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EVALUATION OF THE USAID GRANT TO THE INTERNATIONAL CENTER FOR DIARRHEAL DISEASE RESEARCH, BANGLADESH: MATERNAL AND CHILD HEALTH/FAMILY PLANNING EXTENSION PROJECT

by

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GLOSSARY

AID	Agency for International Development
EP	The Maternal and Child Health/Family Planning Extension Project, which is the focus of this evaluation
EPI	Expanded Program of Immunization
FP	Family Planning
FPA	Family Planning Assistant--the male supervisor of the FWA
FPHSP	Family Planning Health Services Project
FPO	Family Planning Officer--a physician responsible for family planning activities who works under the UH/FPO
FWA	Family Welfare Assistant--the female who delivers family planning services door to door
FWC	Family Welfare Center--where family planning services are offered
FWV	Family Welfare Visitor--female supervisor of the FWA. Provides clinical family planning services
GOB	Government of Bangladesh
HA	Health Assistant--provides health services at the same level as the FWA
HI	Health Inspector
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh--the institution through which the MCH/FP EP is funded--a world-famous research facility.
MCH	Maternal and child health
MCH/FP EP	The Maternal and Child Health/Family Planning Extension Project
MDU	Management Development Unit--a structure within the GOB out of which the management development team functions. The team will be responsible for bringing field problems to the MOHPC. There will be a team funded by the World Bank in each of the four divisions in the country.

MIS	Management Information System--here specifically the unit responsible for maintaining fertility and contraceptive prevalence rates for the MOHPC
MO (MCH)	Medical Officer for maternal and child health--this officer reports to the UH/FPO
MOHPC	Ministry of Health and Population Control
NIPORT	National Institute of Population Research and Training
PHN	Population, Health and Nutrition Office of USAID
PIC	Project Implementation Committee which operates at the Upazila level and makes decisions about research strategies and implementation changes
UH/FPO	Upazila Health and Family Planning Officer--the head of the MOHPC program at the upazila level (see appendices for organization of levels of government)
UH/FWC	Union Health and Family Welfare Center--location of the FWV
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development--the mission in Bangladesh
VHSS	Voluntary Health Service Society

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EXECUTIVE SUMMARY

1. Purpose of Assignment

This report evaluates a United States Agency for International Development (USAID) grant to the International Center for Diarrheal Disease, Bangladesh (ICDDR,B) which supports the Maternal and Child Health/Family Planning Extension Project (EP). The EP is an approved Ministry of Health and Population Control (MOHPC) operations research effort in two upazilas, which builds on experiments with management and delivery of family planning services pioneered in Matlab upazila under another grant to ICDDR,B.

The general purpose of the evaluation is to assess the contribution of this activity to USAID's Family Planning Services Project.

2. The Evaluation Process

A two-person team carried out the evaluation during the last three weeks of February 1986. The report's conclusions and recommendations are based on a comprehensive review of project documentation and extensive interviews with project staff, officials from all levels of the MOHPC, and USAID staff. The only problem encountered was the limited opportunity to visit the field where operations were centered.

3. Project Background

In Matlab, experimental approaches to service delivery and management were carried out by project personnel. By contrast, in the two extension upazilas, regular MOHPC staff were the project operatives. When it was established in 1982, the goal of the EP was to test whether the new approaches could be transferred from the controlled conditions in Matlab to the actual structure and resources of the existing government program. However, because of the realization of the artificial nature of Matlab innovations, the emphasis of the project shifted from simple replication of the Matlab model to initiation of new approaches. The government views the operations research carried out by the EP as an important component in its policy-making process. In short, the project has shifted from a transfer experiment to a collaborative effort for policy development.

4. Project Accomplishments

The accomplishments of the project over its four-year history attest to the appropriateness of this shift in goals. Of 13 major experiments undertaken during this period, over half have become or are about to be adopted by the MOHPC. The most important of these is development of a plan to add another 10,000 female welfare assistants to the existing cadres. This expansion will be funded initially by the World Bank as part of its Third Population project, with the commitment by the government in its Five Year Plan to assume funding in the future. Second, experiments in training, particularly the use of upazila-level MOHPC leadership to train field staff and development of new training materials, are already strengthening the capacity to conduct training nationwide of the National Institute of Population Research and Training (NIPORT).

Collaboration between government and project staff extends beyond the decision-making level to the field, where EP staff have made a jamor effort to involve MOHPC personnel in all project activities. As a result, MOHPC staff appear to have a high degree of commitment to project undertakings.

5. Research Selection, Execution, and Dissemination

Project documentation has not clearly enunciated the shift in project goals. Therefore, it is difficult at times to see the connection between the project objectives and the various research initiatives. A better theoretical project rationale would also be useful to MOHPC and EP staff as they work together to select initiatives for study. Currently, the practice is to give priority to the MOHPC requests. Overall a good balance has been maintained between the practical and the theoretical. On the other hand, the tendency is to emphasize family planning over maternal and child health.

Project staff are alone responsible for carrying out the research, preparing the reports of findings, and disseminating the conclusions. Both understaffed and shorthanded where staffing slots exist, EP personnel have nonetheless produced an impressive volume of work.

A main area of criticism is the slowness with which report findings are issued. There are a number of reasons for this: the research techniques used are geared to thoroughness and precision, not speed; staff shortages in the computer area have resulted in a major backlog of data processing; the ICDDR,B clearance process has held up some reports; and the reliance on ad hoc, rather than regularly scheduled, meetings to inform MOHPC national officials of findings may also slow the relaying

of some findings. Another shortcoming is the form of some reports, described as too long and technical to suit both busy MOHPC officials and USAID staff. Most of these problems could be remedied by the addition of staff.

A second area of criticism is that not enough is done to publicize findings, especially in Bangladesh. Research findings are disseminated through workshops, regular meetings at the upazila and national level, mailings, and publication of articles, as well as by seconding of an EP staff member to the MOHPC. Audiences are limited, however, primarily to government family planning workers.

Considering the accomplishments of the EP to date and the high degree of interest on the part of the MOHPC in additional undertakings, there is strong justification for the continued funding of the project, at least until 1990 when the government Five Year Plan concludes. Except for funding of additional staff, there are no cost implications.

6. Recommendations

6.1 Selection of Research Topics

1. Project documentation should be refined to give a clearer picture of project objectives.

2. Priority should continue to be given to research topics requested by the MOHPC.

3. Joint meetings should continue to be held regularly with MOHPC personnel to discuss and plan for future research topics with national relevance.

6.2 Research Procedures and Report Preparation

4. Project staff should continue to be given a free hand in designing research studies.

5. Staff might consider streamlining the research process, and continue to give consideration to marketing and qualitative research approaches to determine if they are adequate for the government's needs.

6. Each report should be accompanied by both an executive summary and a "Key Results Sheet."

6.3 Dissemination

7. The present ad hoc form of liaison with the government has been satisfactory, but there is need to expedite the hiring of a government liaison.

8. Workshops should be utilized more frequently. Project staff independently or in cooperation with other agencies should organize at least two workshops each year in which various Bangladeshi university departments and research institutes would be invited to participate. Workshops for upazila level officials should also be organized, and EP staff should take more frequent advantage of existing fora to communicate about the project.

9. Periodic papers or newsletters dealing with policy concerns could be published.

10. The present mailing list should be expanded to include more universities and research centers from Bangladesh and from other Asian countries such as Pakistan, Nepal, India, and Sri Lanka.

6.4 Staffing

6.4.1 Addition of New Staff

o To improve dissemination

11. An additional senior staff member, a Bangladeshi, should be hired to be responsible for liaison and dissemination work at both the upazila and the national levels, specifically: to improve report preparation, accompany local and foreign researchers to the extension areas, organize seminars, participate in appropriate MOHPC committees, and maintain an updated and appropriate mailing list.

12. Two new slots should be funded for individuals with varying skills who could be attached to relevant government departments.

o To alleviate the administrative load

13. A senior executive assistant should be hired to handle routine administrative matters.

o To improve and accelerate data processing

14. One fifth level B and one GS-5 staff member should be added to the data processing and analysis staff to provide both immediate relief from the data backup and longer-term continuity.

15. A senior statistician should also be hired to provide guidance across all project studies.

16. Adequate resources for consulting in the appropriate selection of statistical tests and research desings is strongly urged.

o General staff support

17. Funding support should be provided for at least two intern positions for Bangladeshis for each year.

6.4.2 Filling of staff vacancies

18. ICDDR,B should take immediate steps to expedite the filling of all important positions now vacant. Until ICDDR,B's hiring freeze is lifted, the project should be allowed to hire short-term consultants.

19. Project staff should be involved in all ICDDR,B administrative decisions (particularly staffing and arrangements for data processing) that have the potential of impinging directly upon the project.

20. It would not be appropriate to assign data analysis to the ICDDR,B central office, even if its capabilities were upgraded.

6.4.3 Population Council Involvement

21. The Population Council should continue to provide funding of EP staff positions.

6.5 Project Future

22. The MCH/FP Extension Project should continue; the time frame should correspond with the Third Five Year Plan of the Bangladesh government, i.e., the project should be funded up to the end of 1990; the emphasis of the project should continue to be to test various alterna-

tive strategies for improved implementation of the family planning and maternal and child health care programs of the MOHPC.

23. The project should not expand geographically for at least the next two years, unless requested by the government.

24. EP staff should define clearly a limited number of project objectives to guide work in the next five years.

25. The task of analyzing incremental costs should be given higher priority.

I. INTRODUCTION

I.1 Purpose of Evaluation

This report evaluates the United States Agency for International Development (USAID) grant to the International Center for Diarrheal Disease, Bangladesh (ICDDR,B) to support the Maternal and Child Health/Family Extension Project (MCH/FP EP) (388-0050-G-IN-2008-06). The general purpose of the evaluation is to assess the contribution of this component to USAID's Family Planning Services Project. Specifically, the report considers the effectiveness of the EP in testing various approaches to management and delivery of family services and makes recommendations regarding future USAID support.

I.2 Methodology

The evaluation took place during the second, third, and fourth weeks of February 1986. Before starting its investigations, the team presented to USAID a detailed plan of action that indicated how it planned to research and judge the issues and questions contained in the assignment scope of work. This was discussed and a revision submitted to USAID (see Appendix 12). According to plan, the team reviewed all relevant documents, both published and unpublished, that addressed operations and policies and held interviews with Government, project and USAID staff. Government staff included both top-level officials of the Ministry of Health and Population Control (MOHPC) and field staff. A major focus of these discussions was the effectiveness of project staff communication about the project's purpose and usefulness to the government. Project staff were asked primarily about the major constraints on their operations and on the ways in which research priorities were set. USAID officials' opinions were sought on all these issues, with particular emphasis on how improvements might be made.

I.3 Constraints

Field visits had been planned for both of the upazilas where project activities were centered, but problems arose in each case. A visit to Sirajgonj had to be terminated mid-journey because of local disturbances. A visit to Abhoynagar was most useful, except that upazila health officers had only limited time to meet with the team.

II. PROJECT OBJECTIVES AND OUTPUTS

II.1 Evolution of Project Objectives

Since 1977, the Government of Bangladesh (GOB) has been engaged in the Family Planning Health Services Project (FPHSP), a combined family planning service delivery-research project in Matlab upazila, a district typical of rural Bangladesh. The GOB selected Matlab for this project to take advantage of the data and expertise accumulated since the 1960's by a field station of the internationally known International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B).

In 1982, USAID provided a grant to the ICDDR,B to support and to conduct research on the FPHSP and to establish a new MOHPC research project, the Maternal and Child Health Family Planning (MCH/FP) Extension Project (EP), in two additional upazilas--Sirajganj and Abhoynagar. These upazilas are geographically distant from Matlab (see Appendix 6), and a separate ICDDR,B team is assigned to the project. The EP's approach is also different from that in Matlab. Whereas in Matlab, project personnel carry out all field work, in the EP upazilas, the service providers are employees of the MOHPC. As the FPHSP project has evolved and other donors have become involved in Matlab, USAID has increased funding of the EP and reduced funding in Matlab.

The EP's goals and objectives have changed since its beginning in 1982. First, during what project staff termed Phase I, the EP was essentially a formal field experiment whose goal was to assess whether and to what extent the family planning service delivery efforts in Matlab could be replicated through the structure and resources of the existing government program (Phillips et al, March/April 1984).

By 1984, much had been achieved: resources had been mobilized, field staff had been given formal and on-the-job training, middle management had received assistance, and national-level officials had been helped in solving problems (Simmons et al., September/October 1984).

The process of carrying out the work in the extension areas, however, also uncovered a number of implementation barriers. Because the problems were different from those encountered in Matlab, strategies that worked there did not necessarily work in the new upazilas. As a result the activities shifted from wholesale transfer to further testing, based on specific program constraints found in each upazila. In the process, the government became increasingly involved, both in selecting strategies to be tested and in using results to make policy decisions. While its impact on policy was not anticipated

in the original project design, the project is now viewed by EP staff as a "paradigm for policy development."

Project documentation, however, does not as yet acknowledge involvement of government as an explicit project goal. Instead, the most recent documentation described project goals only in terms of continuation of "ongoing organizational renewal efforts and [experimentation]...with improving service operations in the two Extension Areas." 1/ What is more, there is no effort to link the various project activities conceptually to project goals. If the project's goals were more clearly stated, it would be easier to assess the appropriateness of the various project undertakings and to establish priorities among proposals for new initiatives.

II.2 Research Initiatives

A considerable number of approaches to service delivery, program management and training have been researched over the past four years. In the process, both prime objectives--testing of program strategies and collaboration with the government in this process--have been met. (See Appendix 8 for additional details of field implementation strategy and policy impact.)

II.2.1 Service Delivery

II.2.1.1 Deployment and Remuneration of Field Workers

o Redesign of the service area

The issues here were (i) how big a service area could be covered by one person, (ii) where a worker should be stationed to allow maximum effectiveness, and (iii) what special constraints faced female workers. The results indicated that

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1/ In a proposal to USAID to cover the period of 1986 and 1987, the goals of the project were stated as follows:
"The present grant request seeks support for 1986-1987 to:

-"Continue ongoing organizational renewal efforts and additionally experiment with improving service operations in the two Extension areas. Two major interventions are envisioned in response to recent MOHPC policy developments: an increase in female worker density and improved management capability."

-"Address the issue of research dissemination and large scale replication of project strategies by moving to district level in the two Extension areas in a phased manner." (Koblinsky and Phillips, May 1985)

subdivisions should be smaller, and that workers, particularly female, should be stationed at the center of their districts to minimize the amount of time they would have to spend in traveling. This finding has been accepted and is in the process of being implemented.

o **Density of female workers**

- **At a ratio of 1/4,000**

The aim of this intervention was to establish how many workers were needed within the newly designed service areas to provide an effective service delivery system. After establishing regular work routines during the Matlab phase of the project and cutting back the numbers of family welfare assistant (FWA) visits in the EP phase, it became clear that field workers were still too overextended to develop the rapport needed to convince clients to adopt family planning. As a result, the government has agreed to recruit 10,000 additional FWAs over the next five years to fill the gap. The results of the study were also convincing to the World Bank, which has agreed to finance the initial expansion.

The government has selected the EP to undertake a pilot study of the recruitment and management procedures required to hire, post, train and develop a system of work for the new FWAs. A workshop to be held in April 1986, for donors will be based on EP's findings.

- **At a ratio of 1/2,000**

In the pilot study, the FWA density will be at a ratio of 1/4,000, the ratio that will exist at a national level once the additional 10,000 FWAs are in place. The EP project team believes that a yet higher density (1/2,000) is desirable, and is currently conducting simulation studies to test the expected impact of this approach.

o Evaluation of Worker Incentive Scheme

The MOHPC had proposed a scheme wherein workers would be given financial incentives for performance in promoting contraceptives. EP undertook a study of this proposal, and in consultation with government field staff, came up with an array of problems that convinced the government to back away from its suggestion.

II.2.1.2 Program Strategies

o **Using FWAs to make house-to-house deliveries of injectable contraceptives (Depo-Provera)**

Matlab's experiment with a domiciliary injectable program has been judged a major reason for the upazila's high and sustained contraceptive prevalence rate. Approximately one third of all Matlab acceptors use injectables. The MOHPC has requested the EP to undertake a further two-year field test of the feasibility and impact of this approach. While the door-to-door delivery system was found feasible, the acceptability of Depo-Provera is still at issue. A number of papers have been presented to the government, which has also ordered a Client Satisfaction Survey to review the issue. Adoption of the system on a wider scale thus is still at the study stage.

o **Home-based insertion of copper-T (Cu-T) IUDs**

The goal here was strengthening of the referral links between the field-based FWA and the union clinic-based Family Welfare Visitor (FWV). The method was establishment of a satellite clinic where the FWV would be headquartered and where the FWA would report needs and requests for family planning services. The experiment has emphasized home-based insertion of Copper-T IUDs. Alerted by the FWA that a woman wants an IUD, the FWV will visit her home and perform the procedure on the premises. This approach, while ordered by the GOB and found feasible on a small scale, has not yet been fully implemented in the national program.

o **Expanded Program of Immunization**

The Extension Project has also tested and evaluated various approaches for an Expanded Program of Immunization (EPI). The research showed that the current government plan, based on the twice weekly use of technicians, would take 236 years to complete. On the basis of these findings, the government is revamping its approach to permit completion of the campaign within a reasonable amount of time. The system most likely to be adopted at this point is a door-to-door provision of immunizations.

II.2.1.3 Additional Resources

o **Role of community-donated facilities**

There has to date been a policy by the MOHPC that prohibits providing support to health and family welfare centers that are unconstructed, that is, community-donated or -constructed. Based upon the success of community-donated structures in Matlab and the Extension Areas, the government is now considering revision

of this policy to supply these centers with requisite materials, furniture, equipment, and the posting of support personnel (ayas, peons).

II.2.2 Management

II.2.2.1 Record Keeping

o **Longitudinal record book and sample registration system**

The EP has introduced two important record-keeping techniques in the Extension areas: 1) field workers use a longitudinal record book in which can be recorded the reproductive and contraceptive history of up to 600 households and which permits regular reporting of contraceptive prevalence rates, evaluation of worker performance, and management planning; and 2) a sample registration system which serves as an independent longitudinal sample survey system, providing vital rates along with use rates, and that can be used for timely program evaluation. The director of MOHPC's Management Information System (MIS) is reviewing the first system for possible implementation on a national level. Further testing is planned to see if the approach can be used to track not only FP but also MCH interventions.

II.2.2.2 Communications

o **Project Implementation Committees (PIC)**

Project implementation committees were created to test whether an institutionalized liaison mechanism would be useful. The committees represent the first opportunity for representatives from upazila levels of the government's health hierarchy meet regularly with representatives of field workers and with the EP staff. Meetings involve a wide range of district- and upazila-level officials, including the upazila health and family planning officer (UH/FPO), the Medical Officer (MO), the Health Inspector (HI), the Chief Surgeon, and the Family Planning Officer (FPO). EP project staff include the project director, project coordinator and the counterpart physician.

o **Creation of an effective government-level project steering committee**

There is not as yet an effective national coordinating mechanism. A National Coordination Committee appointed at the project outset met with limited success, and while the project staff has been invited to participate in two out of four committees of an MCH unit task force, interchange at the top level has not yet been institutionalized. The project director believes, however, that a project steering committee should be created, and preliminary discussions are under way among project staff and

with government officials on whether this proposal should be implemented.

II.2.3 Training

o Use of upazila officers as trainers of field-level MOHPC staff

In both Sarajgonj and Abhoynagar upazilas, the EP staff have experimented with training upazila-level MOHPC leadership (the UH/FPO, the MO, and the FPO) to conduct the training of field-level staff (the FWV, HI, FWA and HA). Although this approach has been tried elsewhere in the country, the EP experiment was the first time it had worked successfully. Part of the difference certainly can be attributed to EP staff, who did a good job training the leadership and may have provided some support to these upazila-level officers when they in turn began training the field-level staff.

This training model has proved extremely efficacious. First, it stressed team training, wherein staff from different disciplines were trained together. Second, it included a strong element of field training, as contrasted with training at the clinic and classroom level. These two factors have fostered a degree of communication among field workers and their supervisors unique in Bangladesh. They have also improved peer and supervisor leadership and support capabilities.

The Director of the National Institute of Population Research and Training (NIPORT) visited the training sites twice during the experiments and expressed interest in identifying the elements that contributed to their success, in hopes that this model might eventually be adopted nationally.

o Development of FWA training curriculum and manuals

As part of the training experiment described above, new training materials for field workers were developed by NIPORT staff. These are now being adapted for use nationwide to train the new FWAs (see Section II.2.1). As part of the process, the job description and work routine of the FWA have been further clarified. These clarifications are being taken into consideration by the government as it deliberates the assignment of new tasks to FWAs. The EP's contribution in this process was the assignment of a consultant to NIPORT to help with the process of integrating the pretested materials into the national curriculum. These new materials will certainly improve NIPORT's capabilities as a training institution.

II.3 Appropriateness of Shift in Objectives

II.3.1 Impact on Government Policies

To recapitulate, the Project has evolved in two ways--it has moved from simple replication to continued testing of alternatives, and it has considerably increased the level of collaboration with the government on research undertakings.

The sheer volume of research undertakings described in Section II.2 shows the MOHPC's willingness to accept EP assistance in solving operational problems. The government has plans to implement the recommendations of over half (seven) of the 13 interventions reviewed below. Not unexpectedly, of the seven, those that were adopted immediately were associated with studies proposed by the government. There were three of these: the initiatives dealing with (1) the EPI strategy, (2) the worker incentive program, and (3) the PICs.

The findings that will be adopted soon all relate to training and management of FWAs and include (1) increasing FWA density to 1/4,000, (2) redesign of the FWA service area, (3) use of upazila leadership to conduct training, and (4) development of FWA training curriculum and manuals.

The six other initiatives were related to changes in clinical services and for one reason or another are still at the study stage. Of these, however, two are being considered for adoption: (1) door-to-door delivery of immunizations, (2) record book. The other four are (1) doorstep delivery of injectables, (2) home-based insertion of IUDs, (3) creation of an effective project steering committee, and (4) further increase of the density of FWAs to 1/2,000.

At this point, the EP's most far-reaching contributions are in the areas of the FWA (her role and deployment) and of training. According to one USAID official, the project's direct contribution to the government's decision to phase in 10,000 FWAs over the next five years "makes the money spent so far on the project totally worth it." Regarding training, if the upazila-level model can be adapted nationwide, so too perhaps will benefits of improved communication among all levels of MOHPC personnel and the strengthened leadership qualities of MOHPC officials. All these studies taken together, however, should have a major impact on the direction that will be taken over the next few years in MOHPC management and service delivery strategies.

II.3.2 Impact on Operations at the Field Level

In addition to the lessons learned from specific project interventions, the project is demonstrating the value of

implementation of strategies at the upazila and union levels. This interchange has been fostered, not only by the use of upazila level officers to conduct training, but also by the PICs and the mid-level meetings that feed into them (see Section III.1.2).

The EP staff itself contributes greatly to the level of involvement of MOHPC officials. They make a point of participating in the PIC and mid-level meetings, and their welcome in these fora by government officials indicates the level of partnership that exists. Project staff has been meticulous in involving government officials in a day-to-day basis in all their activities. One senior field research officer indicated that he always seeks the assistance of government officials in resolving field-level problems.

The counterpart relationship between EP staff and government officials that is part of the project design seems to have had a particularly positive effect. One EP staff member reported that his counterpart, who previously had spent no time in the field, developed considerable interest in this aspect of his work while working with the EP staff person.

These efforts at cooperation have paid dividends. MOHPC staff appear motivated and committed to the improvements being made. In one case, an MO who had been transferred to another upazila even made an attempt to implement project innovations in his new assignment. Whether the level of commitment can be maintained over the long run, especially after the counterparts have left, is an important question. Over the short haul, however, the good relationship between EP staff and MOHPC personnel are proving to be one of the strong components of the project, demonstrating at another level the appropriateness of collaboration as a project goal.

III. RESEARCH AND PUBLICATION

III.1 Selecting and Prioritizing Research Topics

III.1.1 Groups Involved

Both MOHPC officials and EP staff play a role in selection of research initiatives. MOHPC topics generally relate to practical problems encountered in the field while EP staff concerns may be more theoretical.

III.1.1.1 MOHPC

Studies suggested or requested by MOHPC such as those on worker incentives and on the EPI (see Section II.2) are given the highest priority. These are usually directed at problems of current concern and the findings usually have an immediate effect on decision making. Local government officials may also request studies to throw light on operational problems. Again, these requests are given high priority.

III.1.1.2 Project Staff

III.1.1.2.1 Diagnostic Studies. Like MOHPC officials, the EP staff may propose diagnostic studies to address operational problems. The impetus may be (1) discussion with workers and officials, (2) the researchers' own insights from the field, (3) analysis of performance statistics, or (4) the availability of a good data base. Examples include (1) the relationship between the density of female service providers and contraceptive prevalence rates; (2) studies on determinants of worker performance (e.g., evaluation of workers' performance by gender and the effect of the sociodemographic characteristics of workers upon the quantity of work performed); and (3) the relationship between the implementation of the Health and Family Welfare Centers and patterns of health care utilization. Like studies proposed by the MOHPC staff, this research may lead to intervention strategies that help in improving public sector programs.

III.1.1.2.2 Studies of General Interest. The EP staff may also propose studies that have general policy significance. These are usually based on individual areas of interest, together with availability of an excellent data set and significance for a larger audience (including the international research community and donor agencies). Examples of such studies are (1) client-worker relations; (2) the impact of family planning on the reduction of mortality; (3) determinants of fertility and contraceptive use; and (4) demographic transition in rural Bangladesh (which on the basis of Matlab data shows that demographic change is possible even without concomitant social and

economic change--the antithesis of existing theses on the subject).

III.1.2 Selection Process

Often a problem will first surface at the regular meetings of mid-level project supervisors. These meetings are a management innovation in the extension area and give FWAs, FPAs, the HAs, and the FWVs an opportunity to report on their activities on a regular basis and to identify problems.

From this level, problems are referred to the regular PIC meeting (see Section II.2.2.2). There, at the upazila level, government and project staff collaborate to set the research agenda of the EP.

III.1.3 Assessment of Selection Process

One of the major weaknesses of the selection process is the project's delay in setting out a conceptual framework to guide field- and top-level decisions about research undertakings (see Section II.1). As long as project goals are expressed in such vague and general terms as "large scale replication of project strategies," 2/ those involved have no basis on which to judge among proposals made by various branches of the MOHPC or between proposals put forth by the MOHPC and the EP staff.

The project staff should, however, be commended for maintaining a good balance between the sometimes competing goals of government and individual research priorities. Because of the availability of an excellent data set, an efficient monitoring system, and a well-organized field station, the EP staff might be inclined to spend more time and energy on studies of international significance (which bring more recognition in the international community) than on the immediate needs of the country. The project staff, however, have resisted the temptation, and the research agenda is well balanced.

Although it plays no role in selection of research projects, the ICDDR,B has expressed concern that studies are weighted too heavily in the area of family planning, rather than representing an even balance between family planning and MCH concerns. EP staff noted that this bias reflects government priorities and pointed to a number of important initiatives in the MCH area including the EPI studies (see Section I.2) as well as operations research on maternal deaths and tetanus immunization.

2/ See footnote 1, Section II.1

III.1.4 Recommendations

o Project documentation should be refined to give a clearer picture of project objectives.

o Priority should continue to be given to research topics requested by the MOHPC.

o Joint meetings should continue to be held regularly with MOHPC to discuss and plan for future research topics with national relevance.

III.2 Production of Research Findings: Reports

II.2.1 Research Procedures

While the government plays a major role in selection of research topics, EP project staff are given a free hand in research design and report preparation. They emphasize research precision and prefer larger rather than smaller sample sizes. There is no doubt that many of the questions being researched are extremely complex and may require a broad sampling. It is also true, however, that this approach is very time-consuming compared to many other techniques such as market studies and qualitative research.

III.1.2 Report Preparation

Report preparation includes both computer data processing and writing. Most reports are prepared by the EP staff alone, although on occasion, MOHPC will collaborate, if the papers are to be presented at a public forum.

Staff are able to complete routine impact assessments, which contain data on changes in contraceptive prevalence, within six weeks, but they tend to be much slower with special studies. These address more complicated issues and often require several steps of data processing.

One reason for the delays is shortage of staff to analyze data (see Section V.1). A second is the elaborate clearance mechanism required by the ICDDR,B. At the time of this report, seven papers written in 1985 were still awaiting clearance by the ICDDR,B's Publication Committee. The Director of ICDDR,B, however, indicated he was taking steps to solve this problem. Since operations research projects are supposed to enable the government to make rapid administrative responses, these delays go to the heart of the effectiveness of the project.

On the whole, both the MOHPC and USAID are positive about the quality of the papers and documents prepared by project

staff. As indicated in Section II.3.1, they have provided the basis for a number of government policy decisions. USAID also frequently uses these findings in its discussions with other donor agencies, in writing mission reports, and in preparing new projects and planning future directions for its own program. USAID perceives project data as one of the best sources for convincing policy makers about short- as well as long-term health and family planning issues.

III.2.3 Quality of Reports

Several government officials commented on the need for reports to be more succinct. Although executive summaries are often provided, the Director of the MOHPC's MIS for example, urged distillation of report findings in "Key Results Sheets" that would highlight policy implications and thus be suitable for the MOHPC minister. USAID officials spoke of the need to present the findings in less technical language.

III.2.4 Recommendations

o Project staff should continue to be given a free hand in designing research studies

o Staff might consider streamlining the research process, experimenting with marketing and qualitative research approaches to see if they are adequate for the government's needs.

o Each report should be accompanied by both an executive summary and a "Key Results Sheet."

IV. DISSEMINATION OF PROJECT FINDINGS TO GOVERNMENT OFFICIALS

IV.1 Effectiveness of Process

Although MOHPC officials are involved in selection of research topics, they leave the actual research to Project staff. Officials may make one or two visits to a research site, but, on the whole, they await notification by project staff for news of the results of the research.

The dissemination process is not instituticnalized. It depends instead on a combination of specially called meetings, published reports, workshops and other interventions. Government officials appear well informed on project activities and reasonably satisfied with this arrangement. The main criticism seems to be that information is sometimes often slow to reach the appropriate government officials and that the audiences are limited to government family planning officials.

IV.2 Methods of In-country Dissemination

IV.2.1 Ad Hoc Meetings

The most effective mechanism used by Project staff to share research findings is to call meetings with officials of the government or of donor agencies to discuss new findings. At these meetings, reports are presented and discussed and plans formulated for further action. While serving to draw government attention to top priority issues, these meetings may take time to arrange and thus the ad hoc system may exacerbate the delay problem.

The following list provides examples of major interchanges between project staff and key officials, from both the government and donor agencies, over the past two years.

1) On May 13, 1985 EP staff met with the Secretary of Health to present the detailed findings of the project.

2) On June 23, 1985 project staff met with the Minister of Health in Abhoynagar upazila to present the project's outline and major findings.

3) On October 24, 1985 project findings were presented to the Secretary of Health.

4) On December 12, 1985 a similar meeting was organized to present the key findings of the project to the new Secretary of Health.

5) On January 15, 1986 a detailed review meeting was held at MOHPC. In this meeting a brief overview of the project, and issues like liaison with NIPORT and with MIS, as well as technical aspects of the EPI program, the project impact and future directions were discussed. From the MOHPC, the Secretary of Health, the Director of MIS, and the Director of Training for NIPORT participated in the meeting.

6) During 1984-85, at least 10 meetings were held with the Director of MIS and his colleagues to discuss the government's reporting system for population control and the Statistical Reporting System developed by the EP. The Director joined the EP in field visits at least three times.

7) On March 19, 1985 the project staff were invited to present their findings in a meeting organized by the Planning Commission.

8) On the request of the Secretary Health, in October 1984, a detailed background document and executive summary on the findings of the research and its policy implications were prepared by the project staff and were circulated (by the government) to the members of the Donor's Consortium.

9) A similar paper was again prepared by the research staff on the integration of family planning and MCH services and was circulated in October 1985 by the government to various donor agencies.

Many smaller meetings with senior government officials were also held. For example, more than a dozen meetings were organized to discuss the research findings related to domiciliary injectable contraceptives, the question of the FWA, etc.

IV.2.2 Regular Meetings

Although most meetings are held on an ad hoc basis, some effort has been made to regularize communication. At the upazila level, project findings are aired regularly at PIC meetings (see Section II.2.2.2). At the national level, monthly meetings of the Voluntary Health Service Society (VHSS) also serve to inform both government officials and representatives of non-governmental organizations. The VHSS meetings are generally organized on specific topics (e.g., EPI, MCH services, etc.)

There have also been suggestions for institutionalizing liaison at the top level of government including the creation of a project steering committee (see Section II.2.2.2) and the appointment of a project staff member to participate on various task forces and committees.

IV.2.3 Mailing List

The project's national mailing list, though not complete at the time of this evaluation, at present favors the international community. Of 81 persons, 22 were government officials, while 21 were international agency representatives in Bangladesh, 10 foreign donors, seven United Nations agency offices, and 11 private research institutions or associations. Bangladesh university departments and research centers were conspicuously underrepresented (only three persons - two from the medical college).

IV.2.4 Conferences and Workshops

Project staff have presented 10 papers in national conferences and workshops (see Section IV.3 for international dissemination) and have participated in open fora on seven different occasions.

IV.2.5 Assignment of Project Staff to Government Agencies

One very effective way to disseminate research findings has been to assign a project staff member to work temporarily on a government project. The assignment of a short-term consultant to NIPORT to assist in preparation of the FWA curriculum is a case in point (see Section II.2.3). This approach is not always feasible, but when it is, it is probably the best way to ensure the translation of research findings into action.

IV.3 International Dissemination

Considering that the goal of this project is to improve the MCH/FP services in Bangladesh, it could be argued that staff overemphasize the international audience, at least in official mailings. The international mailing list is more extensive than the national one, (141 names compared with 81), and papers have been presented in 11 international fora (compared with 10 national ones). The international mailing list heavily favors American scholars, who comprise nearly two-thirds of the list (97 persons). By contrast, there were only nine European addresses, 15 Asian countries, two from Africa and 18 international donor agencies. The low number of Asian countries was particularly striking. At the time of the report, for instance, there were no representatives from either Pakistan or Nepal. Five articles have been published in international publications and four in Studies in Family Planning, a Population Council periodical with a wide circulation.

IV.4 Recommendations

IV.4.1 Institutionalization

o There is no immediate need to institutionalize liaison with the government. The decision about the appropriate time and form of institutionalization should be left to the team.

o An additional senior staff member, a Bangladeshi, should be hired to be responsible for liaison work at both the upazila and the national level. The role would be multi-dimensional. It would involve responsibility for the concise preparation of project reports, appropriate to specific audiences, particularly to government officials. It would require accompanying local and foreign researchers to the extension areas to orient them to the various research activities of the project. It would also include organizing seminars, participating in appropriate MOHPC committees, and maintaining an updated and appropriate mailing list.

o The project should allow for funding for two slots for individuals with varying skills who could be attached to relevant governmental departments (e.g., MIS and the MCH unit).

o Periodic papers or newsletters dealing with policy concerns could be published on a regular basis.

IV.4.2 Mailing List

o The present mailing list should be expanded to include more universities and research centers from Bangladesh and from other Asian countries like Pakistan, Nepal, India, and Sri Lanka.

IV.4.3 Workshops

o Workshops should be utilized more frequently. Project staff independently or in cooperation with other agencies should organize at least two workshops each year in which various Bangladeshi university departments and research institutes would be invited to participate. Workshops for upazila level officials should also be organized.

o EP staff should take more frequent advantage of existing fora to communicate about the project.

V. ORGANIZATIONAL ISSUES

V.1 Staffing

Considering the magnitude of its tasks, the senior staff of the EP is quite small. Project staff have, however, performed remarkably well and have succeeded in producing a high volume of work.

The addition of a senior staff member to centralize responsibility for liaison and of two staff members to work directly with government agencies has already been recommended (see Section IV.3). Problems exist in other areas as well, particularly in day-to-day administration and data processing. Alleviating the workload in these areas would suggest the addition of another four slots, or a total of seven for the project (see Section V.3).

Senior staff tend to be overburdened with routine administrative matters which divert their attention from more important tasks. The responsibility for logistics, procurement etc. falls on lower-level staff but, inevitably, the supervision rests at the top level.

In the data analysis area, the staffing profile is even slimmer. Slots are inadequate and vacancies are at crisis proportions. Project staff feel that positions should be added for a doctoral-level statistician, a middle-level statistician, and a computer programmer. The doctoral-level statistician would be hired to provide guidance across all project studies, the mid-level statistician could provide guidance for data analysis and the programmer would backstop the existing programmer, providing both immediate relief from the data backup and longer-term continuity. These new staff positions would also allow for swifter processing of data and provide continuity in the face of rapid staff turnover. The vacancy problem needs immediate attention. At present five out of six upper- or mid-level positions are vacant, with only two of these being advertised.

Interns are often hired on a short-term basis to fill staffing holes or to carry out special tasks. This a helpful measure, the only problem being that all but one of these interns are not Bangladeshis.

Staff vacancies have several causes. Staff indicated that low salaries are certainly an important contributing factor. Inadequate pay was specifically cited as the reason for vacancies in the computer section, along with lack of both training opportunities and long-term job security. Specifically, staff who have been offered opportunities to study abroad and thus

advance their careers have had to postpone these trips because of the pressure of work.

A final staffing issue, more theoretical than actual, concerns the time allocation of the EP field coordinator. Because his job requires that he spend half his time in the field, he often misses the chance to participate in relevant meetings and committees where his field experience would make a major contribution.

V.2 Role of ICDDR,B

The ICDDR,B, while leaving the EP free to select research initiatives and process findings, plays a role in both personnel and financial management of the project. A hiring freeze now in effect requires that the EP review ICDDR,B staff before turning to outsiders to fill project vacancies. This regulation has effectively stymied efforts to fill several of the data processing slots. Furthermore, it takes a year to carry out the hiring process, a situation that clearly deters many potential job applicants. The ICDDR,B director has proposed solving the EP staff shortages in statistics and computer services by strengthening the Center's own capabilities in these areas. It is highly unlikely, however, given the EP's special requirements for swift data analysis, that this would prove an apt solution.

In the financial area, EP expenditures of $170,000 were disallowed for 1982 because of discrepancies in accounting for overhead expenses. A change in the management team since then, however, has resulted in a great improvement in ICDDR,B's financial system.

The ICDDR,B also exercises some control over the process of data publication. Where its own procedures have come into conflict with the needs of the EP, however, it is seeking ways to make accommodations to suit the project (see Section III.2.2).

V.3 Population Council Support

The Population Council's funding for one and one-half external staff salaries has been an invaluable source of support to the EP. It is hard to conceive of the project functioning effectively without the participation of the individuals in question.

V.4 Recommendations

V.4.1 Staffing

o A senior executive assistant should be hired to handle routine administrative matters.

o One fifth level B statistician and one GS-5 computer programmer should be added to the data processing and analysis staff to provide both immediate relief from the data backup and longer-term continuity.

o A senior statistician should also be hired to provide guidance across all project studies.

o Consulting in the appropriate selection of statistical tests and research designs is strongly urged.

o Funding support should be provided for at least two intern positions for Bangladeshi for each year.

o It would not be appropriate to assign data analysis to the ICDDR,B, even if its capabilities are upgraded.

V.4.2 ICDDR,B's Role

o ICDDR,B should take immediate steps to expedite the filling of all important positions now vacant. Until ICDDR,B's hiring freeze is lifted, the project should be allowed to hire short-term consultants.

o Project staff should be involved in all ICDDR,B administrative decisions (particularly staffing and arrangements for data processing) that have the potential of impinging directly upon the project.

V.4.3 The Population Council

The Population Council should continue to provide selective funding for EP staff.

VI. THE FUTURE

VI.1 Proposed New Activities

A broad range of critical issues lies ahead for EP study and review. Only two major activities are set forth in the proposal for 1986-1988: an increase in female worker density and improved management capability (Koblinsky and Phillips, May 1985). Both of these will take time. The testing of an increase in the FWA work force in the extension areas, scheduled to begin in mid-1986, is expected to take two years. Improvement of MOHPC management capabilities, which implies continuation of a number of studies covering the gamut of management concerns--decision making, service delivery, supplies and supervision--will also require at least two years to complete.

A considerable number of additional studies, though still only at the discussion stage, will also certainly be set in motion in the near future. There is high interest, for instance, in developing a feasible alternative to the existing compensation and target system for field workers. There is also some interest in how best to use village volunteers.

Whether the EP's efforts can be replicated without involvement of counterparts is another issue of considerable interest. While in Matlab, and in Extension areas with one-to-one counterpart coverage, contraceptive prevalence has been raised to 30 percent, the record is not nearly as good in Extension areas where training only is provided to field workers. Clearly counterparts can not be provided nationwide. The current plan, therefore, is to develop a "natural experiment" where project staff would merely monitor the effect of various interventions which the Minister has agreed to implement.

In addition to undertaking studies, EP staff are in demand by MOHPC department heads who want to involve EP staff in improving their operating procedures. The Director of MIS plans to seek EP assistance in deciding how to improve (1) the sampling frame used to estimate national contraceptive prevalence; (2) vital events reporting; (3) the record-keeping system (perhaps by adapting the EP's record-keeping book); and (4) techniques of holding upazila- and union-level meetings. The Director of NIPORT hopes to capitalize on EP experience, particularly in regard to training, where he hopes to continue experimenting with the use of field officers as trainers and thus to continue to move training from the classroom to a field environment.

In short, there is ample work to justify the EP's continued existence for the foreseeable future. It is also significant that currently, there is no other resource in the country to

assist the MOHPC rationally and methodically to improve its MCH/FP operations. The World Bank's Third Bangladesh Population project looks to the EP as an important field data and research source. At present, however, the Bank too will be dependent on the EP for assistance in researching issues pertaining to MOHPC management.

VI.2 Prioritizing Project Activities

The issue at present, therefore, is not whether the EP should continue, but how it should allocate its limited resources in the face of the heavy demands for its services. Project planners are hampered by two constraints. One is the absence of a well-articulated set of project goals--a limitation which the Project is currently in the process of rectifying--(see Sections II.1 and III.1.3). The other constraint is the insufficient knowledge the project has of the incremental costs of the various experimental approaches being studied. Registers, which record the project inputs into the field, have been implemented, but no corresponding costs have been documented. At present, a consultant is completing a cost-effectiveness analysis of the Matlab Project; and while there are plans to continue analogous work on the EP, the required staff have not yet been hired.

The project has also begun a series of intervention specific marginal costing analyses of program components, the completion of which will require additional staffing. Project planners must consider cost implications for national replication in advising the government on which components should be pursued and, thus, lend greater support to costing analysis on the project.

VI.3 Financial and Operational Implications of Project Continuation

Since the government has incorporated the EP as part of its planning mechanism for MOHPC, it would be logical that the project timetable coincide with the government's Five Year Plan, which ends in 1990. A four-year extension would provide ample time for the project to complete many of the activities currently under consideration. Funding could continue at the same level (taking into consideration normal inflation), except for the additional new staff slots suggested in Sections IV.4 and V.4.

VI.4 Recommendations

VI.4.1 General

The MCH/FP Extension Project should continue; the time frame should correspond with the Third Five Year Plan of the Bangladesh government, i.e., the project should be funded up to the end of 1990; the emphasis of the project should continue to be to test various alternative strategies for improved implementation of the family planning and maternal and child health care programs of the MOHPC.

VI.4.2 Plan of Action

o The project should not expand geographically for at least the next two years, unless requested by the government.

o EP staff should define clearly a limited number of project objectives to guide work in the next five years.

o The task of analyzing incremental costs should be given higher priority.

VI.4.3 Phase-out

Whether or not the project should be funded after 1990 is a question that should be evaluated at a time nearer to that date. If the decision is to phase out the project, plans should then be made for that stage. For example, after all field interventions have been completed, it might be possible to manage with a single expatriate as director. The position of deputy director could be created and filled by a Bangladeshi who could facilitate transition to a more permanent base should that situation present itself. International consulting and travel funds should be made available to allow individuals who have been associated with the research effort to continue to be involved until the final writeup has been completed.

1. Scope of Work for the Evaluation

Scope of Work for the Evaluation of the ICDDR,B Component of the Family Planning Services Project (No. 388-0050), Funded by USAID

I. BACKGROUND

The purpose of the original grant in 1982 from USAID to the ICDDR,B was to provide support to and conduct research on the Family Planning Health Services Project (FPHSP) in Matlab Upazilla and to establish a new research project, the MCH/FP Extension Project, in two additional upazillas -Sirajganj and Aboynagar. The original project supported service delivery and research in Matlab, as well as establishment of the Extension Project. As the FPHSP project evolved and other donors have become involved in Matlab, AID has increased funding of the Extension Project and reduced funding in Matlab, which is now limited to support of selected research activities.

An evaluation of the USAID grant to ICDDR,B for the Matlab/Extension Project (388-0050-G-IN-2008-06) and of the USAID grant to the Population Council to support an advisor to this project will be conducted in February 1986 for four weeks as part of the end-of-project evaluation of the FP Services Project. The general objective of the evaluation is to assess the contribution of this component of AID's project to the overall goal of assisting the BDG to provide better quality and more accessible contraceptive services, to achieve increased prevalence of 28% (modern methods) by FY 1987, to reduce fertility and to improve maternal and child health. Such improvements depend on a better understanding of individual contraceptive and demographic behavior, as well as an operational analysis of programmatic constraints to service delivery.

While the evaluators should review all activities of the ICDDR,B funded by USAID, the emphasis should be on evaluation of the progress and success of the Extension Project. The original goal of this project was to test the hypothesis that elements of the successful Matlab service delivery system could be transferred to the public sector program of the Ministry of Health and Population Control (MOHPC). After several years of efforts at organizational development, this goal has changed somewhat. In the words of project staff themselves, the Extension Project has evolved from a formal field experiment into a paradigm for policy development. As such, the project must be able to establish (institutionalize) linkages with policy makers and to the extent possible be responsive to the needs of the MOHPC. This, in essence involved shifting emphasis from a transfer experiment to a collaborative effort for policy development.

II. OBJECTIVES OF THE EVALUATION

There are two major objectives of this exercise: to evaluate project performance against project goals and objectives as defined in the various project documents: and on the basis of this evaluation, to consider the future of the project.

A. Project Objectives and Outputs

1) How have the objectives evolved over the duration of the project; have the objectives been met?

2) Has the change in focus (as indicated by modifications in the original objectives of the project) been appropriate, has it led to improved project outputs and effects?

3) What is the implied time frame of the current goals of the project: what level of financial support does this imply?

4) Have research findings been effectively disseminated and used?

5) Has the project worked effectively with MOHPC field level personnel?

B. Staffing, Institutional Base and Linkages

1) As objectives and methodology have evolved, have appropriate staffing adjustments been made; or conversely, given the present level of staffing of the extension project, are goals realistic?

2) Are the project staff well managed in terms of clear definitions of scope of work and lines of responsibility? Is the level of support staff appropriate?

3) What have been the advantages and disadvantages of housing the project at ICDDR,B? How successful has the current arrangement been whereby the Population Council provides a resident advisor and consultancy services? Is it efficient?

4) Research and Publication Priorities

   a) How are research topics selected?

   b) Have papers been prepared which are useful to the MOHPC, to AID and to a wider audience?

   c) Have they been utilized by these parties?

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5) Relationship with the Government (BDG)

a) Has successful liason been established with Ministry officials?

b) To date, liason has been on a personal ad hoc basis, can it (or should it) be instutionalized in some way?

c) Has the government been involved in the research process or has it simply been presented with the results of research?

d) How is the government being involved in decisions concerning future project directions, including expansion into new areas and the possible district level focus?

6) Relationship with USAID

Has an efficient mechanism been established whereby project activities are reported on a regular basis and new research findings presented in a concise format?

7) The Future Direction of the Project

Recommendations should be made concerning whether this project should be continued or not and, if continuation is recommended, what modifications if any should be made. Among the questions the evaluators should consider are:

a) Given the USAID project strategy, should this particular project or, more generally, this type of activity continue to be supported and, if so, for what period of time?

b) How can effectiveness and efficiency be operationalized with respect to research projects?

c) Should the objectives and/or strategy of the project be changed?

8) What are the advantages, disadvantages, and viable alternatives, if any, to funding the project through ICDDR,B?

9) Is the project currently overextended? If so, what should priorities be?

10) Given that the World Bank IV project includes a management team component, what input will the extension project staff have to this initiative?

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11) How do project staff intend to incorporate the new decentralized upazilla focus into their projected activities?

III. METHODOLOGY

The evaluators will begin by interviewing USAID/D staff. They will review project files, documents and publications of the project, which are voluminous. They will also interview expatriate project staff, including J. Phillips, M. Koenig, and M.A. Koblinsky, as well as Bangladeshi research and support staff. The relevent ICDDR,B personnel, including the director and the head of the Community Services Working Group, will also be interviewed. MOHFC officials, the DG, NIPORT, and other government officials with whom project staff have had contact will be interviewed. Field trips will be made both to Matlab and to the Extension areas. Within one week of arrival, the evaluators will brief USAID on how they propose to proceed with their work. The evaluators will prepare a written report prior to departure from Dhaka summarizing findings and conclusions and making recommendations concerning the future of the project.

IV. The selection of the two evaluators for this component of the overall project is difficult. One should have an established medical background and reputation, knowledgeable about service delivery issues, it is also important for that person to be familiar with operations research methodology. Additionally, it is important to the success of the evaluation to include someone with a background in management who can review the efficiency of management of the project in all its aspects. The individual should have some practical experience in the management of operation research (OR).

Two evaluators will be selected with the above-mentioned distinguishing qualifications.

V. PROPOSED EVALUATION SCHEDULE

It is prposed that the evaluation be carried out during the month of February allowing approximately 20 working days for the operation research/service delivery consultant and 10-12 working days for the management consultant. It may not be necessary for both evaluators to be present together in Bangladesh for the full period.

VI. REPORTING REQUIREMENTS

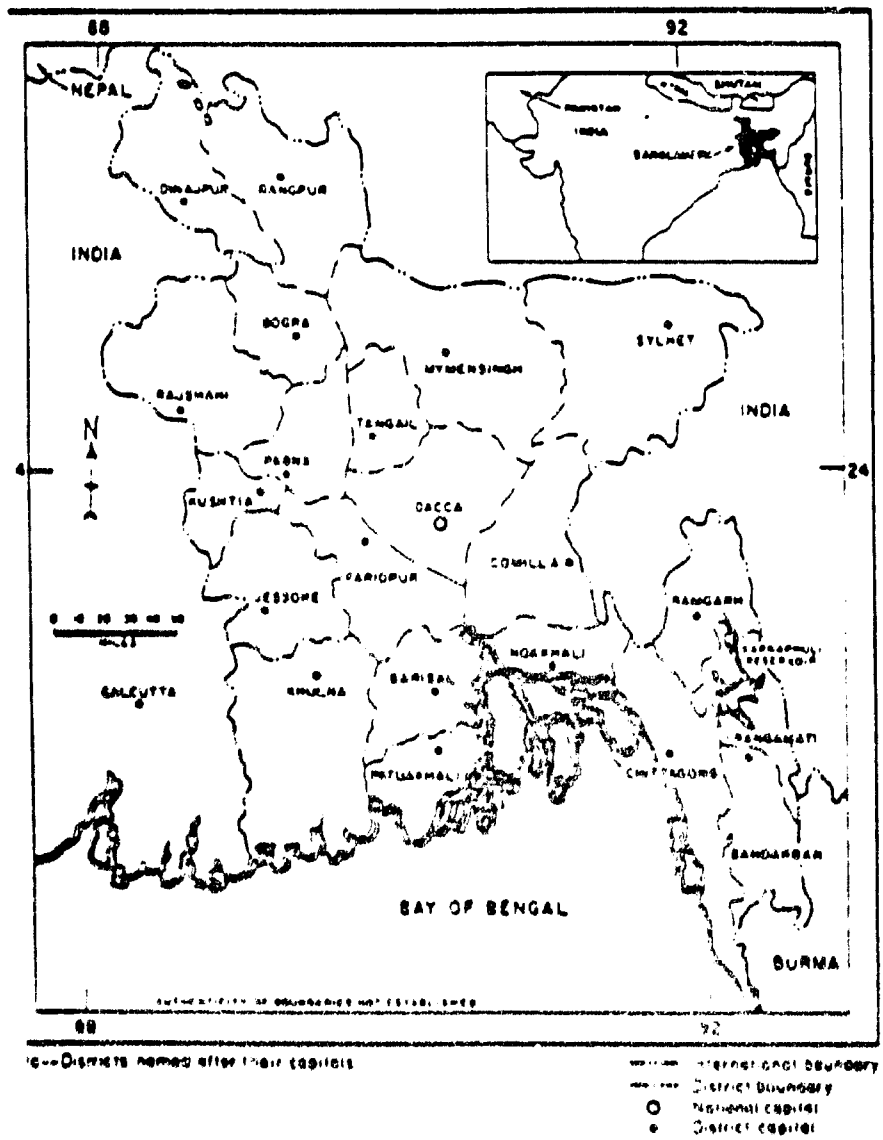
The evaluators will prepare one written draft report prior to the departure of the operation research /service delivery consultant from Dhaka summarizing findings and conclusions, and making recommendations concerning future direction. Twenty five

copies of final reports will be submitted to USAID/Dhaka by ISTI three weeks after the operation research (OR) consultants leave Bangladesh.

VII. REFERENCE DOCUMENTS

- Contract and contract amendments 1 through 9.
- Project Documentation Notes.
- Project Annual Reports
- Project Proposals
- Working Papers, briefing papers and published papers.
- Summary of project activities and policy findings prepared by USAID Population and Health Division Staff.

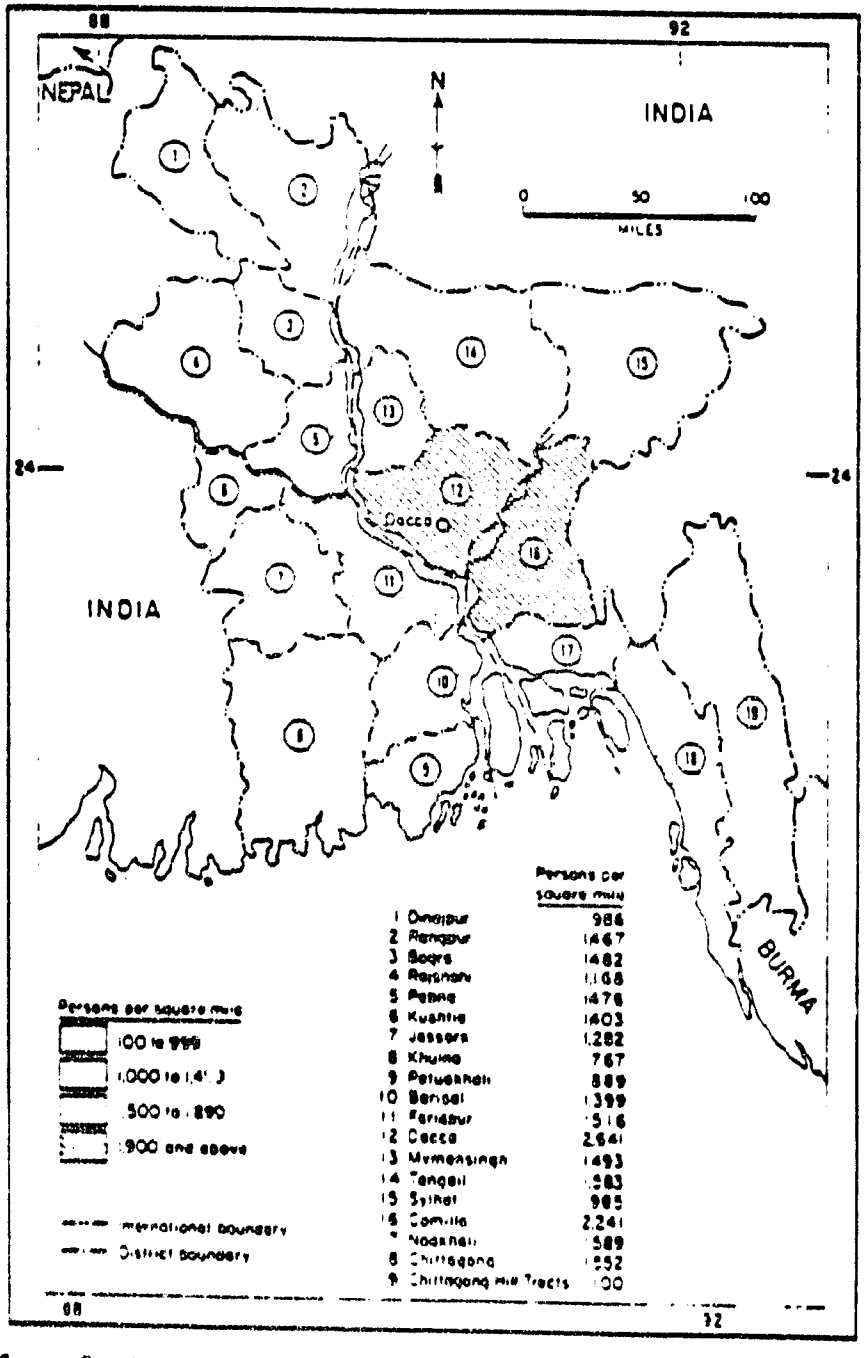
2. Political map of Bangladesh



Note—Districts named after their capitals

People's Republic of Bangladesh

3. Bangladesh, Density of Population by District

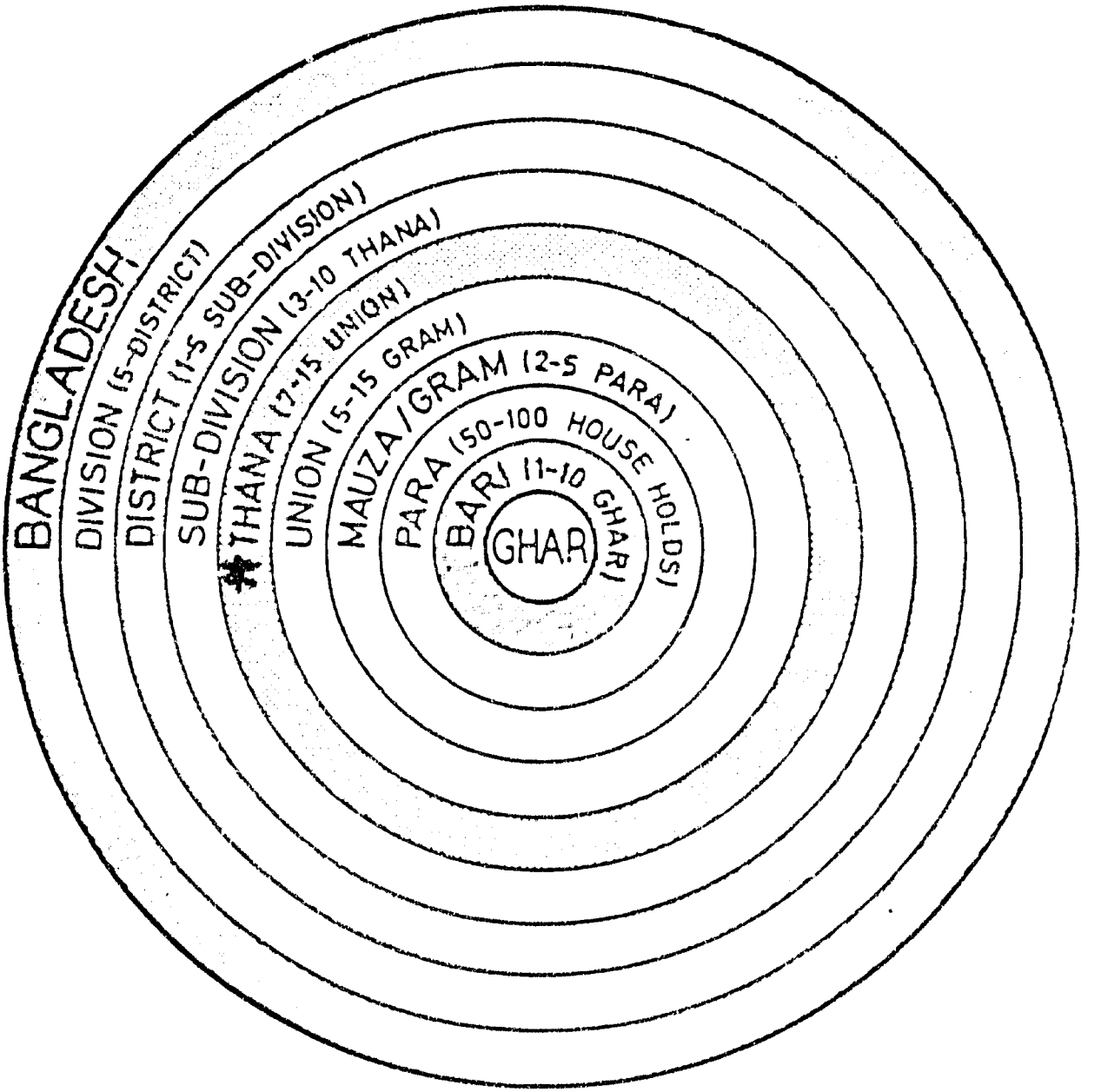


Source: Based on information from Bangladesh, Ministry of Home Affairs, Census Commission, *Bangladesh Census of Population, 1974*, Dacca, 1974, p. 20.

Bangladesh, Density of Population by District, 1974

4. Organizational Spheres in Bangladesh

ORGANIZATIONAL SPHERES IN BANGLADESH



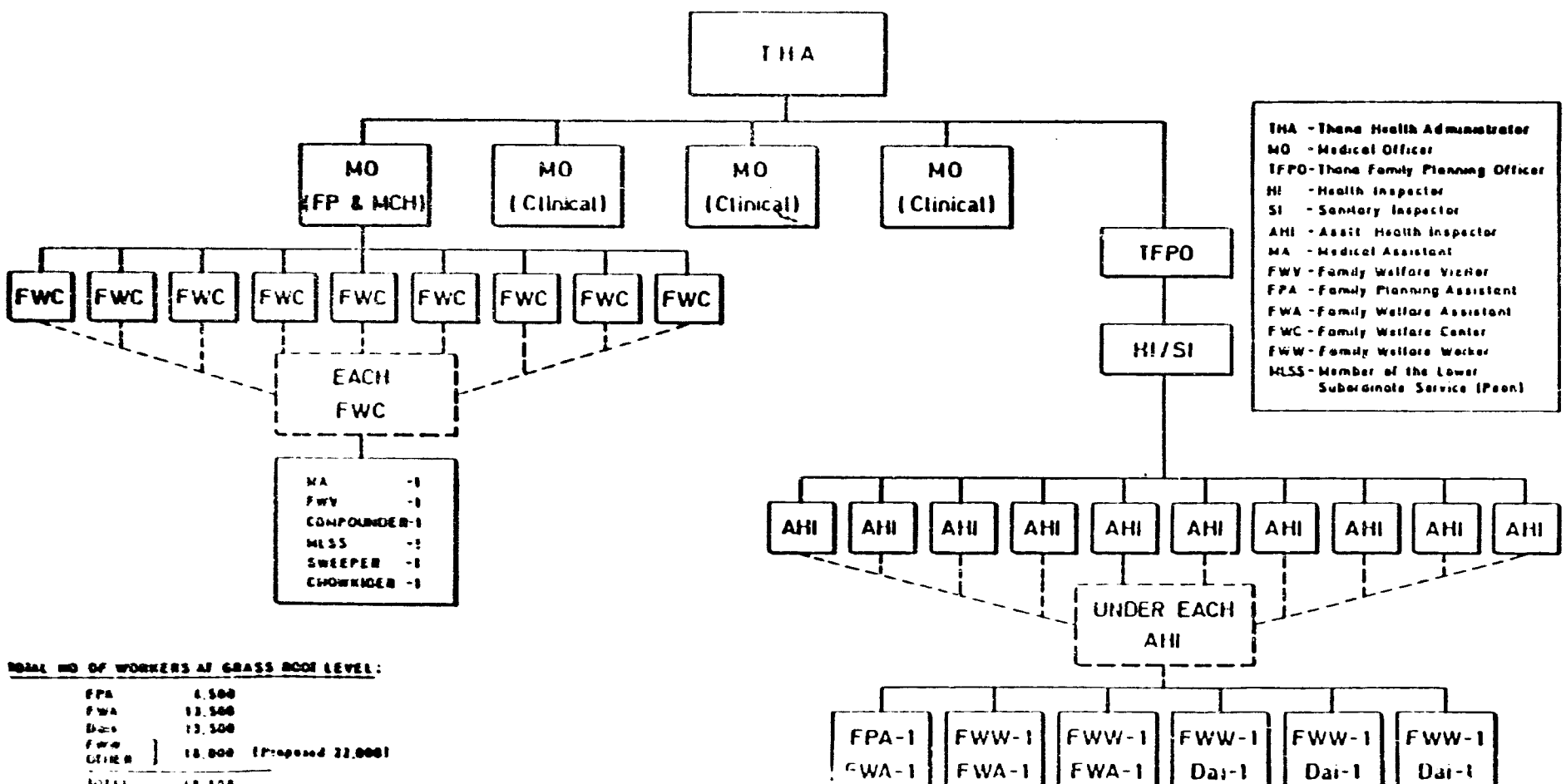
TARGET FOR EFFECTIVE DEVELOPMENT

DIVISION	4
DISTRICT	20
SUB-DIVISION	69
* THANA	470
UNION	4,350
GRAM	68,335
GHAR	12,676,000

* Thana, Upazila

5. Integrated Health-FP-MCH Services at Peoples Level

INTEGRATED HEALTH-FP-MCH SERVICES AT PEOPLES LEVEL
PROPOSED ORGANIZATION AND PROBABLE LINKAGE

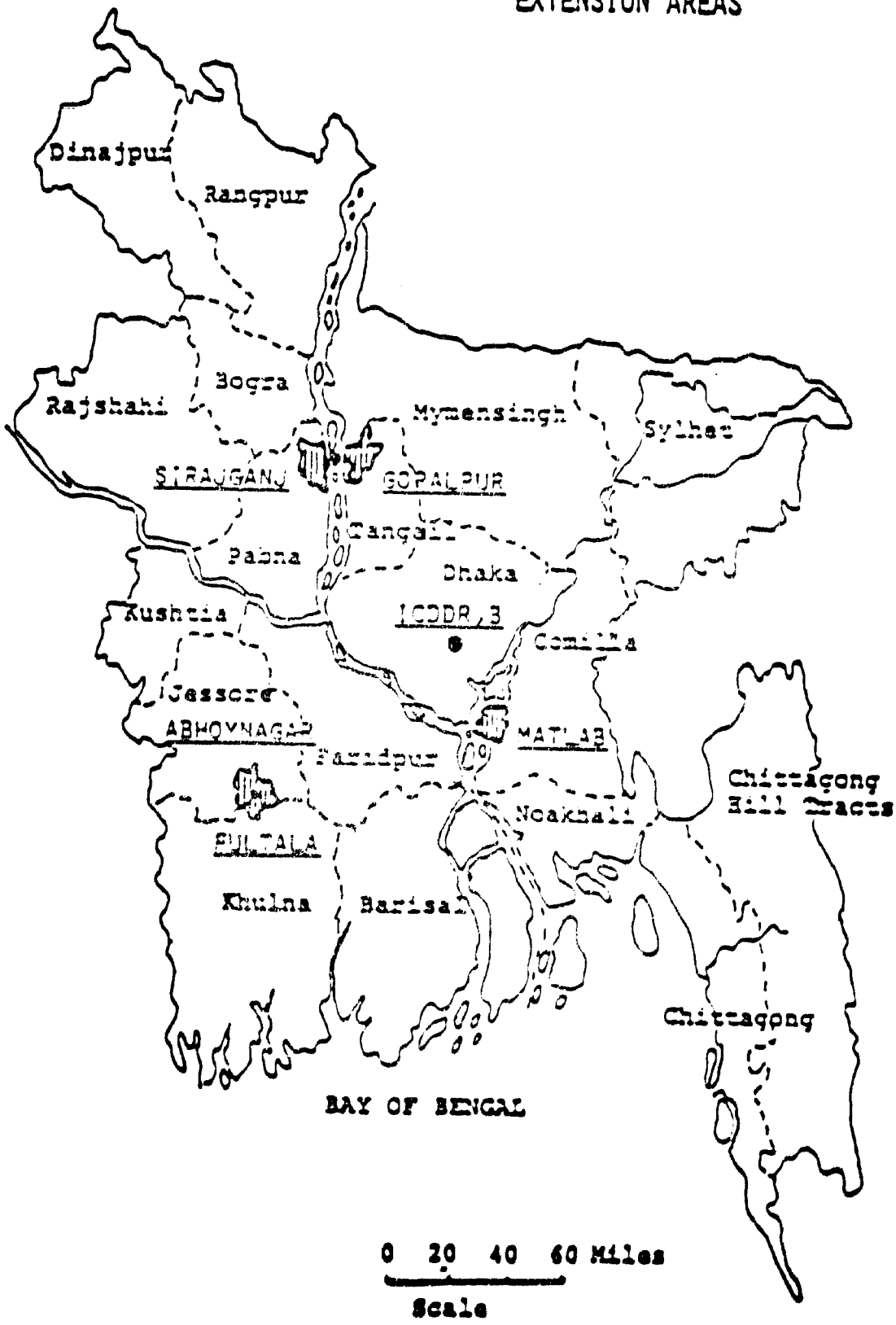


TOTAL NO OF WORKERS AT GRASS ROOT LEVEL:

FPA	4,500	
FWA	13,500	
Dais	13,500	
Fwa OTHER	18,000	(Proposed 22,000)
TOTAL	49,500	

6. Bangladesh Districts and the MCH/FP Extension Project Areas

BANGLADESH
DISTRICTS
AND
EXTENSION AREAS



7. Extension Project Field Stations

FIELD STATIONS:

Abhoynagar Upazila of Jessore district and Sirajgonj upzaila of Sirajgonj district.

Events	Abhoynagar	Sirajgonj
Area	95 Sq. miles	126 Sq. miles
Population	1,86,134 (1984)	3,39,730 (1984
Population Density	1960/Sq. miles	2696/Sq. miles
Eligible Couples	37,226	59,215
Contraceptive Acceptance Rate	Baseline: 21.3% (1983) Post.Int. 38.7% (1985)	7.4% (1983) 24.8% (1985)
Number of Unions	8	11 including Municp.
Number of Const. H&FWC	2	10
Number of Satellite Clinics	16	20

8. MCH-FP Extension Project Field Implementation Strategy and Policy Impact

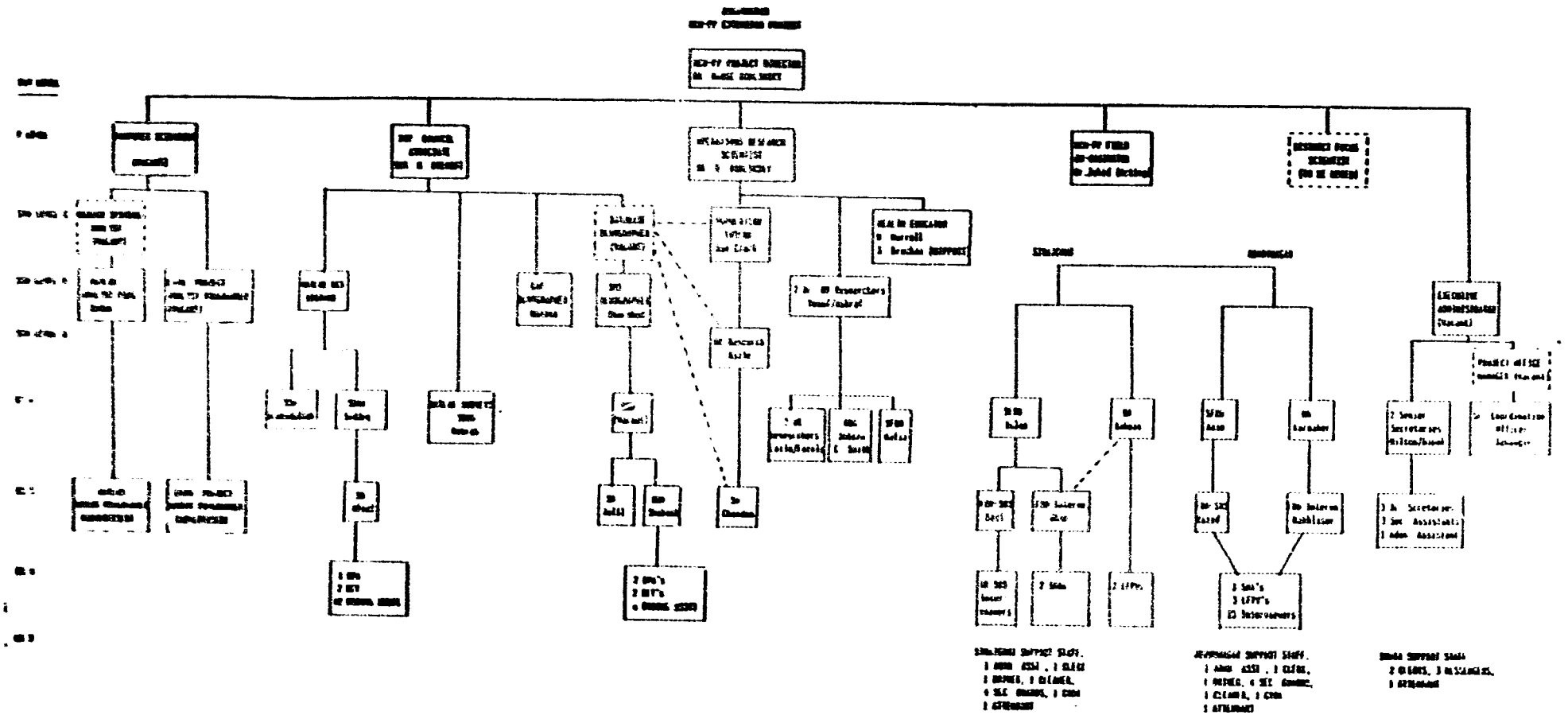
MCH-FP EXTENSION PROJECT FIELD IMPLEMENTATION STRATEGY AND POLICY IMPACT

MCH-FP Extension Project Interventions	Local Level Impact	National Level Impact
A. Human Resource Development (HRD):		
- Task oriented training of all field and clinic level health and family planning workers with their immediate supervisors. Training upazilla and union based, not RTC based. Modification of Matlab: Upazilla officials conducted training, not union level staff.	The workers as well as their supervisors have improved their knowledge, attitude, and skills.	National Institute of Population Research and Training (NIPORT) has recommended the use of task oriented training for field workers on the adaptive Extension Model. The Director, NIPORT visited the Project area twice during the last six months and has sought assistance from the project to develop a family welfare Assistant (FWA) curriculum and training materials.
- Training of Family Welfare Visitors (FWV) and Medical Assistants (MA) on quality service delivery at H&FWC. No modification.	Improved clinic management, better screening and administration of IUDs, injectables, oral pills, and efficient MCH service delivery have taken place.	The Extension Project is requested to participate in FWV curriculum and training materials development. The Extension Project is requested to develop and implement the Senior FWV training programme.
B. Improved Field Management:		
- Introduction of a client based longitudinal Information System. Modification of Matlab: Record books modified for MOHFW needs.	The workers are maintaining longitudinal information of client's status and using the book for monitoring their performance and the supervisors are using reports as a management tool for the programme.	The management information system (MIS) of the Population Control Division is reviewing the record keeping system of Extension Project for adaptation in the national programme.
- Development of regular field work routines by the health and family planning workers to provide comprehensive FP and MCH services. Modification of Matlab: Visitation less frequent.	The upazila level government officials have identified the time required for a complete round (3-5 months for FWA and 2 months for MA) and suggested the need for more female workers to develop an effective service delivery system.	The Ministry has recognized the problem and plans to recruit ten thousand female workers over the next five year period. The government has selected the Extension Project to conduct a pilot study on "Increased FWA Density". Participation in development of operational procedures for increased FWA density (Sanctioning of post, development of guidelines for recruitment).

MCH-FP Extension Project Interventions	Local Level Impact	National Level Impact
• Monthly meeting at the Health and Family Welfare Centre (HLFWC) of the field and HLFWC staff with their supervisors to review performance, generate interest in work among workers, resolve field problems and develop strategy for future programme. Modification of Matlab: Monthly meeting rather than fortnightly.	The upazila officials have developed a new concept of supervision and workers are provided with improved support through discussion and action.	The Director General, Population Control, and Director, IEHC, Health Services have visited project areas and discussed the process and impact of regular meetings.
• Monthly meeting of the supervisors at the upazila to review and monitor the workers' performance. No Modification.	The Family Planning Assistants (FPA) have increased their field mobility and supervision of the FWAs.	Senior officials have attended these meetings and are learning about the mechanisms for establishing supervisory leadership and peer support.
• Improved supply system has been developed through meeting and workshop. Modification of Matlab: Modification done as per MOHFC needs.	Supply of drugs and logistic flow are regular at Upazila and below.	Senior level officials have discussed the improved supply system.
• Establish joint management committees, Project Implementation Committees (PIC). Modification of Matlab: No MOHFC collaboration in Matlab.	The Project Implementation Committee reviews the programme activities, identifies the problems and develops strategies to resolve problems.	The Ministry has acknowledged the potentials of these committees by assigning responsibility to field test Worker's Award Scheme to manage the new FWA density experiment.

MCH-FP Extension Project Interventions	Local Level Impact	National Level Impact
C. Technical Interventions		
- Set up MCH and FP clinics in the community donated facilities where there is no H&FWC. No Modification.	The upazila officials have learned the potentials of the community support and developed the attitude of working with the community. Upazila officials have also identified the basic needs for a functioning H&FWC.	The Ministry has recognized the potentials of community donated H&FWC and has agreed to provide MLSS (Peon) and Aya for these centres. The DG, Population has shown his keen interest for providing more drugs to the community donated centres.
- Introduction of injectable contraceptive by FWAs at the doorstep of the client. Modification of Matlab: No 6 month regimen.	The contraceptive prevalence has increased by 5%. The local officials and workers learned how to operate a domiciliary injectable programme and have identified the barriers to implement the programme.	The Ministry is closely observing the performance of the Extension Project and waiting for its recommendation for national replication. Increased awareness among policy makers regarding the potential of a domiciliary injectable programme. A high level expert group workshop held on 25th August, 1985 strongly recommended to continue injectables as a method for the national programme.
- Development of satellite clinic to provide MCH and FP services specially home based Cu-T insertion. Modification of Matlab: Transportation problem limit service coverage.	FWVs are providing MCH services and inserting Cu-T at and around the satelite clinic. Upazila officials have documented the minimum necessary facilities for a satellite clinic.	Discussion at Voluntary Health Services Society (VHSS) of satellite clinic concept.
- Introduction of field-based Expanded Immunization Programme (EPI) using male health assistants. Modification of Matlab: No male workers in Matlab.	Upazila level officials have learned the advantages and disadvantages of various operational strategies for EPI and have recommended campaign approach for Tetanus Toxoid and routine programme for multiple vaccines.	Key health officials have learned about field-based immunization programme through presentation of EPI strategy to Health Secretary, VHSS, and Project Director, EPI.
D. Miscellaneous:	Project staff has been requested to sit on the District Coordination Committee (Health).	The project has been requested to represent at the Job Description Sub-Committee and ADP Committee.

9. Organogram: MCH-FP Extension Project



10 The Query of the Review Team About the Rationale for Continuing the MCH-FP Extension Project

THE QUERRY OF THE REVIEW TEAM ABOUT THE RATIONALE FOR CONTINUING THE MCH-FP EXTENSION PROJECT

The project staff has been asked to address the question of what the project will be doing in the future, with special attention to the question of why USAID can justify a continued commitment to the activity. The present project has exceeded the duration of the original agreement, differs in scope and content from its original design, and is obviously a major undertaking. What should the reviewers recommend to the mission about future work, and why should a special project continue beyond its original work plan?

A. The Relevance of the Project to the Mandate of the Dhaka AID Mission.

Three themes should be addressed in the course of responding to this line of questioning:

1) The project paradigm has had effects in this country on policy development which are unprecedented for a project of its type. The process of change and development initiated by the project have only begun. This impact on policy was not fully anticipated in the original design. Thus, the success that the project has had in the past represents an important rationale for continuing it into the future. No other system of research is available to take the place of the project. NIPORT is not functioning as a research unit. Units of government and NGOs engaged in operations research deal with particular questions or issues that are important, and most certainly such work should continue. However, only the Extension Project is systemic in its approach. It addresses the problem of dysfunctions and their interactions at various levels of the MOHFC organization. No other project, activity, or agency will provide that function in the forseeable future.

While the MDU will eventually serve some of these purposes, it is clear that it will not function effectively for some time. Its focus, in any case, is implementation without a clear emphasis on research. It is unlikely that the lessons from the MDU effort will be known, or articulated to policy makers, unless the creation and initial operation of the MDU is informed by the lessons of a concomitant operations research project like the Extension Project. Unless the project continues through the period of MDU development, it will not contribute to this new entity. Institutional memories are short. It is the continuous flow of activity, information, interaction, and testing that keeps the Extension Project and its findings on the front burner. After it is disbanded, its achievements in policy development will live on, but it will cease to contribute to further organizational change and development. This rationale for the Extension Project is explicitly recognized in the final version of the MDU write-up where the importance of liaison between the MDU and the Extension Project is acknowledged.

The past success of the paradigm for organizational change and development provides a strong rationale for continuing the project through the Population Plan III period. This does not mean that the project should continue in the areas where it was set up, or continue in its present design. The paradigm, however, should be sustained.

2. The present design addresses critical issues that are not easily answered in the absence of an Extension Project: How is the FWA strategy to be implemented in rural Bangladesh? How is management to be improved? How can training be developed? The present design is beginning to address key issues of Population Plan 3--but work is only beginning. Obviously, the present project must be continued if the investment in the field experiment is to be fully tapped. One of the fortunate factors in the interpretation of the Matlab Project has been that it has been sustained over time. We do not argue that the Extension Project should become another Matlab, but we all recognize the value of continuity and the enormous effort that has been invested in creating the Extension team and in creating the present design. We simply will not know the contribution of the FWA experiment to program impact for two years. Other issues currently under study will take longer.

Thus the Mission's approval of the current design and the need to interpret its outcome, provides a strong rationale for continuing the project.

3. There are many issues that are not yet incorporated in the project agenda which will become critical policy issues in the future. The project will be a continuing resource for the MOHPC to address the question of what set of policy changes represents a feasible alternative to the existing compensation and target system. Within the limits of the present design, much can be tested regarding "feasible alternatives to the present system." By 1987 the MOHPC is required, under the terms of its forthcoming IDA agreement, to test and develop a feasible alternative to the existing system of compensation and targeting, including the feasibility of phasing out of the present scheme. Elements of the Matlab system represent that "feasible alternative:" A larger female work-force, a better field management system with supervisory support, MIS, and logistics designed to emphasize the critical role of MCH and reversible contraception, an end to mechanistic targets with operational goal setting, better compensation and improved accountability--but no special compensation to workers for particular modalities, etc. The MOHPC does not yet recognize it as such, but the Extension Project is the only site where a new system of work can be tested, as agreed to in the IDA plan. The "feasible alternative" that we would propose is something close to the Matlab model--a further development of the Extension Project to more closely resemble the service system of the FPHSP.

B. The International Significance of the Extension Project

Reviewers of the Extension Project should not lose sight of the fact that the study is a project with international policy significance. It is not solely for the development of the Bangladesh program, it is also a contribution of the Bangladesh program to programs elsewhere. Just as we learned from Taiwan, Korea, Thailand, and elsewhere, the Bangladesh program efforts to develop policy can be relevant to programs elsewhere, where bureaucratic inertia can limit the utilization of research for policy development. If the project succeeds in the future, it will be viewed as a site for the orientation of policy makers and researchers from elsewhere in Asia and Africa. Before that can happen, much more must be written in the international literature about the paradigm and its impact. We are likely to learn much about how research for policy development should be designed and implemented, about the critical interphase between program effort and reproductive behavior, about the prospects for institutional change and development in settings like Bangladesh.

In summary, the success of the project paradigm in the past, the need to interpret present activities, and the relevance of the project to future research needs, provide strong rationale for continuing work through the duration of the Population Plan 3 period.

11 Extension Project List of Consultants

LIST OF CONSULTANTS

1. George Simmons, Ph.D
   Director, Training Program in Population and Development,
   Dept. of Population Planning, School of Public Health,
   University of Michigan

   Cost-Effectiveness Study

   Consultancy period: 22-7-83 - 8-8-83, 4-8-85 - 29-1-86
   26-1-86 - 29-1-86

2. Ruth Simmons, Ph.D
   Associate Professor, Dept. of Population Planning, School
   of Public Health, University of Michigan

   Operations Research

   Consultancy period: Jan 83 - Feb 83, July 83 - Aug 83,
   Oct 83 - Oct 83 (3 weeks)
   5-1-84 - 10-2-84, 15-5-84 - 1-6-84
   10-7-84 - 24-8-84, 3-12-84 - 22-12-84
   16-2-85 - 10-3-85, 6-7-85 - 19-8-85
   8-10-85 - 5-11-85, 15-2-85 - 5-3-86

3. Wasim Zaman, Ph.D
   Consultant, Population/Development
   Center of Population Studies, Harvard University

   Liaison with Government officials

   Consultancy period: 29-10-85 - 27-1-86

4. Shafique Chowdhury
   Doctoral student on International Health
   John Hopkins School of Hygiene and Public Health
   Ex. Project Director, Companiganj Health Project

   FWA Density Study - Mapping

   Consultancy period: 22-7-85 - 30-8-85

5. David Leon
   Computer Consultant, The Population Council

   Consultancy Period: 15-1-84 - 14-12-84, July 84 - 21 days
   21-5-85 - 2-6-85

6. Gordon Learock, B.A.
   Micro-Computer Consultant, Computer Center
   University of Michigan

   Consultancy Period: 1-5-85 - 4-6-85

Deborah Balk
Master of Public Policy

Const-Effectiveness Study

Consultancy Period: 21-6-85 - 15-5-86

8. Susan Griffey Brechin
Master of Public Health

Liaison with NIPORT for FWA training materials development

Consultancy Period: 20-8-85 - 19-7-86

9. Graca Gosk
Master of Science in Chemical Engineer

Analyst Programmer

Consultancy Period: 15-8-84 - 1-12-85

10. Maureen Corbett
Master's in International Administration

Operations Research

Consultancy Period: 24-2-85 - 23-8-85

11. Diane Isenberg
Master of Public Health in Population Planning

Operations Research

Consultancy Period: 15-2-85 - 15-6-85

12. Deborah DeGraff
Doctor of candidate in Economics, University of Michigan

Mortality trends and cost-effectiveness study

Consultancy Period: 15-1-85 - 27-7-85

13. Edna Jonas
Enrolled in Master of Public Health Program
University of Michigan

Operations Research

Consultancy Period: 6-5-85 - 22-8-86

14. Tom LeGrand
Doctor of candidate in Economics, University of Michigan

Mortality Trends

Consultancy Period: 16-10-85 - 15-4-86

15. Aurora Fermo, Physician

MCH-FP Consultation

Consultancy Period: 12-9-84 - 11-1-85

16. Eric Elder
BS, Business Administration - Management Information System

Programmer

Consultancy Period: 8-5-85 - 21-10-85

17. Caroline Smith, ODA Post Graduate Scholar
Medical Demography

Operations Research

Consultancy Period: 24-1-86 - 23-11-86

12 Criteria for assessing project accomplishments

CRITERIA FOR ASSESSING PROJECT ACCOMPLISHMENTS

A. Project Objectives and Outputs

1a) How have the objectives evolved over the duration of the project;

Review and comparison over time of proposal and publication statements regarding objectives.

1b) Have the objectives been met?

1) Change in prevalence rates related primarily to the first phase
2) Extent to which specific technologies have been transferred from Matlab and implemented successfully. Determination of of government officials' perceptions of the usefulness of various interventions.

2a) Has the change in focus (as indicated by modifications in the original objectives of the project) been appropriate;

Extent to which change is required of MOHPC system by interventions. Increased financial requirements above and beyond government expenditures.

2b) Has it led to improved project outputs and effects?

Effect/usefulness of the project at one of three levels (central government, NGO's and other donor agencies, or upazila level) will be assessed according to the extent to which specific technologies have been:

1) Accepted and implemented
2) Accepted/to be implemented
3) Being considered for acceptance
4) Project research findings under review

3a) What is the implied time frame of the current goals of the project;

The second phase proposes testing of two major interventions:

1) increasing female worker density and
2) improved management capabilities. Examination will be made as to what has been done, what remains to be done and estimation of time needed for various tasks.

The goal of 'moving to the district level' does not seem relevant at this point and will not be examined.

3b) What level of financial support does this imply?

The proposed budget will be reviewed to ensure that adequate staffing and field travel have been provided to achieve the objectives of the study and that adequate funding has been provided to disseminate its findings - i.e.: staffing and other costs necessary to carry out meetings, workshops, publication and circulation of reports including national research institutions.

4) Have research findings been effectively disseminated?

Awareness of the Extension Project and its findings by the following audiences: Central Government, NGO's, and the Research Community at large will be assessed through

a) discussions with government and NGO representatives,
b) evidence of at least minimal attainment of 'A1' above,
c) the pattern of formal publication of project findings in national and international journals,
d) presentation of papers in national and international seminars,
e) examination of existing mailing lists

5) Has the project worked effectively with MOHPC field level personnel?

This will be judged by assessing awareness of local officials about the project and its activities.

It will also be assessed through determination of satisfaction evidenced by mid and lower level MOHPC workers with the various project-generated interventions.

B. Staffing, Institutional Base, and Linkages

1) As objectives and methodology have evolved, have appropriate staffing adjustments been made; or conversely, given the present level of staffing of the extension project, are goals realistic?

Organizational charts and job descriptions and requirements of extension project staff will be examined to determine their relevance in meeting stated project goals.

2) Are the project staff well managed in terms of clear definitions of scope of work and lines of responsibility? Is the level of support staff appropriate?

a) Discussions with senior and midlevel staff regardings their roles and responsibilities.

b) Examination of the organizational chart vis-a-vis sanctioned positions and the extent to which these positions have been filled

c) Discussion with staff to determine their satisfaction with the existing level of staff support

3) What have been the advantages and disadvantages of housing the project at ICDDR,B? How successful has the current arrangement been whereby the Population Council provides a resident advisor and consultancy services? Is it efficient?

Assessment will be made by obtaining perceptions of Extension Project staff about the advantages and disadvantages of being part of ICDDR,B and the impact of the agency on their independence in staff hiring, as a local support institution in the dissemination of information, and as a source of research expertise.

Perceptions regarding the role of the Population Council resident advisor and consultants in the execution of the project in terms of

a) availability of manpower,
b) complementation of expertise and skill,
c) dissemination of research findings.

C) Research and Publication Priorities

1) How are research topics selected?

This will be examined by taking a selection of specific research topics as examples and assessing whether the source of these topics is

a) PICA decisions,
b) central government requests,
c) emergence from field operations problems, or
d) the special interest of Extension Project researchers.

2a) Have papers been prepared which are useful to the MOHPC?

This issue will be evaluated as per findings in A1.

2b) Have papers been prepared which are useful to AID?

Perceptions of AID regarding useful in 1) drafting country policy documents, 2) in discussions with other donor agencies, and 3) in work with NGO's.

3) Have they been utilized by these parties?

This will be answered by A1.

D) Relationship with the Government (BDG)

1) Has successful liaison been established with Ministry officials?

This will be determinated by the awareness of the extent of project goals and activities by heads of MIS, NIPORT, and the deputy secretary of MOHPC.

2) To date, liaison has been on a personal ad hoc basis. Can it (or should it) be institutionalized in some way?

Assessment will be made about the satisfaction of project staff and government officials regarding the existing patterns of liaison. Examination also will be made of the question of institutionalization keeping in mind the need for project independence in carrying out operations research.

3) Has the government been involved in the research process or has it simply been presented with the results of the research?

This will be examined at two levels - the central government and upazila level, the latter being more crucial. Discussions will be held with government officials, particularly the UHFPO and his assistant, about their participation in deciding research issues (through PICA meetings, etc.).

4) How is the government being involved in decisions concerning future project directions, including expansion into new areas and the possible district level focus?

Determination of government involvement in decisions concerning future project directions will be made through discussions with heads of MIS, NIPORT, and the deputy secretary of MOHPC.

E) Relationships with AID

Has an efficient mechanism been established whereby project activities are reported on a regular basis and the new research findings presented in a concise format?

This will be done by examining regularity of formal and informal meetings between senior project staff and AID staff and/or the nature of the flow of written information between the two groups. Determiniation will be made through discussion with AID officials.

F) Recommendations should be made concerning whether this project should be continued or not and, if continuation is

recommended, what modifications if any should be made. Among the questions the evaluators should consider are:

Response to this item will be based on findings in previous sections, primarily section A, and the perceptions of the evaluation team.

G) What are the advantages, and disadvantages, to funding the project through ICDDR,B?

This will be answered through B3 above.

H) Is the project currently overextended? If so, what should priorities be?

This will be evaluated vis-avis the number and type of activities being undertaken and planned in terms of available staff. In case of overextension, recommndation of priorities will be made on the basis of a combination of factors;

1) potential for immediate utilization,
2) potential for having an impact on prevalence,
3) potential for building long term management capabilities within MOHPC.

I) Given that the World Bank IV project includes a management team component, what input will the extension project staff have to this initiative?

Based on available descriptions of the MDU and discussions with the World Bank, an attempt will be made to evaluate the role of the extension project and the extent of its complementarity, duplication, or lack of applicability to the MDU. Recommendations will be based on the perceptions of the Evaluation Team.

J) How do project staff intend to incorporate the new decentralized upazilla focus into their projected activities?

Through discussions with upazila officials and project staff, determination will be made by the evaluation team.

13. List of Persons Contacted

Appendix 13
List of Persons Contacted

Dr. Akram, Medical Officer/MCH, Abhoynagar Upazila, MOHPC

Deborah Balk, Population Intern, ICDDR,B, MCH/FP Extension Project

Susan Brechin, Health Educator, ICDDR,B MCH/FP Extension Project, assigned to NIPORT

Shafique Chowdhury, Director, Management Information System, Population Wing, Bangladesh MOHPC

Sam Clark, Population Intern, ICDDR,B MCH/FP Extension Project

Dr. Eckels, Director, ICCDR,B

Sharon Epstein, Assistant Director, Office of Population and Health, USAID, Bangladesh

Bazle Hussein, Operations Research Officer, ICDDR,B MCH/FP Extension Project

Mustafa Jamal, Deputy Secretary for Development, Population Wing, MOHPC

Azizul Karim, Deputy Secretary for Development, Population Wing, MOHPC

Marjorie A. Koblinsky, ICDDR,B MCH/FP Extension Project Director

Michael Koenig, Population Council Associate, ICDDR,B MCH/FP Extension Project

Mozumder A. Khorshed, SRS Demographer, ICDDR,B MCH/FP Extension Project

Tom Legrand, Population Intern, ICDDR,B MCH/FP Extension Project

Lt. Col. Latif Malik, Secretary for Implementation, Population Wing, MOHPC

Suzanne Olds, Director, Officer of Population and Health, USAID, Bangladesh

James F. Phillips, Consultant, The Population Council, Bangkok

Michael Rowland, Deputy Director, ICDDR,B

Ruth Simmons, Consultant and Associate Professor, Department of Population Planning, School of Public Health, Univerity of Michigan

Caroline Smith, Medical Demographer, Overseas Development Agency

Dr. Waliullah, Director of NIPORT

Zahidul Huque, Field Coordinator, ICDDR,B MCH/FP Extension Project

Rafiqul Zaman, Director of Training, NIPORT

In addition to the individuals listed above, the team met with officials of the World Bank, a number of other USAID officials, the majority of ICDDR,B MCH/FP Extension Project Staff, and a number of MOHPC officials at the upazila and union levels.