1. Staff - National	Large Bengali staff of 130 for Jaypurhat and Bogra (hospital)	Not clear how distributed between Jaypurhat and Bogra - mostly Christian, some from Mymensingh.

Strengths

2. Staff - International

3 women in Jaypurhat; 1 effective in missionary work; 2 nurses; all speak Bengali.

2 nurses, young, inexperienced and groping how to develop a clinic program; very long service - 4, 8, 10 years.

3. Funding

Private Contributions including a very small Bengali input.

D. Environment

1. Relations to Community

Very good reputation in school and Bogra hospital; about 166 church members in Jaypurhat

Outreach to primarily tribal and Hindu communities.

2. Linkages to Government Organizations

Development - not visible; little outreach to BDG, though BDG gradually to take over school.

3. Linkages to other PVO's

Affiliated with CHCP in family planning; seeds from MCC.

Little interest in other PVO development programs.

E. Impact

1. Application of Innovative Approaches

For first time charging for medication in clinic (subsidize expensive medication); also charge for school.

None; neither interested due to limited resources.

2. Replicability

Not desirable

*I agree*

3. Adoption of Approach by other Entities

A few other missionary PVO's following similar approach - represent the more conservative groups.

Based on visits to projects in Demra (camp program since 1974). Shrimangal, Sylhet (clinic, rural health care and paramedic training since 1973) Chittagong (eye camp program, handicrafts, women's center since 1974-75) and Gamanmardan, Hathajari (small scale irrigation since Dec. 1976).

<u>Objectives</u>	<u>Strengths</u>	<u>Weaknesses</u>
A. Defined Objectives	Clear, specific when service/relief oriented.	Still in making when development oriented (e.g., irrigation project is among first efforts to move from relief to rural development; goals still undefined).
B. <u>Management</u>		
1. Strategy/Planning	Very effective in mobilizing and fielding volunteers for short-term, specific and narrowly defined, <u>service</u> functions.	The move into development work and need to use volunteers differently and plan accordingly is realized. If disaster strikes relief work will probably take priority unless development work has some time to evolve and get established.
2. Organization	Projects under one sectoral coordinator based in Dacca with relative decentralization at project level.	
3. Management/Leadership	Good in all projects visited except irrigation.	Some disorientation on irrigation project.

*note for rural irrig. Proj.*

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CONCERNStrengthsWeaknesses

- |                               |  |  |
|-------------------------------|--|--|
| 4. Monitoring/Evaluation      | Systematic, detailed, timely monitoring of project outputs; good base line data collection on agriculture at irrigation project; periodic sectoral evaluations of all projects in Dacca. | Not sure how development work to be evaluated in future. |
| 5. Training of National Staff | Very effective in paramedic training and handicrafts.  | Little management training to take over projects.        |

C. Resources

- |                          |  |  |
|--------------------------|--|--|
| 1. Staff - National      | Well trained, able, dedicated, reasonably paid.  | Only now beginning to explore possibilities for Bengali take-over of CONCERN projects; not clear what would happen to national staff now employed.   |
| 2. Staff - International | Highly motivated, dedicated, trained volunteers; experienced, very committed volunteer field manager; good public relations man. | Rapid volunteer turnover, every 18 mos; often volunteers assigned to several projects during 18 mos - may not be suitable to development projects. Volunteers speak little Bengali and so all records are in English and Bengali working with CONCERN must speak English; some difficulty being experienced in recruiting volunteers with experience in development; volunteers don't usually live at project sites. |

Strengths

3. Funding

Relatively easy to raise relief funds.

Experiencing problems in securing funds for development activities.

Environment

1. Relation to Community

Respected, often requested to provide support, good rapport.

2. Linkages to Government Organizations

Cooperate with many different organizations.

Prefer non-government organizations.

3. Linkages to other PVO's

Cooperative in joint ventures, use materials produced by other PVO's; participate actively in ADAB.

Could try to learn more about development from other PVO's.

Impact

1. Application of Innovative Approaches

Very interesting and practical paramedic training program run entirely by Bengalis; good ideas on how to incorporate preventive health care training, primary schools, handicrafts in relief programs; especially innovative management of international volunteers.

Only beginning to consider development activities in which approach so far is somewhat empirical; little or no evidence how effective or lasting primary school training is.

2. Replicability

In relief work, offer many lessons.

In development work, still in defining stage.

3. Adoption of Approach by other Entities

Considerable cross-fertilization with PVO's in relief work.

Relief approach and experience may prevent learning and understanding development work.

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Based on visits to Rashillechata, Mirzapur and Rangunia. PIO/T signed on December 28, 1976.

A. <u>Objectives</u>	<u>Strengths</u>	<u>Weaknesses</u>
Defined Objectives	Clear in design, community development focused.	Possibly overambitious; at Field Coordinator (FC) level accepted in different degrees.
B. <u>Management</u>		
1. Strategy/Planning	Villages determine programs.	Difficult to anticipate village choice of needs without some outside interference; some inadequate sub-village project design.
2. Organization	Decentralized to village level and linked to CDF thru village Field Coordinators.	Potential of fraud, mismanagement, etc. at FC level; also can "milk" supporter (CDF) & spoil self-initiative.
3. Management/Leadership	Conceptually sophisticated and comprehensive.	Easy model to justify possible or future failures.
4. Monitoring/Evaluation	Targets set annually with budgets; some record keeping.	No attempt to monitor failure to implement a set target and determine why.
5. Training of National Staff	Periodic retraining and exposure to other PVO programs.	

StrengthsWeaknessesC. Resources

- |                          |   |  |
|--------------------------|---|--|
| 1. Staff - National      | Dedicated, some well trained (including one ex-AID participant).  | 80% of FC's time devoted in some villages to Save the Children Federation work. (FC = Field Coordinator) |
| 2. Staff - International | One, new, well trained and experienced director; CDF envisions commitment in a project for at least 8-10 years. | No Bangla knowledge, dependent on Bengali staff for judgement of progress.                               |
| 3. Funding               |   |  |

D. Environment

- |   |   |   |
|---|---|---|
| 1. Relation to Community                | In Rashiddeohata seems well developed.  | In Rangunia competition with TCCA programs; CDF developing parallel structure.  |
| 2. Linkages to Government Organizations | Cordial relations.  | In Rangunia no attempt made to coordinate with BDG programs operating in "CDF villages."  |
| 3. Linkages with other PVO's            | At CDF Country Director level fair amount of discussions and friendly relations with other PVO's. | Unfamiliar with BRAC, HEED, BAM approaches to community organization. No dialogue on this when all four use (or used) village council or committees approach. |

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CDFStrengthsWeaknessesE. Impact

- |   |  |   |
|---|--|---|
| 1. Application of Innovative Approaches   | Basically a system's approach to rural development.  | Difficult to implement and pull off, especially in meaningful manner; potential is community organized for mere sake of organizing.                                 |
| 2. Replicability                          | Project design conforms to what is current "state of the art" in community organization and development. | Requires long external commitment and no good indicators exist until when this is needed and for how long the approach will work.                                   |
| 3. Adoption of Approach by other Entities | Similar approaches already being pursued by BRAC & HEED.   | None expressed by PVO's visited; some PVO's seem unaware of how different from BRAC; BAM worked with Village Committee approach in 2 villages and dropped approach. |

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IVS

Sylhet, present OPG since June 23, 1975)

StrengthsWeaknessesA. Objectives

## 1. Defined Objectives

IVS has stated objective (recently re-stated).

Team not in agreement on specific objectives or what they want to create.

B. Management

## 1. Strategy/Planning

Random selection of activities. No criteria of selection of activities in relation to objective.

## 2. Organization

Weekly staff meetings and morning get-together to organize daily activities.

Disjointed organization.

## 3. Management/Leadership

Person acting as leader has good ideas concerning how to achieve objective.

No "Appointed" leader; person who fills leadership role has personal-relation problems; impatience.

## 4. Monitoring/Evaluation

Gathering data and trying to quantify outputs.

No quantitative measure of outputs.

## 5. Training of National Staff

One International consciously training Bengali.

Other Internationals using Bengali's to do work rather than trying to up-grade them.

C. Resources

	<u>Strengths</u>	<u>Weaknesses</u>
1. Staff - National	Good Bengali staff in terms of dedication, motivation, training.	One staff member too sophisticated for work.
2. Staff - International	All well trained and experience in development. 2 speak Bengali.	Apparent "Infighting" with distinct groups within staff. 3 do not speak Bengali; 2 year service makes for short-term projects - i. e., replacement needs difficult to meet, so project shortened.
3. Funding		Could not raise funds to implement project.

D. Environment

1. Relation to Community	Women's and rice project well plugged in: - general acceptance - materials produced in Bengali.	Very gradual acceptance of IVS women's presence and advice. In some cases IVS women's program still fighting negative attitude of village women to family planning and IVS association with it.
2. Linkages to Government Organizations	Good cooperation from IRDP, at least not viewed as a threat - not sure if considered a contribution either.	No clear vision of who would pursue activities after IVS leaves.
3. Linkages to other PVO's	National staff interested in other PVO's work; many PVO's using health-nutrition visual aids IVS produced.	Internationals little interested in work of other PVO's.

IVSStrengthsWeaknessesE. Impact

- |   |  |  |
|---|--|--|
| 1. Application of Innovative Approaches   | Creative ideas being well developed and executed on a small scale.             |  |
| 2. Replicability                          | Individual pilot activities in horticulture, visual aids, technical handbooks. | Present disjointed approach probably not desirous.   |
| 3. Adoption of Approach by other Entities | Easy to reproduce because IVS decides what community problems are.             | Community not involved in decision-making; recipient of external inputs & dependent on them; "package program" lacks integration in practice due to disjointed activities. |

MAP/HEED

(Kamalganj, Sylhet; OPG since May 23, 1976)

	<u>Strengths</u>	<u>Weaknesses</u>
<b>A. <u>Objectives</u></b>		
Defined Objectives	Clear in Health Sector, integrated rural development focused.	Original BDG objectives in health was narrower. HEED expanded it and having some problems to sell it to BDG. Vague in agriculture. Not clear in community organization.
<b>B. <u>Management</u></b>		
1. Strategy/ Planning	Plan was fairly well developed on paper.	10 mo realize plan no longer feasible as set; adjustment needed; even present strategy weak.
2. Organization	Weekly sector meetings; bi-weekly program meetings.	No meetings or organizing activities with local BDG authorities.
3. Management/Leadership	Adequate leadership and management of physical and logistic inputs.	Unclear vision how to integrate and manage the non-physical aspects of program.
4. Monitoring/Evaluation	Base line data being gathered in health and cooperatives; monthly revisions; record keeping of all meetings; quarterly reports prepared and distributed to AID, BDG, Dacca and District level.	No comparable activity in agriculture; in spite of HEED reports, district health officials complain of being uninformed.

Strengths

Weaknesses

5. Training of National Staff

2 Medical Doctors and 1 nurse training 5 Bengalis (3 men & 2 women) as paramedics. No assurance training will be accepted by BDG.

C. Resources

1. Staff - National

IRDP men dedicated and trying to stimulate HEED relations to local BDG authorities.

Too large of a staff; 21 staff plus 53 auxillar staff and trainees. Weak backgrounds; 80% Christian in a predominantly Muslim country.

2. Staff - International

Arrival of programming and functional education personnel.

Too large of a staff; 10 professionals; in health and cooperative - remotely qualified; in agriculture insufficient experience.

3. Funding

Probably could continue without USAID contribution and raise it on their own.

D. Environment

1. Relation to Community

2. Linkages to Government Organizations

Fairly good rapport with one Union chairman. HEED helped convince IRDP to take up program in Kamalganj.

No relation with thana officials in health and agriculture.

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Strengths

Weaknesses

3. Linkages to other PVO's Agriculture specialist (international) spent 1 week training at MCC; members of health team visited Companiganj to learn of their approaches and programs; interested in other PVO's.

E. Impact

- |   |   |   |
|---|---|---|
| 1. Application of Innovative Approaches   | Attempts to develop relevant and suitable paramedic training.                           | BDG acceptability of this training is doubtful. Similar to but far less well conceptualized than BRAC, CDF and BAM. |
| 2. Replicability                          | Too early to tell.  | Probably too costly in manpower inputs.   |
| 3. Adoption of Approach by other Entities | Too early to tell; however, HEED language training programs are serving numerous PVO's. | Doubtful for development oriented PIO's who are more advanced and experienced in community development.             |

(Malumghat, OPG since April 15, 1976)

Strengths

Weaknesses

A. Objectives

Defined Objectives

Fairly clear as an applied research project.

Not certain to what extent Missionary priorities influence project implementation, e. g., choice of farmers on project.

B. Management

1. Strategy/Planning

General direction known.

Perhaps targets too ambitious in set time frame: to date no implementation in shrimps, vegetables, coconut planting, landless farmers' training; also slippage in report preparation.

2. Organization

No clear exchange between Project Director and the project's agronomist.

3. Management/Leadership

Project director provides ideas; agronomist implements.

Agronomist must "feel his way" on many implementation matters; no provisions exist so far how research is to continue after July 1977 (when agronomist departs for U.S.)

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StrengthsWeaknesses

## 4. Monitoring/Evaluation

Daily recording in Bengali on rice cultivation and weekly summary in English.

No record keeping on water use per paddy block, insecticides, buffalo vs. power tiller, and so far no analysis.

## 5. Training of National Staff

1 Bengali, with 3 years experience with R. Catholic mission in Chittagong and High School education.

No training in analyses, research design, monitoring techniques and the like.

C. Resources

## 1. Staff - National

Good

At present no responsible body to take over entire scheme upon W. Griffith (Agronomist) departure, July 1977.

## 2. Staff - International

Good Agronomist, although responsible for other MCH agriculture matters spends most time on project.

No background in rice or saline agriculture; speaks no Bengali and has some problems communicating with his Bengali assistant and participating farmers; turnover may be too soon.

## 3. Funding

Plenty of resources for Missionary work and staff.

Probably would not pursue project without AID support.

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M C HStrengthsWeaknessesD. Environment

- |   |   |   |
|---|---|---|
| 1. Relation to Community                | Great interest by farmers to join project.  | Poor experience with landless laborers (sold buffalo provided by MCH & kept money) control excessive. |
| 2. Linkages to Government Organizations | Exchange with Directorate of Livestock, Forestry, Fisheries regarding the shrimp cultivation. | Somewhat inept at procuring 750 coconut trees from BADC for planting on polder embankment.            |
| 3. Linkages with other PVO's            | Generally interested in other PVO's   | Not enough interested to seek information or data (may be due to lack of time, remoteness of site).   |

E. Impact

- |  |   |  |
|--|---|--|
| 1. Application of Innovative Approaches  | Good on land preparation, polder maintenance. | Still learning on rice production, water management, working with participating farmers (8). |
| 2. Replicability                         | Potential                                     | Probably at a high cost especially for water and power tiller.                               |
| 3. Adoption of Approach by Organizations | Too early to tell                             |  |

SWALLOWS

Based on visits to Social & Rehabilitation Center (Bogra) and clinic (Sherpur, Bogra). Projects operational since May 1975 & 1974 respectively.

StrengthsWeaknessesA. Objectives

## Defined Objectives

Fairly clear for Social & Rehabilitation Center; partially development oriented.

Changing, uncertain for clinic (desire to change curative program into an integrated rural development program).

B. Management

## 1. Strategy/Planning

S&R Center fairly straight forward; for clinic aware need to plan change.

At clinic no idea how to go about designing a strategy, how to change program and plan its future; Swallows Denmark prepares annual plan but Sherpur group considers they should have greater say and favor BAM decentralization approach.

## 2. Organization

Loosely defined international roles, limited Denmark control, weekly meetings with Bengali staff to discuss activities and problems.

## 3. Management/Leadership

Adequate for S&R Center and clinic (health functions).

Not prepared for rural development program.

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SWALLOWSStrengthsWeaknesses

## 4. Monitoring/Evaluation

Periodic reports are prepared (monthly and quarterly) and submitted to Denmark and BDG.

No evaluation in AID sense.

## 5. Training of National Staff

Clinic: trained 12 health workers (6 mos training) and 8 village motivators (3 mos training) to work in 33 villages.

Supervisory staff is international; training for management so far not offered.

C. Resources

## 1. Staff - National

Competent, cooperative for limited functions assigned.

Management of projects without SWALLOWS probably not possible.

## 2. Staff - International

R&S Center Coordinator (female) very active, dynamic, well organized. Clinic staff (1 coordinator, 1 MD in training, 1 nurse, 2 social workers) experienced and dedicated in clinic functions.

Lack background and experience to turn clinic program around.

## 3. Funding

Have more than enough resources.

D. Environment

## 1. Relation to Community

Good reception

Difficulties may arise as SWALLOWS begins phasing out clinic, planned for end 1977.

## 2. Linkages to Government Organizations

Good cooperation with Social Welfare and Health Ministry.

SWALLOWS

	<u>Strengths</u>	<u>Weaknesses</u>
3. Linkages to other PVO's	Seeking ideas, visiting other PVO projects.	No attempt to seek assistance to redesign/plan new program; believe getting ideas sufficient.
E. <u>Impact</u>		
1. Application of Innovative Approaches	R&S Center: through a handicraft program making widows economically self-sufficient. Clinic: assignment of Danish social workers has brought a few innovative attempts (introducing health education into local school system, grade 5; exploring establishment of a small scale industry project).	Empirical; no feasibility or similar baseline survey.
2. Replicability	R&S Center & Clinic represent successful projects managed and carried out by foreign personnel.	May be costly.
3. Adoption & Application of Approaches by other Entities		Neither project has attracted PVO nor BDG interest to take over should SWALLOWS withdraw or change to other kinds of activities.

YWCA

(Dacca; OPG since May 6, 1976)

	<u>Strengths</u>	<u>Weaknesses</u>
<u>A. Objectives</u>		
Defined Objectives	Clearly stated in Grant and reports; developmental.	Poorly related to in implementation, especially commercial concerns.
<u>B. Management</u>		
1. Strategy/Planning	Training targets set and adhered to fairly well.	Production targets not set; no idea relation between supply (of women needed to supply given products) and market demand.
2. Organization	Periodic meetings to review training.	Entrepreneurial aspect of program not integrated.
3. Management/Leadership	Good management of training.	Poor control and leadership of business side of Craft Center.
4. Monitoring/Evaluation	Training and volume of production monitored adequately.	No cost monitoring, cost analysis; no qualitative evaluation of training, especially in non-craft areas.
5. Training of National Staff	Craft design, some business record keeping.	No training in market survey, pricing, cost analysis and the like, <u>so far.</u>
<u>C. Resources</u>		
1. Staff - National	Good in dedication, motivation, training.	No experience in managing a business and inadequate provision of training for this.

YWCAStrengthsWeaknesses

- |                          |  |   |
|--------------------------|--|---|
| 2. Staff - International | Devoted to arranging markets abroad.                             | Unavailable for business training September - todate. |
| 3. Funding               | Probably could raise AID contribution from other foreign donors. |   |
- D. Environment
- |   |   |  |
|---|---|--|
| 1. Relation to Community                | Women eager to enter training program.  | Free feeding and training permits dependency to develop; kind of relief operation.   |
| 2. Linkages to Government Organizations |   |  |
| 3. Linkages to other PVO's              | Audio-visual aids from other PVO's. Much export channeled through Jute Works. | Possibly saturated with aid: Canadian volunteer assists with craft design; German Government provided support to buy new building for training center. |

E. Impact

- |   |  |   |
|---|--|---|
| 1. Application of Innovative Approaches | Combining craft training with health, nutrition child care and family planning training. | Danger of information overkill; trying to do too much all at once.  |
| 2. Replicability                        | Has short-term potential if commercial aspects are strengthened.                         | Due to increasing proliferation of jute crafts, competition may force diversification in craft industry; ability for this kind of center to adjust to market changes is questionable. |

Cost Sharing in PVO Co-Financing Projects

PVO	C o s t s						
	PVO	%	AID	%	BDG	%	Total
CARE	\$315,000	44%	\$172,176	24%	\$225,000	32%	\$ 712,176
CDF	152,100	42%	184,000	50%	30,000	8%	366,100
CNRU	88,000	77%	26,000	23%	-	-	114,000
IVS	40,000	10%	290,000	70%	85,000	20%	415,000
MAP/HEED	160,000	79%	75,000	19%	10,000	2%	400,000
Other Donors	155,000						
MCH	40,000	60%	25,000	37%	2,000	3%	67,000
YWCA	19,039	31%	42,000	69%	-	-	61,039
Total *	\$969,139	46%	\$814,176	38%	\$352,000	16%	\$ 2,135,315

\* Includes CDF which is still under grant negotiation