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FINAL REPORT

THE UPAZILA INITIATIVES PROJECT:

SEPTEMBER 1987 - DECEMBER 1990

**Strengthening local family planning
program management in Bangladesh
by applying lessons learned in Indonesia**

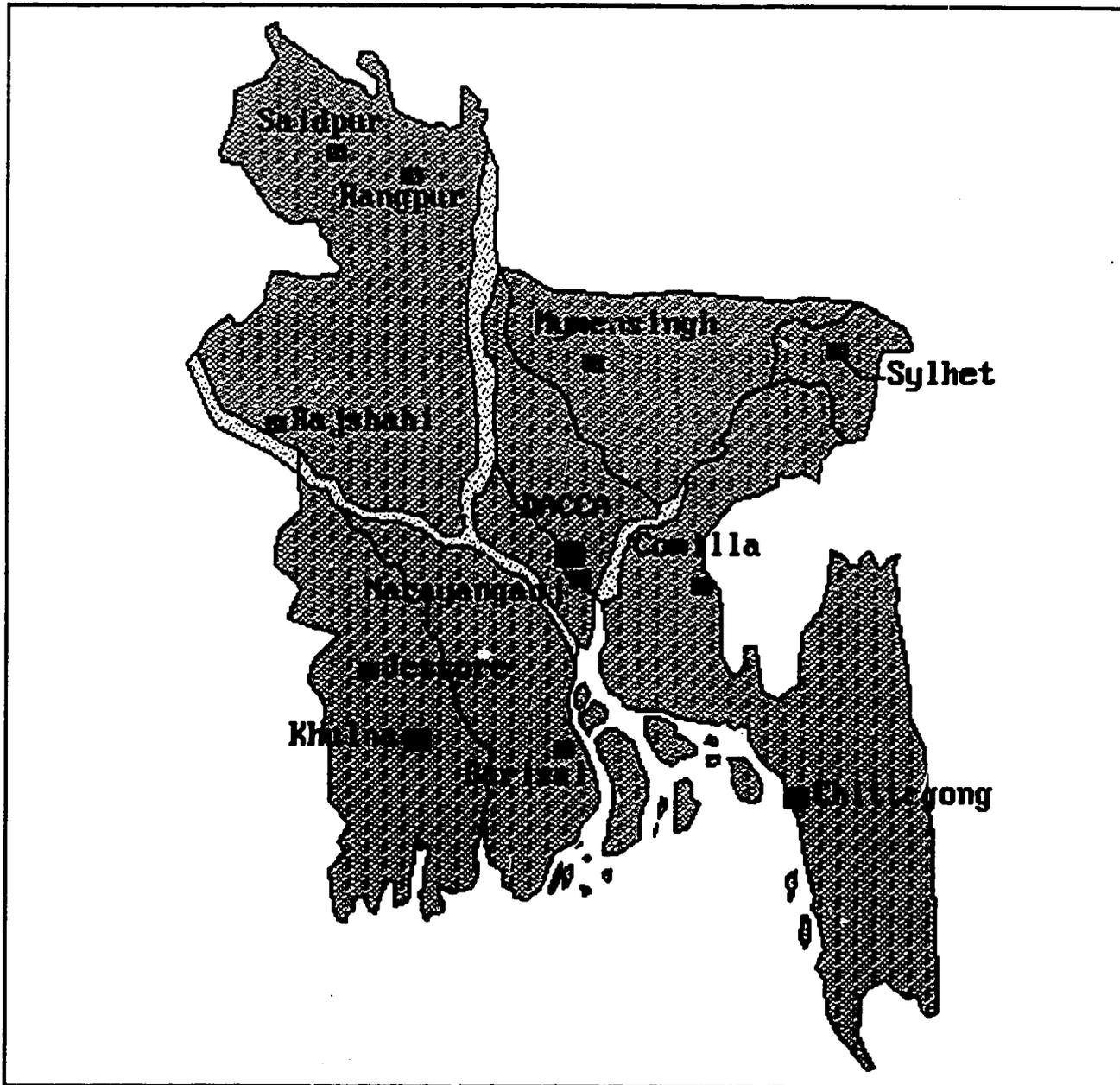
**The Family Planning and Health Services Project:
Sub-project No. 388-0071-3-70063
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Management Sciences for Health

August 1991

**Family Planning Management Training Project
Management Sciences for Health**

BANGLADESH



FPMT would like to express appreciation for having been able to collaborate with USAID/Dhaka, the Bangladeshi Ministry of Health and Family Welfare, and the National Family Planning Coordinating Board of Indonesia in implementing the Upazila Initiative Project.

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ABBREVIATIONS

BDG	Bangladesh Government
BFPA	Bangladesh Family Planning Association
BKKBN	National Family Planning Coordinating Board (Indonesia)
CL	Community Leader
CPR	Contraceptive Prevalence Rate
DC	Deputy Commissioner (Bangladesh)
DDFP	Deputy Director for Family Planning (Bangladesh)
DFP	Directorate of Family Planning (Bangladesh)
ELCO	Eligible couple
FP	Family Planning
FPA	Family Planning Assistant (Bangladesh)
FPIA	Family Planning International Assistance
FPMT	Family Planning Management Training (Project)
FPSTC	Family Planning Services and Training Centre (Bangladesh)
FWA	Family Welfare Assistant (Bangladesh)
MOH&FW	Ministry of Health & Family Welfare (Bangladesh) (formerly MOH&FP - Ministry of Health & Family Planning)
MO/MCH	Medical Officer for Maternal-Child Health and Family Planning (Bangladesh)
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
NIPORT	National Institute for Population Research and Training (Bangladesh)
OST	Observation-Study Tour
PACD	Project Activity Completion Date (USAID)
PF	Pathfinder Fund
PIL	Project Implementation Letter
PIO/T	Project Implementation Order/Technical
Sr FWVP	Senior Family Welfare Visitor (Bangladesh)
TAF	The Asia Foundation
TAI	Technical Assistance, Inc. (Bangladesh)
UFPO	Upazila Family Planning Officer (Bangladesh)
UIP	Upazila Initiatives Project
USAID	United States Agency for International Development
Uz Ch	Upazila Parishad Chairman (Bangladesh)

I. EXECUTIVE SUMMARY

In Bangladesh, population growth is recognized as the principal constraint to socio-economic development. Since 1965, successive administrations have devoted considerable effort to family planning programs, and the program as a whole has made considerable progress attaining a contraceptive prevalence rate of 34% and a total fertility rate of 5. However, the current 2.8% annual growth rate makes the next 10 years of the population program critical in the evolution of the population over the next century. New approaches are urgently needed to increase rapidly the performance of the family planning program. The Upazila Initiatives Project which this report addresses embodies one such innovative approach in Bangladesh: that active community management of family planning activities will improve overall performance.

In 1987, USAID/Dhaka and the Bangladesh Ministry of Health & Family Welfare (MOH&FW) developed a project called the Upazila Initiative Project (UIP) to operationalize the BDG policy of decentralization in family planning by enabling key political and professional leaders at the sub-district level (upazila) and below (union) to manage family planning activities.

The Directorate of Family Planning is the principal government agency directing the UIP. Management Sciences for Health was contracted by the USAID Mission, under the Family Planning Management Training (FPMT) Project, to assist in the planning and implementation of the UIP. FPMT subcontracted with a local private Bangladeshi company, Technical Assistance Inc. (TAI), to provide local management support. Funded through two buy-ins totalling \$2.8 million, this project has now been operating for over three years. This report is the final report of the project, covering the period September 1987 through December 1990. The project will continue for another five years, through buy-ins to FPMT's successor, The Family Planning Management Development (FPMD) Project.

Goals and Objectives of the Upazila Initiative Project

The public sector provides the great majority of family planning services in Bangladesh. However, because of its hierarchical structure and concentration of decision making at central levels its ability to respond rapidly and effectively to individual community needs has diminished just as the rapid improvement in program performance has become increasingly urgent to meet the demographic and fertility goals of the country. The goals and objectives of the UIP reflect the new approaches to increasing the overall performance and effectiveness of the public sector family planning program.

UIP Goal

- Support improved access to decentralized family planning services and information at the Upazila (subdistrict) level by improving the knowledge and skills of elected and appointed Upazila officials and community leaders.

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UIP Objectives

- **Bring upazila family planning program personnel together with elected and community leaders into teams to support family planning activities.**
- **Help each team observe how innovative local initiatives to promote family planning were being successfully carried out in the Indonesian family planning program and how community members actually participate in the management of their family planning activities.**
- **Assist teams to supplement the existing family planning activities in their upazila by developing and implementing an Action Plan that would incorporate features of the programs they had seen successfully working in Indonesia.**

UIP Strategy for Operationalizing Decentralized Family Planning Management

The project emphasizes four approaches to operationalizing decentralized family planning management:

- **Functional partnerships between personnel from the family planning program and elected and other local leaders.** This is accomplished through creation of management teams responsible for planning and implementing special Action Plans to improve family planning program performance.
- **Active involvement of community members in the management of their family planning program.** This is accomplished through the establishment of family planning management committees which oversee family planning operations from the village to the subdistrict.
- **Active participation of local people (especially women) in family planning activities.** This is accomplished through the involvement of cadres of volunteers who provide intensive face to face information and motivation.
- **Local financial contributions to the implementation of Action Plans.** Upazilas are required to match the UIP grant with at least a 10% contribution from local resources.

UIP Implementation

The implementation process, evolving from the above strategy, has the following components:

- **Provide opportunities for local leaders to learn about management through the study of successful examples.** In an instance of successful south to south collaboration, carefully planned three week Observation-Study Tours in various regions of Indonesia expose local teams of community leaders and family planning program personnel to models of successful decentralized family planning program management. Bangladeshi community leaders study the practices and principles of local family planning management in the Indonesian context and select features for adaptation to their own situations.
- **Follow-up lessons learned with immediate action.** The Upazila leaders develop Action Plans which adapt learnings from the Indonesia environment to their own local situations. For the Upazilas, these Action Plans introduce many innovations into the approaches for raising the contraceptive prevalence rates and maintaining active users. As soon as the groups return home, the DFP other BDG officials review the Action Plans drafted in Indonesia and approve them for funding after necessary modifications. Each Upazila immediately thereafter receives the first portion of a small grant of approximately U.S. \$2000 to implement their Action Plan.
- **Support action through seed grants and intensive monitoring.** The first allocation of seed money (about Tk25,000) to avoid any delays in implementation is followed up by a monitoring visit to ensure that the first steps of the Action Plan are underway. Each Upazila is monitored at least three times per year. Subsequent allocations are made on the basis of progress in Action Plan implementation and presentation of financial reports. TAI conducts other support activities to enhance the quality of implementation, share experiences among the Upazilas and mobilize central level involvement in the process of decentralization.
- **Reward success by continuing and expanding capabilities for local family planning program management.** When an Upazila successfully completes the implementation of an Action Plan, the UIP continues Action Plan development in the first Union and expands the process of local management to a second Union. TAI provides technical assistance to the Upazila and Unions in replicating the Action Plan Development and implementation process. Upazila contributions increase as grant amounts decrease for second year Action Plans.

Achievements

In 1990, the MOH&FW informed USAID that it considers the UIP to be among its best donor supported projects. A recent evaluation of the USAID population program also ranked the UIP as one of its most successful undertakings. The highest levels of government have cited the project as a model for others to follow. The reasons for the interest in the UIP project are attributable to some of its major results:

Upazila Management Teams

- **43 Upazila teams** were created through the Observation-Study Tours (OST) to Indonesia and to exemplary Upazilas in Bangladesh, of which 70% were functioning. The OST proved to be an effective way of transferring the management technology to operationalize decentralization.

Action Plans

- **39 Action Plans** developed by the Upazila teams have been approved and are being implemented under the UIP. The TAI monitoring systems which evaluates quality of implementation on six indicators (Activities conducted, knowledge and attitudes, organization, execution, and control) showed effective community management was in place in 70% of these Upazilas.

Local Community Management

- **Communities actively manage their family planning programs** at three levels. The first level is the Upazila team which participated in the Observation-Study Tours. The second level is at the Union, composed of Union Chairman (elected) family Planning Visitor and community members. The third and most critical level is the unit level composed of Family Welfare Assistant and Volunteers.

- **Volunteer participation has increased** effective face to face contact with the local population in motivation, information and contraceptive supply. FWAs who previously rendered these services to 700 clients now manage volunteer teams who perform these functions more effectively.

- **Financial contributions from the Upazilas** have averaged almost three times higher than required. In some cases, the Upazila contributions have been as high as 83%.

Involvement of Community Members

- Nearly 4000 volunteers are working in the 39 Upazilas, 80% of them are women. This represents a dramatic social breakthrough in family planning at the community level when women actively taking leading community roles in family planning.
- Status of women has risen in participating unions through their work as volunteers and through the changing role of FWAs from service providers to program managers.

Institutionalization of Decentralization

- 12 Upazila Chairman and 6 District Commissioners have taken steps to generalize the approach to decentralization and active community management of family planning programs throughout their Upazilas and throughout the entire District.

Family Planning Program Performance

- Monthly CPR from 33 Upazilas show a median increase of 31% over a period of 20 months of Project activity. Contraceptive Prevalence Rate figures indicate that the program performance is improving at a much faster rate in Unions with Action Plans underway than in Unions without Action Plans and community involvement. In the 33 Upazilas the median baseline CPR was 38% and the last CPR was 54%.

UIP Management

A project as complex as the UIP necessarily has many strategic, technical and operational issues to resolve. The many issues were resolved and kept the project running smoothly owing to the following characteristics of the project:

- The UIP operated within the government structure and was not considered as a competitor to the government family planning delivery system. The issues did not generate any fundamental conflicts.
- The UIP performance reporting system was based on the FWA registers. Government workers at field and district level were not threatened by the potential disparity between the results of government and project information systems.
- Because the UIP worked within the government structure, all successes were attributed to the government system.

Lessons Learned

The three years of the Upazila Initiative Project has generated important learnings for the improvement of management effectiveness in many countries in which decentralization is being promoted as a mechanism for improving program performance. The key learning emerging from the experience of operationalizing decentralization during this period is that effective decentralization is a result of the synergy between:

- Increasing local political commitment
- Promoting active community participation in program management
- Introducing effective simple management tools.

Other lessons which emerged from this period reinforced some of the assumptions on which this program was built.

- Management effectiveness can be learned through carefully planned study of more advanced family planning programs.
- Decentralization requires ownership of the changes in management structure at the central, district and local levels.
- Follow-up monitoring and supportive technical assistance are critical in making new management structures work.
- Local management teams can be a source of creative, innovative strategies which have rapid impact on program performance.

UIP - Phase II

Phase II of this project (1991-1995) will focus on ensuring the sustainability of upazila-level initiatives to develop and implement family planning activities that reinforce the national program. Initial signs are favorable. There will be several important innovations to promote sustainability:

- The number of Observation Study tours to successful upazila projects in Bangladesh will be increased.
- The process of decentralization and community management will be extended to up to five Unions in 120 Upazilas.
- Seed money support to Action Plans will be phased down while Upazilas will be required to increase their share of Action Plan funding.

Conclusions

In the period of three years, the Upazila Initiative Project has demonstrated that a decentralized family planning program is a potentially important strategy in increasing family planning performance in developing countries where population growth needs to be brought rapidly under control.

- By involving the community actively in the management of its own family planning program, national demographic goals can be linked with the needs for local empowerment and control of people over their own destinies.
- Effective management practices can be easily introduced and institutionalized at the community level.
- Management effectiveness is a technology which is most readily transferred by giving people the opportunity to study how it work in environments compatible with their own and by providing opportunities to put new concepts and practices into action.

II. INTRODUCTION

In Bangladesh, population growth is recognized as the principal constraint to socio-economic development. Since 1965, successive administrations have devoted considerable effort to family planning programs, and the program as a whole has made remarkable progress, attaining a contraceptive prevalence rate of 34% and a total fertility rate of 5. However, the current 2.8% annual growth rate makes the next 10 years of the population program critical in the evolution of the population over the next century. New approaches are urgently needed to increase rapidly the performance of the family planning program.

The objectives of the National Family Planning Program during the 1985-90 period were cognizant of this issue and focus on solutions to increasing performance:

- Increase Utilization of the existing service delivery system.
- Strengthen manpower and training.
- Extend coverage of multi-sectoral activities, particularly women's programs.
- Test innovative measures through the Upazila Family Planning Committee.
- Reduce population growth rather from 2.8 to 1.8
- Raise the Contraceptive Prevalence Rate from 26% to 40%.
- Increase the number of users from 5 to 8.2 million.

The public sector is the main provider of family planning services, nearly 60%. However, like most public sector programs, it is highly centralized. Centralization which has been a positive factor in the first decades of the family planning program's growth is now seen as impeding further development. The high degree of centralization and consequent bureaucratization creates distance between management and the evolving needs of the client population, and disinterest among family planning field workers. As a result, it is increasingly difficult to develop commitment to improving performance. The family planning program though continuing to grow, is growing too slowly to have the required impact on the demographic crisis.

Some of the critical impediments to accelerating the expansion of the program are:

- The program moves slowly to meet unmet demand, which is estimated at 24% of eligible couples. CPR needs to rise to at least 65% in the next 10 years before population growth will be significantly affected.

- Family planning workers need to be accountable for their performance and need to be more highly motivated. Information is compromised by worker performance with consequent impact on planning and evaluation.
- Service quality needs improvement to increase the number of active users of modern contraceptive means and to provide choice of contraceptive methods as the needs of couples change in order to diminish the high dropout rate of nearly 30%.

Many of these problems are attributable to the highly centralized management structure. The gap between decision makers and providers and clients creates the disparity between intentions and performance.

The Upazila Initiatives Project which this report addresses was designed to close this gap by introducing innovative approaches to operationalizing the government policy of decentralization for family planning: the promotion of active community management of family planning activities to improve overall performance.

The Upazila Initiative Project represents the outgrowth of an earlier project carried out in 1980-1982 under the bilateral USAID program. Under this project, about 300 Family Planning Officers (FPO) from Bangladesh visited Indonesia to learn about the successful government family planning program in that country. Indonesia was chosen because of common cultural antecedents. At that time, the FPO was the official responsible for family planning activities at the thana administrative level. The thana was renamed the upazila after the country's administrative structure was reorganized.

There are now about 480 upazilas in Bangladesh, each covering an average population of 200,000. Below the upazila level, administrative activities are organized at the union level (which covers a population of approximately 20,000), and below that, at the ward level. The upazilas and unions are run by Parishads (councils), the chairmen of which are popularly elected.

At the time of the original 1980-1982 project, the organizers expected that the participating FPOs would return to Bangladesh and implement family planning activities based on some of the innovations they had observed in Indonesia. An evaluation at that time suggested that such activities did not occur because of the lack of a supportive environment for the participants on their return.

The evaluation recommended that such a project would be more likely to result in innovative approaches to the provision of family planning services if there were a more direct focus on field implementation (rather than thinking of the study tours primarily as an overseas training project), and if a critical mass of community representatives from the upazila (rather than just a single individual) were involved.

In 1987, the idea of study and observation tours in Indonesia was revived, in part because of a decision by the Government of Bangladesh that responsibility for family planning activities should be decentralized to the upazila level. Indonesia was considered the logical choice because of its achievements in decentralization and the significant role of community members in managing local activities. The new project therefore emphasized the following approaches to ensure support of the participants when they returned:

- **Field Implementation.** Participants would prepare Action Plans designed for implementation.
- **Development of Management Teams.** Upazilas would send a group of both local government and family planning officials who would learn to collaborate on the development and implementation of local family planning program activities.
- **Active Community Management.** Study tours would focus on practical management techniques and structures to facilitate and maximize grass roots involvement in daily family planning program management.

UIP Goal

The overall goal of the project was formulated in relation to the national policy of decentralization:

- Support improved access to decentralized family planning services and information at the Upazila (subdistrict) level by improving the knowledge and skills of elected and appointed Upazila officials and community leaders.

UIP Objectives

The three UIP objectives were directed to operationalizing the policy of decentralization for family planning:

- Bring upazila family planning program personnel together with elected and community leaders into teams to support family planning activities.
- Help each team observe how innovative local initiatives to promote family planning were being successfully carried out in the Indonesian family planning program and how community members actually participate in the management of their family planning activities.
- Assist teams to supplement the existing family planning activities in their upazila by developing and implementing an Action Plan that would incorporate features of the programs they had seen successfully working in Indonesia.

In 1987, FPMT was contracted to provide assistance to implement this project. A total of \$2,800,000 was allocated under two Mission buy-ins to FPMT. To implement the project, FPMT maintained offices in both Bangladesh and Indonesia: In Bangladesh, a local firm, Technical Assistance, Inc., was sub-contracted to provide technical and monitoring assistance; in Indonesia, the Project Manager maintained a separate office within BKKBN, the National Family Planning Coordination Board, which conducts study tours through its International Training Program (ITP).

III. HOW THE PROJECT WORKS

A. Selecting the Upazilas and the Participants for the Observation-Study Tours

Upazilas

Each study group consists of teams from four upazilas. The upazilas and participants are selected by a steering committee composed of Ministry and USAID officials. The upazilas are chosen on the basis of the following criteria:

- Performance in their family planning program. Preference is given to highest ranking performers in each of the four divisions of the country. Performance has been determined by indicators as couples' years of protection and more recently by contraceptive prevalence rate.
- The presence of a Family Planning Officer who has not previously visited Indonesia.
- The presence of a Family Planning Officer for at least three months.

Upazila Teams

Each upazila is represented by its Parishad (Council) Chairman, the Upazila Family Planning Officer (UFPO), the Medical Officer for Maternal-Child Health and Family Planning (MO/MCH), and one other community leader.

In choosing the community leader, the MOH&FW Steering Committee first identifies a category of person to be selected. In Group 4, the selected category was a Union Parishad Chairman; in Group 5, it was a female leader; in Groups 6 and 7, a religious leader; in Groups 8 and 9, a senior Family Welfare Visitor (FWV); and in Group 10, a Family Planning Assistant (FPA). Unless the category is such that no selection process is needed (the upazila employs only one senior FWV, for example), a committee, consisting of the DC, the Deputy Director for Family Planning (DDFP), and the Upazila Chairman, selects an appropriate person.¹

Resource Persons

In addition, four central and four district level participants participate in each study-tour group as resource persons to help the Upazila teams prepare their Action Plans.

Where the district and central level positions are concerned, there has also been considerable

¹ Annex A lists the name and affiliation of all OST participants.

variety in the types of officials selected. Most participants have been field and central staff from the government's Directorate of Family Planning (DFP) and from the MOH&FW. Other officials have included: Deputy Commissioners (DCs), a Civil Surgeon, television and radio officials, religious leaders, personnel from the President's Secretariat, and employees of the Ministry of Local Government and Rural Development.

The major function of the district and central level personnel is to serve as advisors to the four upazila teams. The UIP did not formulate any specific activities to be undertaken by these participants once the study-tour was completed, nor does the project actively monitor their activities after they return from Indonesia. However, many DCs have taken it upon themselves to independently replicate the UIP approach to decentralization to promote family planning in their district after their exposure to the Indonesian program.

Administration

The project was designed in such a way as to allow sufficient time (45 days, it was anticipated) for organizers from the BKKBN to make hotel and flight arrangements and conduct preparatory field planning work, and for TAI to make appropriate arrangements for a briefing, for flights to be booked, and for accommodations, visas, and per diems to be arranged. In practice, however, the timing of nominations of participants usually occurs less than two weeks before the departure date. On one occasion, the Head of State intervened and succeeded in getting nominations to the OST made 31 days in advance.

One of the key roles played by FPMT was to help speed up the selection process by providing detailed, periodically-updated computerized data on upazilas and their staff. FPMT also helped to establish operational criteria for selecting upazilas and for simplifying the process of selecting other participants.

To date, 11 Observation-Study Tours (OSTs) have been conducted, ten in Indonesia and one in Bangladesh. A summary of the types of participants who were selected for each group is presented in Table One.

TABLE ONE: NUMBERS OF PARTICIPANTS IN 11 OBSERVATION-STUDY TOURS CONDUCTED BETWEEN OCTOBER 1987 AND DECEMBER 1990, ACCORDING TO THE POSITIONS THEY HELD AT THE TIME OF THE VISIT

Group No./Date	Upazila Parishad Chairman	Upazila FP Officer	Medical Officer/ MCH&FP	Community Leader/ Other	District	Center	Total	AID/NGO* Observer/ Participants
1-11/87	4	4	4	6	0	3	21	2
2-2/88	6	4	4	1	2	3	20	2
3-6/88	5	4	3	2	3	4	21	1
4-11/88	7	4	4	5	2	2	24	1
5-2/89	3	3	4	2	5	2	19	2
6-6/89	4	4	5	4	5	2	24	0
7-1/89	4	5	5	6	3	1	24	1
+SP1-1/90	3	4	5	8	0	0	20	0
8-1-2/90	3	4	3	3	3	4	20	2
9-6/90	4	4	4	4	3	5	24	2
10-10/90	4	3	4	5	4	2	22	2
TOTAL	47	43	45	46	30	28	239	15

* With the exception of two FPMT staff in Bangladesh, these participants were not funded by the project. (A complete list of AID/NGO participants is presented in Annex B.)

A complete list of participating upazilas and team members is presented in Annex A.

+ This study tour was conducted locally.

B. Orientation for the Participants Before the Observation-Study Tour to Indonesia

A two-stage process has been developed to prepare upazila teams for the study-tour before the trip to Indonesia:

- Stage 1: A workshop is held within each upazila
- Stage 2: A briefing for all OST participants is held immediately prior to departure

As the UIP evolved a 'pre-visit' workshop was introduced in the upazilas during the month prior to the OST. The major purposes of these workshops are to:

- Clarify for participants the objectives of the project and how it will be carried out.
- Emphasize the role the participants will play in implementing the Action Plans.
- Develop support in the Upazila among other key officials for the Action Plans to be brought back by the participants.

The second stage of the orientation is a two-day briefing for all participants. This is conducted by the Directorate, and assisted by FPMT, immediately prior to departure for Indonesia. The Orientation serves to:

- Review the Bangladesh family planning program - primarily for the benefit of the Upazila Chairmen and other officials, who are not integrally involved in the implementation of family planning activities.
- Provide background information about Indonesia, the Indonesian family planning program, and the logistics of the Observation-Study Tour, including administrative matters.
- Orient district level and central level participants to the special roles they will assume during the OST as 'advisors' to the Upazila team members. The district and central level resource persons provide official support for the project from the Bangladeshi government and give a broader perspective as to how the subsequent family planning activities carried out under the project will fit into the larger picture of the national family planning program.

C. The Indonesia Observation-Study Tour

The Observation-Study Tour is a complex undertaking which requires the coordination of the Government of Bangladesh and the International Training Program of BKKBN. FPMT both in Dhaka and Indonesia plays a major role in communication between the two, and in facilitation of administrative support.

Organization and Management

ITP (BKKBN), the FPMT Project Manager and TAI play principal roles:

- The staff of ITP plans, organizes and implements the Observation-Study Tours. BKKBN selects sites in order to reflect different stages of the Indonesian program's development, changing them periodically so as to develop some stability in the program, without overwhelming any one province. The first four OSTs visited the provinces of Yogyakarta and Bali; the next four were conducted in West Sumatra and West Java; the last two took place in Central Java and South Sumatra.
- The FPMT project manager provides technical assistance to the ITP in organizing the course, tailoring it to the needs of Bangladesh, and in ensuring that lessons learned are applied on return via the preparation of realistic Action Plans.
- The FPMT Office (TAI) in Dhaka carries out the huge administrative task of organizing the administrative procedures for travel, transportation, and other types of support.

Observation Study-Tour Program

The three-week Observation-Study Tour prepared by the ITP in Indonesia is devoted to the following activities²:

- A formal opening ceremony.
- A one-and-a-half day orientation in Jakarta, conducted by high-level staff, designed to provide participants with an overview of the Indonesian family planning program.
- A visit to one of Indonesia's 27 provinces, beginning with a half-day orientation by provincial BKKBN staff, followed by three full days of observation of activities at the Kecamatan or village level. (A Kecamatan in Indonesia is an administrative unit larger than a union but smaller than an upazila in Bangladesh.) The teams would typically observe such activities as:
 - Studying the roles, activities, behavior, attitudes, and relationships of their political and professional counterparts
 - Accompanying a field workers on house-to-house rounds
 - Interviews with contraceptive users

² An example of an Observation-Study Tour Program is presented in Annex C.

- Observation of I.E.C activities at the community level
 - Observation of acceptor registration through the use of ELCO (eligible couple) Mapping
 - Attendance at various meetings monitoring the progress of family planning and maternal and child health services provided at the local level
 - Discussions with field workers, midwives and program managers about their responsibilities.
 - Participation in evaluation exercises.
- A similar visit is made to a second province, so that the team members can become acquainted with other features of the Indonesian family planning program. These typically include such activities as:
- Income generating projects
 - Immunization programs
 - Campaigns to improve the nutritional status of families
 - Diarrheal control activities
- The OST ends with a three-day residential workshop outside Jakarta at which participants finalize the design of an Action Plan to be implemented upon their return to Bangladesh.
- The Action Plans are then presented to high level BKKBN staff for comment and review.
- A closing ceremony.

Facilitation of the Observation-Study Tour

To accompany the field activities and workshop sessions, ITP provides one central office English speaker/facilitator for every six participants and mobilizes key senior and technical staff from one regional office in each area visited during the Observation-Study Tour. In the field, there also is a minimum of one provincial office translator/facilitator for every six participants.

To enhance the quality of the field facilitation, observation and discussion, the group is usually divided into four sub-groups, each visiting a different site. In addition to the ITP staff, Bangladeshis resident in Indonesia provide direct translation into Bangla for participants whose English might be weak. One of the key roles of the facilitator is to conduct the daily

consolidation session at the end of the day in the field. The purpose of these sessions is to:

- Ensure that the participants fully understood the systems they have observed that day,
- Help participants relate the day's observations to the context of Bangladesh.
- Develop the basic ideas that will eventually become incorporated into their Action Plan.

Evaluation and Improvement of the OSTs

On the basis of both participant and staff comments, ITP and FPMT evaluate the success of each OST. As a result of this evaluation, a number of changes to the Study Tour have been made in the course of the project. The most significant changes have been:

- Giving clearer instructions for the ITP translators about translation procedures.
- Sharpening the focus on how the job of the Family Planning Field Worker in the Indonesian program has changed from that of a house to house motivator to a manager of community level activities.
- Providing participants with a 'historical' overview of the development of other elements in Indonesia's family planning program.
- Routinizing daily consolidation sessions to help ensure that participants understand what they observed and to help them begin to think of the key elements of their Action Plans.
- Developing and distributing daily guide sheets to help participants focus more clearly on what they will observe each day.
- Eliminating certain repetitious activities during the field visit to the second province.
- Using microphones and headsets for translation during meetings.
- Extending the Action Plan workshop by one day.

A formal evaluation of the OST experience was consistently positive, in fact, so much so that the evaluation forms now contain only open-ended questions to solicit participants' general comments.

D. Action Plan Development

The concept of an Action Plan is first introduced to participants during the orientation session held in Bangladesh before they leave for the OST. Beginning with Group 2, it was suggested that a 'Generic Action Plan' might be made available to the team, although its use would not necessarily be required. The generic plan guides the teams in writing their plans but does not constrain the overall content of the Action Plans. The Action Plan Development Process involves the following steps:

- Once the teams get to Indonesia, the ITP staff and the FPMT Project manager begin to orient the teams to the preparation of their Action Plans.
- Facilitators focus attention on using learnings from the consolidation sessions in eventually preparing the Action Plans.
- Action Plans become a major discussion topic during the consolidation sessions held at the end of the visit to the second province.
- At the end of the second set of site visits, a three-day workshop is conducted for writing the Action Plan.

Characteristics of the Action Plans

Because of the immediate and common observational experience, there are significant similarities among the plans:

- The collection of baseline information on Eligible Couples (ELCOs) and Acceptors. (See Table Two for a list of selected characteristics of Upazila Action Plans.)
- The introduction of the ELCO Mapping technique observed in Indonesia. This is a simple tool which allows volunteers to plan their activities and which provides accurate data on new acceptors and changes in methods. (See Figure One for an example of a ELCO Map.)
- The recruitment of village level volunteers (or semi-volunteers) to motivate eligible couples.
- The creation of management committees at the village to oversee this process.
- The recruitment female volunteers.
- Supporting roles for existing family planning field staff and for the Union and Upazila Parishads and their Family Planning Committees.

- Additional activities, such as the creation of satellite clinics, the mobilization of religious leaders, and the active involvement of women's and youth groups. (See Figure Two for a typical list of activities in the Action Plans.)³

Evolution of the Action Plan Development Process

The Action Plan Development Process evolved over the three year period to make it more efficient and effective:

- A generic format was introduced to guide the participants.
- As a result of the Central and District Level Workshop in August 1989 the following rules were established for Volunteer/ELCO ratios, maximum honoraria for volunteers, union as project area. The latter was subsequently confirmed by the DFP.
- During the debriefing sessions, DBG officials role was changed from critiquing Action Plans to active involvement in finalizing the Plans.
- The approval process has been progressively shortened from one month to seven days.

Although most of the participants have little or no experience in developing Action Plans, the Action Plans have been gratifyingly realistic and well organized, and have been sufficiently detailed to be operational. This accomplishment is due to:

- The availability of a generic Action Plan.
- The quality of the technical assistance and critical review provided by the ITP staff the FPMT project, and the District and Central resource persons.
- The enthusiasm of the participants for the upazila projects engendered by the OST experience.

³ Annex D contains a complete Action Plan.

TABLE TWO: SELECTED CHARACTERISTICS OF UPAZILA ACTION PLANS

Group	Upazila	Project Area	% Of Upazila Population Covered	No. of Volunteers in Action Plan	Volunteer Male/Female Ratio	Eligible Couple Volunteer Ratio	Volunteer Compensation	
							Y/N	Amount
8	Companiganj	Islampur	41	181	F	30	Y	20/mo
5	Shalla	Shalla	27	100	F	50	Y	50/mo
7	Khoksha	Janipur	27	110	4F:1M	38	Y	25/mtg
4	Fultala	Fultala	24	75	F	46	Y	25/mtg
10	Khetlal	1 Union	23	122	F	30	Y	25/mtg
2	Goalando	Choto Bhakla	23	20	1F:1M	125	Y	200/mo
SP-1	Hakimpur	Khatra Madhabpara	21	55	F	50	Y	75/mtg
6	Fulbari (K)	Kashipur	21	24	3F:1M	193	Y	200/mo
7	Chilmari	Thanahat	21	134	3F:2M	30	Y	50/mo
8	Madan	Kaital	18	196	F	28	Y	50/mo
2	Kachua	Raripara	18	115	1F:2M	20	Y	50/mo
3	Akhaura	Akhaura(N)	16	31	F	106	Y	100/mo
6	Gangachara	Gangachara	16	166	13F:1M	30	Y	50/mo
3	Akhaura	Akhaura(S)	16	31	F	111	Y	100/mo
10	Dumuria	1 Union	14	100	F	26	Y	30/mtg
3	Kathalia	Kathalia	14	40	F	56	Y	50/mo
6	Paikgacha	Chand khali	14	48	F	122	Y	50/mo
6	Bramman par	Chandla	11	60	F	45	N	-
3	Kathalia	Patikhalghata	11	48	F	45	Y	50/mo
SP-1	Kendua	Mozaffar pur	10	108	F	30	Y	30/mtg
8	Alamdanga	Nagdah	10	84	F	54	Y	40/mo
4	Fulbari (D)	Khayerbari	10	160-180	F	48	Y	50/mo
SP-1	Balaganj	Doyamir	10	90	F	36	Y	30/mtg
4	Fulbari	Daulatpur	10	40	F	52	Y	50/mtg
2	Raojan	Pahartali	9	146	2F:1M	29	Y	50/mo
10	Shahrasti	1 Union	9	130	3F:1M	20	Y	30/mtg
4	Bhaluka	Kachina	8	200	2F:1M	44	N	-
SP-1	Chatkhil	Panchgaon	8	75	2F:1M	40	Y	50/mo
5	Parbatipur	Chandipur	8	30	F	131	Y	100/mo
4	Chuddogram	Batira	8	60		51	Y	25/mtg
5	Moulavibazar	Nazirabad	8	81	2F:1M	35	N	-
9	Sarail	Shahjadapur	8	100	3F:1M	32	Y	50/mo
6	Lauhajang	Kanaksar	7	30	F	54	Y	100/mo
3	Kathalia	6 Village	7	24	F	48	Y	50/mo
7	Kalkini	Sikermangal	7	50	F	48	Y	100/mo
9	Chowgacha	Jagannathpur	7	54	F	40	N	-
7	Debidwar	Barkamta(N)	6	120	F	32	Y	25/mtg
10	Tongibari	1 Union	6	70	F	25	Y	50/mtg
9	Modhukhalli	Jahapur	5	100	3F:2M	16	Y	40/mo
2	Patgram	1 Village	5	50	1F:2M	25	Y	100/mo
9	Bogra Sadar	Subgram	5	250	F	25	N	-
4	Chuddogram	Kalikapur	4	100	F	38	Y	25/mtg
3	Akhaura	2 Village	4	20	F	28	Y	100/mo
4	Fultala	Damodor	3	150	F	32	Y	25/mtg
3	Baraigram	6 Village	3	45	F	26	Y	50/mo
3	Nakla	1 Village	2	23	1F:1M	27	Y	10/mtg

FIGURE ONE: EXAMPLE OF AN ELCO MAP

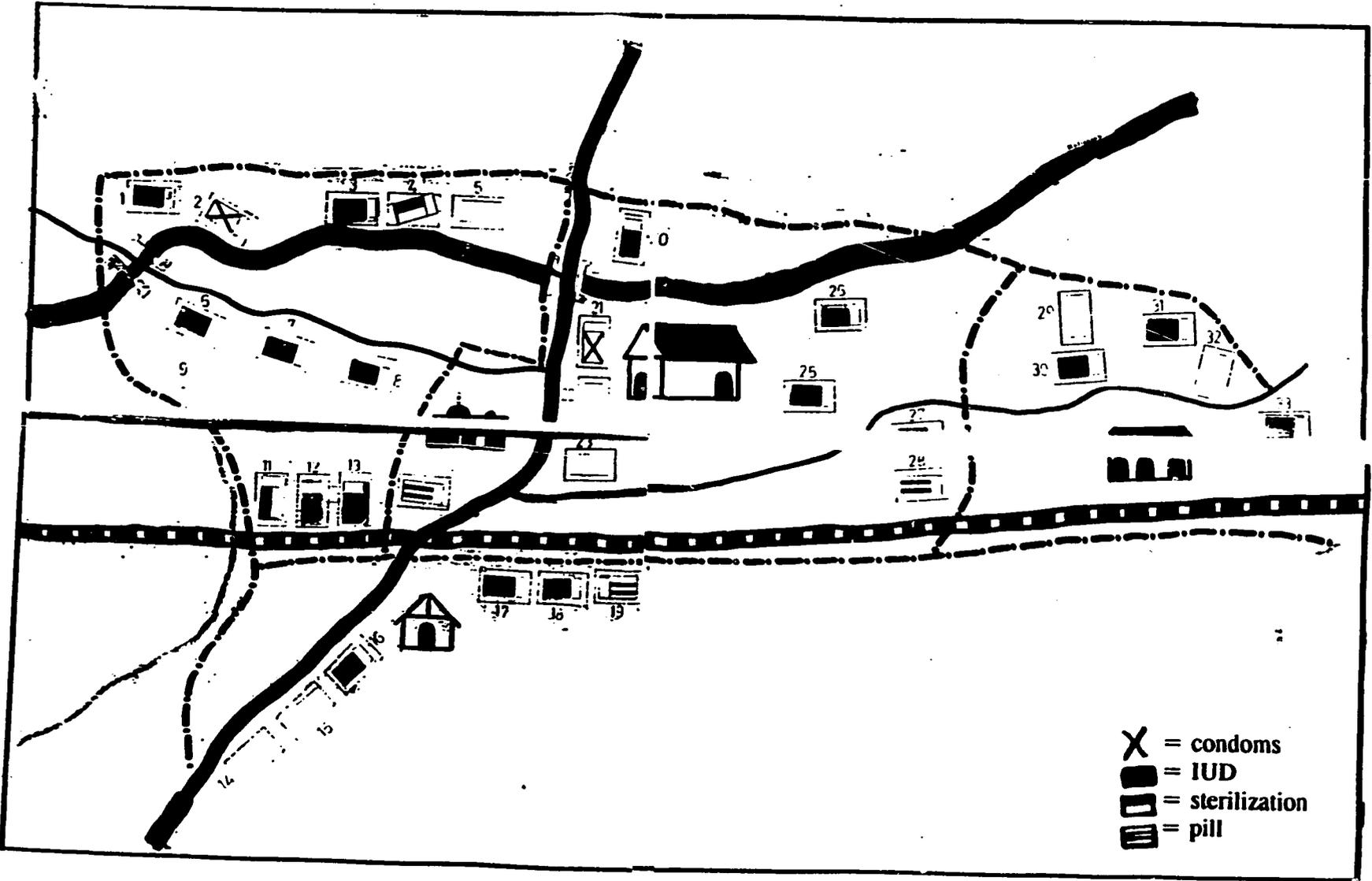


FIGURE TWO: ACTION PLAN ACTIVITIES

Objective 1: To increase the contraceptive prevalence rate from 16 percent to 40 percent by the end of the year.

PROJECT	PROJECT MONTHS												PERSONS RESPONSIBLE	
	1	2	3	4	5	6	7	8	9	10	11	12		
PUBLICITY and PREPARATION:														
Conduct meetings at Upazila, union and unit levels to explain project.														Upazila chairmen
Two days of orientation for relevant staff, FWV, MA, FPA, FWA, etc.														MO/MCH
Orient community leaders and committees at village level.														UFPOs
Organize ELCOs into units.														FPA, FWAs
UNIT ACTIVITY:														
Identify householders in each unit.														FWAs
Prepare ELCO maps.														FWAs
Identify potential volunteers.														FPA, FWAs
SELECTION and TRAINING OF VOLUNTEERS:														
Identify one volunteer from each unit.														FPA, FWAs
Orient volunteers about their responsibilities.														FWAs
Conduct needs assessment for volunteers' training.														UFPOs, MO/MCH
Develop training curriculum.														UFPOs, MO/MCH
Develop training materials.														FPA, UFPOs
Schedule volunteers for training in three batches.														FPA
Conduct training.														UFPOs, MO/MCH
SERVICE DELIVERY:														
Conduct house-to-house visits.														FWAs, volunteers
Update ELCO registers.														FWAs
Supply methods to clients and make referrals for clinical methods.														FWAs, volunteers
Maintain records and provide reports.														FPA, FWAs
Spot check and conduct physical verification of FPA, FWA volunteers.														Upazila chairmen, UFPOs, MO/MCH, FPA
MONITORING and EVALUATION:														
Conduct monthly visits to project areas.														Upazila chairmen, MAs
Records and reporting.														UFPOs, MO/MCH, FPA
Monitor project performance in Upazila coordination meetings.														DC, DDFP
Conduct final evaluation at the end of project period.														External evaluator

E. Implementation, Follow-up, and Monitoring of the Action Plan

Debriefing

This is the first activity to take place after the teams return home from the Indonesia Observation-Study Tour. Initially, this debriefing was intended only for the presentation of the Action Plans to high level officials of the MOH&FW and Directorate of Family Planning for their comments. At present the following procedure has evolved:

- Upazila teams receive tentative Directorate approval for Action Plan implementation at the time of the debriefing to allow implementation to begin immediately.
- FPMT provide upazilas with the first allocation of the seed money to support the Action Plan budget.
- Upazila teams receive instructions on technical and financial reporting procedures to be followed.
- In the second month after the return from Indonesia, the Directorate studies the Action Plans more carefully and gives them final approval if they are found satisfactory. No Action Plans thus far have failed to receive official approval. At this time, FPMT is permitted to distribute to the upazila implementation teams two additional allocations of funds, upon receipt and approval of interim financial and program reports.

Implementation of the Action Plans

After their debriefing, upazila teams return home and begin project implementation. The first two steps in this process are:

- The presentation of the Action Plan to the Upazila Parishad for its approval and allocation of a financial contribution.
- Holding an implementation workshop. This activity is an innovation that was only introduced for the two most recent groups. At this workshop, selected upazila and union leaders, assisted by the monitoring team, prepare schedules, assignments, and other detailed aspects involved in planning implementation of the project.

Mobilizing Volunteers and Local Committees

The two core elements of the upazila projects are the use of local volunteers to motivate and assist couples in their contraceptive practice, and the formation of locally accountable management committees to oversee the work of the volunteers:

- **Volunteers.** Nearly all upazilas either have chosen only female volunteers or have a large

majority of females. The number of volunteers and the number of ELCOs covered by each volunteer varies significantly. In all instances, volunteers receive 2-5 days of training, after which they are expected to be able to start motivating their neighbors to practice family planning; in most instances, volunteers also distribute pill and condom resupplies; in many cases, they also have some additional responsibilities, such as assisting the FWVs to conduct monthly satellite clinics and keeping records. Volunteers are supervised by FWAs and are members of the village family planning management committees.

■ **Local Management Committees.** Some of the local committees managing the projects were in existence before the UIP began. At the two highest administrative levels - the upazila and union - family planning committees were already part of the formal government structure, although many of them were dormant. Under the UIP, new, lower level committees have been established: some committees have been established at the ward level (one third of a union), some are at the village level (varying sizes), some are at the unit level (averaging of one fifth of a union and having its own FWA), and others are at the block level (a very small administrative grouping established specifically for the project). More committees are at the unit level than at any other level, reflecting a management structure that is deliberately based upon the lowest level government employee, the FWA. The management committees usually meet once a month.⁴

Monitoring Action Plan Implementation

FPMT, through the local firm Technical Assistance, Inc., has assisted the Family Planning Directorate in establishing a regular monitoring program for project upazilas.

- Standardized monitoring forms, and visit and reporting procedures have been introduced.
- Joint TAI/DFP monitoring teams visit each upazila quarterly, provide technical assistance to help improve the implementation of the plans, and rate the upazila's performance (attributing rankings of 'very good', 'good', or 'poor').

Indicators for Rating Quality of Action Plan Implementation

A series of indicators for rating Action Plan implementation are used in each monitoring visit. The indicators are classified under five categories:

- **Action Plan Implementation:** Indicators are planned activities carried out on schedule.
- **Knowledge and Attitudes of the Community:** Indicators are knowledge of

⁴ Table Three on page 38 lists the committees established and functioning in the Upazilas through the implementation of the Action Plans.

contraceptives, and contra-indicators, awareness of project goals, objectives, and activities, and participation in committee meetings and activities.

■ **Organization:** Indicators are scheduling of activities, maintenance of records, informing community members, providing sufficient lead time for activities, coordination, delegation, and provision of logistics.

■ **Execution:** Indicators are training, community participation, volunteers, and support activities.

■ **Control:** Indicators are recording contraceptive usage, supervision, feedback and financial status.

Each indicator has a set of criteria describing conditions for the three rating categories. Each indicator is scored and a total score on all indicators determines the overall rating of the quality of implementation up to the time of the monitoring visit. (An example of indicators and rating criteria is in Figure Three. An example of a Monitoring report based on these Indicators is in Figure Four⁵.)

Data collected from monitoring visits and upazila reports are maintained and regularly updated in several formats. Quarterly monitoring reports, containing detailed descriptions of the visits and the problems encountered, are also prepared.

FPMT has also established a procedure for an external audit of approximately one-fourth of all upazilas. Seven such audits have been conducted. No major problems have been encountered during these audits.

⁵ A complete Monitoring Form is shown in Annex E.

FIGURE THREE: UIP MONITORING SYSTEM GUIDELINES FOR COMPLETING MONITORING SYSTEMS

UIP MONITORING SYSTEM GUIDELINES FOR COMPLETING MONITORING FORM							
PERFORMANCE INDICATOR		INFORMATION TO COLLECT			CRITERIA FOR MAKING ASSESSMENTS		
GENERAL INDICATOR	SPECIFIC INDICATORS	QUESTIONS TO ASK	OBSERVATIONS TO MAKE	RECORDS TO CHECK	IMMEDIATE IMPROVEMENT	ADDITIONAL IMPROVEMENT	NO MAJOR IMPROVEMENT
ORGANIZATION	a. Activities scheduled	Ask the Upazila Parishad Chairman and UFPO, whether they have prepared schedule for the activities to be accomplished by this time		Check files and registers, reports and calendars of activities such as meetings, workshops and clinics, mobile sterilization camps	If no activities are scheduled	If activities are not routinely scheduled	If activities are routinely scheduled
	b. Records maintained	Ask UFPO and Upazila Chairman whether they maintain record of each activity		Check files and registers, reports and calendars of activities.	If records are poorly maintained or not maintained at all	If records are not routinely maintained on all project activities	If records maintained on all properly on all project activities
	c. Community informed	Ask UFPO and Upazila Chairman whether the community people are informed about the relevant activities (such as meeting, IEC activities, and satellite clinic etc) well in advance.	Verify with community members whether they know about the planned activity and schedule (select at least 3 people during field visit)	Written communications	If no efforts are made to inform the community about project activities	If some efforts are made to inform the community	If efforts are made to inform the community and community members are informed
	d. Lead time is sufficient			Check records for schedule of activities to see how far in advance they began planning	If planning occurred less than 3 days before the activity	If activity has been planned at least 3 days before the activity	If activity has been planned one or more weeks before the activity
	e. Activities coordinated	Ask all other members of Upazila team whether they are aware of the ongoing project activities and if they are consulted about the activity	Whether meetings during monitoring visit involve all Upazila team members		If only one or two members of the Upazila team are aware of activities	If all members have a general idea of activities	If all members of the Upazila team are up to date on all activities
	f. Responsibility delegated	Ask UFPO what specific task he has assigned to his subordinates to carry project activities	Observe if UFPO subordinates, or other Upazila team		If UFPO is doing all the work (ex. teaching volunteers)	If the work is shared only between two people	If the work is delegated among the team members and to UFPO's subordinates
	g. Logistics provided	Ask the UFPO whether the contraceptives and other essential equipments are adequately supplied to the field	See if there are adequate supplies in the field	Check the FWA and volunteer registers	If contraceptives are in short supply	If supplies aren't regularly distributed among the volunteers	If supplies are adequate and distribution is regular

FIGURE FOUR: MONITORING REPORT

UPAZILA INITIATIVES PROJECT MONITORING REPORT OCTOBER - DECEMBER 1990

GROUP 8 UPAZILA: Alamdanga **UNION:** Nagdah **DISTRICT:** Chuadanga
PROJECT START DATE: May 01, 1990 **VISIT #** 02
VISIT DATE: October 14, 1990
VISITED BY: Mr. M.A. Bhuiyan PO, FPMT DFP:
OBJECTIVE: CPR 55%

	BASELINE (Aug'90)	THIS VISIT (Sep'90)
ELCO	4,487	4,493
ACCEPTORS	2,465	2,731
CPR	55%	61%

NARRATIVE REVIEW

ACTION PLAN IMPLEMENTATION: Good. The project has completed most of the mobilization activities, i.e. the action plan was presented and got approved by the Upazila Parishad; upazila and union FP committees had been reactivated and six unit committees were formed; 86 volunteers were selected, trained and assigned to specific ELCO maps and some IEC activities yet to be completed. These activities are scheduled from December.

KNOWLEDGE AND ATTITUDE: Very good. The Upazila and Union Parishad, Chairmen, members and volunteers are aware of the project goals and objectives. The Upazila Parishad Chairman and volunteer have adequate knowledge of contraceptive methods, its indications and contraindications. However, the Union Parishad Chairman and members does not have adequate knowledge of contraception. The upazila team have been asked to address on this issue during the monthly union FP committee meetings.

ORGANIZATION: Very good. The project records are well maintained. The monthly progress reports, proceedings of meetings, FP service statistics by units are recorded and filed properly. Separate files are also being maintained for the training curriculum and schedule. The activities are scheduled and well coordinated, duties and responsibilities are duly delegated for execution to the concerned personnel. As a result the UFPO, Union Parishad Chairman, MO/MCH, FPA and FWAs of the project area are completely aware of their responsibilities in its implementation. Adequate logistics are also provided to the volunteers.

EXECUTION: Very good.

Training: Very good. A three-day training was conducted for the volunteers and a two-day training for the BDG-FP staff members. Also, a one-day orientation was conducted for the committee members at upazila, union and unit level personnel. Curriculum was prepared and followed for both the trainings and orientation, which addressed the project goals and objectives, role of committee members, volunteers and BDG staff members. The curriculum also covered among other things were, such as, administering different contraceptive methods, its indications and contraindications, motivational technique and record keeping. However, field practice was not included in the training curriculum.

Community Participation: Good. The Upazila and Union FP committees are meeting regularly since last July. Proceedings of those meetings are documented. Sometime decisions taken in these meetings are not properly followed-up. The unit FP committees will start holding monthly meetings from October.

Volunteers: Very Good. A total of 84 female volunteers were recruited from 6 units (14 volunteers per unit). The volunteers were assigned to specific area and ELCOs. The ELCO/volunteer ratio is about 54:1. The volunteers are paid only TK.40 per month as transportation allowance for attending meetings. They appeared to be well motivated.

Support Activities: Very good. The support activities of the project are linked with the project goals and objectives. The activities are: organizing satellite clinics, film show, training of the women elites and religious leaders. These activities are being implemented in coordination with the concerned FPA, FWAs and community leaders.

CONTROL

Recording Usage: Poor. The volunteers are keeping record of their service delivery in a client register provided by the project. The ELCO maps are not prepared yet by the volunteers' area. However, this will be done by November.

Supervision: Very good. The Union Parishad Chairman, UFPO, MO/MCH and the FPA visits project area regularly. More frequent project supervision visit by the Upazila Parishad Chairman would bring better results in the implementation process. Feedback of these visits are provided verbally during the monthly meeting.

Financial Status: Very good. The Upazila Parishad has deposited Tk.16,218, a part of upazila contribution into the project back account. The bank account is jointly operated by the Upazila Parishad Chairman and UFPO. The cash book and vouchers are maintained separately. The cash book and the back pass book have been checked and found updated. The project expenditures are consistent with the budget provision. The project has a cash balance of TK.19,995.10 in hand as of the date of this visit.

TECHNICAL ASSISTANCE: Technical assistance was provided on how to prepare and update ELCO maps and its use as a management tool, how to supervise and monitor the project activities, how to provide effective feedback, how to conduct on-the-job training to the volunteers, and how to hold effective management committee meetings at different levels and review project activities.

OVERALL ASSESSMENT: Very good. During the next monitoring visit the problems related to the preparation of ELCO map, supervision and feedback, and on-the-job training and regular meeting at different level will be addressed.

F. Involvement of Non-Governmental Organizations (NGOs)

When the project was designed, NGOs were to play an important role in assuring the sustainability of project activity at the Upazila level. NGOs play an important role in family planning programs and account for a significant portion of family planning services. There are several indigenous and affiliate NGOs in Bangladesh which also act as grant administrators, channeling donor assistance to grass roots NGOs who execute the programs. The principal Grants NGOs are the Pathfinder Fund (PF), the Asia Foundation (TAF), and the Family Planning Services and Training Center (FPSTC).

The UIP design envisaged NGOs as gradually assuming responsibility for support to Upazilas after the Action Plans were launched. Representatives from the NGOs accompanied the Upazila teams on the OSTs as 'observer participants.' The Pathfinder Fund took over the first four Upazilas in Group I. However, it took 18 months before the necessary approvals were in place to permit The Pathfinder Fund to provide grants directly to the Upazila Council.

In addition, after Pathfinder assumed responsibility, the NGO introduced its own approach to family planning action at the local level. The projects in these Upazilas are based on Pathfinder project proposals rather than on Action Plans developed by the Upazila teams. The project design focusses on strengthening field worker efficiency rather than on involving the community in the active management of the family planning program. The Pathfinder approach does not require a matching contribution from the Upazila.

NGO Involvement Issues

This experience underscored several problems in relation to NGOs:

- The statutory nature of NGOs precludes provision of funds directly to government organizations such as the Upazila Council.
- NGOs have developed their own system for working at the community. Most work through local NGOs, in effect establishing a parallel system to the government's family planning serviced delivery system. Often the NGO approach does not include working through volunteers.

Subsequently, the UIP design was modified to make FPMT responsible for follow up and support of Action Plan implementation for the first year, after which the NGOs would take over this role. A mid-term external evaluation recommended that FPMT continue to provide assistance to upazilas beyond the first year of Action Plan implementation.

However, NGO interest began to grow in the UIP and in examining potential for working with and through the government program owing to the following:

- The UIP began to build momentum and gain recognition with the successful implementation of Action Plans.
- NGOs continued to participate in Observation-Study Tours.
- On-going discussion between the NGO's, USAID, and TAI are seeking solutions to funding and program design issues.

NGO Collaboration

The current situation with regard to NGO collaboration is as follows:

- FPSTC has agreed to develop and implement follow-on projects with three of the four upazila that made up Group 3, and their staff have already joined FPMT staff on field visits to these upazilas. In October 1990, the staff of FPSTC assumed full responsibility for activities in one upazila.
- Pathfinder has shown interest in taking over more Upazilas.
- The Bangladesh Family Planning Association (BFPA) has agreed to develop projects with the three upazilas that made up Group 5.
- The Asia Foundation has agreed to take responsibility for a number of upazilas, but is awaiting approval and funding support.

Although the plan to involve NGOs has encountered obstacles, the UIP still promotes a major role for them, as part of the long term sustainability of the process of operationalizing decentralization. Efforts are underway to consider ways of developing a mechanism to expedite NGO involvement in the UIP.

G. Supporting Activities

The UIP undertakes activities other than regular monitoring. Such activities enhance the quality of the upazila level projects and helping to sustain them over time. The project budget is flexible in order to allow such activities to be planned and implemented whenever an appropriate activity is identified.

Fourteen different support activities have been conducted. These range from workshops, high level visits, special Observation-Study Tours, and management support to the Directorate of Family Planning:

Workshops

■ In August 1989, a workshop of the district level and central level participants who had attended groups 1-6. The workshop brought together the high level (rather than the upazila level) participants from the first six groups. Participants addressed the broad question of concepts they had observed in Indonesia that might be useful to apply to the Bangladesh family planning program. The major recommendation from this workshop was to establish a national-level village family planning volunteer program. Subsequently, this idea was incorporated in the national policy guidelines for the next five-year plan.

■ In August 1989 and September 1990, the DPF and FPMT organized two workshops for upazila participants from Groups 2-3 and 4-6. The purpose of the workshops was to exchange information on Action Plan implementation, to begin to answer such basic questions as the appropriate ratio of volunteers to eligible couples and volunteer gender, and to find ways in which the better performing upazilas could motivate the less successful ones.

High Level Visits

■ In July 1990, Dr. Haryono Suyono, the Chairman of BKKBN, and two of his high-level staff visited Bangladesh under the auspices of the UIP. While in Dhaka, they held a series of meetings with the Minister, the Secretary, and other officials from the MOH&FW and the DFP. They also met with the President of Bangladesh, to whom Dr. Haryono carried a message from the President of Indonesia. The team visited two of the project upazilas to observe and assess the implementation of the Action Plans; they also visited another USAID-supported field activity.

■ In March 1988 and February 1990, high level teams of Ministry and Directorate officials visited Indonesia to observe part of an OST and to discuss the program with BKKBN officials.

■ In December 1989, a team of BKKBN central and provincial personnel who had been involved in the implementation of the OSTs visited Bangladesh. The team, led by the Coordinator of BKKBN's International Training Program, visited upazilas participating in the program and other officials who had visited Indonesia, to assess the project's achievements and to explore ideas for improving future OSTs.

Special Observation-Study Tours

■ An abbreviated OST to Indonesia was organized for the 19 Upazila Chairmen who were newly elected in March 1990, and who were replacing Chairmen who had participated in earlier OSTs. The OST helped sustain project momentum in Upazilas under new political administrations.

- In January 1990, there was an OST to four Bangladeshi upazilas whose implementation of their Action Plans had been rated 'very good'. The participants in that study-tour then developed Action Plans which are now being implemented according to the same procedures applied in other project upazilas.

Publications and Videos

- Three issues of a periodic newsletter (July 1989, January 1990, and December 1990) have been distributed to all former participants. The newsletter exchanges information about the project in general and about the implementation of Action Plans in particular, and is designed to help sustain high levels of motivation among the project participants.

- A video of the first group OST has been produced, and is now being widely used.

- A November 1990 publication reports on a survey of religious leaders at the upazila level who had participated in two OSTs, to ascertain their effectiveness in supporting family planning.

Support to the Directorate of Family Planning

- As part of the process of trying to speed up participant nomination, a regularly-updated computerized list of upazila level personnel is being produced.

- A fulltime computer operator is posted in the Directorate to keep track of the personnel MIS developed by TAI which is used by the Directorate in selecting Upazilas for OSTs.

H. Managing the Upazila Initiative Project

The FPMT Office in Dhaka

In order to effectively implement its responsibilities under this project, FPMT established offices in each country. In Bangladesh, both the responsibilities and the office are located, under sub-contract, with the local firm, Technical Assistance Inc. TAI's functions in collaborating with the Directorate and the Ministry on every element of the project include:

- Planning and conducting the briefing and debriefing of participants going on Observation-Study Tours.

- Handling administrative aspects of the OSTs.

- Maintaining communications with Indonesia.

- Funding Action Plans
- Following up and monitoring the implementation of the Action Plans and providing technical assistance to upazila teams in their efforts to implement the Action Plan.
- Implementing the support activities.

The FPMT Office in Indonesia

In Indonesia, the FPMT Project Manager is located in the BKKBN International Training Center. The Project Manager carries out the following functions:

- Assists the ITP in planning and conducting the OSTs.
- Maintains communications between the two countries.
- Oversees monitoring and support activities.

FPMT sub-contracted with BKKBN to conduct the Observation-Study Tours. For the first two years, the project also paid for the rent of an office, until the BKKBN Training Center could be completed. Initially, FPMT paid BKKBN all the costs of each OST. After the first year, FPMT assisted BKKBN in calculating a fair tuition rate to charge each participant.

Management Issues

A project as large and complex as is the UIP invariably faces a variety of management issues which involve:

- The roles of various participating organizations.
- The development of consensus on strategy and operational procedures.
- The establishment of technical support mechanisms to ensure successful implementation.

Key management issues which were faced during the current phase of the UIP include:

Organizational Issues

- The role in the project played by FPMT.
- The role of the major cooperating NGO's.

- The roles in the project of the various government units responsible for Family Planning such as the National Institute for Population Research and Training and the Directorate of Family Planning.

Strategic Issues

- The types of upazilas to be selected.
- The number of central level participants to accompany each group.
- The types of participants to be selected from each upazila.
- Actions to be taken when an Upazilas consistently fails to make progress in implementing its Action Plan.

Technical Issues

- The need for pre-visits to the selected upazilas.
- Monitoring procedures, monitoring systems and the participation of the DFP in regular monitoring activities.
- Provision of technical assistance during monitoring visits.
- Status of cash reimbursements paid to each upazila to help implement the Action Plans.

Operational Issues

- Honoraria payments for government personnel who participated in the briefings and debriefings.
- The payment of financial assistance to project upazilas.
- Approval of the Action Plans.
- Funding of successive Action Plans and increasing coverage in upazilas in additional unions.

Resolution of Management Issues

These issues were progressively resolved owing to the following factors:

- The UIP operated within the government structure and was not considered as a competitor to the government family planning delivery system. The issues did not generate any fundamental conflicts.

■ The UIP performance reporting system was based on the FWA registers. Government workers at field and district level were not threatened by the potential disparity between the results of government and project information systems.

■ Because the UIP worked within the government structure, all successes were attributed to the government system.

■ Two mid-term evaluations, an external one in April 1989, and an internal one in August 1988, were instrumental in providing recommendations for dealing with these and other management issues. These evaluations led to 1) the extension of Action Plan support, 2) the emphasis on sustainability and quality of service, 3) the development of a systematic approach to the assessment of Action Plan Implementation during monitoring visits, and 4) an increase in NGO's involvement in Action Plan support.

These issues having been sufficiently resolved to date, the Government of Bangladesh and USAID/Dhaka have made the decision to ensure the continuation of the project under similar management arrangements. The arrangement is constituted by a partnership between the Government of Bangladesh, an international technical assistance agency, a local private technical assistance firm, and the ITP.

IV. OBJECTIVES AND ACHIEVEMENTS

The achievements of the project are reviewed in light of the UIP's three objectives.

OBJECTIVE 1: Bring upazila family planning program personnel together with elected and community leaders into teams to support family planning activities.

A. Upazila Management Teams

■ **43 Upazila teams** were created through the Observation-Study Tours (OST) to Indonesia and to exemplary Upazilas in Bangladesh, of which 70% were functioning. Four Upazila teams have been prepared on a quarterly basis as planned. The OST proved to be a effective way of transferring the management technology to operationalize decentralization. Although the OSTs to Indonesia are expensive, they are necessary to stimulate interest and to present models of effective local management until effective local management teams becomes the norm and can be used as the model. Under FPMT a special in-country OST was organized as an experiment to examine the possibility of eventually phasing out the International OST.

B. Local Community Management

■ **Communities actively manage their family planning programs** at three levels. The first level is the Upazila teams who participated in the Observation-Study Tours. The second level is at the Union, composed of Union Chairman (elected) family Planning Visitor and community members. The third and most critical level is the unit level composed of Family Welfare Assistant and Volunteers. (See Table Three for a list of management committees at the Upazila, Union and Village level.)

OBJECTIVE 2: Help each team observe how innovative local initiatives to promote family planning were being successfully carried out in the Indonesian family planning program and how community members actually participate in the management of their family planning activities;

C. Involvement of Volunteers and Women

■ **Nearly 3600 volunteers** are working in the 39 Upazilas, 88% of them are women. This represents a dramatic social breakthrough in family planning at the community level with women actively taking leading community roles in family planning. (See Table Four for a list of the number and gender of volunteers by upazila.)

■ **The status of women** has risen in participating unions through their work as volunteers and through the changing role of FWAs from service providers to program managers.

**TABLE THREE: LOCAL MANAGEMENT COMMITTEES ESTABLISHED
IN UIP SITES**

GROUP	UPAZILA	DISTRICT	MANAGEMENT COMMITTEES AT		
			UPAZILA	UNION	VILLAGE
2	GOALUNDA*	RAJBARI	1	1	-
2	KACHUA	BAGERHAT	1	1	5
2	PATGRAM	LALMONIRHAT	1	1	5
2	RAOJAN	CHITTAGONG	1	1	8
3	AKHAURA	BRAHMMANBARIA	1	2	12
3	BARAIGRAM	NATORE	1	1	5
3	NAKLA*	SHERPUR	1	1	-
3	KATHALIA	JHALOKATI	1	2	10
4	BHALUKA	MYMENSINGH	1	1	5
4	FULBARI	DINAJPUR	1	2	6
4	FULTALA	KHULNA	1	2	18
4	CHOUDDOGRAM	COMILLA	1	2	10
5	MOULAVIBAZAR	MOULAVIBAZAR	1	2	12
5	SHALIA	SHUNAMGANJ	1	1	3
5	PARBATIPUR	DINAJPUR	1	2	13
6	BRAHMADPARA	COMILLA	1	1	6
6	PAIKGACHA	KUSTIA	1	1	8
6	LAUHOJANG*	MUNSHIGANJ	1	1	-
6	FULBARI(K)	KHULNA	1	1	6
7	DEBIDWAR	COMILLA	1	1	6
7	KHOKSHA	KUSTIA	1	1	6
7	CHILMARI	KURIGRAM	1	1	7
7	KALKINI	MADARIPUR	1	1	5
8	COMPANIGANJ	SYLHET	1	1	8
8	MADAN	NETROKONA	1	1	6
8	ALAMDANGA	CHUADANGA	1	1	6
8	GANGACHARA	RANGPUR	1	1	6
SP-1	CHATKHIL	NOAKHALI	1	1	9
SP-1	BALAGANJ	SYLHET	1	1	9
SP-1	KENDUA	NETROKONA	1	1	12
SP-1	HAKIMPUR	DINANJPUR	1	1	4
9	SARAIL	BRAHMMANBARIA	1	1	5
9	MADHUKHALI	FARIDPUR	1	1	3
9	CHOUGACHA	JESSORE	1	1	3
9	BOGRA SADAR	BOGRA	1	1	7
10	SHAHRASTI	CHANDPUR	1	1	4
10	TONGIBARI	MUNISHIGANJ	1	1	3
10	DUMRIA	KHULNA	1	1	8
10	KHETLAL	JOYPURHAT	1	1	6
TOTAL			39	46	255

* Non-functional

TABLE FOUR: NUMBER AND SEX OF VOLUNTEERS BY UPAZILA

GROUP	UPAZILA	# OF UNIONS	VOLUNTEERS		
			FEMALE	MALE	TOTAL
2	RAOJAN	1	96		96
2	GOALUNDA	1	11	9	20
2	KACHUA	1	40	78	118
2	PATGRAM	1	15	33	48
3	AKHAURA	2	62		62
3	NAKLA	1	11	12	23
3	KATHALIA	2	88		88
3	BARAIGRAM	1	45		45
4	CHOUDDOGRAM	2	120		120
4	BHALUKA	1	80	36	116
4	FULTALA	2	210		210
4	FULBARI	2	70		70
5	SHALLA	1	60		60
5	MOULAVIBAZAR	2	72	36	108
5	PARBATIPUR	2	89		89
6	BRAHMADPARA	1	60		60
6	LAUHOJANG	1	30		30
6	PAIKGACHA	1	48		48
6	FULBARI (K)	1	18	6	24
7	DEBIDWAR	1	120		120
7	KALKINI	1	50		50
7	KHOKSHA	1	88	22	110
7	CHILMARI	1	82	52	134
8	COMPANIGANJ	1	100		100
8	MADAN	1	72	24	96
8	ALAMDANGA	1	84		84
8	GANGACHARA	1	154		154
9	SARAIL	1	75	25	100
9	MADHUKHALI	1	60	40	100
9	CHOWGACHA	1	54		54
9	BOGRA SADAR	1	250		250
10	SHAHRASTI	1	105	25	130
10	TONGIBARI	1	70		70
10	DUMRIA	1	100		100
10	KHETLAL	1	122		122
SP-1	CHATKHIL	1	61	16	77
SP-1	BALAGANJ	1	90		90
SP-1	KENDUA	1	108		108
SP-1	HAKIMPUR	1	55		55
	TOTAL	46	3125	414	3539

■ FWA has assumed managerial role thereby increasing her overall effectiveness and the effectiveness of the program. A FWA previously carried out I.E.C. activities to for 700. In UIP sites the FWAs now manage volunteer teams who perform these functions more effectively on a more intensive face to face basis of 1 to 35 clients. The FWA now focusses attention on planning and solving problems.

■ **OBJECTIVE 3: Assist teams to supplement the existing family planning activities in their upazila by developing and implementing an Action Plan that would incorporate features of the programs they had seen successfully working in Indonesia.**

D. Management Effectiveness

■ **39 Action Plans developed by the Upazila teams have been approved and are being implemented under the UIP. The TAI monitoring systems which evaluates quality of implementation on six indicators (Activities conducted, knowledge and attitudes, organization, execution, and control) showed effective community management was in place in 70% of these Upazilas.**

• Thirty-nine upazilas are currently monitored by TAI. Of these, 33 have been under implementation for more than three months. The most recent assessment of the Quality of Implementation show the following results: 13 were rated 'very good', 14 'good', and six 'poor'. (The terms 'very good', 'good', and 'poor' operationally mean the urgency for technical assistance to improve effectiveness of local management. 'Very good' means no additional improvements in implementing Action Plan activities are required. 'Good' means additional improvements are necessary. 'Poor' means immediate improvements are required to avoid termination of funding.)

• The management indicator based monitoring system has been instrumental in improving the management capability of the local management teams at Upazila, Union and village level. Results of each monitoring visit are used to determine technical assistance needs, focus community problem affecting performance, and identify program components which need to be strengthened in the next Action Plan.

• Upazilas whose implementation was ranked as 'poor' have received fourth and fifth remedial monitoring visits. They have also been informed that funding will be withdrawn if there is no subsequent improvement in their progress. The proportion rated 'very good' and 'good' has been increasing over time. The expected target that 75 percent of Action Plans would be implemented has been exceeded, since 100 percent of the plans have been approved.

■ **Financial contributions** from the Upazilas have averaged almost 35 % of the FPMT grant. The Upazilas are only required to contribute 10% of the FPMT grant. Twenty-two percent of the Upazilas have matched the contribution by over 50%, in on case as high as 83%. The UIP has created a vested interest in the community in spending funds on family planning activities. Normally the Upazilas are required to allocate 7.5% of their Health and Family Planning and Human Development budget to family planning, but in absence of programs often underspend or fund unproductive activities such as huge rallies, etc. The Action Plans have created a means of using this budget line effectively. (See Table Five for a list of Upazila contributions as a percentage of the FPMT grant.)

■ **Improvements in management effectiveness** have occurred through at the Upazila level in areas of community organization and coordination as the UIP monitoring visits systematically addressed these and other management issues related to Action Plan Implementation.

- Committees at Upazila, Union and Village level have learned how to manage family planning programs. These accomplishments have been most visible at the village level activities in working relations between FWAs and the volunteers.

- The Upazila Family Planning Committee now functions in the UIP sites. Hitherto, family planning was confined to one item on the Regular Upazila committee meeting agenda.

- At the District level, the District Family Planning Coordinating Committees regularly review results of the UIP and encourages Family Planning Officers to replicate the UIP approach in all Upazilas.

- Through the Action Plan budgeting process, support activities such as the satellite clinic system has seen dramatic improvements. The allocation of transport funds for the FWVs in the Action Plans have increased the frequency of holding satellite clinics as well as the overall utilization of this service.

**TABLE FIVE: UPAZILA CONTRIBUTION AS A PERCENTAGE OF FPMT GRANT
(TK.70,00)**

GROUP	UPAZILA	DISTRICT	TOTAL BUDGET (Taka)	UPAZILA CONTRIBUTIO (Taka)	PERCENT OF FPMT GRANT
2	Goalunda	Rajbari	98,500	28,500	40.71%
2	Kachua	Gagerhat	101,000	15,000	21.43%
2	Patgram	Lalmonirhat	110,000	40,000	57.14%
2	Raojan	Chittagong	164,000	7,000	10.00%
3	Akhaura	Brahmmanbaria	98,940	28,940	41.34%
3	Baraigram	Natore	96,000	26,000	37.14%
3	Nakla	Sherpur	82,200	12,200	17.43%
3	Kathalia	Jhalokati	92,200	22,200	31.71%
4	Bhaluka	Mymenshingh	130,000	45,000	64.29%
4	Fulbari (D)	Dinajpur	130,803	10,000	14.29%
4	Fultala	Khulna	121,000	58,000	82.86%
4	Chouddogram	Comilla	108,500	38,500	55.00%
5	Moulavibazar	Moulavibazar	90,480	20,480	29.26%
5	Shalla	Shunamganj	111,870	20,000	28.57%
5	Parbatipur	Dinajpur	92,210	22,210	31.73%
6	Brahmanpara	Comilla	112,200	42,200	60.29%
6	Paikgacha	Khulna	140,000	27,500	39.29%
6	Lauhajong	Munshiganj	99,475	29,475	42.11%
6	Fulbari(K)	Khulna	100,000	22,500	32.14%
7	Debidwar	Comilla	80,000	10,000	14.29%
7	Khoksha	Kustia	100,928	30,928	44.18%
7	Chiinari	Kurigam	104,680	34,680	49.54%
7	Kalkini	Madaripur	87,400	17,400	24.86%
8	Companiganj	Sylhet	101,169	31,169	44.53%
8	Madan	Netrokona	108,850	14,000	20.00%
8	Alamdanga	Chuadanga	103,980	16,218	23.17%
8	Gangachara	Rangpur	105,000	35,000	50.00%
SP1	Chatkhil	Noakhali	82,125	12,125	17.32%
SP1	Balaganj	Sylhet	99,000	29,000	41.43%
SP1	Kendua	Netrokona	95,764	25,764	36.81%
SP1	Hakimpur	Dinajpur	87,652	17,652	25.22%
9	Sarail	Brahmmanbaria	108,965	38,600	55.14%
9	Madhukhali	Faridpur	110,400	10,000	14.29%
9	Chougacha	Jessore	85,825	15,825	22.61%
9	Bogra Sadar	Bogra	142,650	72,650	103.79%
10	Shahrasti	Chandpur	91,390	11,000	15.71%
10	Tongibari *	Munshiganj	87,150		
10	Dumuria *	Khulna	96,410		
10	Khetlal *	Joypurhat	80,974		
AVERAGE PERCENT CONTRIBUTION					37.21%

* Contribution still undeposited by December 31, 1990

Other Key Achievements

There are several key achievements which were not part of the project objectives per se but are key to understanding the success of the project and the reasons for the high level of interest it has garnered:

E. Institutionalization of Decentralization

- **12 Upazila Chairman and 6 District Commissioners** have taken steps to generalize the approach to decentralization and active community management of family planning programs throughout their Upazilas and throughout the entire District.
- Upazila Chairmen not satisfied with only one union undertook on their own initiative (with no UIP resources) to improve the quality of family planning activities in non-UIP unions.
- In some instances, they acted to improved meetings, place greater emphasis on target achievement, or encourage union level personnel.
- In other instances, the Upazila Chairmen have established committees and volunteers, similar to the structure they had observed in the UIP supported union. One of the most innovative projects beyond the UIP area has been started in Kalkini Upazila, where the Chairman has assigned each government official, teacher, and other upazila 'leader' a specific area, each having 25 eligible couples, in which they are charged with motivating and recruiting family planning acceptors.
- Twelve district level participants in groups 3-10 on their own initiative established special family planning activities in their districts. In some cases these activities were designed to cover all the upazilas in their district, in other cases, a single upazila. For example, the Comilla Deputy Commissioner selected one upazila - Chandina - in which he reactivated dormant union and village family planning committees and assigned targets to each committee. He now monitors the achievement of these targets. (Table Six contains a descriptive list of some of the activities stimulated by the UIP but occurring outside the formal project areas and going beyond the formal project objectives.)

**TABLE SIX: FAMILY PLANNING ACTIVITIES INITIATED
BEYOND THE UIP PROJECT AREA**

Upazila Level

Chairmen in a number of upazilas undertook the following actions in areas that were not covered by the UIP:

Patgram	The Chairman conducts monthly meetings of the upazila FP committee. He has assigned the Union Parishad Chairmen and members to supervise and monitor FP activities in their own areas.
Kathalia	The Upazila Chairman reactivated all the management committees of all unions and assigned all members to supervise FP activities. The Chairman frequently attends the monthly meetings of union FP committees.
Baraigram	The Upazila Chairman reactivated all the management committees of all unions and assigned all members to supervise FP activities. The Chairman frequently attends the monthly meetings of union FP committees.
Bhaluka	The Upazila Chairman assigned the Union Parishad Chairmen and members to supervise and monitor FP activities in their own area. He attends union FP committee meetings and shares experiences of the Action Plan implementation in the project area.
Chouddogram	The Upazila Chairman attended an EPI meeting at a local high school and discussed the FP activities being carried out in the project area.
Fultala	The Chairman assigned selected upazila level officials to supervise and monitor FP activities in one union. He also established rewards for FP workers.
Parbatipur	The Upazila Chairman reactivated all the management committees of all unions and assigned all members to supervise the FP activities. He attends the monthly meetings of union FP committees.
Paikgacha	The Upazila Chairman assigned upazila level officials and Union Parishad Chairmen and members within a particular union or area to supervise and monitor FP activities. He announced that additional development funds from the Upazila Parishad money would be granted to unions that performed well. He established a reward program for FP workers.
Brahmanpara	The Upazila Chairman assigned upazila level officials in a particular union to supervise and monitor FP activities. He established a reward program for FP workers.
Kalkini	The Chairman has divided the entire upazila into units of 25 ELCOs, and has assigned each unit to a government, semi-government, or non-government official. Each official is now responsible for motivating and recruiting FP acceptors among the ELCOs assigned to them.
Bogra Sadar	The Upazila Chairman reactivated all the management committees of all unions and assigned all members to supervise the FP activities. He attends the monthly meetings of union FP committees.
Chougacha	The Upazila Chairman reactivated all the management committees of all unions and assigned all members to supervise the FP activities. He attends the monthly meetings of union FP committees.

District Level

A number of District Commissioners (DCs) who participated in an OST independently undertook activities to promote family planning in their districts upon returning from Indonesia. These include:

Rajshahi	In each of the 10 upazilas that make up the district, a family planning project was established in a selected union. The projects are similar to the UIP projects, being based on the use of volunteers and management committees. Funds were provided by the District Council.
Dinajpur	The DC frequently visits the three UIP upazilas (Hakimpur, Parbatipur, and Fulbari) to encourage/motivate them. He also holds monthly FP meeting with all Upazila and Union Parishad Chairmen of the district.
Comilla	At the DC's initiative, the dormant management committees at upazila and union level were reactivated. In one upazila, Chandina, village committees were also established, and their members were assigned to achieve specified targets.
Noakhali	The DC initiated a UIP-type project in Chatkhil Upazila; this upazila was later included with the in-Bangladesh OST, and its support taken over by FPMT.
Bagerhat	The DC frequently visits and attends meetings in the UIP upazila in his district. He has assigned to other district-level officials responsibility for FP in one upazila.
Barisal	The DC reactivated management committees at all levels. He set a CPR target of 70 percent for the district, and he follows up progress in achieving this target at district meetings. He formed a supervision and monitoring cell for the Sadar Upazila.

F. Family Planning Program Performance

■ **Monthly CPR from 33 Upazilas show a median increase of 31% over a period of 20 months of Project activity.** Contraceptive Prevalence Rate figures indicate that the program performance is improving at a much faster rate in Unions with Action Plans underway than in Unions without Action Plans and community involvement. In the 33 Upazilas the median baseline CPR was 38% and the last CPR is 54%. The median increase is 17 points or 31%.

Table Seven shows the initial CPR for each upazila, based upon the number of eligible couples practicing family planning before the project started. It also shows the same measure for the most recent period in which data were collected. Because the number of elapsing months varies considerably, an annual rate of increase in the CPR cannot be calculated. However, if upazilas with fewer than six months of project experience are excluded from the calculations, the increase in the CPR ranges from a high of 82 percent in Khoksha (over eight months) to a low of seven percent in Nakla (over 14 months).

These rates of increase compare favorably with a national average over the past three years of two percent annually. Although these figures need to be verified by an acceptable survey methodology, the current information suggests that the UIP's approach to decentralization where implemented is having an effect on the overall performance of the family planning program.

TABLE SEVEN: CHANGES IN CONTRACEPTIVE PREVALENCE RATE DURING ACTION PLAN IMPLEMENTATION

	Group	Upazila	Initial CPR Status			Final CPR Status			CPR Point Increase	%Increase CPR	No. of Months
			Eligible Couples	Acceptors	CPR	Eligible Couples	Acceptors	CPR			
1	7	Khoksha	4,167	368	8.8%	4,320	2,147	49.7%	41	82.2%	8
2	6	Bramman para	2,565	383	14.9%	2,709	1,480	54.6%	40	72.7%	17
3	3	Kathalia	1,146	183	16.0%	1,146	630	55.0%	39	71.0%	16
4	4	Bhaluka	4,853	2,377	49.0%	4,874	3,855	79.1%	30	38.1%	14
5	4	Fultala	4,270	1,899	44.5%	4,529	3,238	71.5%	27	37.8%	17
6	5	Shalla	3,009	666	22.1%	3,014	1,471	48.8%	27	54.6%	20
7	5	Moulavibazar	2,796	657	23.5%	2,958	1,456	49.2%	26	52.3%	12
8	3	Akhaura	890	317	35.6%	920	548	59.6%	24	40.2%	17
9	3	Kathalia	2,204	833	37.8%	2,232	1,348	60.4%	23	37.4%	7
10	6	Lauhajang	1,522	470	30.9%	1,633	862	52.8%	22	41.5%	13
11	2	Raojan	2,310	647	28.0%	2,725	1,283	47.1%	19	40.5%	17
12	SP-1	Kendua	3,174	985	31.0%	3,198	1,583	49.5%	18	37.3%	3
13	7	Debidwar	3,551	1,149	32.4%	3,869	1,950	50.4%	18	35.8%	11
14	4	Chuddogram	2,161	571	26.4%	2,289	1,017	44.4%	18	40.5%	19
15	7	Kalkini	2,414	834	34.5%	2,421	1,272	52.5%	18	34.2%	7
16	4	Fultala (2)	3,600	1,656	46.0%	3,476	2,222	63.9%	18	28.0%	7
17	6	Fulbari (K)	4,167	1,553	37.3%	4,625	2,519	54.5%	17	31.6%	15
18	5	Parbatipur	3,926	1,327	33.8%	4,042	2,030	50.2%	16	32.7%	12
19	4	Fulbari (D)	1,344	649	48.3%	1,450	936	64.6%	16	25.2%	18
20	2	Akhura (2)	3,106	1,226	39.5%	3,284	1,807	55.0%	16	28.3%	3
21	6	Paikgacha	5,713	2,571	45.0%	5,840	3,322	56.9%	12	20.9%	12
22	SP-1	Chatkhil	2,924	908	31.1%	3,043	1,286	42.3%	11	26.5%	6
23	2	Patgram	1,168	524	44.9%	1,207	657	54.4%	10	17.6%	19
24	3	Baraigram	1,143	613	53.6%	1,267	798	63.0%	9	14.8%	20
25	2	Kachua	2,204	1,221	55.4%	2,305	1,462	63.4%	8	12.7%	19
26	2	Goalando	2,428	954	39.3%	2,505	1,182	47.2%	8	16.7%	15
27	SP-1	Balaganj	3,234	555	17.2%	3,239	808	24.9%	8	31.2%	3
28	8	Alamdanga	4,449	2,413	54.2%	4,493	2,731	60.8%	7	10.8%	4
29	3	Kathalia	2,136	1,184	55.4%	2,144	1,317	61.4%	6	9.8%	7
30	SP-1	Hakimpur	2,701	1,463	54.2%	2,797	1,660	59.3%	5	8.7%	3
31	3	Akhura	3,140	1,257	40.0%	3,442	1,477	42.9%	3	6.7%	3
32	3	Nakla	592	197	33.3%	626	224	35.8%	3	7.0%	14
33	8	Madan	2,633	1,169	44.4%	2,644	1,201	45.4%	1	2.3%	2
34	4	Chuddogram (2)	3,052	1,249	40.9%	3,061	1,274	41.6%	1	1.7%	1

G. Linkages with Income Generating Activities

- While they are visiting Indonesia, the OST participants have the opportunity to observe some of the income-generating projects that BKKBN has established for its volunteers and family planning acceptors. An important characteristic of these projects is their linkage with other government and non-government agencies, who supplement the expertise of BKKBN in certain economic areas.
- In implementing their Action Plans, a few of the upazila teams have been able to incorporate income-generating activities for their volunteers. However, for the past year, a more substantial activity has been initiated to assist some of the UIP upazilas in providing additional funds for its volunteers.
- A USAID-supported project, under the auspices of the Bangladesh Agriculture Research Council, provides training, seeds, fertilizer, and other supplies and equipment to enable project volunteers to establish kitchen gardens on their own land. Once these gardens prove their effectiveness, each volunteer expands the same concept to four other acceptors in her area. This project is now operating in three UIP upazilas, and it will be expanded to 27 more over the next few years. In addition, discussions have begun with a fish culture project to establish a similar linkage.

V. FUTURE ACTIVITIES AND SUSTAINABILITY

A. Preparing for Phase II of the UIP

The five-year follow-on project to be carried out under the Family Planning Management Development Project (FPMD) has been designed to ensure that project activities would continue after FPMT's termination, given the realization that NGOs could not assume the responsibility for assisting upazilas in the implementation of their Action Plans. Both the Bangladesh government and USAID (as well as other donors) had shown interest not only in sustaining activities where they had already begun, but also in extending the project to additional upazilas.

The follow-on project will differ from the original in three major ways:

- A major component of the new project will be OSTs to local sites in Bangladesh where upazilas have implemented successful programs.
- The major part of project management will be carried out by Bangladeshis, with FPMD/Boston providing technical support.
- The new UIP will directly address the long term issue of financial sustainability by expecting a progressively greater share of the Action Plan budgets to be borne by the communities.

In planning for the future, the follow-on project will build on several activities carried out during the first stage of the project just completed:

- Meetings were held with NGOs, resulting in a growing commitment on their part to assume support of UIP generated activities.
- The central and district level workshop recommended the establishment of a national program built upon this project.
- FPMT met with other donors, who also indicated an interest in supporting a continuation of project activities.
- The Directorate of Family Planning requested FPMT to assist in planning a national volunteer based program.
- Partly because of the success of this project, the concept of volunteerism was incorporated into the *Policy Guidelines for Health and Family Planning* of the Fourth Five-Year Plan.

- To ensure program continuity in the upazilas, FPMT was authorized to provide assistance for second-year project implementation in two unions in upazilas which had completed their first year Action Plan prior to the end of the first phase of the UIP.

- FPMT assisted US AID/Dhaka and the MOH&FW in preparing the design of a five-year follow-on project based on the national plan. This design formed the basis for Scope of Work for the second phase of the UIP.

B. Sustainability

During this period, issues of short, medium and long-term sustainability were raised.

Short-term issues

- Funding for upazila activities during the critical start-up time. To avoid the abrupt termination of support after the process of decentralization gets underway, FPMT was authorized to fund several consecutive Action Plans in a Union and to expand to a second Union in Upazilas which receive very good or good ratings.

- The need for upazilas to think of how to continue activities following the withdrawal of external financial and technical assistance. When developing the budgets for their Action Plans, upazila teams were reminded to think of the entire upazila (rather than the first year project area of a single union within an upazila), as the true project area. They were advised to develop the Union Action Plan budget in light of implications for Action Plans in all Unions.

Mid-term issues of sustainability

- Developing in-country OST capability.

- Expanding the number of projects located within each upazila, as the number of participating upazilas grows.

- Initiating a gradual phase down of external support for each succeeding Action Plan while the upazila increase its contribution.

Long term issues of sustainability

- Ensuring the viability of partnership between elected officials, family planning officers and community members, the model on which the UIP is based.

- Maintaining active community participation in local family planning program management.

- Maintaining upazila's allocations of significant percentages of their budget to support well focused family planning initiatives.
- Ensuring that the UIP model decentralization has a positive effect on the performance of the family planning program.

VI. CONCLUSIONS

A. Lessons Learned

The three years of the Upazila Initiative Project have generated important learnings for the improvement of management effectiveness in many countries in which decentralization is being promoted as a mechanism for improving program performance. The key learning emerging from the experience of operationalizing decentralization during this period is that effective decentralization is a result of the synergy between:

- **Increasing local political commitment.** District, Upazila and Union political leaders share a common frame of reference and goals, and are actively involved in the planning and implementation of family planning programs working as a team in the development of Action Plans. They all have a vested interest in the success of the Action Plan.
- **Promoting active community participation in program management.** The project has fostered active management as the foundation for community involvement. It has revived dormant family planning committee at the Upazila level and created new committees at the village level where FWA and volunteers have a voice and choice in how to run their program.
- **Introducing effective simple management tools.** The project has inculcated modern techniques of planning, program monitoring and evaluation at the community level. The monitoring system continually address issues of community organization and coordination and other management concerns which are key to carry out the Action Plans. The project has introduced simple management information tools such as ELCO Mapping to enhance performance of FWAs and volunteers. The ELCO Map provides easily understandable information on villagers for which the volunteer is responsible enabling the volunteer to better manage her work.

Other lessons which emerged from this period reinforced some of the assumptions which underlay the UIP.

- **Management effectiveness can be learned through carefully planned study of more advanced family planning programs.** Observation-Study Tours are successful mechanisms for transferring attitudes, techniques, and skills in managing family planning program at the local level.
- **Decentralization requires ownership of the changes in management structure at the central, district and local levels.** Central and district level officials need to reinforce local level management practices. Such support gives the principle of decentralization credibility and local managers confidence that their efforts will be taken seriously and respected. At the local level, the community must demonstrate substantive commitment to the decentralization process by financing their own activities.

■ **Follow-up monitoring and supportive technical assistance are critical in making new management structures work.** Systematic evaluation of the quality of local management practices and the provision of technical assistance to help local management teams solve problems in implementation is necessary to ensure success in decentralization and thereby avoid frustration, disappointment and ultimate discredit of the process.

■ **Local management teams can be a source of creative, innovative strategies which have rapid impact on program performance.** Local management teams need to find their own solutions to local problems in order to give substance to efforts to improve program performance.

B. Recommendations for the Second Phase of the UIP

The new Upazila Initiative Project will coincide with the start of FPMD, the successor to FPMT. It will further the thrust of the first UIP but will incorporate several of the midterm evaluation recommendations: to ensure sustainability and impact Action Plans it will be funded for five years; project activities will expand each year for increased coverage; and 25 percent of the 120 upazila teams will visit successful first-generation upazilas within Bangladesh rather than traveling to Indonesia.

Given the success and experience to date, FPMT proposes the following measures to ensure continued UIP success:

■ **Renew the subcontract with TAI, continuing the successful collaborative effort between the contractor and the Government of Bangladesh in providing administrative support and technical assistance follow-up.**

■ **Continue strengthening the monitoring and evaluation system and include indicators of impact including quality of care and sustainability.**

■ **Provide additional technical assistance by adding a senior Bangladeshi staff member to TAI to deal with the related issues of organizational development, quality of care, and program sustainability. The resident advisor and local subcontractor will be supported by technical experts from FPMD headquarters.**

■ **Renew the collaborative relationship with Indonesia, to ensure that the Observation-Study Tour continues to meet the needs of Bangladeshi decentralization. This will involve an expanded role for ITP in evaluating and providing support to Action Plan implementation.**

ANNEX A

Upazilas and Participants: Group 1-10 and SP-1

Name	Position
Group 1	
1. Mr. Md. Najmul Haq	Director (Research) NIPORT
FATIKCHARI UPAZILA, CHITTAGONG	
2. Mr. Mujibul Haque Chowdhury	Upazila Chairman
3. Mr. Mk. Solaiman	UFPO
4. Dr. Md. Ismail	MO/MCH
CHARGAT UPAZILA, RAJSHAHI	
5. Mr. Abdur Rasid	Upazila Chairman
6. Mr. Aminul Islam	UFPO
7. Dr. Chinmoy Kanti Das	MO/MCH
8. Mr. Habludin	Union Parishad Chairman
BHOLA SADAR UPAZILA, BHOLA	
9. Mr. Maqsudur Rahman	Upazila Chairman
10. Mr. M.A. Momin	UFPO
11. Dr. Arun Chandra Bhowmik	MO/MCH
BHANDARIA UPAZILA, PIROJPUR	
12. Mr. Monirul Haq	Upazila Chairman
13. Mr. Delwar Hussain	UFPO
14. Dr. Kamrul Ahsan	MO/MCH
15. Mr. Belayet Hussain	Union Parishad Chairman
OTHER	
16. Mr. Abdus Sobur	Union Parishad Chairman, Raojan
17. Mrs. Sakina Chowdhury	NGO Leader, Chittagong
18. Mrs. Mazida Haq Chowdhury	NGO Leader, Dinapur
19. Mr. A.M. Abdul Jabbar	Deputy Secretary, MOH&FP

Group 2

1. Mr. Md. Akhteruzzaman Khan Director, IEM (Team Leader)

GOALUNDA UPAZILA, RAJBARI

2. Mr. Fakir Abdul Jabbar Upazila Chairman
3. Mr. Wahiduzzaman UFPO
4. Dr. Sohel Alli MO/MCH

RAOZAN UPAZILA, CHITTAGONG

5. Mr. Md. Abdullah Upazila Chairman
6. Mr. Mohammed Faruque UFPO
7. Dr. Mamunur Rachman MO/MCH

KACHUA UPAZILA, BAGHERHAT

8. Mr. Sheik Ayub Ali UFPO
9. Dr. Golam Mustafa MO/MCH

PATGRAM UPAZILA, LALMONIRHAT

10. Mr. Hakim Ahmed Rouf Upazila Chairman
11. Mr. Md. Murtaza Ali UFPO
12. Dr. AKM Jahid Hussain Lashker MO/MCH

OTHER

13. Mr. A.Z. Shamsuddin Fakir DDFP, Kishoreganj
14. Mr. Moh. Taher Jamil DDFP, Dinajpur
15. Mr. Emdadul Haque Biswas Upazila Chairman, Rajbari
16. Mr. Shahjahan Chowdhury Upazila Chairman, Cox's Bazar Sadar
17. Mr. Azizur Rahman Upazila Chairman, Hakimpur
18. Ms. Noor Begum NGO Leader, Chittagong
19. Mr. Abdul Kalam Assistant Chief, Planning, FP Wing, MOH&FP
20. Dr. Muhammad Abdus Sabur APS to Minister for Health & FP

Group 3

1. Mr. Mahe Alam Director General, NIPORT (Team Leader)

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AKHAURA UPAZILA, BRAHMANBARIA

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|----------------------------|------------------|
| 2. Mr. Mahbbob Alam Bhuiya | Upazila Chairman |
| 3. Mr. S.M. Anwar Hussain | UFPO |
| 4. Dr. M.D. Shamsul Alam | MO/MCH |

BARAIGRAM UPAZILA, NATORE

- | | |
|--------------------------|------------------|
| 5. Mr. Abdul Bari | Upazila Chairman |
| 6. Mr. Md. Majedul Islam | UFPO |
| 7. Dr. Md. Shajahan Ali | MO/MCH |

NAKLA UPAZILA, SHERPUR

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| 8. Mr. Mahbud Ali Chowdhury | Upazila Chairman |
| 9. Mr. Md. Amjad Hossain | UFPO |
| 10. Dr. AFM Rafiqul Alam | MO/MCH |

KATHALIA UPAZILA, JHALAKATHI

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| 11. Mr. Moti Mia Jamadar | Upazila Chairman |
| 12. Mr. Shahjahan Howladar | UFPO |

OTHER

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| 13. Mr. MA Mannan | DC, Chittagong |
| 14. Dr. ASM Kamal | DDFP, Rangpur |
| 15. Mr. Abu Md. Idris | DDFP, Brahmanbaria |
| 16. Mr. Shafayet Ahmed Khan | Upazila Chairman, Kendua |
| 17. Mrs. Rokeya Begum | NGO Leader, Brahmanbaria |
| 18. Mrs. Alema Khatoon | MGO Leader, Natore |
| 19. Dr. ATM Fazlur Rahman Khan | Deputy Director (MCH) |
| 20. Mr. Majibur Rahman | Assistant Chief, Planning Commission |
| 21. Mr. Matiur Rahman | Deputy Secretary, MOH&FP |

Group 4

BHALUKA UPAZILA, MYMENSING

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|---------------------------------|---------------------------|
| 2. Mr. Md. Zulhasuddin Talukder | Upazila Chairman |
| 3. Mr. Ziauddin Ahmed Shan | UFPO |
| 4. Mr. Md. Abul Kalam Azad | MO/MCH |
| 5. Mr. Md. Abdul Kader Sarker | Upazila Parishad Chairman |

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CHODDOGRAM UPAZILA, COMILA

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| 6. Mr. Ali Ahmed | Upazila Chairman |
| 7. Mr. Hassan A. Rahman Siddique | UFPO |
| 8. Mr. Abdus Satter | MO/MCH |

FULBARI UPZILA, DINAJPUR

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|------------------------------|---------------------------|
| 9. Mr. Shamsuddin Ahmed | Upazila Chairman |
| 10. Mr. AKM Noor Hossain | UFPO |
| 11. Md. Shahid Anwer | MO/MCH |
| 12. Mr. Rabindra Nath Sarker | Upazila Parishad Chairman |

FULTALA UPAZILA, KHULNA

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| 13. Mr. Sh. Akram Hossain | Upazila Chairman |
| 14. Mr. Zearul Islam | UFPO |
| 15. Mr. SM Golam Mustafa | MO/MCH |
| 16. Mr. Firoz Jamader | Upazila Parishad Chairman |

OTHER

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| 17. Mr. ASM Mobaidul Islam | DC, Tangail |
| 18. Mr. Abdul Karim | DDFP, Naogaon |
| 19. Mr. Md. Aulad Hossain | Upazila Chairman, Sreenagar |
| 20. Mr. Md. Bazlur Rahman | Upazila Parishad Chairman |
| 21. Mr. Omar Faruque | Upazila Chairman, Belkuchi |
| 22. Mr. Rabiul Alam | Upazila Chairman, Jessore |
| 23. Mr. Ganendra Chandra Das | Upazila Parishad Chairman, Shalla |
| 24. Mr. Kh. Aatur Rahman | Chief Engineer, Const. & Management Unit |

Group 5

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| 1. Mr. Md. Emdad Hossain | Deputy Secretary, MOH&FP (Team Leader) |
| 2. Mr. Md. Khalidur Rahman | Upazila Chairman |
| 3. Mr. Md. Abdus Samas Sikder | UFPO |
| 4. Dr. Syed Akhtar Hossain | MO/MCH |
| 5. Mrs. Hosne Ara Wahid | NGO Leader |

PARBATIPUR UPAZILA, DINAJPUR

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| 6. Mr. Md. Torazzal Hossain | Upazila Chairman |
| 7. Mr. Md. Taufiqur Rahman | UFPO |

8. Dr. Md. Younus Ali MO/MCH
9. Mrs. Shefaun Nessa Teacher

SHALLA UPAZILA, SUNAMGONJ

10. Mr. Md. Kalia Mia Chowdbury Upazila Chairman
11. Mr. Md. Hasan Imam UFPO
12. Dr. Md. Masud Karim MO/MCH

OTHER

13. Mr. Md. Sayefuddin DC, Barisal
14. Mr. Serajul Islam DC, Rajshahi
15. Mr. KH. Shahidul Islam DC, Noakhali
16. Mr. Md. Jamshed Ali DDFP, Panchghar
17. Mr. A.H.M. Abdul Hai DDFP, Dhaka
18. Dr. Ali Ashaf MO/MCH, Chitalmari
19. Mrs. Anju Monowara Begum Assistant Secretary, MOH&FP

Group 6

1. Mr. Md. Sakhawat Hussain DC, Dinajpur (Team Leader)

BRAHMANPARA UPAZILA, COMILLA

2. Mr. Shamsul Alam Upazila Chairman
3. Mr. Md. Hanif UFPO
4. Dr. Md. Joynal Abedin MO/MCH
5. Mr. Maulana Md. Abbasuddin Religious Leader

PHILBARI UPAZILA, KURIGRAM

6. Mr. Md. Shahadat Hussain Upazila Chairman
7. Mr. Fazlur Rahman Sarker UFPO
8. Dr. Barun Chandra Saha MO/MCH
9. Mr. Maulana Md. Ayub Ali Religious Leader

PAIKGACHA UPAZILA, KHULNA

10. Mr. S.M. Babar Ali Upazila Chairman
11. Mr. Md. Serajul Islam UFPO
12. Dr. Moral Eyakub Ali MO/MCH
13. Mr. Moulana Md. Saifullah Religious Leader

LAUHAJANG UPAZILA, MUNSHIGANJ

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| 14. Mr. Serajul Alam | Upazila Chairman |
| 15. Mr. Md. Abdul Khaleque Mia | UFPO |
| 16. Dr. Rezaul Karim | MO/MCH |
| 17. Mr. Abul Khair Md. Mohiuddin | Religious Leader |

OTHER

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|------------------------------|------------------------------|
| 18. Mr. Md. Giasuddin Ahmed | DC, Sirajganj |
| 19. Mr. Md. Absar Ali Mollah | DDFP, Chittangong |
| 20. Mr. Md. Giasuddin | DDFP, Bogra |
| 21. Mr. Ali Ahmed | DDFP, Jhalakathi |
| 22. Mr. Md. Mobarak Hossain | Assistant Chief, MOH&FP |
| 23. Dr. Moshiur Rahman | MO (CC/MCH), Jessore |
| 24. Mr. Md. Baharul Islam | Deputy Prime Minister/MOH&FP |

Group 7

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| 1. Mr. Md. Hedayetul Islam Chowdhury | DC, Habiganj (Team Leader) |
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CHILMARI UPAZILA, KURIGRAM

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| 2. Mr. Md. Showkat Ali Sarker | Upazila Chairman |
| 3. Mr. A.K. Masud | UFPO |
| 4. Dr. Shamsuddoha | MO/MCH |
| 5. Moulavi Abdul Jabbar Mondal | Religious Leader |

DEBIDWAR UPAZILA, COMILLA

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| 6. Mr. Abdul Bashir Bhuiyan | Upazila Chairman |
| 7. Mr. Taher Jamil | UFPO |
| 8. Dr. Tofayel Ahmed | MO/MCH |
| 9. Moulavi Maniruzzaman Mahji | Religious Leader |

KALKINI UPAZILA, MADARIPUR

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| 10. Mr. Habibur Rahman Azad | Upazila Chairman |
| 11. Mr. Talukder Umar Ali | UFPO |
| 12. Dr. Md. Syedur Rahman | MO/MCH |
| 13. Mowlana Mansur Ahmed | Religious Leader |

KHOKSA UPAZILA, KUSHITIA

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| 14. Mr. Syed Amzad Ali | Upazila Chairman |
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| 15. Mirza A.H.E. Bari Faruque | UFPO |
| 16. Dr. A.H.M. Zulfiger Hyder | MO/MCH |
| 17. Mowlana Md. Mehboobur Rahman | Religious Leader |

OTHER

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| 18. Mr. Golam Mowla | DC, Pirojpur |
| 19. Mr. Nazrul Islam Mridha | DFP, Mymensingh |
| 20. Dr. Nurul Islam Talukder | MO/MCH |
| 21. Mr. Md. Ishaque | UFPO, Jessore Sadar |
| 22. Ms. Fateha Banu | Population Communication Officer, FP
Directorate |
| 23. Mr. Md. Nazrul Islam | Admin Officer, Mohammadpur Fertility
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| 24. Ms. Raushon Rabbani Hussain | Program Officer, FPSTC |

Group SP-1

HAKIMPUR UPAZILA, DINJPUR

- | | |
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| 1. Mr. Md. Azizur Rahman | Upazila Chairman |
| 2. Mr. Md. Nurul Ambia | UFPO |
| 3. Dr. Md. Dedarul Islam | MO/MCH |
| 4. Mr. Atsaruddin Chowdhury | Union Parishad Chairman |
| 5. Ms. Anowara Akhter Banu | Sr. FWV |

CHATKHIL UPAZILA, NOAKHALI

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| 6. Mr. Shah Alam | Upazila Chairman |
| 7. Mr. Md. Habibur Rahman | UFPO |
| 8. Dr. Debasish Dutta | MO/MCH |
| 9. Mr. Hasan Ahmad | Union Parishad Chairman |
| 10. Dr. Kol. Pada Das | MO/MCH |
| 11. Ms. Monowara Begum | Sr FWV |

KENDUA UPAZILA, NETROKONO

- | | |
|-----------------------------------|-------------------------|
| 12. Mr. Safaet Ahmed Khan | Union Parishad Chairman |
| 13. Mr. Meherun Nessa Siddique | UFPO |
| 14. Dr. Nurul Islam Talukder | MO/MCH |
| 15. Ms. Sayeda Ayesha Siddique | Sr FWV |
| 16. Mr. N.A.M. Jahangir Chowdhury | Union Parishad Chairman |

BALANGANJ UPAZILA, SYLHET

- | | |
|----------------------------------|-------------------------|
| 17. Mr. Abdus Salam | UFPO |
| 18. Dr. Mostaque Ahmad Chowdhury | MO/MCH |
| 19. Ms. Arati Rani Das | Sr FWV |
| 20. Mr. Abdul Hamid | Union Parishad Chairman |

Group 8

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|-------------------------------|----------------------------|
| 1. Mr. Mortuza Hossain Munshi | DC, Bagerhat (Team Leader) |
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COMPANIGONJ UPAZILA, SYLHET

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| 2. Mr. H. Md. Muddaris Ali | Upazila Chairman |
| 3. Mr. Md. Jamshed Ali | UFPO |

MODAN UPAZILA, NETROKONA

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| 4. Mr. Md. Mohiuddin | Upazila Chairman |
| 5. Mr. Md. Abdul Gofur | UFPO |
| 6. Dr. Md. Abdul Khaleque Chakder | MO/MCH |
| 7. Ms. Hena Rani Pal | Sr FWV |

GONGACHARA UPAZILA, RANGPUR

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| 8. Mr. Md. Abdul Mannan | UFPO |
| 9. Dr. Md. Eshanul Haque | MO/MCH |
| 10. Ms. Khadiza Khatun | Sr FWV |

ALAMDANGA UPZILA, CHUADANGA

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|----------------------------|------------------|
| 11. Mr. Maqbuler Rahman | Upazila Chairman |
| 12. Mr. Chitta Ranjan Saha | UFPO |
| 13. Dr. Md. Rafi Uddin | MO/MCH |
| 14. Ms. Nurun Nahar | Sr FWV |

OTHER

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|------------------------------|--------------------------------------|
| 15. Mr. Md. Saidur Rahman | DDFP, Sylhet |
| 16. Mr. M. Tabibur Rahman | DDFP, Pabna |
| 17. Mr. Khondoker Abdus Sami | Assistant Secretary, MOH&FP |
| 18. Mr. Shamsul Alam | Assistant Director, Radio Bangladesh |

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| 19. Mr. Lutfе Tahera | Training Coordinator Population World Vision |
| 20. Prof. Moulana Md. Fariduddin Attar | Khatib, Aminbag Jam-E-Mosque Santinagar, Dhaka |

Group 9

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|---------------------------|------------------------------------|
| 1. Mr. S. Y. Khan Majlish | Deputy Chief, MOH&FP (Team Leader) |
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SARAIL UPAZILA, BRAHMANBARIA

- | | |
|-----------------------------|------------------|
| 2. Mr. Md. Emdadul Hoque | Upazila Chairman |
| 3. Mr. Syed Mohiuddin Ahmed | UFPO |
| 4. Dr. Md. Ismail Faruk | MO/MCH |
| 5. Ms. Fulu Rani Roy | Sr FWV |

MODHUKHALI UPAZILA, FARIDPUR

- | | |
|-----------------------------|------------------|
| 6. Mr. Mahmudun Nabi | Upazila Chairman |
| 7. Mr. Md. Shamsul Alam Mia | UFPO |
| 8. Dr. Md. Akmal Hossain | MO/MCH |
| 9. Ms. Lutfun Nessa Lata | Sr FWV |

BOGRA SADAR UPAZILA, BOGRA

- | | |
|-----------------------------------|------------------|
| 10. Mr. A.H.M. Golam Zakaria Khan | Upazila Chairman |
| 11. Mr. Md. Akbar Ali | UFPO |
| 12. Dr. Shah Md. Shahjahan Ali | MO/MCH |
| 13. Ms. Sakia Khatoon | Sr FWV |

CHOUGACHA UPAZILA, JESSORE

- | | |
|--------------------------|------------------|
| 14. Mr. Atiur Rahman | Upazila Chairman |
| 15. Mr. Rezaul Islam | UFPO |
| 16. Dr. Shah Fazal Elahi | MO/MCH |
| 17. Ms. Nurun Nahar | SrFWV |

OTHER

- | | |
|------------------------------|-------------------------------------|
| 18. Mr. M.N. Nabi | DC, Faridpur |
| 19. Mr. A.B.M. Bazlur Rahman | DDFP, Dhaka |
| 20. Mr. Abdur Rahman | DDFP, Barishal |
| 21. Mr. Quazi Abdur Wadud | AD, FP Directorate |
| 22. Dr. Md. Mahbubur Rahman | Civil Surgeon, Rangpur |
| 23. Mr. Md. Serajul Haqq | Director, LGRD |
| 24. Ms. Rokshana Begum | Deputy Director, Planning Committee |

Group 10

1. Mr. Shaikh Abdur Raschid Deputy Secretary, MOH&FP (Team Leader)

SHAHRASTI UPAZILA, CHANDPUR

2. Mr. Md. Rustam Ali Upazila Chairman
3. Mr. Ibrahim Mohammed Ali UFPO
4. Dr. Bijoy Krishna Saha MO/MCH
5. Mr. Ratan Chandra Chakraborty FPA

TONGIBARI UPAZILA, MUNSHIGANJ

6. Mr. Zuglul Halder (Bhutu) Upazila Chairman
7. Mr. Syed Aliuzzaman UFPO
8. Dr. Narayan Chandra Das MO/MCH
9. Mr. Zainul Abedin FPA

DUMURIA UPAZILA, KHULNA

10. Mr. Md. Farhad Hossain Upazila Chairman
11. Dr. Sukanta Kumar Mazumder MO/MCH
12. Mr. Md. Bazlur Rahman FPA

KHETLAL UPAZILA, JAYPURHAT

13. Mr. Md. Taiful Islam Talukder Upazila Chairman
14. Mr. Md. Golam Mostafa Talukder UFPO
15. Dr. Mohammad Ali MO/MCH
16. Mr. Md. Yakub Ali FPA

OTHER

17. Mr. Md. Hafiz Ahmed DC, Sherpur
18. Mr. Del Mohammed Khan DDFP, Cox's Bazar
19. Mr. Md. Mustafizur Rahman FPA, Fultala
20. Ms. Razia Begum Sr FWV, Gazipur
21. Mr. Mohammed Siddique Deputy Director (Per), FP Directorate
22. Mr. Ali Imam Executive Producer, BTV, Dhaka

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ANNEX B: OBSERVER PARTICIPANTS

1.	Dr. Md. Alauddin	Group 1	Country Representative, Pathfinder Fund
2.	Dr. Fatima Alauddin	Group 1	Director, RDFP
3.	Mrs. Afroz Huda	Group 2	Program Officer, Asia Foundation
4.	Mrs. Louisa Gomes	Group 2	Program Officer, USAID/Dhaka
5.	Mr. Abdur Rouf	Group 3	Chief Executive, FPSTC
6.	Dr. Syed Ahmed	Group 4	Medical Director, BAVS
7.	Mr. Mizanur Raihan	Group 5	Deputy Director, FPAB
8.	Mr. A. Quasem Bhuyan	Group 5	Program Specialist, USAID/Dhaka
9.	Mr. Milon Bikash Paul	Group 7	Deputy Chief Executive, FPSTC
10.	Mr. Mohammed Ali	Group 8	Program Officer, FPMT
11.	Ms. Claudia J. Ford	Group 8	Asia Foundation
12.	Mr. Abul Hussain Sikder	Group 9	Program Officer, FPMT
13.	Mr. A.H. Nowsher Uddin	Group 9	APO, Pathfinder Fund
14.	Mr. Mokarram Hossain Chowdhury	Group 10	Associate Regional Director, FPIA
15.	Mr. Fayez Mohammed Mostaque	Group 10	Assistant Chief Executive, FPSTC

ANNEX C: OBSERVATION-STUDY TOUR PROGRAM: GROUP 9, 8-20 JUNE 1990

**SCHEDULE - GROUP 9
8-25 June, 1990**

DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
WEDNESDAY 6 JUNE			
13:15-13:45	Flight from Singapore to Jakarta		SQ 158
JAKARTA			
13:45-14:30	Collect baggage; change money	S-H Airport	
14:30-15:30	Proceed to hotel and check in		
15:30-16:30	Administrative briefing	Wisata Hotel	
THURSDAY 7 JUNE			
07:00-08:00	Breakfast	Wisata Hotel	provided
08:00-09:00	Proceed to BKKM		
09:00-10:00	Opening Ceremony	BKKM	
10:15-12:30	Technical briefing: Indonesian Gov't Structure		Prof. DR. Santoso
12:30-13:30	Lunch and prayer		provided
13:30-14:30	Technical briefing: Planning		Soenarsono
14:30-15:30	Technical briefing: IEC		Risman Musa
FRIDAY 8 JUNE			
06:00-07:00	Breakfast	Wisata Hotel	provided
07:00-08:00	Proceed to BKKM		
08:00-09:00	Technical briefing: Contraceptive Services	BKKM	Dr. Rihna Asrul Azwar
09:00-10:30	Technical briefing: Community Participation/ Integration		Victor Darmokusumo
10:30-10:45	Coffee break		

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DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
10:45-12:00	Technical briefing: Monitoring and Evaluation		Soegeng Hargono
12:00-13:45	Lunch and Friday prayer		provided
13:45-	Recreation	T.M.I.I.	
19:00-21:00	Reception	Dr. Chaula's house	
SATURDAY 9 JUNE			
06:30-07:30	Proceed to airport	S-H Airport	
08:00-09:00	Jakarta to Palembang		GA 130
PALEMBANG			
A.M	Proceed to the Governor's office		Detailed schedule will be provided on arrival in Palembang.
	Courtesy call on Governor	Governor's office	
	Lunch and prayer		provided
P.M	Provincial orientation, video presentation and discussion	Governor's office	
	Proceed to hotel	King's Hotel	provided
SUNDAY 10 JUNE			
	Recreation		
MONDAY 11 JUNE			
A.M	Breakfast	King's Hotel	provided
	Proceed to village		4 groups
	MMB: PLEB meeting with PPKSD/kaders focused on kader performance and Pesyandu planning	Village	additional translators are needed
	o Observation		
	o Discussion with meeting participants		
	ELCO course and mapping	Village	each group divided into 3 sub-groups
	o Initial description of the process		
	o House to house data gathering.		

DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
	Lunch and prayer		provided
P.M	ELCO census and mapping (cont.) o Consolidation of maps o Discussion on ELCO mapping	Village	
	Village-level data observation	Village	
	Consolidation session: Focus on a) Village-level data as part of information system and b) Introduction to consolidation sessions	Kecamatan Office	One participant will be assigned to make an oral report in each consolidation session
	Return to hotel		
TUESDAY 12 JUNE			
A.M	Breakfast	King's Hotel	provided
	Proceed to kecamatan		4 groups
	Puskesmas o Orientation on role in providing health and fp services for entire Kecamatan o Discussion with Puskesmas staff o Observation of Puskesmas fp activities	Puskesmas	
	PPLKB/PLKB staff meeting: o Observation o Dialogue with meeting participants	Kecamatan Office	
	Proceed to the Bupati's house		3 groups
	Lunch with Bupati and prayer	Bupati's house	provided
P.M	Consolidation session: focus on a) Integration and b) Introduction to topic reports	Kecamatan Office	
	Return to hotel		
WEDNESDAY 13 JUNE			
A.M	Breakfast	King's Hotel	provided
	Proceed to village		4 groups
	Pesyandu o Observation o Discussion with kaders, villagers	Village	

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DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
	Proceed to kecamatan		
	Support activities: observe one of the following:	Kecamatan Office	
	o KB Perusahaan		
	o BKB		
	o UPPKA		
	o Premarital counselling		
	o Floating KB clinic		
	o Other		
	Lunch and prayer		provided
P.M	Consolidation session: focus on a) Community participation and b) Preparation of group topic report	Kecamatan Office	
	Return to Hotel		
THURSDAY 14 JUNE			
A.M	Breakfast and packing	King's Hotel	
	Presentation of group reports to provincial BKKBN staff; feedback	King's Hotel	
	Proceed to Airport	T. Mututu Airport	lunch box provided
P.M	Palembang to Jakarta		GA 135
	Jakarta to Semarang	S-M Airport	NZ 422
	SEMARANG		
	To hotel and check-in	Telemeye Hotel	Detailed schedule will be provided on arrival in Semarang.
FRIDAY 15 JUNE			
A.M	Breakfast	Hotel	provided
	Proceed to Governor's office		
	Courtesy call on Governor		
	Proceed to BKKBN provincial office		

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DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
	Provincial orientation: o How the program operates from the village level up o The changing job of the PLKB o The development of religious support for fp o PKK	BKKBN Office	
	Lunch and Jumat prayer	BKKBN Office	provided
P.M	Proceed to Kabupaten		2 groups
	Courtesy call on Bupati	Bupati's Office	
	Return to hotel		
SATURDAY 16 JUNE			
A.M	Breakfast	Telomoyo Hotel	
	Proceed to Kecamatan		4 groups
	Rakor Kecamatan o Observation o Dialogue with meeting participants	Kecamatan Office	
	Kecamatan-level data observation	Kecamatan Office	
	Peer dialogues o Upazila Chairman with Camat o UFPO with PPLKB o Sr FWV with PKK, bidan o Others with PLKBs	Kecamatan Office	each group divided into 4 sub-groups
	Lunch and prayer		provided
P.M	Return to hotel	Telomoyo Hotel	
	Consolidation session: Begin to prepare ideas for sections I, III, IV of action plan	Telomoyo Hotel	could be held in kecamatan
SUNDAY 17 JUNE			
	Recreation		
MONDAY 18 JUNE			
A.M	Breakfast	Telomoyo Hotel	provided

DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
	Proceed to Desa		4 groups
	Rakor Desa	Village	
	o Observation		
	o Dialogue with meeting participants		
	Village-level data observation	Village	
	Proceed to Pesantren		Alt: A meeting with religious leaders may be held elsewhere, not at a Pesantren
	Pesantren: discussion with local religious leaders	Pesantren	
	Lunch and prayer		provided
P.M	Return to hotel		
	Consolidation session: 2 groups together. Exchange comments on section I, III, IV ideas	Telomoyo Hotel	could be held in kecamatan or kabupaten
TUESDAY 19 JUNE			
A.M	Breakfast	Telomoyo Hotel	provided
	Proceed to village		4 groups
	Puskesmas/PPKDD Meeting	Puskesmas	
	o Observation		
	o Dialogue with meeting participants		
	Safari		
	o Observation		
	o Dialogue		
	Prayer and lunch		provided
P.M	Return to hotel		
	Consolidation session: 2 different groups together. Exchange comments on section I, III, IV ideas	Telomoyo Hotel	2 groups
WEDNESDAY 20 JUNE			
A.M	Breakfast		provided
	Presentation of action plan ideas to provincial BKKD; feedback	Telomoyo Hotel	

DAY/DATE/TIME	PROGRAM ACTIVITIES	LOCATION	REMARKS
	Lunch and prayer		
P.M	Proceed to airport	Achmad Yani Airport	
	To Jakarta		WZ 421
	To Puncak and hotel check-in	Bukit Indah Hotel	
PUNCAK	Introduction to Action Plan		
THURSDAY 21 JUNE	Action Plan Workshop	Bukit Indah Hotel	all meals provided
FRIDAY 22 JUNE	Action Plan Workshop (continued)	Bukit Indah Hotel	all meals provided
SATURDAY 23 JUNE	Action Plan Workshop (continued)	Bukit Indah Hotel	
11:00-13:00	Exchange ideas on AP		
19:00-20:00	Presentation of AP		
20:00-21:00	Closing Ceremony		
SUNDAY 24 JUNE			
07:00-08:00	Breakfast and packing	Bukit Indah Hotel	all meals provided
08:00-16:00	Recreation to Bandung		bus
16:00-20:00	To Jakarta	Wisata Hotel	
MONDAY 25 JUNE			
05:00-06:00	Breakfast and packing	Wisata Hotel	provided
06:00-07:00	Proceed to airport		
08:15-10:45	Departure to Singapore	S-W Airport	SQ 151

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PLAN FOR CONSOLIDATION SESSIONS

South Sumatera

1. Monday, 11 June 1990

Participants divided into four Upazila groups.

Objectives:

- Review and clarify the day's observation.
- Focus discussion on village-level data as part of information system.
- Introduce this plan for consolidation sessions.
- Review the action plan format.

2. Tuesday, 12 June 1990

Participants divided into four Upazila groups.

Objectives:

- Review and clarify the day's observation.
- Focus discussion on integration.
- Introduce this plan to the group topic reports.

3. Wednesday, 13 June 1990

Participants divided into four Upazila groups.

Objectives:

- Review and clarify the day's observation.
- Focus on community participation.
- Each group prepare a report based on one of the following topics: Coordination; Management; Commitment; Community Participation; Integration.

Central Java

4. Saturday, 16 June 1990

Two groups meet together.

Objectives:

- Review and clarify the day's observation.
- Begin to prepare ideas for sections I, III, IV of the action plan.

5. Monday, 18 June 1990

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Two groups meet together.

Objectives:

- Review and clarify the day's observation.
- Each Upazila group presents its ideas/outline for sections I, III, and IV of the action plan to the other group for feedback.
- Each group revises its ideas/outline after receiving feedback.

6. Tuesday, 19 June 1990

Two Upazila groups meet together (exchange groups).

Objectives:

- Each Upazila group presents its ideas/outline for sections I, III, IV of the action plan to the other group for feedback.
- Each group revises and finalizes its ideas/outline after receiving feedback.

NOTE: Action Plan Section

I - Project Area

III - Goal and Objectives

IV - Overall Description of the Project

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AGENDA - DHAKA DEBRIEFING

**AT HOTEL SHERATON
June 27-28, 1990**

June 27, 1990 (Wednesday)

08:30 AM Presentation of Upazila Actions to the Directorate
and Ministry Officials; feedback from them

01:00 PM Lunch Break

02:00 PM to 03:30 PM Presentation and feedback (continued)

June 28, 1990 (Thursday)

08:30 AM Revision of Action Plans

01:00 PM Lunch Break

02:00 PM Instructions for reporting of Action Plan
achievements and financial management

03:00 PM Revision of Action Plans (continued)

04:30 PM Presentation of seed money by Director General of
Family Planning and Closing Ceremony

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ANNEX D: SAMPLE ACTION PLAN: KALKINI UPAZILA

ACTION PLAN

SUKHER SANDHANAY PROKALPA

SHIKERMANGAL

KALKINI UPAZILA

Prepared by :

1. Mr. Habibur Rahman Azad - Chairman Upazila Parishad,
Kalkini
2. Mr. Talukder Umar Ali - UFPO, Kalkini
3. Dr. Md. Syedur Rahman - MO/MCH, Kalkini
4. Mr. Moulana Md.Mansur Ahmed - Community leader, Kalkini
5. Mr. Md. Ishaque - UFPO, Sadar Upazila, Jessore
6. Mr. Nazrul Islam - Administrative Officer, MFSTC,
Dhaka

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UPAZILA : KALKINI
TITLE OF PROJECT : SUKHER SANDHANAY PROKALPA
Sikarmongui
MAILING ADDRESS : The Chairman, Upazila Parishad,
Kalkini, Dist Madaripur, Bangladesh
PERIOD PROJECT : Start date : 1st Dec, 1989
End date : 30th Nov, 1990
BUDGET :
FROM OWN RESOURCES : TAKA 17,400
FROM FPM : TAKA 70,000

TOTAL : TAKA 87,400
AUTHORIZED OFFICIAL : Name : Mr. Habibur Rahman Azzad
Title : Upazila Chairman.

PROJECT SUMMARY

The Kalkini project will be located in Sikermongal Union, a union located near the upazila headquarters. 6.9% of the population of the upazila live in the union. There are 2,293 ELCOs, 29% of whom currently use some form of contraception.

The objectives of the project are to increase to 40% the proportion of the ELCOs accepting FP, to immunize 70% of pregnant mothers and under-2 children, to decrease IMR, and to increase community participation.

The project area will be divided into 50 operational units, or blocks - 10 for each of the FWAs in the union. On average each block will have 44 ELCOs. In each block, one volunteer (preferably female) will be selected. With the approval of the Union FP committee chairman, this volunteer will then select four others; these five will be joined by other local leaders to form a Block Brigade. The Brigade will be the basic unit responsible for motivation of ELCOs in hte block.

The main volunteer will receive three days of training; other brigade members will have a one-day orientation.

The brigades will report monthly to a unit level committee headed by a UP member with the FWA as member-secretary. Volunteers will each be paid TK 100 to attend these meetings. These five committees, in turn, will report to union, then upazila committees.

Eight satellite clinics per month, expanded IEC activities, an Ulema organization which will hold regular meetings, and income generating activities in conjunction with other government departments are other major elements of this project.

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I. PROJECT AREA

The area of proposed project will be Sikermongal Union which consists of thirteen villages under Kalkini Upazila in the district of Madaripur. It is situated about two kilometers to the south east of Kalkini Upazila headquarters, about 28 km south of Madaripur district headquarters, and 270 km south of Dhaka, the capital of Bangladesh. The area is linked with Kalkini upazila road which is connected with the Dhaka-Barishal highway. It has a total population of 16,051, total ELCCs 2,293, of which 671 are currently acceptors. The CPR is 29%.

II. BACKGROUND AND RATIONALE

Kalkini upazila consists of 15 unions, having population of 231,000. The total number of ELCOs is 36,261 and the CPR is 39%. 85% of the total population are muslims. Agriculture is the only means of livelihood; the literacy rate is about 23%. The total area is 281 sq.km.

The family planning program in Bangladesh was launched in the year 1965 to improve the standard of living. But at that time there were no field workers at the village or union level. The motivation and service delivery activities were limited to district and upazila HQ (Thana). In the year 1976, with a view to strengthening the IEM and service delivery at the door step of the ELCOs. 4,500 FPAs and 13,500 FWAs were recruited. But still it could not make much headway because the ELCO : worker ratio was too high, the literacy rate was too low, and women's education and employment was very low. Community involvement was minimum, and religious leaders were not involved in the program. But the situation has changed to a considerable extent. IEM activities have been geared up and the awareness about FP has been raised. In the absence of continuous motivation, supervision, follow-up and service delivery at the door step the contraceptive acceptance rate is only 30%.

Like the conditions prevailing in the other parts of the country, the Sikermongal project area is characterised almost same. Since IHR is high, couples have more babies because they do not know how many of them will survive. So if the IHR is reduced, couples will not have so many babies and will be encouraged to accept the idea of a small family norm. MMR is also higher than the national average, so this also needs to be looked into.

To improve the present situation, the religious leaders, community leaders, women association need to be actively involved for implementing the family planning program.

III. GOAL AND OBJECTIVES

A. Goals :

To ensure a happy and prosperous family life for everyone of the community by promoting and adopting the two child family norm; to achieve the total well being of the community.

B. Objectives:

1. To increase the CPR from 29% to 40% with special emphasis on effective contraceptive methods, and younger couples up to age 30 within the plan period.
2. To immunize 70% of the pregnant mothers and 70% of the children under 2 years of age within the plan period.
3. To decrease IMR from 104 to 94 per thousand.
4. To ensure participation of the community, viz., ulana, women, and youth.

IV. OVERALL DESCRIPTION OF THE PROJECT

To achieve the objectives within the plan period with the available resources, the following strategies are to be followed :

1. Management and Organization

a. Operational area.

At present there are 5 units in the project area and 1 FWA is working in each unit under supervision of the FPA. In addition to these units, in order to reach the project objectives, the operational area should be small. Thus for effective supervision, co-ordination monitoring, implementation and data processing, the project area will be divided into 50 operational units, 10 per FWA, which will be named as 'blocks'. A block will consist of 44 ELCOs. (or approximately 60 households). Each of the blocks will have a map showing ELCOs with acceptors method-wise prominently coloured. The map will be up-dated at the end of each month.

b. Block brigade :

The present working jurisdiction of one FWA is being divided into 10 blocks, as stated above, and from each block one volunteer (preferably female) will be selected. Under her leadership there will be four more members (preferable female) nominated by the Chairman union FP committee from amongst the community. In addition to the 5 members there will be representa-

tives of co-operators, VDP and ansars, school and madrasa teachers, Mohila Samity & ulama organisation. All of them will work during their leisure time for FP activities.

When this block brigade is formed it will work for IEC, motivation and recruitment of new acceptors under the co-ordination and co-operation of the FWA and FPA. There will be 3 days orientation training for block volunteers and a 1 day workshop for other block brigade members.

2. Co-ordination Committee.

- a. The upazila Chairman will be responsible for overall implementation of the project. There is a upazila FP committee (co-ordination committee) headed by Chairman upazila parishad with the UNO as vice-Chairman and UFPO as member secretary and other members as shown in the annexure. This existing upazila FP implementation committee will work as a co-ordination committee for the implementation of the project.
- b. The upazila MCH committee will also be made more effective to work in close co-ordination and co-operation with the upazila FP committee to improve programme activities and ensure quality control.
- c. The union committee will act as the implementation and co-ordination committee for project implementation.
- d. In addition to these committees there will be five unit committees, each headed by one UP member as Chairman and the FWA of the unit as a member secretary. Volunteers from each block under the unit will be the members and one teacher, one youth, one religious leader and one representative from female organisation will also be included in each unit committee.
- e. The volunteers for each unit will be selected by the union FP committee in consultation with the present village committee.
- f. There will be brigade committees headed by a prominent social leader as Chairman and volunteer as member secretary, with five members from the neighbourhood social leaders and workers of the of blocks.

3. Co-ordination Committee Meetings :

- a. The Upazila FP implementation committee will meet at least once a month to monitor and evaluate the performance of the project of the previous month and plan the targets for the next month. This committee

will give approvals and decisions on the recommendation of the sub-ordinate committees.

- b. The Union FP Committee will meet once a month to evaluate and plan the target and activities.
- c. The Unit Committees will hold a meeting once a month for the same purpose.
- d. The Block Committees will hold meetings twice a month to evaluate the performance & plan for action.

4. Operational Strategy.

- a. The IEC activities will be strengthened for mobilization of the community by involving formal and informal leaders through holding workshops and meetings. Folk-song programmes, cinema shows and extensive motivation programmes will be conducted block wise through the block brigade under the leadership of the volunteers.
- b. There will be 50 (fifty) bill board for strengthening IEC Activities in the project area.
- c. There will be an Ulama Organization which will hold meetings and also deliver speeches in favour of family planning.
- d. The existing TBAs will be given refresher training 3 phases to insure safe delivery.
- e. Service delivery such as distribution of contraceptives (pills & condoms) and recruitment of couples for sterilization, and IUD & injectables (to be sent to Hospital and Clinics) will be done on a regular basis by the volunteers. The government employees will supply the necessary inputs, follow-up and collect up to-date reports.
- f. Eight satellite clinics for providing services to the door-step of the community will be organised for health and family planning services including MCH services.
- g. Maintenance of Old Acceptors :
Regular follow-up by field workers of FP and health with the help of members of the block brigades will be done and mobile teams will visit the area if needed, in order to give proper health care.
- h. Integration of FP with other development activities :
In order to improve the standard of living of the FP acceptors, an integrated approach of income generating will be undertaken by organizing acceptor co-

operatives. At least a banana growing and poultry farm scheme can be undertaken in each of the villages in collaboration with government departments of co-operatives, women's affairs, and gramian bank.

- i. The UFPO and MO/MCH will visit the project area once a month for the purpose of ensuring quality control and overall activities.
- j. There will be 3 rewards for volunteers and 3 (three) for Government workers thrice in a year for good performance. And there will also be 30 stipend for the school going daughters of volunteers and Family Planning acceptors during the plan period.

5. Monitoring and Evaluation.

- a. At the beginning of the project (as a baseline) and at intervals of 3 months thereafter and at the end of the project the existing format will be used to collect data from volunteers by the FWA under the supervision of the female members of Union Committee.
- b. Reports on activities and performance will be collected monthly by the FPA through FWAs. The FPA will consolidate and submit the report to the UFPO. The report will be consolidated at the upazila headquarters and a copy will be sent to the DC and the DDFP regularly for onward transmission. It will also be sent to national headquarters.
- c. Records of these data and reports will be kept by showing on maps and charts at the block level. The FWA will be responsible for collecting data and reports from the block level and submitting the report to the FPA who will prepare a consolidated report at the union level; the FPA will be responsible for this integrated report.
- d. Regular monitoring of the program activities will be done at the various stages by the management and coordination committees at different levels, such as brigade, unit, union, and ultimately at the upazila level. Supervision at every stage will be made accordingly by the Chairman of the committee and the government officials at their levels.
- e. Evaluation will be done at the end of the first year by an evaluation team formed by the Chairman upazila under the guidance of the Directorate of FP and a representative of the donor agency. A report will be submitted to the concerned authorities. Apart from this, an internal evaluation team will be formed to evaluate performance quarterly and as and when needed.

V. ACTIVITIES

VI. BUDGET

NA/IN/

ACTIVITY	PERSON RESPONSIBLE	TIME LINE												QUANTITIES	UNIT COSTS
		1	2	3	4	5	6	7	8	9	10	11	12		
A. PUBLICISE THE PROJECT															
1. Present the action plan to Upazila Parishad and other community leaders	Uz. Cma	x													1 mtg x 50 pers x Tk.10
2. Present the action plan to the concerned Union Parishad.	Uz. Cma.	x													1 mtg x 50 pers x Tk.10
3. Conduct meeting of Upazila FP comm. with members of concerned Union and community leaders	Uz. Cma.	x													1 mtg x 50 pers x Tk.10
4. Conduct Union FP Committee meeting.	Uz. Cha.	x													1 mtg x 30 pers x Tk.10
B. TRAIN CONDUCT WORKSHOP OR ORIENT REGULAR PROGRAM STAFF															
1. Prepare materials for orientation workshop training of field staff.	UFFO	x													1 mtg x 10 pers x Tk.30 Facilitator 4 x Tk.75
2. Give orient regular program staff in 3 phase. 1st phase-3 days, 2nd phase-2 days, 3rd phase-1 day staff to be attended in annex 1.	UFFO	x			x		x		x						No expenditure
3. Conduct workshop for uiana	Uz.Cma.	x													1 workshop x 50 pers x Tk.20
4. Conduct workshop for women	Uz.Cma.	x													1 workshop x 50 pers x Tk.20
C. REGISTER AND MAP ELCOs															
1. Print/purchase register and other stationaries	UFFO	x		x	x	x	x	x	x	x	x	x	x	x	50 Res x Tk. 20
2. Register ELCOs by village.	FMA	x	x	x											no expenditure
3. Map ELCOs by block.	FMA	x		x	x	x	x	x	x	x	x	x	x		Materials for 50 maps x Tk.40
D. ESTABLISH LOCAL MANAGEMENT COMMITTEE															
1. Establish unit level management comm.	Uz.Cha, UFP	x	x												No expenditure
2. Establish Block Brigade.	FPA		x												No expenditure
E. ORIENT THE LOCAL LEVEL MANAGEMENT COMMITTEE MEMBERS															
1. Orient Upazila FP commitee.	UP. Cha.	x													1 mtg x 50 pers x Tk.10
2. Orient Union FP commitee.	Union Cha.	x													No expenditure
3. Orient Unit FP commitee.	Unit Cna.	x													No expenditure
4. Orient Block Brigade.	FMA	x													200 pers x Tk.20

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ACTIVITIES

VI. BUDGET

KALINI

ACTIVITY	PERSON RESPONSIBLE	TIME LINE												QUANTITIES UNIT COSTS	TOTAL COST	
		1	2	3	4	5	6	7	8	9	10	11	12			
SELECT AND TRAIN VOLUNTEERS FOR BLOCK BRIGADE & TBAs																
Prepare training team.	Uz. Cha.	x	x												No expenditure	
Prepare and process training materials for volunteers.	UFPO	x													50 pers x continuous TK.20	1,000
Select volunteers for the Block Brigade.	Uz. Cha.	x	x												No expenditure	
Conduct training of volunteers phase wise and in 2 group 25pers x 2gr x 3days	UFPO			x											25 pers x 2 bat x 3 days x Tk.30 Facilitator: 4pers x 2bat x 3 days x TK.50	4,500 1,200
Select TBAs (15 persons).	FPA	x													No expenditure	
Train TBAs for 10 days and refresh once a month.	MD/MCH				x	x	x	x	x	x	x	x	x	x	15 pers x 10 day x TK.30 Facilitator: 4 per x 10day x TK.50	4,500 2,000
MOTIVATE AND PROVIDE SERVICES FOR ELCOs																
Distribute contraceptives.	Block Brigade				x	x	x	x	x	x	x	x	x	x	No expenditure	
Contact of ELCOs house to house.	FMA	x	x	x	x	x	x	x	x	x	x	x	x	x	No expenditure	
Hold satellite clinics (12 mo x 6 act=96)	FMV	x	x	x	x	x	x	x	x	x	x	x	x	x	No expenditure	
COORDINATE ACTIVITIES																
Conduct coord. meeting Upazila level	Uz. Cha.	x	x	x	x	x	x	x	x	x	x	x	x	x	No expenditure	
Conduct coord. meeting Union level Award for good workers & volunteers stipen to daughters acceptor/volunteers	Union Cha.	x	x	x	x	x	x	x	x	x	x	x	x	x	1 mtg x 50 pers x TK.5 3 rew x 2 x 3 time x TK.400 30 x 300	250 7,200 9,000
Conduct coord. meeting Unit level 8) Transport cost of volunteers for attending meeting	Union Cha.	x	x	x	x	x	x	x	x	x	x	x	x	x	11 mtg x 5 pers x TK.50 50 x 1 x 9 x mon x TK.50	2,750 22,500
Conduct coord. meeting Block Brigade	FMA				x	x	x	x	x	x	x	x	x	x	No expenditure	
CONDUCT SUPPORTING ACTIVITIES																
Procure and supply logistic.	UFPO	x	x	x	x	x	x	x	x	x	x	x	x	x	No expenditure	
Arrange folk song shows.	UFPO				x	x	x	x	x	x	x	x	x	x	No	
Arrange film shows.	UFPO				x	x				x					3 x TK.200	600

Payment to volunteers based on attending meeting and achieving target 50%.

V. ACTIVITIES

VI. BUDGET

KALINI

ACTIVITY	PERSON RESPONSIBLE	TIME LINE											QUANTITIES UNIT COSTS	
		1	2	3	4	5	6	7	8	9	10	11		12
J. OTHER														
1. Organize acceptor women group for income generating.	FNA					x	x	x						50 pers x TK.200
2. Arrange fund from BKB, BRDE and other sources for item 3 and 4 below.	Uz. Cha.					x	x	x						No expenditure
3. Create bananas plantation.	-oo-					x	x							No expenditure
4. Arrange poultry and raising ducks.	Life stock					x								No expenditure
5. IEC Activities - Bill Board														Bill Board, Sign board
K. MONITORING AND EVALUATION														
1. Conduct monthly report by volunteers, compilation by FNA Unit level & FPA for Union & Upazila. Analyze report to assess the achievement.	UFPO	x	x	x	x	x	x	x	x	x	x	x	x	9 Mons x TK.100
2. Conduct project activity study at the end of one year random sampling.	Uz. Cha.												x	1 time x 3 pers x TK.100
													TOTAL	8.

8

The demographic feature and facilities are as follows :

A. Ward No	Population	ELCOs	FP Aceptors	CPR
Ward No 1	7492	857	281	32.78 %
Ward No 2	4386	638	198	31 %
Ward No 3	4173	798	192	24 %
	-----	-----	-----	-----
Total	16051	2293	671	29 %

1. Area	:	18.8 Sq.Km
2. Density of Population	:	854 per Sq.Km.
3. Crude birth rate	:	39/per thousand (approx)
4. Crude death rate	:	12/per thousand (approx)
5. Net growth rate	:	2.7%
6. I M R	:	104/per thousand
7. Doubling time (population)	:	26 years
8. Age structure	:	46% under 15 years
9. Total household	:	3005

B1. Facilities available.

1. Health and family welfare centre	:	1
2. Youth club	:	3
3. Co-operative society	:	27 (3 women)
4. Mosque	:	39
5. Madrasha	:	3 (1 senior, 1 dakheli & 1 Epth. dakheli)
6. Primary school	:	7 (6 govt., 1 non govt.)
7. High school	:	1

B2. Manpower

1. Members of union (elected)	:	9
2. Female union members (nominated)	:	3
3. Inam (religious leaders)	:	39
4. Govt.FP. workers	:	5
FWA	:	5
FPA	:	1
MA	:	1
FWV	:	1
5. Govt. health workers	:	4
6. Govt. Asstt. health Inspector	:	1
7. Govt. Agri. block supervisor	:	1
8. Traditional birth attendant	:	15
9. Teachers primary & secondary school:	:	45

10. Madrasha teachers	:	20
11. Govt. Tohsilder	:	1
12. VDP and ansars	:	50
13. Chowkider & dafadar	:	7
14. Secretary UP. parishad	:	1

B3. Resources

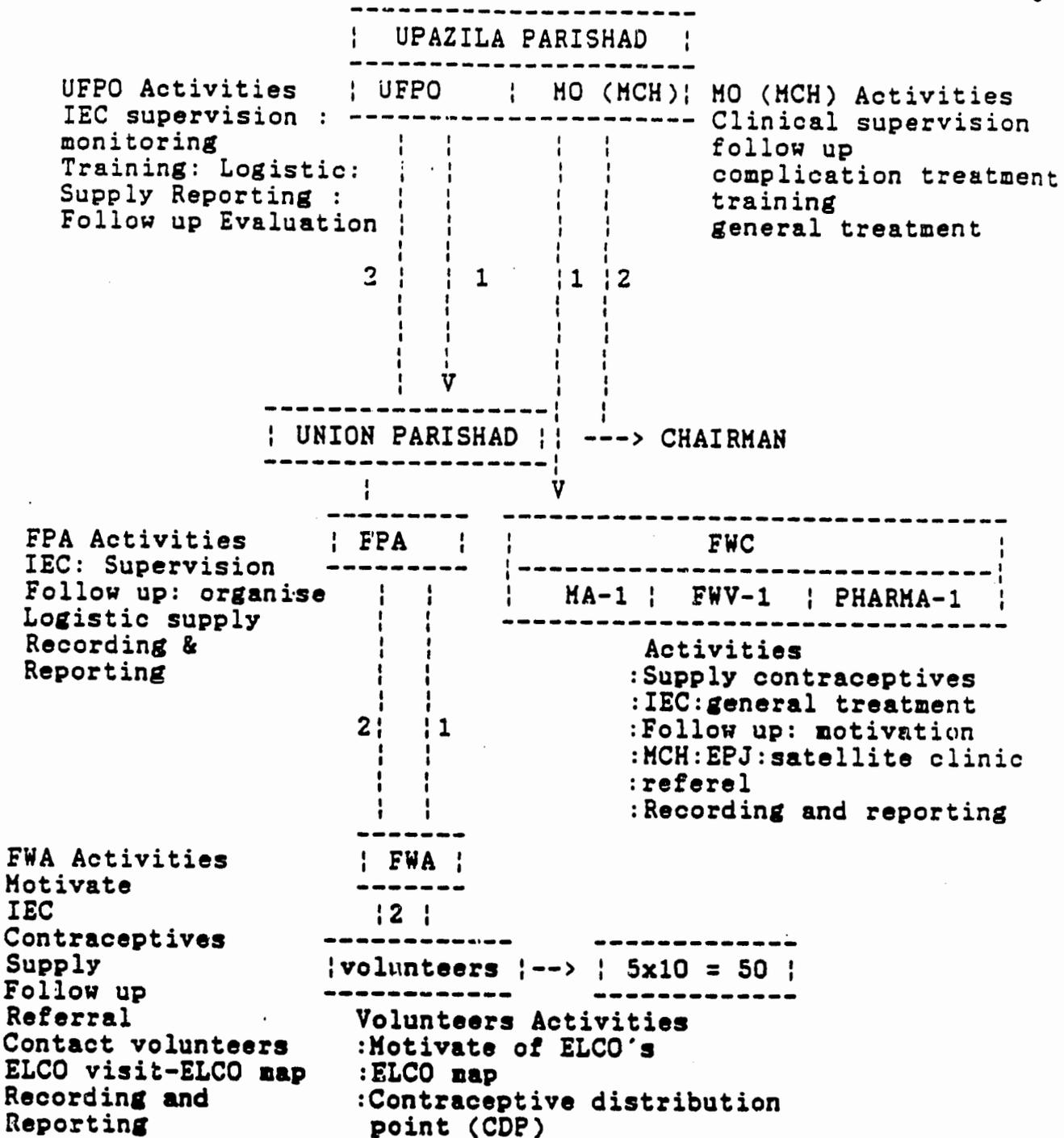
1. Govt. Khas land	:	500 areas
2. Govt. Khas pond and tanks	:	1

B4. Information regarding Kalkini Upazila

1. Total population	:	231,000
2. Total couples	:	36,261
3. Total FP Acceptors	:	14,220
4. CPR	:	39.21%
5. Area	:	231 Sq. Km.
6. Density	:	1,000/Sq. Km.
7. CBR	:	35
8. CDIR	:	12
9. Net growth rate	:	2.3%
10. Age structure	:	46% under 15 year
11. Health complex	:	1
12. H&FWC	:	5
13. Union Clinic	:	9
14. Member UP Male	:	135
15. Member UP Female	:	45
16. FPA	:	15
17. FWAs	:	79
18. FWVs	:	16
19. MA	:	5
20. Pharmacist	:	1
21. HA	:	60
22. TBAs	:	180

FORMATION OF COMMITTEES

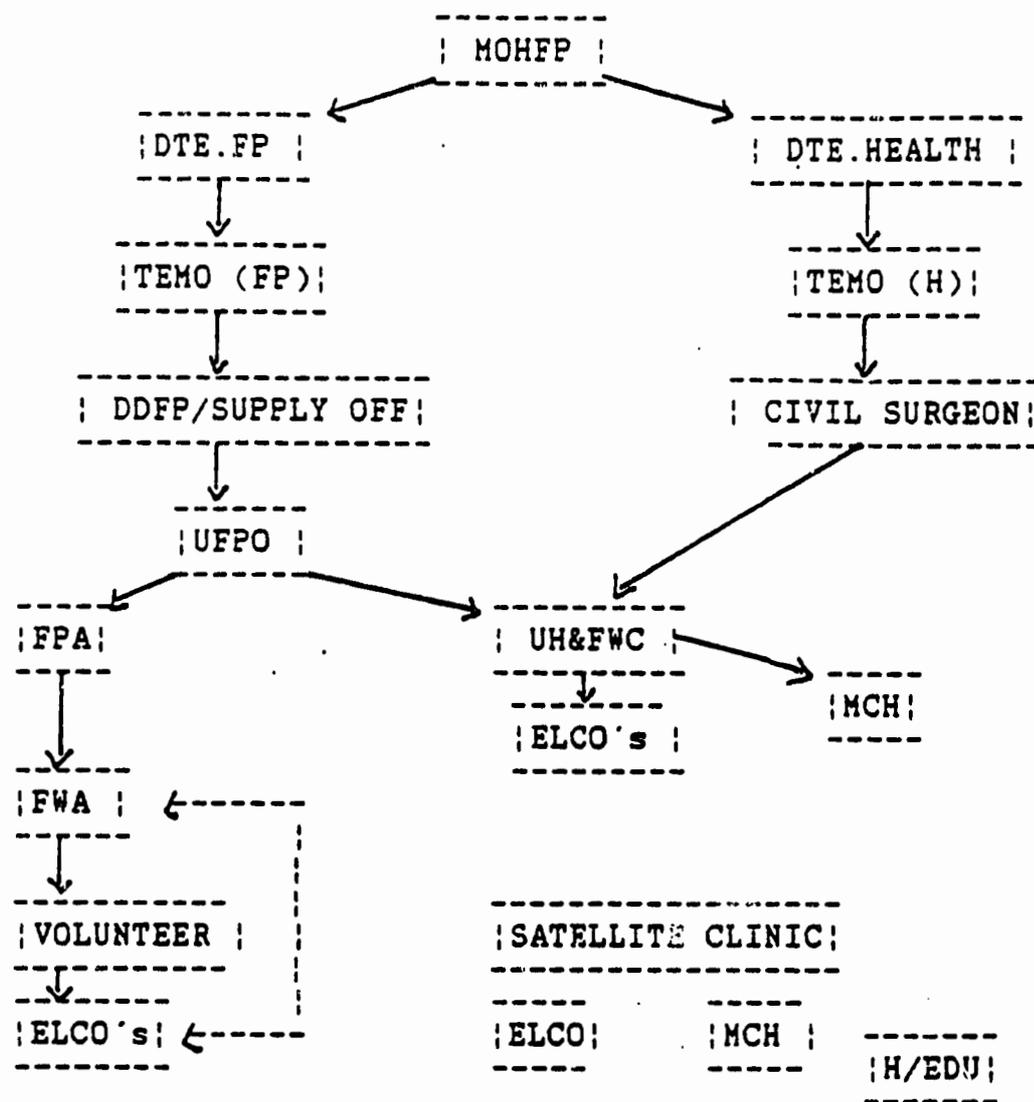
Upazila FP. implementation committee	-->	Regular committee + One religious leader One Teacher + One from Ulana + One from youth + One from Mahila Sanity
Union Committee	---->	Regular union FP committee + 1 Religious leader + 1 Social leader + 1 Youth leader + 1 Teacher + 1 Women from Mahila Sanity + 1 Ulana
Unit committee	-->	- One MUP - Chairman - Teen volunteers one from each block - One teacher + one ulana + one women - One youth - One religious leader - One block supervisor of agriculture department - One FWA-Mamber secretary.
Mahila Sanity union level	---->	9 union level members of Mahila Sanity (wives of 9 union parishad members) chair Person Wife of Union chairman.
Mahila Sanity unit level	---->	5 - unit level members of Mahila Sanity - Chair person will be selected by Union Committee.
Ulana Sanity	---->	Chairman 1 Vice Chairman 1 Secretary 1 Members 13 one from each village



Note : 1. Line of command
2. Flow of report

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CONTRACEPTIVE AND MEDICINES SUPPLY SYSTEM



Note : 1. Flow of distribution
2. Flow of report

TRAINING CURRICULUM FOR VOLUNTEERS

Duration : 3 days
 Location : Upazila Headquater
 Number of Trainers
 in each batch : 25
 No of batches : 2 (two)

1st day :

Registration
 Conception of Population Explosion and its impact on
 the life of the people.

Family Planning - Its importance
 Community & its role.

2nd day :

Concept of reproductive physiology and contraceptive
 methods.

Family Planning & religious
 Sanitation and Environment.

3rd day :

Technique of Motivation
 Primary health care and matter & child health.

Contraceptive methods usefullner - contra indication.
 Closing session.

Resource Persons
 Upazila Health and family planning officer (UH&FPO),
 (MO/MCH)
 UFPO, Religious Leaders & FPA.

Job Functions

Upazila Parishad Chairman.

Over all responsibility for implementation and co-ordination at
 the upazila level and mobilization of volunteers; managerial,
 supervision, and financial.

Union Parishad Chairman

Holding union committee meetings, review unit committee
 activities, solves problem and prepares forward plan and
 reports of the union activities to the upazila chairman.

- 91'

Head of unit committee

Holding monthly meetings to analyze performance of volunteers, solve problems, fix targets and implement plan for the following month.

Volunteers

Motivate ELCO's to accept family planning; impart education on health, nutrition and sanitation; supply conventional contraceptive and refer clients for clinical methods; up date ELCO map at block level.

FWAs

Co-ordinate and supervise the activities of the volunteers in her area, help deal with complications, ensure supply of contraceptives, prepare ELCO map and prepare and send monthly reports.

FPAs

Co-ordinate, supervise, and monitor the activities of the FWAs, provide logistics, and compile and send reports onward.

UFPO

Supervise and monitor FP & MCH activities, maintain liaison between health & family planning personnel, and act as member secretary of the Union FP committee.

HO/MCH

Provide technical guidance and logistic support for health and immunization activities, supervise.

Kalkini
2/10/89

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UPAZILA INITIATIVE PROJECT MONITORING SYSTEM FACE SHEET

FILE #5.3		DATE OPENED		DATE CLOSED		PROJECT YEAR				
1. DISTRICT	2. UPAZILA		3. UNION		4. PROJECT START DATE					
5. GROUP	6. UOST	7. VOST	8. BUDGET		9. UPAZILA CONTRIBUTION					
10. UNION DATA	POP.	AREA	UNITS	NGOS						
11. TEAM MEMBERS		UNION CHAIRMAN	REPLACEMENTS	DATE	ORIENTATION					
UPZ CHAIRMAN										
UFPO										
MO/MCH										
COMMUNITY										
UNP CHAIRMAN										
12. MONITORING HISTORY						13. FUNDING STATUS				
VISIT #	DATE	FPMO	DFP	OTHER	ASSESSMENT	RCVDFPMO	RCVDUPZ	EXPENDED	BALANCE	REPORT Y/M
1										
2										
3										
4										
5										
14. CONTRACEPTIVE COVERAGE OBJECTIVE						15. ADDITIONAL INFORMATION				
	BASELINE	VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 5				
ELCO #										
ACCEPTS #										
CPR										
% OBJ										
NOTES										

ANNEX E: UIP PROJECT MONITORING SYSTEM

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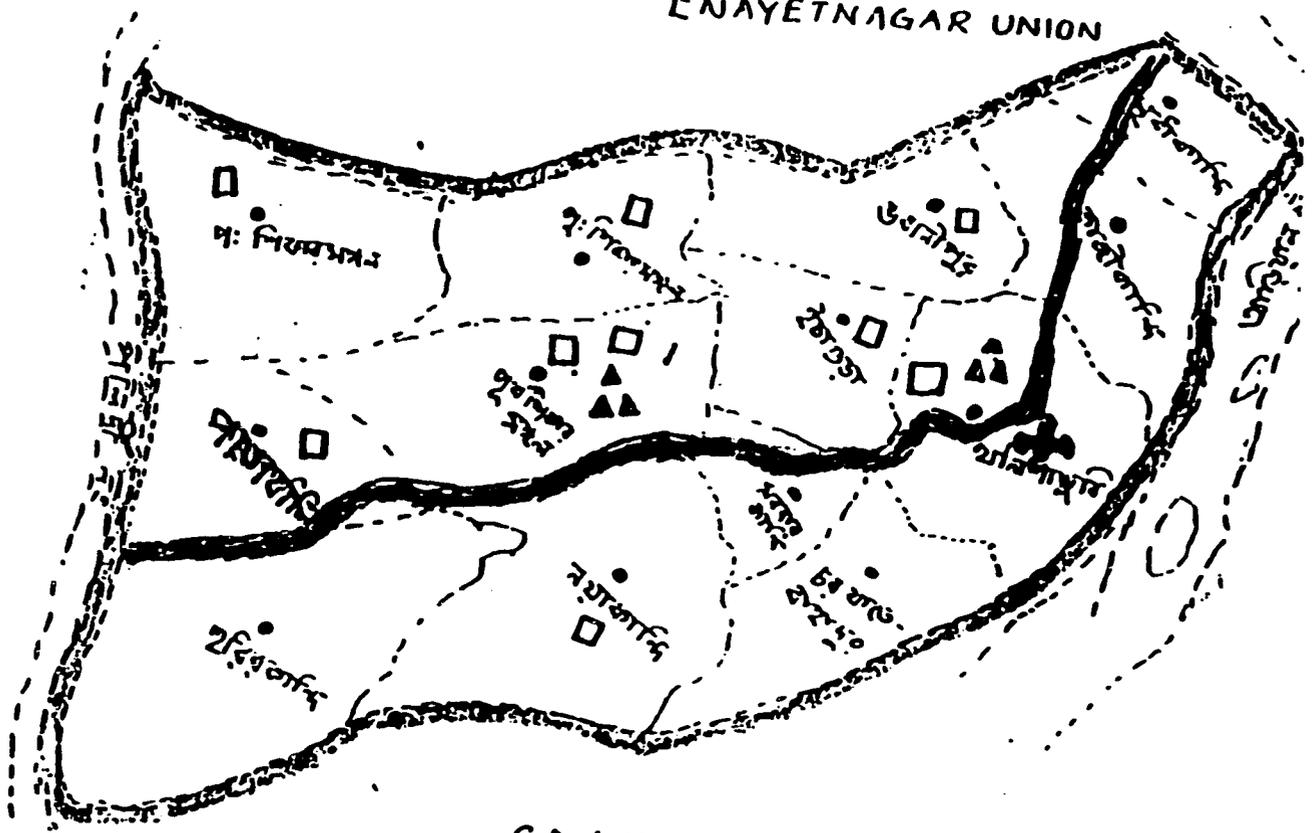
ENAYETNAGAR UNION

SHKARMANGAL UNION

UPAZILA- KALKINI

DIST. MADARIPUR

Scale: 1" =



C.D. KHAN UNION

REFERENCES	
UNION BOUNDARY	
VILLAGE BOUNDARY	
RIVER	
ROAD	
H.S. F.W.C.	
HAT-BAZAR	
EDU. INSTITUTION	



at

UPAZILA INITIATIVE PROJECT MONITORING FORM: ACTION PLAN IMPLEMENTATION STATUS

ACTIVITY	PERSON RESPONSIBLE	TIME LINE												VISIT 1 DATE			VISIT 2 DATE			VISIT 3 DATE			VISIT 4 DATE			VISIT 5 DATE					
		1	2	3	4	5	6	7	8	9	10	11	12	EXECUTED	RESCHED.	TA	EXECUTE	RESCHED.	TA												
		DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	DATE	CODE															

VISIT ASSESSMENT

IMPROVEMENTS														
IMM.	ADDL.	NON												

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FILE #:5.3 _____

PAGE 1 UPAZILA INITIATIVE PROJECT MONITORING SYSTEM

PROJECT ASSESSMENT	1st Visit <u> </u> <u> </u> <u> </u>				2nd Visit <u> </u> <u> </u> <u> </u>				3rd Visit <u> </u> <u> </u> <u> </u>				4th Visit <u> </u> <u> </u> <u> </u>				5th Visit <u> </u> <u> </u> <u> </u>			
	IMPROVEMENTS	TA			IMPROVEMENTS	TA			IMPROVEMENTS	TA			IMPROVEMENTS	TA			IMPROVEMENTS	TA		
000. KNOWLEDGE & ATTITUDES	IMM	ADDL	NONE	CODE																

010. BASIC KNOWLEDGE OF CONTRACEPTIVES AND CONTRA-INDICATIONS

011. UNION PARISHAD CHAIRMAN																				
012. UNION PARISHAD MEMBERS:																				
012.1																				
012.2																				
012.3																				
013. VOLUNTEERS																				
013.1																				
013.2																				
013.3																				

020. AWARE OF PROJECT GOALS AND OBJECTIVES AND ITS ACTIVITIES

021. UNION PARISHAD CHAIRMAN																				
022. UNION PARISHAD MEMBERS:																				
022.1																				
022.2																				
022.3																				
023. VOLUNTEERS:																				
023.1																				
023.2																				
023.3																				
024. FWAS:																				
024.1																				
024.2																				
024.3																				
025. FWV																				
026. FPA																				
027. Sr. FWV																				

2/10

FILE #5.3

PAGE 2 UPAZILA INITIATIVE PROJECT MONITORING SYSTEM

PROJECT ASSESSMENT	1st Visit				2nd Visit				3rd Visit				4th Visit				5th Visit			
	IMPROVEMENTS:			TA:																
	MM	ADDL	NONE	CODE																
000. KNOWLEDGE & ATTITUDES																				
030. PARTICIPATES IN PROJECT MEETINGS AND ACTIVITIES:																				
031. UNION PARISHAD CHAIRMAN																				
032. UNION PARISHAD MEMBERS:																				
032.1																				
032.2																				
032.3																				
033. VOLUNTEERS:																				
033.1																				
033.2																				
033.3																				
034. FWAS:																				
034.1																				
034.2																				
034.3																				
035. FWV																				
036. SR. FWV																				
037. FPA																				
038. MOMCH																				
039. UPZ PARISHAD CHAIRMAN																				

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File # 5.3. _____

PAGE 3 UPAZILA INITIATIVE PROJECT MONITORING SYSTEM

PROJECT ASSESSMENT	1st Visit <u> </u> / <u> </u> / <u> </u>				2nd Visit <u> </u> / <u> </u> / <u> </u>				3rd visit <u> </u> / <u> </u> / <u> </u>				4th Visit <u> </u> / <u> </u> / <u> </u>				5th visit <u> </u> / <u> </u> / <u> </u>			
	IMPROVEMENTS			TA																
	IMM	ADDL	NONE	CODE																
100. ORGANIZATION																				
110. Activities scheduled																				
120. Records maintained																				
130. Community informed																				
140. Lead time sufficient																				
150. Activities coordinated																				
160. Duties delegated																				
170. Logistics provided																				
200. EXECUTION																				
210. TRAINING																				
211. Curriculum followed																				
212. Schedule sufficient																				
213. Methods appropriate																				
220. COMMUNITY PARTICIPATION																				
221. Is representative																				
222. Decisions are made																				
223. Follow-up action																				
230. VOLUNTEERS																				
231. Conforms to criteria																				
232. Turnover level																				
233. Replacements level																				
234. Incentive level																				
240. SUPPORT ACTIVITIES																				
241. Relate to objectives																				
242. Have action plan																				
243. Are organized																				
244. Coordinated with related departments																				
300. CONTROLLING																				
310. RECORDING CONTRACEPTIVE USAGE																				
311. Vols. have ELCO maps																				
312. ELCO maps contain essential info																				

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FILE # 5.3. _____

PAGE 4

UPAZILA INITIATIVE PROJECT MONITORING SYSTEM

PROJECT ASSESSMENT	1st Visit <u> </u> <u> </u>				2nd Visit <u> </u> <u> </u>				3rd Visit <u> </u> <u> </u>				4th Visit <u> </u> <u> </u>				5th Visit <u> </u> <u> </u>			
	IMPROVEMENTS			TA																
	MM	ADDL	NONE	CODE																
320. SUPERVISION																				
321. FIELD VISITS MADE BY																				
321.1 UPZ Parishad Chakman																				
321.2 UN Parishad Chairman																				
321.3. UFPO																				
321.4 MOMCH																				
321.5 Sr. FWV																				
321.6 FPA																				
322. FEEDBACK																				
322.1 Given in committees																				
322.2 Follow-up action taken																				
330. FINANCIAL STATUS																				
331. Account operated by UZ Chairman & UFPO																				
332. Vouchers and separate cash book maintained																				
333. UZ contribution deposited:																				
334. Contribution level																				
335. Expenditures in line with budget																				

29.

FILE# 5.3.....

UPAZILA INITIATIVE PROJECT MONITORING SYSTEM

**MONITORING VISIT
SUMMARY REPORT**

GROUP	UPAZILA	UNION	DISTRICT	BUDGET	
-------	---------	-------	----------	--------	--

PROJECT START DATE		VISIT #	
--------------------	--	---------	--

VISITED BY	FPM	DFP	
------------	-----	-----	--

PROJECT CPR OBJECTIVE

	BASELINE	THIS VISIT	PREVIOUS VISIT
ELCO #			
ACCEPTORS#			
CPR			

NARRATIVE REVIEW

ACTION PLAN IMPLEMENTATION

KNOWLEDGE AND ATTITUDES

ORGANIZATION

EXECUTION

Training

Community Participation

Volunteers

Support activities

FILE# 5.3.....					
UPAZILA INITIATIVE PROJECT MONITORING SYSTEM					
MONITORING VISIT ASSESSMENT SUMMARY SHEET					
UPAZILA		UNION		YEAR	
INDICATOR	VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 5
AP IMPLEMENTATION					
KNOWLEDGE/ATT.					
ORGANIZATION					
EXECUTION					
CONTROL					
AVERAGE					

ASSESSMENT KEY	
IMMEDIATE IMPROVEMENT IS REQUIRED (POOR)	
SCORE RANGE <50%	
ADDITIONAL IMPROVEMENT IS RECOMMENDED (GOOD)	
SCORE RANGE 50-75%	
NO MAJOR IMPROVEMENT IS REQUIRED (VERY GOOD)	
SCORE RANGE >75%	

- 101 -