

PD-ARF - 646

**TRIP REPORT FPMD/DHAKA
BANGLADESH**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

**Project No.: 936-3055
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I. EXECUTIVE SUMMARY

This visit was conducted as a follow-up to the visit of the FPMD Evaluation Unit Team to Bangladesh to prepare an Evaluation Plan. The purpose of the visit was to provide technical assistance in identifying and reviewing data sources for measurement of indicators outlined in the Evaluation Plan for UIP. During the trip the issue of quality in service delivery was also addressed. It was also an opportunity to see the project as this would facilitate the back-stopping from the Boston office.

Discussions with staff in the Dhaka office of Technical Assistance, Inc. (TAI), which is managing the project under a sub-contract with FPMD, centered around the Evaluation Plan. We discussed the strategy for testing the indicators, where we could collect information and how reliable that information would be. We decided that to determine the sources of data regarding the contraceptive prevalence rate (CPR), we would visit the volunteers, Family Welfare Assistants (FWA's), Family Welfare Workers (FWV's), the Family Planning Assistants (FPA's), and the Upazila Family Planning Officers (UFPO's). As part of the visit we would also discuss the project activities with the Upazila government officials (UNO) and the Union Chairman.

We made a 2-day visit to the Jessore district in the Khulna division; the first day we visited the Chaugacha Upazila and the second day the Manirampur Upazila. We had an opportunity to discuss the project with the people involved in the implementation of the action plans and visited volunteers in their homes. Also we saw a satellite clinic in operation.

During the visit we made certain observations related to quality of service, which has implications for the sustainability of the project. One of the observations was the high drop-out rate of IUD users. One of the FWA's informed us that four women had become pregnant, while using an injectable as a contraceptive. Another observation was the faulty use of data. The data was displayed in a very clear and easy-to-understand fashion in the UFPO's office. However, specific questions about a high drop-out rate in a certain month could not be answered.

After our return to the Dhaka office all our observations were discussed at length with the staff and the following follow-up activities were suggested:

- to prepare an outline on the improvement of the follow-up of women with IUD's. This outline should be ready before the next FWV and FWA workshop;
- to prepare a paper on "the use of data as a tool in supervision and quality control:" this paper could then be used in the next workshop for UFPO's and senior FWV's;
- to prepare suggestions for the sustainability of the volunteer program.

As one of UIP's aims is to enhance the government-provided national family planning program, UIP will address issues of service quality. The PIL states that the aim of the UIP is to improve the availability of high quality family planning services at the local level.

II. BACKGROUND

The Upazila Initiative Project has been operational since 1988. Thus far emphasis has been mainly on the implementation of project activities, principally the Upazila and more recently the Union Action Plans. Quality of the program implementation in regard to enforcing the Bangladesh Government's Family Planning structure through the strengthening of management skills and the use of volunteers at the village level is reflected in the evaluation plan.

In this regard, it is especially important that the FP services be of high quality. In the context of the program evaluation there is a need to determine if clients are satisfied with the contraceptive method and the follow-up service they receive. This aspect of the quality component has not yet received full attention.

III. PURPOSE

The purpose of the visit was to provide technical assistance in identifying and reviewing data sources for the measurement of indicators outlined in the Evaluation Plan for UIP. It was also an opportunity to see the project as this would facilitate the backstopping activities from the Boston office. The scope of work (annex I) would be to accomplish the following objectives:

- (1) Identify existing data sources for collection of baseline information for evaluation indicators relating to the **Assessment of Community Level Impact** and the **Assessment of Implementation**, Sections III and IV of the Evaluation Plan. Data sources to be investigated include the UIP monitoring system, minutes of Upazila and Union management team meetings, and draft and final versions of UIP Action Plans.
- (2) Field test the baseline indicators proposed in Sections III and IV of the Evaluation Plan for UIP in one to two Upazilas.
- (3) Based on the field test, modify the indicators as necessary.
- (4) Assist the evaluation unit in developing the sampling frame for the CPR verification study. This may involve collection of information on contraceptive method mix for all unions where UIP activities have taken place.

IV. ACTIVITIES

The first two days were used for introductions to the program staff, updating on the latest developments of the project and program activities, and discussion about the evaluation plan and the related activities for the field visit. As all the program staff had been involved in the development of the evaluation plan, they were eager to share their experiences. In order to enhance my understanding of the project activities, we visualized the UIP interventions (annex 2).

The data sources were identified for the CPR. These were the FWA registers and the records kept by the FPA and in the UFPO office. These records are the official records of the Ministry of Health and Family Welfare. It was decided that the time in the field was too short to collect baseline information. Hence, another possibility to field test the data would be explored. The present monitoring system was discussed in general. During the field trip, emphasis would be put on the ELCO mapping, used by the volunteers, and general observation of the program activities, using the focus for evaluation as stated in the PIL.

The third and fourth day were spent in the field. The first visit was to Chaugacha Upazila and Union. We first visited the Upazila Nasbahi Officer (UNO). (The UNO is the local government executive officer at the Upazila level since the post of elected upazila chairman has been abolished). We then continued to the union, where we attended a regular meeting. Then we visited a volunteer in her home and had an opportunity to see the ELCO mapping system and to hear how it was used by the volunteer. On the second day, we also visited a satellite clinic and met with a group of newly-recruited volunteers. This ward did not have a FWA. One of the volunteers had made herself the group leader and called for regular meetings to give instructions to the volunteers. The meeting place had signs/posters about family planning prepared by the volunteers. Minutes were kept of all the meetings. At the end of the two-day visit we had a debriefing session with the Deputy Director of Family Planning of Jessore. The second day we were accompanied by a member of the clinical surveillance team. The clinical surveillance team's major responsibility is to ensure quality of clinical contraceptives.

The fifth and last day of the visit a debriefing session was held in the Dhaka office with all the program staff. We shared our observations and had a lively discussion which resulted in proposals for future activities.

V. FINDINGS/CONCLUSIONS

Data collection

As this was my first visit to the UIP, my general impression is that the project's aims and objectives in the Upazilas visited are well-known. Seeing the project and discussing the role of the volunteers with some of the volunteers themselves have provided me with more information than reading about it in the project documentation. The evaluation plan is a good start for the preparation of the evaluation. The measurement of the indicators in the present form might pose problems as it is not yet specified where this information can be found. The present monitoring system will be an important tool in providing data. By using it as a source of data, the Evaluation Plan will validate the monitoring as a tool for continuous evaluation. Already the monitoring system is being used as such.

In order to assist the evaluation unit in developing a sampling frame for the CPR verification study, it was necessary to clarify how UIP obtained this information. The first level record-keeping is done by the FWA, who uses a government register. UIP intervenes with the collection of data in the following way in the UIP areas: the FWA's have been given the responsibilities to supervise the volunteers, who collect primary data on contraceptive usage via their ELCO maps; the FWA's get their data for the FP register from the ELCO maps. Close supervision of the FWA's in their new roles can ensure that the information collected from the volunteers by the FWA's is correct. One needs to verify that the ELCO map and distribution of contraceptives is accurately recorded by the volunteers.

Quality Assurance

The PIL states that the aim of UIP is to improve the availability of high quality family planning services at the local level. Until now the focus has mainly been on program implementation and making family planning services available at the local level. An overview of the contraceptive use displayed in the office of the UFPO shows that there is a rather high drop-out rate among IUD users. As this does not affect the overall Current Acceptors Rate (CAR, this is the present term used in Bangladesh), the drop-out rate had not been recorded. While in the field the FWV and the FWA were asked if there was a problem with the IUD's. They confirmed that some of the women had gotten infections and discontinued use. An FWA's informed us about births given by women who used an IUD or injectables. These might well be isolated cases. However, they could influence the family planning acceptance and are directly related to the quality of the services.

During the debriefing this was discussed with the program officers and the Director of the program. There seems to be a problem with IUD's but the magnitude of the problem is not known. During the next UIP workshop for the FWA's and the FWV's the problem would be discussed to raise awareness and its implications. The senior program officer will prepare a protocol for the follow-up of women using IUD's that will not burden service delivery personnel.

Related to the drop-outs is the more general question of the use of data. Although this observation was only made in one place, previous experience suggests that limited use of information affects the ability to ensure quality service. In general, data are seen as information to show that a goal has been reached. Further interpretation of the data is neglected. After discussions with the program staff, it was decided that using data as a means for assessing quality would be a topic for the next UFPO's workshop. A paper on "how to use data as a tool in quality control" will be prepared.

We discussed the sustainability of the volunteers reviewing information about other programs where users pay for the volunteer service. As sustainability is an aim of the project, special attention will be given to the possibility of user payment and further exploration of ways to achieve the UIP goal will be looked into. The possibility of doing a study of other projects, where user payment has been accepted by the government, will be discussed with TAI and the FPMD financial expert.

**ANNEX I:
SCOPE OF WORK**

SCOPE OF WORK

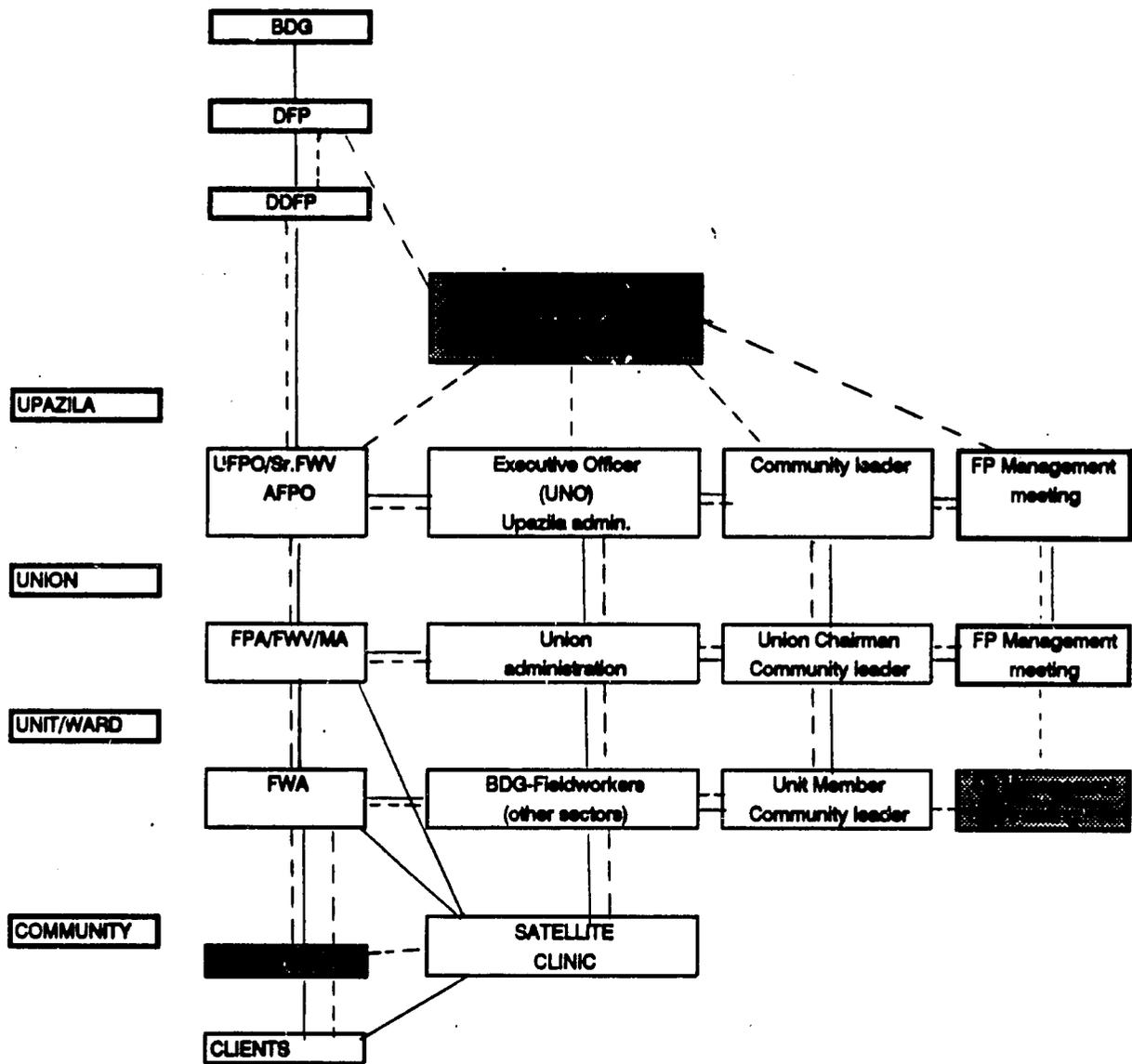
Immy Nieboer, Senior Program Officer, FPMD, to provide technical assistance in identifying and reviewing data sources for measurement of indicators outlined in the Evaluation Plan for UIP. She will undertake the following tasks:

1. Identify existing data source for collection of baseline information for evaluation indicators relating to the Assessment of Community Level Impact and the Assessment of Implementation, Sections III and IV of the Evaluation Plan for UIP. Data sources to be investigated include the UIP monitoring system, minutes of upazila and union management team meetings, and draft and final versions of UIP action plans.
2. Field test the baseline indicators proposed in section III and IV of the Evaluation Plan for UIP in one-two upazilas.
3. Based on the results of the field test, modify the indicators as necessary.
4. Assist the Evaluation Unit in developing the sampling frame for the CPR verification study. This may involve collection of information on contraceptive method mix for all unions where UIP activities have taken place.

A total of 13 work days are being authorized for this work.

**ANNEX II:
CHART OF UIP INTERVENTIONS**

ANNEX II
UIP INTERVENTION IN HEALTH
AND FAMILY WELFARE
SYSTEMS



— = UIP, new activities and strengthening of the MOH/FW system
 - - - = existing MOH/FW system
 other sectors = agriculture; social welfare; health, etc.
 grey shade and bold boxes new UIP activities

**ANNEX III:
LIST OF PERSONS CONTACTED**

LIST OF PERSONS CONTACTED

Mr. Abdul Malek
Deputy Director Family Planning
Jessore

Mr. Mohammed Ishaque
Upazila Family Planning Officer
Jagadishpur

Mr. Sidiquer Rahman
UNO
Jagadishpur

Ms. Nuruh Nahar
Senior FWV
Jagadishpur

Mr. Tarun Kumar Sikdar
Clinical surveillance team
Dhaka

Mr. Atahar Ali Biswas
UNO
Monirampur

Mr. M.A. Alim
UFPO
Monirampur

Ms. Atefa Khatun
Senior FWV
Monirampur

Mr. Izumi Atsuta
Management Advisor
System Science Consultants Inc.
Tokyo, Japan

Dr. Habibur Rahman
UNFPA/MDU
Dhaka