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ASSESSMENT OF THE ICDDR,B-BASED MATERNAL AND CHILD HEALTH-FAMILY PLANNING (MCH-FP) EXTENSION PROJECT: BANGLADESH

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Glossary

A.I.D.	Agency for International Development
AVSC	Association for Voluntary Surgical Contraception
CA	Cocperating Agencies
CBD	community-based distribution
CHW	community health worker
CIDA	Canadian International Development Agency
DG	director general
EPI	expanded program for immunization
FP	family planning
FPHSP	Family Planning Health Services Project
FPI	family planning inspector
FRO	field research officer
FWA	family welfare assistant
FWC	family welfare centre
FWV	family welfare visitor
GOB	government of Bangladesh
GTZ	Association for Technical Cooperation (Germany)
HA	health assistant
ICDDR,B	International Centre for Diarrhoeal Disease Control, Bangladesh
IEC	information, education and communication
MCH	maternal and child health
MIS	management information system
MDU	Management Development Unit of the MOHFW
MOHFP	Ministry of Health and Family Planning
MOHFW	Ministry of Health and Family Welfare
NASCOPOR	National Steering Committee on Population Research
NGO	non-governmental organization
NIPORT	National Institute for Population Research and Training
OPH	Office of Population and Health
PCS	Population Communication Services (project)
POPTECH	Population Technical Assistance Project
PSED	Population Sciences and Extension Division (ICDDR,B)
REP	Rural Extension Project
RKS	record keeping system
SIDA	Swedish International Development Authority
SRS	sample registration system
S&T/POP	Bureau for Science and Technology/Office of Population (former name)
THFPO	*Thana* Health and Family Planning Officer
TFPO	*Thana* Family Planning Officer
UHEP	Urban Health Extension Project
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (overseas mission)
UVP	Urban Volunteers Project

Project Identification Data

1. **Project Title:** Maternal and Child Health-Family Planning Extension Project

2. **Project Number:** 388-0071

3. **Cooperative Agreement:** ANE-0017-A-00-7058-00 (with ICDDR,B)
   DPE-3050-A-00-8059-00 (with Population Council)

4. **Critical Project Dates:**

   Cooperative Agreement Signed: October 1987 (With ICDDR,B)
   September 1987 (With Population Council)

   End Date: March 31, 1993 (With ICDDR,B)
   June 30, 1993 (With Population Council)

5. **Project Funding:**

   Authorized LOP Funding $7,480,000 (authorized)
   Funding to Date $7,480,000

6. **Mode of Implementation:**

   Cooperative agreement between USAID/Bangladesh and ICDDR,B and amendment to cooperative agreement between S&T/POP and the Population Council

7. **Grantee:** International Centre for Diarrhoeal Disease Research, Bangladesh

8. **Major Activities:**

   - Identifying barriers to effective service delivery by working with counterparts (MOHFW) and conducting applied research
   - Testing the feasibility of proposed solutions in actual MOHFW settings
   - Evaluating both process and impact changes in the program
   - Assisting the MOHFW in the wider implementation of program and policy changes

Executive Summary

Background

The Maternal and Child Health-Family Planning (MCH-FP) Extension Project, funded by the United States Agency for International Development (USAID)/Bangladesh through cooperative agreements with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the Population Council, has had a major impact within Bangladesh in testing and introducing interventions for improvement of the national family planning program. Its potential for making further contributions to the program is unquestioned and its continued funding is highly recommended.

Based on the ICDDR,B's forerunner family planning applied research project in its Matlab *Thana* field station, the Extension Project selected two other field "laboratory" sites in which to test the application of program innovations within the existing national family planning program structure and systems. The latter project operates through residential counterpart staff who work alongside government of Bangiadesh (GOB) staff to identify problems in program implementation and to design and test actions for their resolution. Those that are successfully tested in the project field areas are extended to broader areas for further testing, and finally replicated in the national program.

This report contains an assessment of the most recent three years of the project's ten-year history and also provides a forward look into the future directions for the project over the next five years.

General Project Strengths and Achievements

The project has collaborated successfully with the GOB in meeting its original objective of testing and assisting with nationwide introduction of several major programmatic innovations for the improvement of the national family planning program. These include recruitment of additional community-based field workers, improved implementation of satellite clinics, an improved client-based service statistics system and door-step delivery of injectable contraceptives, among others.

The project has drawn considerable attention to the success of the Bangladesh national family planning program through extensive publication of scientific articles in international peer-review journals and through foreign visitors to the project.

Specific Areas of Concern

Project Implementation

To date, the locus of the project's work in testing interventions and changing operating systems to improve GOB program management and implementation in a few, labor-intensive "laboratory" settings has been primarily at the *thana* level and below. Although this continues to be an important model, its cost effectiveness and replicability to other areas in Bangladesh remain to be demonstrated.

Insufficient attention has been given to addressing those behaviors and processes at higher levels of the GOB that are critical for the support of project-assisted programmatic changes at lower levels.

Improved communication and collaboration with government and with the non-governmental organization (NGO) and donor communities is required to ensure the activities undertaken by the Extension Project complement rather than duplicate others' efforts. Mechanisms for coordination of the multiple applied research efforts planned for the next World Bank and USAID funding cycles require exploration.

Project Research, Intervention and Dissemination Activities

Throughout most of its history, the project's research agenda has been heavily biased in favor of analysis of data from the ICDDR,B's Matlab research site rather than from the project's own field sites and the research has been largely quantitative in nature. More recently, Extension Project staff claim that research interventions are identified by project staff in collaboration with GOB personnel at field sites, taking into account suggestions of project field staff, NGOs and donors.

Many project interventions that have been tested and replicated have significant implications for increased program costs. Few interventions have focused on, or directly tested, possible cost-saving activities such as the use of volunteers, depot holders, attention to method mix and use of more cost effective methods. Although most of the interventions proposed for the next phase of the project appear relevant to the needs of the national program, the process for their selection and prioritization has not been developed fully.

In-country dissemination of information about project activities and findings has been less than ideal and these activities require attention in the future. Proposed activities include the exploration of alternative means for communication such as briefing meetings, workshops and translation of project information into Bangla.

Project Planning, Staff and Structure

Although the ICDDR,B has a strategic plan approved by the board of trustees and the project prepares annual workplans accordingly, implementation of the Extension Project has not been guided by a strategic plan. Research and intervention agendas often have been based on the interests of individual staff and those of the project's donor. The management structure of the project has fluctuated to fit these agendas, and this has created confusion among staff who have had to operate in a changing and uncertain atmosphere.

Considerable long- and short-term training has been funded through the project; however, staff who have been trained have not been moved into higher positions in the project as a result. The rationale for continuing funding of long-term training during the next phase is questionable. To the extent the follow-on project supports short-term specialized training, project staff and government counterparts should be paired for this training to ensure maximum application of the skills learned for improvement of the national program.

The proposed merger of the MCH-FP Extension and Urban Volunteers Projects (UVP, another USAID-funded project of the ICDDR,B) under a single USAID cooperative agreement with the ICDDR,B has the potential for considerable impact on the management and substantive aspects of both projects and requires careful consideration and significant planning prior to implementation.

Recommendations for the Future

Continued funding for the MCH-FP Extension Project is fully justified and stands as the overarching recommendation of this report. Other major recommendations include the following:

1. Clear guidelines on the procedures for project planning and decision making should be developed, including the encouragement of better communication and closer collaboration with GOB counterparts. Improved communication and collaboration can be achieved, in part, through more regular meetings with the director general/Family Planning and other relevant Directorate staff.

2. Attention must be given to developing mechanisms and/or participating in those proposed by others for better communication about and coordination of planned MCH-FP research activities. Furthermore, the project should place less emphasis on international dissemination of findings and more on channels of dissemination within Bangladesh, giving special attention to those ideas that will affect improved service delivery and management in the national program.

3. A strategic plan should be developed as soon as possible to guide project activities and management structure for the next five years. In this task, consideration should be given and plans developed for moving qualified Bangladeshi nationals into top level managerial and research positions during the next funding period.

4. Interventions designed to test improved program efficiency and thereby reduce costs should be emphasized in the future. The cost of each intervention tested by the project should be included as part of the findings.

5. In the next funding phase, the project should focus on improving managerial systems in the upper levels of the GOB. This should include the creation of linkages between the field and national levels to ensure field level realities are incorporated into the national policy making process.

6. The UVP and the Extension Project should continue to operate independently, as they are now, during the initial cooperative agreement period. The cooperative agreement should require ICDDR,B to explore modalities for closer collaboration and coordination between the projects and, by the end of the first two years, present its plan to USAID.

7. A midterm evaluation of the project during the next phase of funding is highly recommended to examine progress and allow adjustments in project design if necessary.

1. Introduction

1.1 Project Background

The Bangladesh-based Maternal and Child Health-Family Planning (MCH-FP) Extension Project is a unique research project which has drawn considerable international attention for its approach to testing and assisting with nationwide introduction of several innovations for the improvement of the national family planning program. This effort, under way since 1982 and hereinafter referred to as the Extension Project, is funded by the United States Agency for International Development (USAID) through two cooperative agreements–one (ANE-0071-A-00-7058-00) with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the other through an amendment to DPE-3050-A-00-8059-00 with the Population Council. The project itself is a subcomponent of USAID's Bangladesh Family Planning Health Services Project (FPHSP).

The Extension Project was launched as a collaborative project between ICDDR,B and the government of Bangladesh (GOB) with experimental field sites in two rural *upazilas*,[1] Sirajgonj Sardar and Abhoynagar, located in Sirajgonj and Jessore Districts, respectively, and headquarters at ICDDR,B in Dhaka. The original objective of the project was to test the capacity of the GOB health and family planning service delivery system to absorb innovations that had been tested successfully in Matlab, another rural area of Bangladesh in which an experimental, non-governmental MCH/family planning service delivery system had been set up by ICDDR,B in 1977.

Using these two field "laboratory" sites, the project operates through residential counterpart staff who work alongside GOB staff to identify problems in program implementation and to design and test actions for their resolution. Those that are successfully tested in the project field areas are extended to broader areas for further testing and finally replicated in the national program. The research design, which offers a large, "real world" environment to test new service delivery strategies, has a greater potential for leading to actual changes in the government than the more typical, small-scale operations research projects that are undertaken in other venues to test innovations.

The project is currently in a period of transition. With its second five-year funding phase coming to an end, a proposal for a third five-year project has been drawn up. This report is both an assessment of the work that has taken place over the past three years and a forward look to advise USAID, the two Cooperating Agencies (CA), and the Bangladesh Ministry of Health and Family Welfare (MOHFW)[2] about future directions for the project during the next phase of funding (1993-1997).

The ICDDR,B periodically undertakes an internal review of the work of its various divisions, carried out by committees of the board of trustees. The most recent review of the Population Science and Extension Division (PSED), within which the Extension Project operates, was carried out in November 1991. Many of the conclusions and recommendations of that report, especially those

[1]Rural subdistricts were called *upazilas* during the earlier stages of this project. The designation of this administrative unit has recently reverted to its former name *thana*, therefore, the latter will be used to refer to this unit throughout the balance of this report.

[2]Formerly called the Ministry of Health and Family Planning, this entity is referred to throughout this report as MOHFW–its current designation.

relevant to the Extension Project activities, were confirmed in the assessment reported herein. The work of the PSED was also reviewed by external evaluators in 1986 and 1989.

In February 1986, USAID sponsored an external evaluation of the Extension Project, which was implemented by a two-person team fielded by the Population Technical Assistance Project (POPTECH).[3] This was the only previous donor-sponsored external assessment specifically of the Extension Project during its 10-year history. The report of the 1986 evaluation was not provided to the present evaluation team as part of the briefing package, nor was its existence known in Bangladesh (see Appendix A). The similarities between the recommendations contained in this report and those of the 1986 report are remarkable. Clearly, the turn-over of staff in both USAID and ICDDR,B since 1986 has some bearing on the loss of institutional memory about the existence of the earlier report. Nonetheless, that many of the recommendations from that report remain outstanding issues even today deserves serious attention by both funding and implementing agencies.

1.2 Project Objectives

1.2.1 Overview

Over its life, the MCH-FP Extension Project has operated with the overall objective of contributing to improvements in the GOB maternal and child health and family planning program by testing the ability of the national system to absorb a variety of interventions and structural changes. Each five-year phase has had its own subset of objectives/activities, but all of these have been stated in very general terms. Although these objectives/activities tended to be fairly similar, the project has evolved to some degree, from an emphasis on simply replicating small-scale approaches (the major focus during the first five years) to an approach that includes studies of the feasibility of interventions within the MOHFW system, a strong field presence, and linkages between research and policy formulation. The proposed upcoming phase of the project calls for continuing in the same general direction, with the exception that there is a new emphasis on evaluating "impact and process change."

1.2.2 The First Ten Years

1982-1986

The objective of the MCH-FP Extension Project at its initiation was

> . . . to test the capacity of the GOB health services system to absorb innovations that have been successfully tested in special projects. This objective is to be pursued on the premise that innovations can be instituted in the GOB system without major structural change.

Specifically, this was to be accomplished by transferring successful components of the experimental service delivery program in Matlab to the public sector program by working directly with government counterparts and using normal governmental channels. The role spelled out for the Extension Project

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[3]Ward, William B. and M.E. Khan. *Evaluation of the USAID Grant to the International Center for Diarrheal Disease Research, Bangladesh; Maternal and Child Health/Family Planning Extension Project.* POPTECH, Report No.: 85-68-039. September 1986.

for the first five-year period was limited to identification of operational barriers and the development and implementation of interventions to improve the service program. Undertaking operations research on barriers to effective service delivery in the government program and on problems and obstacles to successful transfer of Matlab innovations was considered a subsidiary objective in the initial stages.

1987-1992

The second five-year funding proposal for this project stated that its objective was to contribute to improvements in the GOB MCH-FP program through

- Continued research on the policy and programmatic implications of the Matlab MCH-FP program, and evaluation of its impact upon fertility, mortality and their more proximate determinants.
- Continued research on the operational barriers to effective MCH and family planning service delivery within the MOHFW system.
- Continued testing and evaluation of service delivery interventions within the limited areas of the Extension Projects's field sites...[including] those transferred from the Matlab system as well as other promising service strategies specific to the MOHFW program.
- Strengthening national MOHFW policies through the dissemination of key Extension Project results and findings and through the provision of limited technical assistance to the Ministry of Health and Family Planning (MOHFP) when appropriate.[4]

1.2.3 Objectives for the Next Phase (1993-1997)

The draft proposal for the next phase of the project affirms the overall project purpose of improving the delivery of MCH and family planning services through the MOHFW system and states that this will be achieved through the following activities:

- Identifying barriers to effective service delivery by working with MOHFW counterparts and conducting applied research;
- Testing the feasibility of proposed solutions in actual MOHFW settings;
- Evaluating both process and impact changes in the program; and
- Assisting the MOHFW in the wider implementation of program and policy changes.

This draft, however, contained no specific objectives, a lack that puts into question whether it will provide adequate guidance and direction for implementation of the next phase. Also, during the next phase, the project will gradually phase out its activities in Sirajgonj *thana*. Plans will be developed

[4]MCH-FP Extension Project: Proposal, July 1987.

and implemented to monitor and document how the program fares once project staff and other resources are withdrawn from this area.

1.3 Project Setting

1.3.1 ICDDR,B

The ICDDR,B, in which the Extension Project operates, was created by Ordinance No. LI of 1978, promulgated by the president of Bangladesh, to continue the work of the renowned Cholera Research Laboratory established in 1960. The Centre is supported by countries and agencies that share its concern for the health problems of developing countries including, among others, the government of the United States.

The aims and objectives of the ICDDR,B are to

- undertake and promote study, research, and dissemination of knowledge in diarrhoeal diseases and related subjects with a view to developing improved methods of health care as well as the prevention and control of diarrhoeal diseases; and

- provide facilities for training to Bangladeshi and other nationals in areas of the Centre's competence in collaboration with national and international institutions.

The ICDDR,B has six divisions: Clinical Sciences, Laboratory Sciences, PSED, Community Health, Administration and Personnel, and Finance. The project director reports to the associate director of PSED who, in turn, reports to the director of the Centre. The PSED also has responsibility for collection and processing of demographic and health data in Matlab, the Centre's original rural field study site, and the Extension Project sites, and undertakes research using these data.

1.3.2 Project Interface with Matlab Activities

Although the continuing activities of the Matlab MCH-FP Project are separate from those of the MCH-FP Extension Project, by virtue of separate funding and by placement in a separate division (Community Health) within ICDDR,B, considerable confusion exists within the greater health and family planning community in Bangladesh over the distinction between the two projects. Many government and non-governmental organization (NGO) representatives speak of the two projects as though they are one and the same.

This continuing confusion between the two ICDDR,B projects may be compounded because the Matlab service statistics system—known as the "record keeping system" (RKS)—is in part funded and maintained within the Extension Project, and project staff have continued, even in recent years, to analyze and use these data in the preparation of many of the publications and other dissemination efforts of the Extension Project. A considerable proportion of the Extension Project staff (more than 13 percent of the total) are involved with the maintenance and analysis of the Matlab RKS (although several of these individuals are currently out of the country pursuing advanced degrees).

In fact, the Extension Project claims to have moved beyond using the Matlab activities as its main source of problem and project intervention identification for operations research in its field areas and

elsewhere. Instead, research problems and interventions are now said to be identified by project staff in collaboration with GOB personnel at field sites and the central level, through suggestions of other population NGOs, from donors, and by project field staff from direct field experience. Many of the project's published studies and to some degree project interventions continue to be driven by Matlab, however (see below Section 2.2.1).

2. Activities

2. Activities

2.1 Overview

The MCH-FP Extension Project has made a major contribution in terms of workable program interventions that have been tested and introduced to improve service delivery and program management within the Bangladesh government's national family planning program. Among the innovations are recruitment of additional community-based field workers (this during the earlier project phase), improved implementation of satellite clinics, an improved client-based service statistics system, and door-step delivery of injectable contraceptives. It has done this through a unique research design, using two study *thanas*, each with its own treatment and control area areas. Furthermore, a wealth of written material for national and international consumption has been produced, based on the experience of the Matlab and Extension Projects. These publications have drawn considerable attention to the success of the Bangladesh national family planning program and helped moved forward the international discourse on the reasons for success and failure of family planning efforts.

The activities identified for implementation during the second phase of the project and included in the proposal covering the period 1987-1992 were categorized into three groupings: **research, intervention, and dissemination.** Some of the individual activities were continued from the first phase of the project and some were new. Accomplishments and recommendations for the next project phase for each of these sets of activities are detailed below.

2.2 Research

2.2.1 Outputs to Date

Research Design

Findings. The project was initiated with a treatment and control area design. Within the two study *thanas*, nine of the eighteen unions (*thana* subdivisions) were randomly selected to be treatment areas while four unions from contiguous areas outside the study *thanas* serve as controls. The contrast between the two *thanas* is useful. They differ in geography, socioeconomic, and educational standards, thus demonstrating the impact of interventions applied under a variety of circumstances and settings.

Project staff are posted to the two project *thanas* to act as change agents within the existing government system and structure. No new service personnel, supplies, or equipment are provided. Interventions, once determined, are implemented by government workers and supervised by MOHFW officials with project staff inputs limited to training, organization-building, and research. No extra honoraria are paid to government workers in the project areas.

The long-term involvement of this project with planning and testing national program interventions in collaboration with GOB counterparts and its on-site staff (expatriates in country and national staff at the *thana* level) is a distinct advantage of the project design. This design feature allows the operations research to be carried out as an iterative process in which the identification and testing

of each new programmatic problem builds on what has been tested and applied before. Although this design is potentially more expensive, it is undoubtedly more productive than one-time, short-term studies. The latter operations research model often leads to identifying problems of less importance or testing interventions that are not acceptable or feasible, especially if the studies are carried out by external advisors who are unfamiliar with a program's history, setting, and needs. On the other hand, long-term resident advisors can create dependence and may make it more difficult to achieve sustainability over the long run.

Government rules and regulations governing the national program are adhered to in the project. Interventions are designed to effect the orders of the national level planners; they deviate only on special order from the Ministry. When the government selected the two sites, no new officials were posted there and, during the life of the project, the usual processes of transfer or promotion of workers prevailed.

Impact assessment of health and family planning interventions is provided through a longitudinal sample survey which collects basic demographic data from 7,500 households in the experimental and comparison unions. Data have been collected continually every 90 days since the project's inception by project staff through the sample registration system (SRS). The SRS provides ongoing household demographic data to measure impact of various interventions, i.e., it supplements intervention-specific data collection. The information gathered includes demographic characteristics of households and of individuals within them; vital events including fertility, morbidity and mortality; and program operations.

Conclusions. Research designs are sound and most research findings of the project have been quite useful and have helped influence national decision-making. Most research activities of the project, however, have been biased in favor of quantitative methodology, much of which is based on data generated from the SRS. The SRS operation is quite expensive. Due to the large sample covered, it is labor intensive and involves a relatively large proportion of project staff.

Questions can be raised regarding the justification for continued use of the SRS and the possible start-up of a similar system if the project extends its activity to another area during the next funding phase. As an alternative, the coverage surveys used by immunization programs of 30 cluster sampling have proven successful in assessing the prevalence of family planning in a project area. An alternative for the future might be to undertake a baseline survey once the project site is selected. Thereafter, periodic mini-surveys could be used to collect information as needed.

Also, questions have been raised about the reliability of the SRS sample and the credibility of the data generated, since the interviewers are project staff. Furthermore, the interviewees exposed to the system have probably become accustomed to giving the kinds of answers the interviewer wants.

Although qualitative methodologies and program management problem-solving are important supplemental techniques to complement and enhance quantitative research, few project staff are experienced in these areas. For example, most project researchers are not conversant with qualitative research techniques such as focus group discussions, in-depth interviews, use of mystery clients and participant observation. Also, the researchers are not experienced in the analysis of qualitative data. Even with the limited qualitative research that has been conducted in the project, primarily among clients and workers in Matlab (see Simmons, R. et al. 1988 and 1990 from Appendix A, Attachment 3), findings generally are not integrated with those based on quantitative research. Finally, formal interaction and collaboration have been rare between those doing quantitative and those doing

qualitative research, i.e., the efforts of one group generally do not supplement and complement the efforts of the other group.

Research Implementation

Findings. Research has been undertaken by the Extension Project to determine how program interventions should be implemented, what problems arise during the course of their implementation, which mechanisms can be used for resolving those problems, and ways in which such interventions can be replicated nationwide.

The research agenda under the Extension Project has been heavily biased in favor of analyzing of the impact of the Matlab Project, even in recent years. For example, out of 13 published papers during 1990-92, 8 are based on Matlab data. Similarly, 4 out of the 5 conference papers and 8 out of the 25 working papers produced during the past three years are based on Matlab data (see Section 2.4.1 below). The implications are clear. A considerable amount of the Extension Project research staff effort has been devoted to the maintenance, storage, and analysis of the Matlab RKS data (see Section 1.3.2). Briefing papers, which document work in progress, provide an indication that this situation may be changing, however. Of the seven briefing papers produced since 1990, only one specifically refers to Matlab data.

All research activities scheduled for 1987-1992 were continued from the previous phase except the development of the microcomputer-based SRS. The continuing activities included

- evaluating the impact of the MCH-FP program upon fertility, mortality, and family planning,
- evaluating the programmatic impact upon maternal and child health,
- operations research on determinants of program performance, including research on project impact, and
- cost-effectiveness analysis of various interventions of the MOHFW program.

The latter task, which has been listed as a research priority throughout the life of the project, has not been a major focus of research undertaken to date.

Conclusions. Cost-effectiveness studies were to have been part of all interventions tested. Relatively little attention has been paid to analyzing costs of the various interventions, however, a particularly significant omission as costs have important implications related to national replication of the interventions. For example, although an analysis was done of the comparative costs of using disposable versus resterilizable needles and syringes, an overall cost analysis of the supply and worker time implications of the doorstep injectable contraceptive intervention was not done before it was recommended that the intervention be adopted in the national program. Project staff have also done little to design and field test interventions that are cost-saving in nature, e.g., the use of depot-holders, volunteers, community mobilization in support of the program (see Section 2.3 for suggestions of possible interventions of this type).

The limited attention given to cost-effectiveness analyses and potential cost-saving interventions is largely due to lack of adequate expertise among the staff in these programmatic models and in undertaking such analyses.

2.2.2 Research: The Future

Future Research Design

The research design used in the project has been important to the success of identifying and testing specific interventions in the GOB system at the *thana* level. The project has demonstrated a capability few other projects have, i.e., the facility to test interventions successfully in a research setting before their phased introduction into a larger environment. Nevertheless, the project design of introducing specific interventions through the placement of resident counterpart project staff at the *thana* level has not yet been proven as a means for institutionalizing improved management capabilities into the government system. In addition, the cost or feasibility of replicating this project design has not been calculated. It should be possible to answer questions regarding institutionalization and costs during the next funding period as the project phases out of Sirajgonj, documenting the sustainability of past inputs over time.

The project has illustrated that by working intensively with the GOB, interventions can be successfully introduced at the *thana* level and below. As yet, however, little effort has been made to ensure that the changes instituted at the *thana* level have been communicated or accepted at the higher levels, although this will be necessary if changes are to become institutionalized within the entire system.

If the project is attempting not only to test specific technical interventions, but also, and more important, to introduce and institutionalize effective managerial capability for diagnosing and solving problems within the government system, greater attention must be given to ensuring that the GOB system assimilates sustainable management capability. It is unclear at this point what type of project design would work best in ensuring that personnel develop these skills, and thus, several different project designs will be needed to test the ability of government systems to integrate and institutionalize problem-solving capabilities. If this can be accomplished, the government systems at all levels will be enhanced, which is the ultimate goal of the project.

Expanding the Research Design: Some Alternative Models

A number of models might be tried to test the best means to stimulate improved government management. They are categorized below according to the levels of project staff involvement that would be required. This is a key consideration in any decision to institute a management tool and/or change a system cost effectively within the broader national program.

- Maximum Involvement Model. In this model, most aspects of the project are controlled and involvement by project staff is very intensive. The Matlab Project is the prime example. Here, the system has been created and implemented by the project. Replicability of this model is probably not feasible in the government system due to the expense and intensity of hands-on management in the project design.

- High Involvement Model. This model requires fairly intensive involvement by project staff, who work within the government system for a long period of time. The MCH-FP Extension Project is a good example of this model: Problems that emerge from the project area can be solved

by government staff with project staff involved as their counterparts. The Extension Project attempts to solve problems by working with GOB staff to divide problems into various groups: 1) those that fall within the government system versus those in the environment and 2) problems at the *thana* level versus problems at upper levels of the system. Once it is decided what can be undertaken at the project level, action plans are developed to solve the problem. Interventions and problem-solving tools are introduced and integrated into the government system to test their feasibility within that context. It is unclear, however, how government services will function once project staff are phased out after 10 years of involvement in these *thanas*. The Extension Project plans to document its phase out from Sirajgonj to identify what has been institutionalized from this model.

- Intermediate Involvement Model. This model calls for a limited number of project staff to be involved with government counterparts and focuses to a greater extent than the others on sustainability. CARE's CHILD Project, which like the Extension Project contains intervention elements relative to improving program management at the grassroots, exemplifies this model. The emphasis is on community mobilization and integration of management capabilities in the government system through problem-solving and training. Community mobilization involves an effort to increase community awareness about immunization and family planning to a degree that it will come to know about proper health practices and to expect a certain level of services. The goal is to achieve this community awareness within a three-year period, when the project would be phased out. Although untested, the hope is that once the project ends, the system will have absorbed and institutionalized the input to function successfully without further CARE inputs.

- Minimal Involvement Model. This model depends on minimal involvement of project staff, involving consultation with government officials alone. The World Bank project-funded Management Development Unit (MDU) of the MOHFW, which (like the Extension Project) also aims at improving management of field-level activities, appears to be an example of this approach. In this project, one two-person team, including one expatriate and one national consultant, operates in each of the four divisions. These teams spend three of every four weeks in the field (at district level and below), working in consultation with local government officials and staff to analyze operational problems and management constraints and helping to resolve them. When problems cannot be resolved at the local level, MDU makes recommendations to national level and, after acceptance, oversees implementation of the recommendations. The Extension Project is also testing a minimal involvement model of sorts in the application of its action planning intervention in Monohordi *thana* to improve GOB field management procedures (see Section 2.3.1 below).

Two other possible examples of minimal involvement approaches are: study or observational tours and a partnership or counterpart arrangement. The tours could involve visits to Extension Project field sites by government staff from other *thanas* or upper levels. Lessons learned from these visits could be tried by the visitors on return to their home area (see Section 2.4.2 for greater detail). An example of a partnership or counterpart arrangement took place at the initiation of the Extension Project, when family welfare assistants (FWAs) from project sites were paired with Matlab Community Health Workers (CHW), a similar level of worker, for hands-on training. This proved to be a successful way to impart knowledge and skills to FWAs. Such an approach could be undertaken if the project extends to a new field site in the next phase after Sirajgonj phases out. The most competent and committed workers (e.g., FWAs or Family Welfare Visitors [FWVs]) from Sirajgonj or Abhoynagar could work directly with workers in the new project site. In this way, good workers would be recognized for their skills and new workers could learn on the job.

Choice of the Models

The Extension Project, the CHILD Project, and the MDU are all designed to assist government staff in their respective project areas to recognize and solve problems themselves. All of these models recognize that the staff know the problems in their areas but that they sometimes need assistance in techniques of problem-solving and channels of action to resolve problems. The philosophy is that if staff are closely involved in identifying the problems, they will feel ownership and commitment to their resolution.

The models chosen will depend to some degree on the interventions or problems being studied. For example, a Minimal Model approach might be useful to test a number of the management tools that have evolved from the Extension Project, e.g., project implementation committees (see below in Section 3.2.1), the action planning process and related review meetings, utilizing client data contained in the FWA and health assistant (HA) registers discussed in 2.3.1 as a management tool. This approach would ensure that these interventions can be absorbed and utilized over the long term without intensive external inputs.

Importance of Communication with National Level

Currently, the national level does not always appear cognizant of conditions at the lower levels. For example, circulars are issued at the national level often without apparent consideration of the field-level realities. If a system of feedback could be established to assist policy makers to understand how these circulars affect work at the lowest level, more caution might be exercised about issuing them. As an alternative, the Extension Project could test some of the directives made in these circulars before they are sent to all parts of the country; this would save considerable resources that might be wasted trying to implement nationally orders that clearly will not work.

The Extension Project can continue to make an important contribution by keeping the national level informed, through dissemination activities proposed in Section 2.4.2, about the reality at lower levels, and by establishing feedback mechanisms which can be institutionalized, not only at the field level, but at the national level.

Thus, whatever model(s) are selected for the next phase, they should be directed at strengthening the ability of staff at each level in the system to move problems through the system. Problems that cannot be solved by local, *thana*, or district level staff need to move up through the system to the level where they can be dealt with. The upward movement of problems will need ongoing problem-solving to find ways to identify and elicit central level attention to issues that only it can solve.

Recommendations

1. The Matlab RKS should be removed from the Extension Project and made part of ongoing Matlab demographic data collection activities, given the costs involved and the presumed change in the project focus from beyond Matlab to other issues.

2. Consideration should be given to replacing the SRS in the Extension Project with baseline surveys that are taken once the project site is selected, followed by periodic rapid mini-surveys and the use of qualitative techniques to generate the type of information needed to track implementation of interventions, problems in implementation, and their impact.

3. In addition to staff with family planning program implementation skills, the Extension Project should hire some individuals with proven experience in the fields of qualitative and practical, program-relevant operations research, including analysis of the cost of alternative program interventions. Emphasis for the next phase of the project should be on training and/or employing individuals with these skills.

4. During the next project period, the project should continue to test specific interventions in Abhoynagar as well as in any new project sites but focus on testing different implementation models that will institutionalize capabilities in problem diagnosis and problem solving within the government system.

5. **In the next phase of funding, the Extension Project should focus on upper levels of the GOB (district, divisional and national) to improve government bureaucratic systems. These activities should include the creation of linkages between the field and national levels to ensure that knowledge of field-level realities is incorporated in the national policy-making process.**[5]

2.3 Project Interventions

2.3.1 Outputs to Date

Overview

Most of the interventions--or field-level innovations--that were planned for the present funding period, especially those activities continued from the previous (1982-1986) period, were implemented and largely achieved their desired results. Most of these had been identified from Matlab field project experience:

- home delivery of injectable contraception,
- satellite clinics,
- record keeping system for FWAs,
- improved quality of care, and
- improved field management and supervision.

On the other hand, several planned "new" interventions were revised or not implemented at all. Unlike those listed above, these had been identified by the project staff either through collaboration with the GOB; with other key actors in the Bangladesh population program including NGOs and the donor community; or through direct field experience working in the two field sites. Of these, only two were addressed--a variant on the suggestion to field test how provision of drug mini-kits (in this case iron supplements for pregnant women) to FWAs in Abhoynagar enhances their acceptability and

[5]Recommendations that appear in boldface are the principal recommendations in this report. All recommendations will be listed in Chapter 7.

credibility in the community and the *thana* component of the proposed intervention to strengthen district and *thana* field management, and linkages with the MDU.

Three other planned interventions were not carried out:

- alternatives to contraceptive targets (e.g., household visitation coverage, contraceptive prevalence, etc.) as a means of assessing worker's performance;
- testing and evaluating the feasibility of increasing health and family planning coverage through the hiring of volunteer workers in Sirajgonj; and
- involvement of the community in designing a better service delivery program and its effective utilization.

Several other interventions not originally part of the current project were also carried out, including the following:

- family planning inspectors' (FPI) diaries; and
- HA register.

These unplanned interventions arose from GOB officials' (central and *thana*-level) suggestions and from previous successful project interventions, e.g., the FPI diaries and HA registers were suggested after demonstrated success with the introduction of the FWA registers.

Home Delivery of Injectable Contraceptives

The success of the Matlab family planning project in raising contraceptive prevalence was achieved following the introduction of injectable contraceptives (by far the most popular method in the Matlab program). The Extension Project has shown, beginning in 1985, that it is possible to replicate the Matlab success with the injectables in the government program. FWAs, who are female community-based paramedics, were taught to screen potential clients and deliver injectable contraceptives during their home visits.

The MOHFW requested the Extension Project to assist in expanding home delivery of injectables nationwide; however, initial screening and the first dose is provided by the more highly trained FWVs rather than by the FWAs. The project recommended a phased expansion because of the need to monitor and to manage problems with quality of care such as disposal of used syringes; management of side effects; monitoring of adverse consequences; and information, education and communication (IEC) for informed choice. The project also made a number of other recommendations that have been incorporated in the GOB plan. These include, for example, the decision to supply only one type of injectable.

Eight new *thanas*, excluding the project field sites, have been selected for testing of the phased expansion of home delivery of injectables. The decision for nationwide replication will be based on the result. The project has hired six field research officers (FRO) to monitor program expansion. They have been trained, using materials prepared by the project. The six FROs along with GOB *thana*-level officials, especially the MCH medical officers and senior FWVs who are trained as auxiliary midwives to provide MCH and family planning services, will be the trainers. They will assist

in the training of FWAs, FWVs, and other concerned persons to screen potential clients, provide injectables, and supervise this new program activity in the eight new *thanas*. Also, the FROs will be responsible for the overall monitoring and evaluation of the intervention.

Implementation of this intervention was delayed because the Ministry did not approve funding of the GOB training costs; however, project staff helped in the preparation of a proposal for United Nations Population Fund (UNFPA) funding, which has been approved. Funding has been allocated for this activity by UNFPA.

Satellite Clinics

Because domiciliary health and family planning services make heavy demands on supervisory and supply systems and are not good candidates for long-term sustainability, alternatives are being identified and tested. The satellite clinic is one such alternative, representing an intermediate site for MCH-FP service delivery between the two extremes of door-to-door services and the underutilized static clinics. The latter include the outpatient family welfare centers (FWC), staffed by one FWV and one male paramedic to provide MCH, family planning, and other primary health care services, and the more comprehensive first referral level inpatient *thana* health complexes. Satellite clinics are held once a month at the village level, in the home of an influential resident. The site is relocated after six months to another village or residence. They are staffed by an FWV, assisted by the local FWA. Each FWV attends two satellites each week, or eight per month.

Since 1985, project staff have worked on the implementation and management problems hampering the satellite clinic program. Interventions in this area include devising ways to overcome the problem of transporting the FWVs from the FWCs to the satellite clinic sites, determining the drug and other supply needs of the clinics, organizing portable supplies, and solving the problems of local coordination between the health and family planning wings of the MOHFW so that satellite clinics can be held jointly with expanded program for immunization (EPI) vaccination sites.

Satellite clinic supervisory and drug/equipment packing checklists have been revised to help ensure that all the necessary drugs and equipment are brought to clinic sites. Also, senior FWVs and MCH medical officers have been assisted to refine their use of supervisory checklists to improve supervision of satellite clinics as well as the overall range and quality of services provided.

The government concurred with the project's findings that the FWVs' lack of transport was a crucial barrier to satellite clinic implementation and adopted a plan to provide reimbursement of Taka 100 per clinic rather than in-kind transportation tested in the project sites. Also, on the basis of a project recommendation, the number of drug and dietary supplement kits has been increased to reflect actual needs of each satellite service point.

The MOHFW has instructed that eight satellite clinics should be held in each *thana* every month, with Monday as a regular satellite clinic day for the whole country. The decision to hold satellite clinics on Mondays, however, is not based on the recommendation of the Extension Project. Rather, this directive relates to a need for officials to inspect the work of *thana*-level staff responsible for these services. As a result of the above decision, the satellite clinics are held more regularly than in the past, but reports exist of shortages of necessary equipment (e.g., cold box carriers) at the FWCs, thereby hampering the implementation of the directive for universal Monday clinics.

Second-Generation FWA Register

The FWA register, developed by the project in collaboration with the Management Information System (MIS) Unit of the Family Planning Directorate, was implemented nationwide in November 1989. This register was designed to enable FWAs to organize their work and keep track of services rendered to particular households as well as to guide them in making follow-up visits. Also, such a register was expected to assist in the supervision of the work of the FWAs and help in the compilation of reports. A new register is required in November 1992, since the original register was designed with space to record 36 months of visits and thus to be replaced after three years.

The project proposed to revise and simplify the FWA register before the new one was issued. Accordingly, the director general (DG) for family planning formed a joint committee, made up of representatives of the GOB and the project. The committee approved a modified version of the register for field testing. In December 1991, training workshops were conducted jointly by the MIS Unit and the project staff in four *thanas*. These workshops provided initial feedback from the FWAs and the FPI, who supervise the FWAs and are thus the first-level MCH-FP supervisors. From January to March 1992, a field test was conducted in these *thanas*. Several changes were made as a result of the field tests and feedback from workers, and the final format was approved by the committee. In May 1992, the new register was formally presented to the DG/Family Planning by the MIS Unit director.

A decision has been made to introduce the new register, which is lighter and simpler than the one it replaces. The project staff are making final revisions in training materials and manuals to accompany the register. Trainers have been recruited and trained for the introduction of the revised register, which is awaiting printing.

Improved Quality of Care

Improving contraceptive screening and side-effect management continues to be a priority Extension Project activity. GOB program screening and side-effect management checklists were found to be seldom used, since the content of these lists was beyond the comprehension of most GOB field staff. Contraceptive screening and supervisory checklists were, therefore, revised to make them more comprehensible and useful, and FWAs and FWVs were trained in their use. Although the workers found these checklists useful, not all were found to follow them systematically. Another intervention is the development of a series of supervisory checklists for senior FWVs. These have been found very helpful and they are used regularly.

Improved Field Management and Supervision: Development of Action Plans

A training workshop was conducted in March 1991, in which the *thana* officials developed action plans to strengthen program review and planning in two unions of Abhoynagar *Thana* and three unions of Monohordi *Thana*. (The latter *thana* falls outside the project's "laboratory" field site areas.) Subsequently, the action plans were refined in a series of workshops conducted with the FPIs and the FWAs of the experimental unions. These plans include performance review for each FWA, based on available data from the FWA register; identification of factors affecting performance; development of worker and union goals and action plans for the subsequent six months; and assignment of supervisory plans for the FPIs and *thana* officials.

This intervention also assisted the workers and the supervisors to develop negotiated targets in place of targets imposed from the top. Furthermore, a linkage was set up for problem identification and development of appropriate solutions at different levels of service delivery, i.e., the union, *thana*, and district.

Plan implementation began in July 1991. The plans for workers and supervisors are reviewed every month at the union level meetings, which helps to identify problems and offer solutions. An evaluation of the intervention was conducted one year after it was introduced. The findings indicate that the intervention should not only be continued in the existing five unions but also extended to other unions of the country. The evaluation recommended that before the intervention is replicated nationwide, a manual should be developed, describing the processes involved in problem identification, solution development, performance review, etc.

Other Recent Interventions

Iron Supplements for Pregnant Women. It has been increasingly felt that by broadening the range of compatible services that can be easily delivered by the fieldworker, the credibility of the fieldworkers will rise. One such service is the provision of antenatal care by the FWAs, including distribution of iron tablets to pregnant mothers who are at risk for anaemia.

In 1990, project staff trained FWAs in its field sites about anaemia and its consequences for pregnant women as well as in field screening techniques to determine moderate and severe anaemia. A targeted intervention to distribute iron and folate supplements was undertaken in 1991 and continued for one year; however, the population sizes were too small and available resources too limited to undertake a complete clinical trial investigating the effects on morbidity, still less on mortality. The purpose of the intervention was to evaluate the feasibility of such an intervention and to learn about the potential problems of implementing it on a large scale, since such a program is planned under the upcoming World Bank-funded Fourth Health and Population Project. Results of an evaluation indicate that the FWAs are interested in the intervention since it increases their credibility. Issues include the need for more refinement of the intervention through additional training; devising mechanisms to ensure provision of supplies to the FWAs; and investigation of the cost implications of this widescale nutrition supplement distribution.

FPI Diary. Early project findings and reports of other projects indicate a need for closer monitoring of the work of the FPIs, who supervise the work of the FWAs. Thus, a system of recording their activities was designed and field tested in the two project *thanas* and one non-project *thana* during July to September 1991. This diary records actual activities of these workers against planned activities, and the project test proved its value as a mechanism to help *thana* family planning officers to supervise FPIs. The Family Planning Directorate has shown interest in further testing of the intervention in eight *thanas*, and based on the results, the decision will be made whether to replicate it nationally. Also, CARE has expressed its interest in using the FPI diary in refresher training and field supervision for the FPIs in its CHILD Project in Sylhet District.

Health Assistant Register. The DG/Health requested the project to develop a client-based record keeping system for the health workers that would be similar to that of the FWAs. Such a register was developed to record the work of the HAs. The predominately male HAs are counterparts to FWAs from the Health Directorate who provide basic primary health care services such as immunizations and malaria control at the community level. With MOHFW approval, the HA register was fieldtested in Abhoynagar *Thana* for six months in late 1991. Findings are generally

positive, with the HAs reporting that the register was useful and that error rates were tolerably low. Interest in the Health Directorate is strong in favor of national replication of this intervention.

2.3.2 Project Interventions: The Future

Some of the project interventions proposed for the upcoming project are obvious candidates as they are fundamental to improved service delivery (management and quality of care) and are already being studied. Others have not been explored but have considerable merit (cost effectiveness and community mobilization). Still others are somewhat questionable, given the resource constraints of the Bangladeshi health system. During implementation, it is likely that additional new ideas for project interventions will arise from the field and through collaboration with government, NGOs and donors. It is important that the research agenda and priority areas of research to be developed for the new project be flexible in order to take into account possible changes in project interventions.

Management Improvement

Focusing on management should continue to be a key priority for the project. The project has demonstrated that management systems can be improved at the *thana* level. In the future, as similar efforts are directed at the district, division, and national levels, many of the other proposed interventions will naturally be affected and improved. The ideal outcome is that each level learn to diagnose and solve its own problems. With successful management come the tools to diagnose and solve problems, thus leading to an improvement in the overall program, including and most especially the delivery of MCH-FP services, e.g., satellite clinics. Issues such as improvement of quality of care should be an integral part of good management of any service delivery program.

Quality of Care

Quality of care should also continue to receive priority attention under the project. Put simply, this is just good service delivery. Providing poor quality family planning services can be detrimental to a program. Attention to quality is not a luxury that can wait until the family planning program is well established. Rather it is a means by which the program will become established. Quality of care is now regarded by many family planning providers as including most aspects of service delivery: good interpersonal relations, choice of methods, informing and counseling clients, technical competence, mechanisms to ensure continuity, and appropriateness and acceptability of services.

If services are not of a certain quality, women will not use them or will discontinue using them. All aspects of quality of care will come to the surface in time, if a system of problem-solving is continually undertaken in a project area. Ensuring good management is a continual process and does not happen immediately. Tools can be introduced to reinforce a systematic review of quality of care issues in a program.

A number of Agency for International Development (A.I.D.)/Washington-funded CAs have been working together through a Quality Subcommittee to develop and standardize indicators for quality of care. The subcommittee's draft of a framework of possible indicators of quality of care is provided as Appendix C. This framework contains six elements taken from the Population Council's original framework on quality of care developed by Judith Bruce. It would be beneficial for the Extension Project to be in contact with this subcommittee for new and revised information on quality of care that might be applied in Bangladesh.

Since the Extension Project has research capabilities that few other projects have for testing quality of care indicators, an initiative to test, revise, and refine tools to monitor quality of care could assist to improve services within Bangladesh, but also possibly worldwide.

Cost-Saving Interventions

That the project's research agenda has included little attention to cost analysis is significant, particularly as all interventions tested by the project and widely replicated appear to have added to the cost of the national program. Likewise, that the Extension Project has not yet looked at interventions that would lead to greater cost savings for the Bangladesh program suggests a strong need for change in this area, since cost savings should be an important priority for any national program (see Section 2.2.1). A number of potential areas exist in which cost-saving interventions could be fruitfully studied, including the following:

Method Mix. The Extension Project is in a good position to undertake a thorough analysis of how cost-effective it is to provide each contraceptive method.

With respect to temporary methods, the apparent shift from clinical methods as indicated by the 1991 Contraceptive Prevalence Survey, combined with the overall increase in contraceptive prevalence from 19 percent to 40 percent between 1983 and 1991, brings a need for more personnel and training to provide door-to-door education and service delivery (see table below). These services will probably be more costly than clinical services and it is important to identify just how high they will be.

Contraceptive Method Mix, 1983-1991
Bangladesh

	1983	1986	1989	1991
Traditional Methods	28%	27%	22%	22%
Clinical Methods[a]	45%	45%	42%	37%
Home Delivery Methods[b]	25%	27%	35%	41%

Source: Mitra, et al. Bangladesh CPS 1991, Key findings.
Note: Columns don't total 100% due to rounding.
(a) Sterilization, IUDs, Injectables (the latter provided through home delivery only experimentally)
(b) Condoms and Pills

With respect to costs of clinic-based services, these also need to be analyzed, including the cost of the high level of clinical and counseling training necessary to provide good sterilization and IUD services and costs of drugs to treat the possible vaginal or pelvic infections of IUD clients. Another issue relates to the leveling off of demand for sterilization services. Possible areas for study include whether the leveling off occurred as a backlash against sterilization targets and the limited services of the government, or whether quality and promotion of good services declined. A cost analysis of a shift to more effective long-term methods could illustrate a large cost-savings to the government.

Community Mobilization. Although testing community involvement as a means to improve service delivery was mentioned as an intervention in the present work plan, the project has not focused on the benefit of educating and mobilizing communities related to MCH-FP service delivery. As earlier in Matlab, the Extension Project has put heavy emphasis on the supply side of family planning service delivery. The demand side has not received enough consideration in view of its importance as an element of program sustainability.

Community mobilization and awareness-raising provide individuals within the community with information and create demand for services. They empower people with the information and ability to desire and demand MCH-FP services. In a culture in which women are controlled by the decision-making of their husbands, mothers-in-law, and the restrictions of the surrounding community, awareness-raising in the community could go a long way to improving acceptance of family planning and perhaps reducing the need for house-to-house motivational efforts, resulting in cost savings for the government.

In this regard, the Project could learn from organizations working on community involvement in family planning services in Bangladesh such as the projects of Population Communication Services (PCS), CARE and other NGOs. The prospect of working in collaboration with these groups to research community mobilization should be investigated.

Depot-Holders. Once enough women and communities are aware of family planning or enough community-based distribution (CBD) work has been undertaken, a program can move to a depot-holding mode. An intervention could be set up and tested in which depots are established in strategic locations in communities where an FWA or a community volunteer would have the supplies (e.g., pills, injections, condoms) in their homes. Clients would come to the depot when they need supplies instead of depending on more costly door-to-door visits. The respective costs and outcome in numbers of acceptors/continuers can be documented.

IEC. A program strong in IEC leads to more users and greater sustainability. IEC covers a broad area: radio, TV, films, videos, print materials, good counseling and communication skills. To document cost and impact of these interventions, the project could design and test interventions in collaboration with IEC projects such as those funded by PCS.

Community Volunteers. Community volunteers can be used as depot-holders, community educators, or CBD workers and are thought to be an effective way to sustain a program at the local level. To be effective, however, volunteers need to be trained, a cost that needs to be considered in determining the cost effectiveness of using them. The project could assist in determining whether using community volunteers could be a cost-effective way to strengthen a program.

Maternal and Child Health. Several new activities have been suggested for the FWAs as a result of Extension Project findings. Proposals to test whether additional MCH interventions can be carried out by GOB grassroots family planning staff are questionable. A major question is whether the individuals can or should take on more health care interventions without rational division of labor, supervision, and proper management.

- **The FWA.** The current expectations of the FWA are already beyond those that can reasonably be carried out. This cadre was originally created to undertake family planning mobilization and education, which included supplying condoms and pills, plus home visits and education in the communities. Now, based on the project's work, the FWA's role may be expanded to providing doorstep injectables. Recent GOB circulars announced that this cadre is expected also to provide immunizations once or twice a week as part of the EPI program, mobilization for and assistance to satellite clinics, and ante-natal information and high-risk screening. These workers are also charged with providing information on sanitation and planting trees as part of a national reforestation movement. In addition, FWAs may be called on to deliver iron supplements, depending on the results of that intervention currently being tested by the project.

The project could assist in delineating what additional tasks are possible for an FWA while still allowing her to remain an effective family planning worker. The project might also wish to investigate the roles of the HA and FPI in this regard to determine how their roles can be strengthened and how grassroots health and MCH-FP work can be divided equitably so that all workers can be most productive. Quality of care could be addressed by looking at the quality of each cadre of workers' time spent on the job. The project could play a critical role in determining an optimal list of services that an FWA can provide to be an effective family planning and possibly MCH worker.

- **MCH/Safe Motherhood.** At most levels of the MOHFW, officials and practitioners have expressed their interest in stronger MCH, particularly maternal health, interventions. The balance that should be struck between health and family planning is one of the most perplexing facing this project. It appears that FWVs already emphasize MCH to the near exclusion of family planning. During an observational study (Koblinsky, 1989), the FWVs were found to be primarily involved with curative care, with MCH care provided to approximately one quarter of all patients, family planning, to less than two percent, and follow-up family planning care observed even less often.

At the grassroots in the GOB system, MCH is linked with family planning, but the danger is that an over-emphasis on the health side could weaken the impact on the family planning side. It is highly likely that some interventions in the MCH and safe motherhood areas could be better offered by another project with major resources for maternal health. Identifying which those are will entail keeping in contact with other resources, both programmatic and financial, that exist in the development community.

Although MCH and safe motherhood should be essential parts of a health care system, it is questionable whether this project can do justice to maternal health within the GOB health system context, given the resources and expertise needed to provide a quality maternal health service. Improvement of maternal health services is very expensive, requiring nearby facilities well-equipped for emergencies (e.g., for blood transfusion and caesarian section) and transportation for villagers. The project currently has an MCH consultant, an experienced maternal health doctor who is funded from non-USAID sources and who is investigating additional inputs into maternal health. These questions about increased MCH activities within the Extension Project will have to be decided by the ICDDR,B and the project in consultation with their various donors.

<u>Recommendations</u>

1. The Extension Project should focus on improving management skills in problem diagnosis and problem solving at all levels of government. The management tools that are developed and tested should be suitable for institutionalization in GOB systems.

2. The project should develop and refine tools for improving quality of care that can be utilized in Bangladesh and worldwide.

3. The testing of innovations for expanded community participation and use of volunteers for specific tasks, e.g., IEC activities and depot holders, should be included in the next phase of the project, since such interventions are likely to make the program more cost-effective.

4. **Interventions designed to test improved program efficiency and thereby reduce costs should be emphasized in the future. These activities should include research on the relative costs**

of quality clinical services versus the cost of supply-dependent services. The cost of each intervention tested by the project should be included as part of the findings.

5. The project proposal should be flexible in order to take into account new ideas for project interventions that arise from the field and through collaboration with government, NGOs, and donors. These may be proposed both during the recommended strategic planning exercise and as the project progresses (see Recommendation 1 in Chapter 3).

2.4 Dissemination

2.4.1 Outputs to Date

A primary purpose of the MCH-FP Extension Project is to disseminate the research results and lessons learned from the various interventions tested by the project to the MOHFW, NGOs, and other organizations for the improvement of the national MCH-FP program. Also, the research findings and lessons learned are disseminated internationally, both for their scientific and professional value and for their potential replication in other countries. Project staff evaluations put a higher value on international dissemination than on efforts that are directed in-country, according to ICDDR,B personnel regulations. Given the project's objective of effecting change within the national family planning program, this seems a misplaced emphasis.

Over the life of the project, some linkages have been established with policymakers, NGOs, and local institutions for the purpose of project planning and decision-making (see below in Section 3.2.1). These mechanisms do not seem to be utilized consistently, however, for dissemination of project findings.

The planned dissemination activities between 1987 and 1992 included improving policy linkages to the MOHFW program as a continuing activity as well as several new activities as follows:

- research dissemination through policy briefing papers and workshops,
- linkages with the MIS Unit, and
- expanded linkages to NGOs and local institutions.

Research results and lessons learned from the Extension Project are generally disseminated through written reports and papers, workshops and seminars, field trips, and meetings. During the 1990-92 period, the project undertook the dissemination activities outlined below.

Written Reports and Papers

Overview. Project staff produce five types of reports and papers. During 1990-92, 13 journal articles, 5 conference papers, 25 working papers, 7 briefing papers, and over 50 documentation notes were prepared (see Appendix A, Attachment 3). Whereas the journal articles and conference papers primarily reach an international audience, the briefing papers are directed largely at a national audience. Working papers and the documentation notes are, by and large, meant for internal consumption of the staff. The sheer output of the Extension Project, and the scientific caliber of materials published, are well recognized.

Briefing Papers. Seven briefing papers were completed during the reference period for dissemination within the country. Most are based on project activities. Topics are as follows:

- mechanisms for achieving more effective coordination between the NGO and the MOHFW service delivery programs in rural Bangladesh,
- a cost-effectiveness analysis of alternative approaches to providing transport to FWVs to attend satellite clinics,
- the impact of measles vaccination on childhood mortality,
- the effectiveness of satellite clinics,
- arguments in favor of one brand of injectable,
- lessons learned from national FWA recruitment exercise, and
- findings on contraceptive side-effects management.

Some of these briefing papers have been used in formulating new policies or contributing to other non-project activities within the GOB. For example, lessons learned from the FWA recruitment exercise have been useful to the present process of recruiting additional HAs. Likewise, the briefing paper on injectables has been used by the Family Planning Directorate to strengthen its policy related to the use of one brand of injectable in the future.

Notwithstanding the contribution of these briefing papers, certain limitations appear to affect their utilization. First, such papers are not prepared regularly. For example, none has been produced since May 1991 although several drafts were being finished at the time of the assessment, including one relating to iron supplementation distribution by FWAs and another to the HA register. The practice appears to be to wait for an intervention to be completed before a briefing paper is prepared, although there is no reason that a briefing paper could not also be written in mid-course, dealing with the process or problems of implementation. Second, although a newly formed staff task force on external relations (see below Section 3.1.1) recommended that briefing papers be prepared in Bangla for better understanding, especially among the field functionaries, only preliminary steps have been taken in this area. Third, no standard mechanism has been developed for presentations or discussions with the concerned GOB and NGO officials subsequent to the distribution of briefing papers. Since many of the findings and lessons learned are not read and studied in detail or clearly understood by those who receive such papers, follow-up sessions to explain and discuss the papers would likely help translate the results into meaningful programmatic action.

Workshops/Seminars

Rather than taking the initiative to organize its own dissemination seminars and workshops to publicize valuable new findings, project staff have participated in a variety of workshops and seminars sponsored by other entities to disseminate their key results and lessons learned. Often these occur months or even years after the fact. The closest the Extension Project has come to hosting its own conference was a national workshop it co-sponsored with the Association for Voluntary Surgical Contraception (AVSC) to review the Bangladesh experience with doorstep delivery of injectable contraception. The conference, which recommended a phased introduction of this method

nationwide, was held in response to a request from the DG/Family Planning and the minister. Other senior Ministry officials participated in the workshop. Project staff also presented eight papers in the first Annual ICDDR,B Conference held in October 1991. The next such conference is planned for January 1993. These conferences are a useful means of disseminating project results to a wider policy audience.

Staff share project findings in other fora as well. For example, the project director participated at the Workshop on Contraceptive Pricing, organized by University Research Corporation (Bangladesh) and presented lessons learned from the GOB policy of charging for condoms in the two project areas. Project staff also delivered five papers at a workshop on MIS, co-sponsored by the MIS Unit of the Family Planning Directorate and John Snow, Inc. The workshop was held in May 1992 and included participation of MOHFW officials as well as donor and NGO representatives.

Field Visits

An effective means of increasing awareness of the Extension Project's work, as well as for obtaining inputs into the research agenda and the design of interventions, is through field visits to project sites. Several joint field trips were organized during the period 1990 to 1992. A notable occasion was the visit of the Chinese minister for family planning to Abhoynagar in December 1991. She was accompanied on the visit by the highest officials of the MOHFW.

The number of joint field trips during recent years was considerably fewer for GOB officials (5 visits) than for donor representatives (19 visits). Field visits undertaken with donor representatives helped them develop their own plans and projects. For example, briefings and a field trip for USAID representatives helped in developing USAID's next health and population project in Bangladesh. Similar trips organized for the UNFPA and for the World Bank and its Consortium members helped them develop their Five-Year Country Plan and the Fourth World Bank Population and Health Project, respectively. On the other hand, the potential for orienting GOB officials about the Extension Project through joint field visits remains less than fully realized.

To date, the project has not organized study tours for officials and field functionaries from other *thanas* and districts, so that they can familiarize themselves with the interventions being tried in the Extension Project sites. If such study tours can be organized and supported by a follow-up mechanism to ensure that those who participate in the study tours implement interventions in their own areas, they could serve as an effective, and perhaps, also a cost-efficient dissemination mechanism.

Meetings

- **With Government Officials and Counterparts.** During the present funding phase, extensive interaction with the MIS Unit of the Family Planning Directorate took place regarding work related to the development, testing, and expanded introduction of the FWA registers. Meetings related to this intervention have been informal and held on an "as needed" basis. They have been limited to the GOB and project staff directly involved with the intervention. This appears to be a mechanism that has been effective, and it is one of the few GOB linkages that has been extended to the dissemination activities as well.

Staff of the project continue to work with MOHFW officials in an effort to disseminate key project findings. Various activities have been undertaken for the purpose. The activity with the greatest

potential for dissemination is more frequent meetings with the MOHFP officials and with the National Institute for Population Research and Training (NIPORT) and within it, the National Steering Committee on Population Research (NASCOPOR) chaired by the MOHFW secretary; the sporadic nature of meetings with these groups, however, has precluded this for the present (see Section 3.2.1).

In the past, project staff also held *ad hoc* briefing meetings with GOB counterparts, as and when interesting research findings emerged. Subsequently, based on a need expressed for more regular briefings, a system of bimonthly meetings with the DG/Family Planning and his staff was initiated in March 1991. These meetings are intended to provide the institutionalized mechanism for dissemination of research findings to the GOB. For example, the first such meeting concentrated on doorstep delivery of injectables, at which time the decision was taken to initiate national implementation of this strategy on a pilot basis. These meetings have been in abeyance for over six months, but both project and Directorate staff think they should be reinstituted.

- With Donors. The Extension Project also provides occasional briefings to donors on key project findings. In the past, these briefings have been held with USAID, the World Bank, the United Nations Children's Fund (UNICEF), the German Association for Technical Cooperation (GTZ), the Swedish International Development Authority (SIDA), the Canadian International Development Agency (CIDA), and UNFPA, among others. These meetings, although useful, do not seem to have been adequate to overcome the overlap and duplication observed (see Section 3.2.1).

- With NGOs. Project staff also maintain contact and share research findings with the NGOs through participation in meetings of the NGO Coordinating Committee and its MIS Subcommittee, the MCH Forum, the Women's Reproductive Health Group, and the Voluntary Health Services Society. Project staff have made presentations at several NGO meetings on such issues as overlap between MOHFW and NGO reporting, sustainability, contraceptive pricing, and management. Furthermore, informal contacts have been maintained with Pathfinder International, the lead agency within the USAID-funded NGO community on planning and implementing operations research, and with CARE's CHILD Project in Sylhet.

Despite these efforts, considerable scope exists for improvement in the Extension Project's coordination with the NGO community. According to the leading NGOs, communication and coordination between the Extension Project and the NGOs has not been very fruitful. Moreover, the Extension Project did not utilize some of the lessons learned from previous NGO interventions or did not give due consideration and coverage to such interventions when making recommendations for adoption of some project interventions in the national family planning program. A case in point relates to activities in the area of MIS and the record keeping system. The NGOs maintain that they have learned lessons from similar interventions that should have been given greater consideration before adoption of the project record keeping system in the national system was recommended.

Furthermore, the NGO community argues that several project interventions that have been useful for the GOB program have been counterproductive for the NGOs. For example, recruitment of additional GOB fieldworkers has resulted in displacement of NGO workers in some areas, a problem that might have been avoided through better coordination with the NGOs.

2.4.2 Dissemination: The Future

Although much has been achieved to date in the area of dissemination, the project could take a number of steps that would improve its communication within Bangladesh and thus contribute to the project's primary purpose of improving the national program.

Good groundwork in this area was laid in 1991 by the Extension Project's External Relations Task Force (see Section 3.1.1 below), which thoroughly analyzed each of the current and potential external relations channels, both at national and field levels, and documented how each means of dissemination could be improved. This work should be the starting point of any further discussion about dissemination activities. Project staff now need to decide on the most effective channels and the best approach to improving dissemination through them. Project staff ideas should, in turn, be discussed during the strategic planning exercise called for in the first recommendation in Chapter 3 and an action plan developed to link responsibilities for external relations to specific individuals.

Specific suggestions for discussion proposed by staff, GOB officials, NGO, and donor representatives, are as follows:

Systematic Communication

If applied research for improving the national family planning program is to be integrated into the national program, it will be essential for the project to pursue systematic communication with the GOB (including its MDU project), NGOs, and donors. This needs to begin with the development of a research idea and continue through its implementation in the field.

- Government. The need for the project to stay in communication with all the upper levels of the government is critical to its success (see Section 2.3.2). Adequate mechanisms to achieve better communication are, in fact, in place: both bimonthly meetings with the DG/Family Planning and his staff and with NASCOPOR are potentially excellent avenues for communication. Obviously, the communication process must be flexible, depending on the personalities and interests of the relevant officials at any given time.

- USAID. Meetings with USAID have not taken place regularly enough in the past. Periodic meetings should be held with USAID to facilitate collaboration with other USAID-funded projects and to assist in disseminating project successes. With its stature and influence, USAID could assist in pushing forward the project's agenda of applying research findings within the national program.

- NGOs. Improved communication with NGOs will assist in determining research needs and disseminating lessons learned. With respect to determining needs, the Extension Project can benefit from the long experience of the NGO community's experimentation with innovative approaches in family planning in Bangladesh. Visits by Extension Project staff to NGO projects could assist in generating project ideas and develop positive relationships with NGOs. With respect to dissemination of lessons learned, if NGOs are consulted from the initiation of a research idea, they will be more likely to operationalize those lessons in their own project areas. Working with NGOs to implement interventions that have proven to be successful could assist in institutionalizing an intervention quickly.

In addition, the NGOs believe the Extension Project could serve as a communication link between the government and themselves, since the project, through its position as part of the ICDDR,B, has a direct communication channel to the government.

Study/Observational Tours

Assuming phase out occurs as planned in Sirajgonj, Abhoynagar could be utilized during the next phase as a study/observational site. The project guest house at Abhoynagar is appropriate for this activity. Most productive would be to invite a working group of government officials from another *thana* for a one- to two-week study tour. Teams including, for example, the *thana* family planning officer, MCH medical officers and the assistant family planning officer, would provide a critical mass of people who, on return to their home territory, would reinforce each other in efforts to institute a particular intervention.

Such a study tour would involve the visiting group's developing action plans for its own regions, with assistance from the Abhoynagar GOB project team. These action plans would outline a timeline of how selected activities would be implemented once the visitors return to post. Follow-up visits by project staff could be included in the action plans to reinforce actions and provide assistance in implementing selected interventions.

Abhoynagar project field staff would need to be oriented and trained regarding the objective of these tours to ensure that they are fully supportive of working with GOB or NGO staff during these visits. Project staff and their GOB counterparts should be involved in determining the best way to present the Abhoynagar work to visitors.

Briefing Papers

The External Relations Task Force's recommendation that briefing papers be prepared in Bangla should be implemented. A striking format and colored paper could be used to attract greater attention and wider appeal.

The project might also explore following up the distribution of specific briefing papers with a meeting to discuss the topic with a select group of GOB or other individuals having a special interest in the subject of the paper. This would provide stimulus to read about and act on issues reviewed in the paper.

Government Fellowships or Secondment

An avenue that has not been explored to date is to second selected GOB officials to the project for an established period of time. This was discussed with the DG of NIPORT, who affirmed that this could be an excellent mechanism for skill transfer.

Employing qualified government staff full time in key positions could also assist the project in achieving greater knowledge of the government workings and develop important links with the government. On the other hand, such an arrangement could be a drain on scarce manpower resources of the GOB.

Videos

A professionally produced video, showing a *thana*-level project implementation committee or action plan review meeting, could be used to promote the project's work, illustrating what the project does and how it does it. Such a video could also convey the opportunities and advantages of utilizing the project to work with the government, NGOs, and donors and to test service delivery ideas. A video that conveys how project interventions can be mainstreamed, how management can solve problems, or how the project has helped bring about change would all be effective disseminating tools.

Workshops and Seminars

Although arranging and hosting workshops and seminars requires a great deal of time and resources, if held at strategic times and planned to have a critical focus, these mechanisms can be very beneficial to external project relations as well as contributing to the dissemination of important ideas or lessons learned. Workshops and seminars could also provide an opportunity for the project, GOB, NGOs, and donors to learn from each other or to develop methods to implement interventions tested by the project.

Glossy Publications

Glossy concise publications, with information illustrated graphically, offer busy decision makers an quick and easy way to learn about project results and are far more likely to be read than long, dry journal articles; however, these can be very expensive to produce.

ICDDR,B Dissemination Unit

The ICDDR,B is interested in establishing a Dissemination Unit, if funds can be obtained. This unit, if created, should be able to assist with dissemination of Centre-wide research results. It would also facilitate the implementation of some of the above dissemination suggestions specifically for the Extension Project, including the preparation of seminars and workshops, the production of publications, including briefing papers in Bangla, and routine report writing. With regard to publications, the unit could employ a writing tutor who would attempt to improve staff writing skills. With regard to seminars and the like, the unit could employ a consultant to provide coaching in public speaking. Staff development related to writing and public speaking would be an enormous benefit to the work of Extension Project, as well as to the entire Centre staff.

Recommendations

1. **The future focus of the project should be less on publishing international journal articles and more on disseminating project results within Bangladesh, giving special attention to those ideas that will affect improved service delivery and management in the national program.**

2. The primary focus of project dissemination and collaboration activities should be the GOB; however, working with the NGOs, USAID and other donors should also be a priority during the next funding period.

3. Staff performance should be judged, and promotions based, primarily on job performance relative to the tasks of the project, e.g., in-country communication and collaboration regarding the testing of project interventions and the outcome and application of these interventions, rather than on the basis of international publication of articles about the project and its findings.

3. Project Planning and Decision-Making

3. Project Planning and Decision-Making

3.1 Planning and Decision-Making within the Project

3.1.1 Findings

Strategic Planning and Work Plans

An exceptional number of activities take place within the Extension Project at any given time, with each professional staff member focusing simultaneously on several research initiatives. The specific objectives as well as the overall strategy and processes directing activities and the project as a whole, however, are difficult to ascertain.

Neither of the previous proposals for the project included clearly stated, operational objectives. The proposal for the current phase of the project (1987-1992) includes a statement of project priorities for continuing and new areas of research, intervention, and dissemination and time lines for their achievement; however, an implementation strategy is not clearly specified in the proposal. Proposed "new" activities, which were largely those proposed by the GOB, donors and/or NGOs, appear to have received relatively less attention than activities continuing from the prior project period and those evolving from the Matlab Project area (see Sections 2.2.1 and 2.3.1).

ICDDR,B has a strategic plan for 1990-1994 that has bearing on all projects implemented within the Centre. Furthermore, the Centre requires annual work plans for each project. Periodic progress reports related to these plans are required by both the Centre and by USAID. Past progress reports reviewed by the team were presented in a narrative form, without reference to specific work plans or to the process used in the planning and implementation of each activity.

The project does not appear to have or to utilize standardized guidelines to make decisions about the project's applied research undertakings nor are there mechanisms for assigning priority and for monitoring progress in the implementation of project activities.

Recent Improvements

Recent changes in the level of attention given to project implementation and management are reflected in the more informative progress reports submitted during the past two years. According to the progress report to USAID for the first half of 1991, when the project was in transition between project directors, the acting director instituted a process whereby three task forces, comprised of professional staff, were mandated to review project management, research design and external relations. The reports produced by these task forces were to be used in the development of the follow-on project proposal.

The same progress report noted that monthly meetings of senior staff and supervisors were instituted during this period to provide a channel of communication and problem solving among the staff. Finally, a bi-annual activity planning exercise was introduced whereby each researcher proposes objectives, activities and outputs for the upcoming six months for review with the acting director. This was the only progress report during the present (1987-1992) project period that contained this

degree of detail about internal planning and decision-making processes related to project implementation.

The 1992 work plan was provided to the assessment team late during the assignment. Although it presents a clear statement of planned activities for the year, the plan does not include staff assignments for their implementation or a related time frame. A draft progress report, prepared for the November 1992 meeting of the ICDDR,B Board, was also given to the team along with the work plan. Although providing little information about management and process issues, this report follows the format of the 1992 work plan and reports progress against each activity in the plan, making it easier to follow than previous progress reports.

3.1.2 Conclusions

The absence of collaboratively planned and clearly stated, measurable objectives in Extension Project proposals and the lack of a strategic plan to guide project implementation, leads to the conclusion (confirmed in discussions with various individuals within and outside of the project) that the research and intervention agendas of the Extension Project historically have been designed and implemented primarily to fit the personal interests of top management or, on occasion, to suit the priorities of USAID. Although a project of this nature must be designed to respond flexibly to problem-solving research opportunities as they arise, even the most flexible projects require clearly stated and understood procedures to guide planning and decision-making.

The continued close link between the Extension Project and the Matlab MCH-FP Project may be having the effect of diverting the Extension Project from its own purposes. Although Matlab findings remain of great interest to many of the researchers affiliated with the project and to population and demography students throughout the world, serving these purposes is not directly related to the stated goals of this project.

Efforts undertaken during the January to June 1991 transition period to solicit staff participation in decision-making and formulation of the design of the follow-on project were an important step in the development of a plan of action for the future, although the extent to which the reports of these task forces have been reviewed and utilized in planning for the future is less clear. Other efforts undertaken during this same time, including regular information sharing to review field notes and memos and the bi-annual planning sessions, are also critical for project planning and decision-making.

3.2 Planning and Decision-Making Outside the Project

3.2.1 Findings

Multiple means of collaboration and communication in project planning and decision-making with the primary "client" of the project—the GOB—and with other interested parties such as the NGO and donor community have been attempted over the life of the project. Formal mechanisms were established between the project and the MOHFW at the national and field site levels to assist in project planning and decision-making; some have been more productive than others. At the national level, these include a steering committee, provision of technical assistance, and various means of information dissemination such as meetings, workshops, seminars, and written communications

described in Section 2.4. In addition, two other formal units of the GOB–NIPORT and the MDU–have a potential role in applied research planning and decision-making.

GOB: National Level

- Steering Committee. An Extension Project steering committee, chaired by the secretary of the MOHFW, was formally constituted in 1986 to provide the project with policy and research guidance within the framework of national MCH-FP policy and programs. Other GOB officials of the MOHFW and project staff serve on this committee by designation, rather than by name. The project donor, USAID, is not represented, and this has contributed to some lack of communication between USAID and the project. The committee, whose members all have multiple other commitments, has met only sporadically and, according to the 1991 report of the project task force on external relations' review of available steering committee minutes, the committee has had limited impact on the smooth functioning of the project. The same task force proposed revitalizing this committee, assigning to it the objectives of

  - Reviewing interventions tested by the project,
  - Reviewing progress achieved in these interventions, and
  - Discussing ways achievements should be replicated in the government system.

The steering committee met once during 1992 and minutes of the meeting reflect discussion of these types of issues. An executive committee of the steering committee has been formed in an effort to expedite work of the committee itself, but it has been difficult to convene this smaller group as well.

Another issue with respect to both these committees is that they are plagued with the rapid turnover typical of the civil service. Thus, each meeting of members of either group must review the goals and activities of the project as well as the project's long history in order to bring the participants up to date on the issues on the current agenda.

- Technical Assistance. Technical assistance, as operationally defined by the project, has included assistance both with planning for and implementation of expanding project interventions to a broader audience. For example, the project provided extensive hands-on assistance in the recruitment of 10,000 additional FWAs, a GOB program innovation based largely on project research findings. Although application of this innovation nationwide is to be applauded, this type of technical assistance goes beyond the intended project mandate and project staff may not have relevant experience for this task. Furthermore, direct implementation of a task of this scale is bound to have a diversionary impact on the project's research objectives. Similar questions might be raised with regard to technical assistance interventions planned for expansion of doorstep injectable services and national introduction and training in the use of the FWA register (see Section 2.3.1).

- Dissemination. Although written dissemination of research findings and other project implementation documentation has been extensive (see Section 2.4), the use of these and other information dissemination mechanisms, such as meetings, workshops, and briefings, to assist in planning and decision-making is limited since documentation is usually prepared and oral information disseminated after the fact rather than during planning and/or implementation of project activities.

- Other GOB Units. External communication about the project planning and decision-making, e.g., with NIPORT and the MDU, also has been limited and sporadic. Representatives of these units are unclear about the scope and direction of the Extension Project. Objectives for the MDU and its agenda, as outlined in the new World Bank population project, appear to be essentially the same as those of the Extension Project. Although a mechanism exists within NIPORT, through NASCOPOR, to review, clear, and coordinate all population research activities proposed for Bangladesh, it is seldom used. The Extension Project has not used this mechanism at all to communicate about its planned research and seek coordination with others.

GOB: Field Level

At the field level, several mechanisms exist for project planning and decision-making: project implementation committees, which are comprised of key *thana*-level MOHFW officials and *thana*-based project staff who meet regularly to plan and discuss project implementation at both field sites; meetings and discussions; workshops and training interventions; and counterpart support. In recent years, these field-based mechanisms have been given increased attention as sources of substantive, programmatic inputs both as they affect the identification of problems and the design of interventions to address them as well as in relation to the overall management of the family planning program. In particular, a recent innovation of action planning tested by the project in two *thanas* has had an impressive impact on improving GOB service-related planning and decision-making at this level. This mechanism, however, has not been tested at GOB levels above the *thana* (see Section 2.3.1).

NGOs and Donors

The NGOs working in Bangladesh and funded by both USAID and other donors have a great deal to offer the project in providing innovative ideas as well as alternative testing sites for applied research. For example, the ongoing CHILD Project and the Local Initiatives project, the latter implemented by Management Sciences for Health, contain intervention elements relative to improving program management at the grassroots levels similar to those tested in the past by the Extension Project.

Likewise, several NGOs are planning activities similar to those of the Extension Project for the near future. For example, both the USAID-funded and World Bank-funded NGO projects plan to support operations research activities during the next funding cycle. AVSC/Bangladesh is planning to undertake quality of care interventions and the Population Council's Asia and Near East Operations Research project (a separate, centrally funded activity) will also work with NGOs to implement operations research projects in Bangladesh. Both of these are USAID-funded activities. CIDA plans to support OR through a technical advisor to the World Bank project in addition to the small grants this donor already supplies for special operations research initiatives carried out by local organizations and individuals. This plethora of similar applied research activities and interventions planned for implementation during the next funding cycle implies the need for far greater communication about, and collaboration in, planning and in decision-making about project priorities and interventions than in the past.

3.2.2 Issues and Conclusions

Efforts to ensure consultation with and the involvement of various parties in planning and decision-making processes related to this project have been less than completely successful, especially at the national level. The steering committee, executive committee, and other mechanisms for communication and dissemination, e.g., workshops, NGOs, donors, NIPORT, etc., all of which involve

busy governmental and other officials, have a limited impact due to the many distractions and other obligations of these individuals.

At the local level, the project has had considerable success in engaging GOB officials in planning and decision-making processes. Building feedback loops and mechanisms to transfer these achievements to higher levels in the GOB system still requires attention.

Because documentation of project research and of implementation findings are usually produced after the fact, present information dissemination mechanisms serve a limited purpose in project planning and decision-making. The lack of early external communication about planned project activities also has the potential for contributing to duplication of efforts.

The provision of technical assistance by project staff for the introduction of project-tested interventions beyond the project field sites, and perhaps second-generation testing sites, is inappropriate. Widescale implementation of interventions should be the task of the GOB, with assistance from NGOs or other projects specifically designed and experienced in program implementation. The Extension Project is and should remain a research project.

Recommendations

1. **A strategic plan for the project should be developed as soon as possible to guide project activities and structure for the next phase of funding. It should be built on the September 1991 reports of the three project staff task forces and be developed through continued consultation with the project staff, the GOB, and USAID.**

2. Experienced external technical assistance should be sought to assist with the strategic planning task and to follow up periodically during implementation. Top management of the project must participate fully and play a leadership role in the process.

3. **Clear guidelines on the procedures for project planning and decision making should be developed, including the encouragement of better communication and closer collaboration with GOB counterparts. Improved communication and collaboration can be achieved, in part, through more regular meetings with the DG/Family Planning and other relevant Directorate staff.**

4. In view of the need to facilitate policy making and to ensure more meaningful communication and collaboration between the project, the GOB, and USAID, the Extension Project steering committee should consider adding a relatively high-level representative of USAID's Office of Population and Health (OPH) to the committee.

5. The use of field-based mechanisms for project planning and decision-making, such as the action planning initiative in two *thanas*, is to be encouraged and opportunities to utilize these valuable sources of information for the continued improvement of project planning should be fostered and expanded to other GOB levels in the next phase of the project.

6. **Special attention should be given by the project in the next funding phase to developing mechanisms and/or participating in those proposed by others (the government, NGOs, and other donors) for better communication about and coordination of planned MCH-FP research activities.**

4. Project Staff and Structure

4. Project Staff and Structure

4.1 Staff

4.1.1 Findings

The staff of the Extension Project numbers approximately 100, most of whom are Bangladeshis supported through project funding. Approximately one-half of these individuals are based at the project's headquarters in Dhaka. The balance are posted at the project's two field sites. Currently, five national staff are overseas for long-term (masters and doctoral) degree training and numerous other staff have also benefited from overseas and local training during the course of the project.

Extension Project staff hold multiple and overlapping functions in management, administration, research, data management, and training. Staff functions and task assignments are further complicated by short- and long-term contract, consultant, and fellowship arrangements, especially for expatriates. In addition, absences for long- and short-term overseas training among national staff have the potential for impeding the smooth functioning of the project.

As is true within its institutional base (the ICDDR,B), most of the top research and administrative positions within the Extension Project have, since its inception, been filled by expatriates. The current project director, who joined the project in July 1991, is a policy analyst with experience in nutrition, population, and health services research. The associate director/operations research scientist joined the project in September 1989 and is a management scientist with extensive experience in analysis of public sector family planning services in Asia. The latter served as acting project director from January to July 1991. Both are expatriates.

Several other expatriates currently work with the project. They include a physician specialized in MCH, a management consultant employed on a short-term contract to undertake a situational analysis in Chittagong Division, and a research intern serving for one year to assist with the processing and analysis of a backlog of project data. There is also a part-time expatriate administrative consultant. These expatriates are funded and assigned to the project through the Population Council's cooperative agreement, through a Population Council subcontract with the University of Michigan, or through the Belgian government's contribution to the work of the ICDDR,B. Few local staff have achieved top level positions, with concomitant responsibility and authority, in spite of their long tenure, project-funded training, and practical experience. In addition, there are many experienced nationals in the Centre as well as elsewhere in Bangladesh who could fill these positions.

All project directors seconded to the project since its beginning have possessed strong research skills. Their responsibilities, however, have also included overall management of this large and complex project, although none of the project directors has been selected specifically for his/her project management skills or experience. Neither USAID, the ICDDR,B, nor the Population Council appears to have acknowledged or addressed adequately the need in a project of this size and complexity for strong management and administrative skills.

A common problem among operations research projects worldwide is that they are top heavy with researchers who seldom have the practical programmatic experience to apply the lessons learned.

This is true of the Extension Project as well. Although the current project staff, both expatriate and national, have recognized research skills and are very committed to their work, they have limited experience in applied operations research. Their skills are largely untested and/or underdeveloped in the area of qualitative research, and most have no direct program implementation or management expertise. Neither project-funded training nor staff recruitment appears to have been focused on grooming or obtaining individuals with these skills for the project.

The ICDDR,B receives an overhead payment as part of its cooperative agreement with USAID; however, it is unclear which administrative and management tasks the institution undertakes on behalf of the project. The current project director appears to be burdened with many administrative activities that logically should be the responsibility of the support units of the Centre. This problem could possibly be resolved by having two associate staff positions, one for project management (preferably a local national) and the other for research.

4.1.2 Issues and Conclusions

A possible weakness in project execution during recent years has been the continued reliance on expatriates for many key positions within the project. This has not been conducive to institutionalization of research and management skills, an unfortunate omission, particularly given that there are many experienced nationals within the project and the Centre as well as elsewhere in Bangladesh who could fill these positions.

The rationale for continued funding of long-term degree training for staff during the coming five years needs to be examined. Presumably, these trainees' positions would remain open during the next critical phase of the project, as they have in the past. Furthermore, the contribution of the training may not be felt by this project if funding does not continue beyond 1997. Short-term, specialized skill training targeted to specific needs of the project would be more beneficial. For more effective results, it would be appropriate to pair GOB counterparts with project staff for short-term training.

4.2 Structure

4.2.1 Findings

The only existing organizational chart is very outdated, having been prepared for the 1987-1992 proposal (see Appendix B). A short-term consultant was recently employed to assist in updating and revising it. In the absence of a clear-cut project strategy (see Section 3.1.1), the management structure of the project has fluctuated or been manipulated to fit the activities being implemented at any given point in time. This has created confusion, and frustration among those who have been called upon to operate in an often changing atmosphere of considerable uncertainty.

4.2.2 Conclusions

Current efforts to define a new organizational structure and job descriptions for all staff are stymied by the lack of a clear and concise strategic plan to guide project direction and decision-making. Moreover, the use of a consultant to assist in clarifying the current structure may be counterproductive since any restructuring of the project that is proposed at this time may later be changed if recommendations 1-3 in Chapter 3 are implemented.

Recommendations

1. After preparation of the strategic plan (see Recommendation 1 in Chapter 3), the related management needs and project structure should be determined and the proposed changes instituted. Based on the resulting project structure, detailed job descriptions that include management and administrative as well as technical tasks should be developed for each position.

2. **Consideration should be given to moving qualified Bangladeshi nationals into top level managerial and research positions during the next project funding period. Jobs for which they should be considered include staff associate for program management and staff associate for research.**

3. To the extent any training is to be funded during the next phase of the project, it should be focused on providing training of relatively more staff through short-term training courses aimed at the development of specialized project-relevant skills. It would be appropriate to pair GOB counterparts and project staff for such training courses in order to take best advantage of the benefits of such training programs.

5. Merger of the ICDDR,B's Rural and Urban Extension Projects

5. Merger of the ICDDR,B's Rural and Urban Extension Projects

5.1 Background

USAID currently has a second cooperative agreement with ICCDR,B for the support of an Urban Volunteers Program (UVP). USAID began child survival funding to UVP in 1986, building on an ICDDR,B program initiated in 1981. UVP is situated within the ICDDR,B's Community Health Division. Its initial goal was to reduce infant/child mortality and morbidity through child survival interventions among the approximately one million infants and children living in the slums of Dhaka. Based on the Dhaka experience, the project was to expand to Chittagong and Khulna. Although heavily weighted toward service delivery, the original agreement also had a research and data collection component focused on child survival in urban areas and on the effectiveness of the volunteer model. Subsequent amendments reduced the scope of the service delivery component and provided for increasing attention to research.

A second cooperative agreement for UVP was signed in 1991, adding two new objectives: (1) to test innovative service delivery mechanisms and (2) to build ICDDR,B's research capacity in urban health. This project has experienced several changes in direction and has undergone significant structural and personnel changes. Funding under the current agreement will expire in February or March of 1994.

USAID now wishes to enter into a single cooperative agreement with ICDDR,B to support both UVP, to be renamed the Urban Health Extension Project (UHEP), and the MCH-FP Extension Project, to be renamed the Rural Extension Project (REP). The basic concept is that the new project will have a rural component and an urban component. This will continue the highly successful Extension Project and also extend the life of the UVP. It has the potential to enrich both activities through sharing of resources, expertise, and experience, and to make a greater contribution overall to family planning in Bangladesh.

Both the Extension Project and UVP have had histories of direction changes related to the personalities and interests of past project directors as well as those of USAID monitoring staff. Both projects are currently in a transition period and are developing future objectives and interventions. UVP is planning to collaborate closely with a local NGO. Negotiations are still in process and it is unclear what shape this collaboration will take. Once the decision has been made and a working relationship established, a research plan will be developed with the assistance of the Population Council's Asia and Near East Operations Research Project. Consequently, UVP management and staffing needs are yet to be determined. As discussed in Chapters 3 and 4, the Extension Project also needs to strategically plan its future project focus, staffing and collaborative relationships with the GOB, MDU and NGOs.

A major question now facing USAID, ICDDR,B, and the projects relates to the practical implications of a single cooperative agreement, involving merger of these two projects. The organization implications fall along a continuum. At one end, ICDDR,B would receive a single check to support both projects and split the funds between the two, while the activities would continue to operate independently exactly as they are now. At the other end, the two projects would merge physically and operate as one. In between these two points are a number of possible arrangements. Whatever

the final arrangement, a single cooperative agreement will definitely reduce USAID's management burden and might also realize economies of scale.

5.2 Issues for Consideration

Two key issues need to be considered in deciding where on the continuum the merger will ultimately fall.

5.2.1 Complementarity of the Projects

Although the two projects share some commonalities now and are likely to share more in the future, there are also substantial differences between them. For example,

- UVP focuses primarily on health, with a strong family planning component. The Extension Project focuses primarily on family planning, with a growing health component.

- The projects are at very different stages of development. The Extension Project has a strong, well-established research component. UVP's research capacity is less well developed.

- UVP interfaces primarily with NGOs, as public services are limited in urban areas. The Extension Project serves the needs of the government program in rural areas and thus interfaces primarily with the government. Thus, the projects have very different clients.

- Through buy-ins, UVP receives technical assistance from Johns Hopkins University, whereas the Extension Project receives technical assistance from the Population Council. Both of these resources have highly specialized expertise and interests, and individual project relationships are strong.

A thorough analysis is needed to determine the points at which the projects are sufficiently complementary to permit closer collaboration through joint programming, shared resources, staff rotations, and other mechanisms. The number and nature of these points will help shape the content of any merger that might occur. For example, both projects maintain surveillance data systems. On the surface, system maintenance is an opportunity for combining resources. Closer analysis may show, however, that the maintenance requirements are sufficiently different to require ongoing independent staffing and operations. Similarly, a senior working group representing both staffs could provide an opportunity for information exchange, technology transfer, and activity coordination. Again, more study is needed to determine whether the benefits to both projects would be worth the time invested in such an activity.

5.2.2 Institutional Considerations

With UVP located in the ICDDR,B's Community Health Division and the Extension Project in the Population Science and Extension Division, the question arises as to the appropriate institutional home for a combined project. These divisions have separate missions and mandates and it is not clear

that either one is the logical site for both components. Moreover, each project constitutes about 10 percent of the organization's total workforce. Combined, they would constitute one-fifth. Placing a workforce of that size within one division at this time would be detrimental to the Centre's balance, management, and programs. This is particularly true when that workforce is dependent on a single donor and funded for only five years.

ICDDR,B's interest in applied research and policy research is growing. These projects are consistent with that interest. The Centre has begun to consider the feasibility of establishing a new division that might house activities of this type. The creation of a new division is a relatively long process, however, involving extensive staff analysis and approval by the Board of Trustees. Although such a division would provide an excellent home for the new umbrella cooperative agreement and remove institutional barriers to closer collaboration, ICDDR,B cannot commit itself to this approach immediately. Thus, it is likely that the two components of a new cooperative agreement will remain in their existing divisions in the near term, and any merger modality will have to reflect ICDDR,B's institutional consideration.

5.3 Conclusions

Until both projects have well-developed strategic plans with clear goals and objectives and the necessary staff on board, any attempt to merge them could potentially be a waste of time and resources. Although a merger may be mutually reinforcing and cost effective in the future, planning what form this relationship will take should wait until each project is clear about its own future.

Extensive analysis is required to determine how UVP and the Extension Project might join more closely under a new, single cooperative agreement. This analysis should be conducted by ICCDR,B management, with input from both projects as well as from USAID, and it should be a task for which ICDDR,B is responsible under the agreement. In the short run, there is no reason why a single agreement cannot continue to support the two projects as they are currently configured.

Given the potential impact of a merger on both ICDDR,B and the projects themselves, this task will take considerable time. ICDDR,B may choose to engage outside experts to assist in the analysis and facilitate a transition. Alternatively, the organization may choose to structure an internal exercise that focuses both staff and board attention on the problem. In any event, a careful, methodical approach is essential and such an approach may take up to two years. USAID may wish to establish with ICDDR,B a series of interim benchmarks to monitor progress toward completing this task. These benchmarks could be incorporated into the cooperative agreement.

Recommendation

1. **The UVP and Extension Projects should continue to operate independently, as they are now, during the initial phase of a new cooperative agreement. The cooperative agreement should require ICDDR,B to explore modalities for closer collaboration and coordination between the projects and, by the end of the first two years, present its plan to USAID.**

6. Project Contributions

6. Project Contributions

6.1 Contributions to the USAID Population Assistance Program

Criticism has been leveled that USAID population funding in Bangladesh is proportionally allocated so as to discriminate against direct funding to the GOB. Relatively more funding is seen as going to the NGO and social marketing sectors, as well as to local Bangladeshi institutions. Funding of the Extension Project, which is provided through a cooperative agreement with the ICDDR,B, is viewed under this rubric. Such criticism may have validity in terms of actual funds going into GOB coffers. The key finding of this assessment, however, confirms that the MCH-FP Extension Project, although representing only a small proportion of USAID/Dhaka's total $176 million portfolio (1987-1992), has had a significant impact on the Bangladesh family planning program through testing of program interventions that subsequently have been introduced into the national program. This represents an important USAID-funded contribution to the GOB even though the funding does not flow through the national treasury. With an effective strategic plan and concomitant management changes; greater collaboration with GOB, NGOs and donors; and focused research and dissemination activities, this project could have a greater impact on future family planning service delivered in Bangladesh.

With regard to the project's direct contribution to the other efforts and activities of the USAID population portfolio in Bangladesh, there is room for improvement within the USAID mission in terms of greater communication, collaboration and general sharing of findings and work in progress. This implies a need for increased communication among USAID health and population staff so that each is better informed about the projects monitored by the others and about how the various USAID-funded activities intersect and mutually reinforce each other.

The Extension Project can also assist in this effort by retaining open lines of communication with other USAID-funded projects, particularly with NGO activities represented on the NGO Coordinating Committee, with other organizations in Bangladesh, and with the USAID mission itself. Perhaps a regularly scheduled meeting, on at least a quarterly basis, between key project staff and OPH staff at USAID would be advisable to assist in this information-sharing effort.

The limited number of previous evaluations of this project and complete lack of knowledge among project principals (staff or donors) of a major USAID evaluation of the project in 1986 is regrettable (see Section 1.1.1). Periodic evaluations can provide project management with guidance in making important course corrections and design modifications to improve the impact of this type of project.

6.2 Contributions to International Understanding of Family Planning

The significance of the wealth of written material for national and international consumption that has been produced based on the experience of the Matlab and Extension Projects cannot be denied. This collection includes more than 30 papers that have been published in international peer-reviewed journals. An additional 10 papers have been published in the proceedings of international and national conferences. These alone have probably reached several thousand individuals who have specialized professional interests in the findings and operation of these two projects.

Several other written series, including briefing papers, working papers, and documentation notes are also produced by the project, primarily for in-country consumption. Some of these also are mailed to a growing list of interested individuals outside Bangladesh. How these written documents may have influenced the design and/or operation of family planning programs elsewhere in the world is a question beyond the scope of this assessment.

Another mechanism whereby the work and findings of the Extension Project may be transferred internationally is through the large number of visitors to the project, both to the Dhaka headquarters and the two project field sites, over the years of its operation. The visitor's books from the field sites list a virtual "who's who" of leading international family planning dignitaries including researchers, program managers and donors. These site visit exposures are bound to have an impact on visitors who are in positions to influence the scope and direction of programs elsewhere. Although specific cases of transfer of project elements from the Extension Project to programs elsewhere are difficult, if not impossible, to document, it is clear from international conferences and feedback from the international population community that USAID's support of this project has had a major worldwide impact.

Recommendations

1. **The MCH-FP Extension Project has had a major impact within Bangladesh in terms of testing and introducing interventions for improvement of the national MCH-FP program. Its future potential for making further contributions to the program is unquestioned and its continued funding is highly recommended.**

2. **A midterm evaluation of this project during its third year of funding is strongly recommended.**

7. Strategy for the Future: List of Recommendations

7. Strategy for the Future: List of Recommendations

7.1 Overall Conclusion and Recommendation

The overarching conclusion of this evaluation is that the MCH-FP Extension Project has had a major impact within Bangladesh in terms of testing and introducing interventions for improvement of the national MCH-FP program and that its future potential for making further contributions to the program is unquestioned. The major recommendation is that funding should be continued for another five-year phase (see Section 6.2).

The other major recommendations included in the report represent a strategy for the future that focuses primarily on ensuring that both the planning for project research and interventions and dissemination about research implementation and findings should be more closely coordinated with GOB officials and other key actors in the national program such as NGOs and donors. A strategic plan needs to be developed in the near future to ensure that this takes place.

7.2 Principal Recommendations

1. Clear guidelines on the procedures for project planning and decision making should be developed, including the encouragement of better communication and closer collaboration with GOB counterparts. Improved communication and collaboration can be achieved, in part, through more regular meetings with the DG/Family Planning and other relevant Directorate staff (Recommendation 3 from Section 3.2.2).

2. Special attention should be given by the project in the next funding phase to developing mechanisms and/or participating in those proposed by others (the government, NGOs, and other donors) for better communication about and coordination of planned MCH-FP research activities (Recommendation 6 from Section 3.2.2).

3. The future focus of the project should be less on publishing international journal articles and more on disseminating project results within Bangladesh, giving special attention to those ideas that will affect improved service delivery and management in the national program (Recommendation 1 from Section 2.4.2).

4. Building on the September 1991 reports of the three project staff task forces and in continued consultation with the project staff, the GOB, and USAID, a strategic plan for the project should be developed as soon as possible to guide project activities and structure for the next phase of funding (Recommendation 1 from Section 3.2.2).

5. Consideration should be given to moving qualified Bangladeshi nationals into top level managerial and research positions. Two staff associates, one each for program management and research, should be considered during the next project funding period (Recommendation 2 from Section 4.2.2).

6. Interventions designed to test improved program efficiency and thereby reduce costs should be emphasized in the future. These activities should include research on the relative costs of quality clinical services versus the cost of supply dependent services. The cost of each

of quality clinical services versus the cost of supply dependent services. The cost of each intervention tested by the project should be included as part of the findings (Recommendation 4 from Section 2.3.2.).

7. In the next phase of funding, the Extension Project should focus on upper levels of the GOB (district, divisional and national) to improve government bureaucratic systems. These activities should include the creation of linkages between the field and national levels to ensure that knowledge of field-level realities is incorporated in the national policy-making process (Recommendation 5 from Section 2.2.2).

8. The UVP and Extension Projects should continue to operate independently, as they are now, during the initial phase of a new cooperative agreement. The cooperative agreement should require ICDDR,B to explore modalities for closer collaboration and coordination between the projects and, by the end of the first two years, present its plan to USAID (Recommendation 1 from Section 5.3).

9. A midterm evaluation of this project during its third year of funding is strongly recommended (Recommendation 2 from Section 6.2).

7.3 Complete List of Other Recommendations

7.3.1 Research (Section 2.2.2)

1. The Matlab RKS should be removed from the Extension Project and made part of ongoing, Matlab demographic data collection activities, given the costs involved and that the project focus is supposed to have moved beyond Matlab.

2. Consideration should be given to replacing the SRS in the Extension Project by baseline surveys that are taken once the project site is selected, followed by periodic rapid mini-surveys and the use of qualitative techniques to generate the type of information needed to track implementation of interventions, problems in implementation, and their impact.

3. In addition to staff with family planning program implementation skills, the Extension Project should hire some individuals with proven experience in the fields of qualitative and practical, program-relevant operations research, including analysis of the cost of alternative program interventions. Emphasis for the next phase of the project should be on training and/or employing individuals with these skills.

4. During the next project period, the project should continue to test specific interventions in Abhoynagar as well as in any new project sites but focus on testing different implementation models that will institutionalize capabilities in problem diagnosis and problem solving within the government system.

7.3.2 Project Interventions (Section 2.3.2.)

1. The Extension Project should focus on improving management skills in problem diagnosis and problem solving at all levels of government. The management tools that are developed and tested should be suitable for institutionalization in GOB systems.

2. The project should develop and refine tools for improving quality of care that can be utilized in Bangladesh and worldwide.

3. The testing of innovations for expanded community participation and use of volunteers for specific tasks, e.g., IEC activities and depot holders, should be emphasized in the next phase of the project, since such interventions are likely to make the program more cost-effective.

5. The project proposal should be flexible in order to take into account new ideas for project interventions that arise from the field and through collaboration with government, NGOs, and donors. These may be proposed both during the recommended strategic planning exercise and as the project progresses (see Recommendation 1 in Chapter 3).

7.3.3 Dissemination (Section 2.4.2)

2. The primary focus of project dissemination and collaboration activities should be the GOB; however, working with the NGOs, USAID and other donors should also be a priority during the next funding period.

3. Staff performance should be judged, and promotions based, primarily on job performance relative to the tasks of the project, e.g., in-country communication and collaboration regarding the testing of project interventions and the outcome and application of these interventions, rather than on the basis of international publication of articles about the project and its findings.

7.3.4 Project Planning and Decision-Making (Section 3.2.2)

2. Experienced external technical assistance should be sought to assist with the strategic planning task and to follow up periodically during implementation. Top management of the project must participate fully and play a leadership role in the process.

4. In view of the need to facilitate policy making and to ensure more meaningful communication and collaboration between the project, the GOB, and USAID, the Extension Project steering committee should consider adding a relatively high-level representative of USAID's OPH to the committee.

5. The use of field-based mechanisms for project planning and decision-making, such as the action planning initiative in two *thanas*, is to be encouraged and opportunities to utilize these valuable sources of information for the continued improvement of project planning should be fostered and expanded to other GOB levels in the next phase of the project.

7.3.5 Project Staff and Structure (Section 4.2.2)

1. After preparation of the strategic plan recommended in Chapter 3, the related management needs and project structure should be determined and the proposed changes instituted. Based on the resulting project structure, detailed job descriptions that include management and administrative as well as technical tasks should be developed for each position.

3. To the extent any training is to be funded during the next phase of the project, it should be focused on providing training of relatively more staff through short-term training courses aimed at the development of specialized project-relevant skills. It would be appropriate to pair GOB counterparts and project staff for such training courses in order to take best advantage of the benefits of such training programs.

Appendices

Appendix A

Description of the Evaluation
(Scope of Work, List of Persons Interviewed, and Bibliography)

Appendix A

Description of the Evaluation

A four-person team was contracted by the Population Technical Assistance Project (POPTECH) to assess the Maternal and Child Health-Family Planning (MCH-FP) Extension Project, a subcomponent of the United States Agency for International Development's (USAID)/Bangladesh Family Planning Health Services Project (FPHSP). This project, operating since 1982, is funded through two Cooperative Agreements—one (ANE-0071-A-00-7058-00) with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) and the other through an amendment to DPE-3050-A-00-8059-00 with the Population Council.

The assessment had two purposes. The first was an overall review of the Extension Project's progress during the 1987-1992 funding period (subsequently narrowed to the past three years during the team's initial meetings with USAID and project staff) toward meeting its overall purpose and objectives. The second was a forward look to advise USAID, the two implementing Cooperating Agencies (CA), and the Bangladesh Ministry of Health and Family Welfare (MOHFW) about future directions for the project during the next phase of funding (1993-1997) under USAID's amended FPHSP. The full scope of work for the assessment, which was carried out between September 27 and October 15, 1992, is found in Attachment 1.

The methodology followed by the team in undertaking the assessment included meetings and discussions with a large number of informants. These included staff of the project and CAs, as well as other individuals representing the government of Bangladesh (GOB), non-governmental organizations (NGO), USAID staff and the broader donor community (see Appendix A, Attachment 2). The team also undertook a review of extensive information about and publications produced by the project (see Appendix A, Attachment 3). Field trips were made to one of the two project field sites (Abhoynagar) and, at the request of the minister of health and family welfare, to another non-project rural area in Sylhet district.

The task of carrying out this assessment was made more difficult by the unavailability of the 1986 evaluation of this project. The team had inquired about prior USAID evaluations in several discussions with USAID, ICDDR,B and project staff but was informed that there was none. To have had this report prior to the present assessment would have been of great assistance in the task in that it was necessary instead to read and review 10 years of materials from the beginning of the project in 1982 to try to grasp the project's historical perspective.

Appendix A--Attachment 1

Scope of Work

4. STATEMENT OF WORK

4.A. The team shall examine project performance to date and assess potential course corrections or adjustments which will strengthen its contribution to USAID's and the national family planning/maternal and child health program. Specifically, the team will:

-- Review project activities from 1987 - 92 examining the approach to achieving project objectives, assessing progress in meeting those objectives, and the factors affecting project achievement.

-- In light of project progress, assess the potential of planned activities for 1992 - 97 in the areas of service delivery, program sustainability, quality of care, and improved management and management information to contribute to project progress.

-- Consider the potential benefits, problems and constraints, and the modalities of merging the Extension Project with the Urban Volunteers Project.

-- Assess progress to date and consider modalities for improving dissemination of Extension Project research results and for strengthening impact on national MCH/FP policy and program operations.

-- Assess the technical soundness and their usefulness to national MCH/FP program of project activities (research, field and central level interventions and evaluation, technical assistance and training).

-- Assess the contribution of the Extension Project to USAID's overall program of population assistance and to international understanding of family planning.

4.B. Recommendations: Based on its detailed findings and conclusions in each of the areas above, the team shall develop a prioritized set of recommended short and long term actions to improve project performance.

Appendix A–Attachment 2

List of Persons Interviewed

Dhaka Contacts

USAID

William Goldman, Chief, Office of Population and Health (OPH)
David L. Piet, OPH
Ali Noor, OPH
Rob Cunnane, OPH (International Development Intern)
Elma Chowdhury, OPH
Louisa Gomes, OPH
Linda Andrews, OPH

Government of Bangladesh

Ministry of Health and Family Welfare

Chowdhury Kamal Ibne Yusuf, Minister
Md. Sirajul Hoque, Deputy Minister (Family Welfare)
M. Fazlur Rahman, Joint Secretary (Development and Planning)
M.S. Shaheed, Joint Secretary (Family Welfare)
Azizul Karim, Deputy Chief/Family Welfare (Planning Cell)
A.Y.M. Khan Majlish, Deputy Chief/Health (Planning Cell)

Directorate-General of Family Welfare

M. Rafiq-uz-Zaman, Director General
Syeda Najmunessa, Director (Finance)
Aminul Islam, Director (MCH)
Abu Taher, Director (MIS)
M. Feisel, Deputy Director (MCH)
Farkunda Akhter, Deputy Director (IEC)

Directorate-General of Health Services

Mashiur Rahman, Director General
Md. Shamsul Islam, Director (Primary Health Care)

National Institute for Population Research and Training

Nazmul Haq, Director General

Management Development Unit

Farrouk Ahmed Chaudhuri, Management Advisor

International Centre for Diarrhoeal Disease Research, Bangladesh

Demissie Habte, Director
Michael Strong, Associate Director (PSED)

MCH-FP Extension Project

John G. Haaga, Director
Rushikesh Maru, Deputy Director
Mahidul Islam, Field Research Manager
Khorshed Mazumder, Senior Demographer
Fazlur Rahman, Senior Medical Officer
Yusuf Hasan, Senior Operations Researcher
Bazle Hossain, Statistician/Demographer
Therese Junker, Consultant
Christobal Tunon, Management Consultant
Barbara Whitney, Consultant

Other ICDDR,B Units

N. Paljor, Project Director, (Urban Volunteers Project)
Andres de Francisco, Project Director (Matlab Project)
Graham A.N. Wright, Consultant
Sushila Zeitlyn
Dr. Baqui

Cooperating Agency and NGO Representatives

Md. Alauddin, Pathfinder International
Stanley H. Zankel, AVSC
Representative of Family Planning Association of Bangladesh
Abdur Rouf, Family Planning Services and Training Center
Abu Syed, Technical Assistance, Inc.
Mufaweza Khan, Concerned Women for Family Planning

Representatives of the Donor Community

S.R. Chowdhury, UNFPA
Fiona Duby, Project Coordinator, Overseas Development Administration
Phillip Gowers, World Bank
James Ross, Ford Foundation
Lokky Wai, Canadian International Development Agency
Representative of UNICEF

Others

Robert E. Black, Professor and Chair, Dept. of International Health, Johns Hopkins University
Peter Donaldson, Senior Representative, The Population Council
Peter Miller, Country Representative, The Population Council
Parker Mauldin, Rockefeller Foundation/Population Council

Site Visit Contacts

Aboynagar *Thana*, Jessore District

Government Officials

Daud Ali Mir, *Thana* Health and Family Planning Officer (THFPO)
Md. Mohmudur Rahman, Resident Medical Officer and Acting Medical Officer (MO) (EPI)
Shaynul Ch. Saha, MO (MCH)
Abdul Aziz, *Thana* Family Planning Officer (TFPO)
Fatema Zaman and Fatema Khatun, FWVs
Madhuri Chakrabarty, FWA
One female Health Assistant

Also, Ziarul Islam, TFPO of neighboring Fultala *Thana* met with us in Aboynagar

ICDDR,B Staff

Iftekhar Ahmed, Field Research Manager
Mobarak Hossain Khan, Medical Officer
Khodeza Khatun, Lady Family Planning Visitor
Several other staff

Sylhet District

GOB Health and Family Welfare Officials

Saidul Rahman, Deputy Director
Gowranda Chakraborty, Associate Director
Bipul Chanda, MO-Clinical Contraception

Bishwinath *Thana*, Sylhet District

Md. Muzjul Hossain, THFPO
Md. Fazlur Rahman, *Thana* Magistrate
Syed Md. Illias, TFPO
Abul Kalam, Assistant Family Planning Officer
Rahela Begum, Sr., FWV
Jahora Begum, FWV

CARE, Sylhet (CHILD Project)

Donald Lees
Dr. Latif

Appendix A–Attachment 3

Bibliography

MCH-FP Extension Project Documents

(Project documents which were of particular relevance to this assessment are listed below. In addition, complete lists of all publications, working papers, briefing notes and other documents produced by the MCH-FP Extension Project, many of which also were reviewed by the assessment team, follow this Bibliography.)

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Appendix B

MCH-FP Extension Project Organogram

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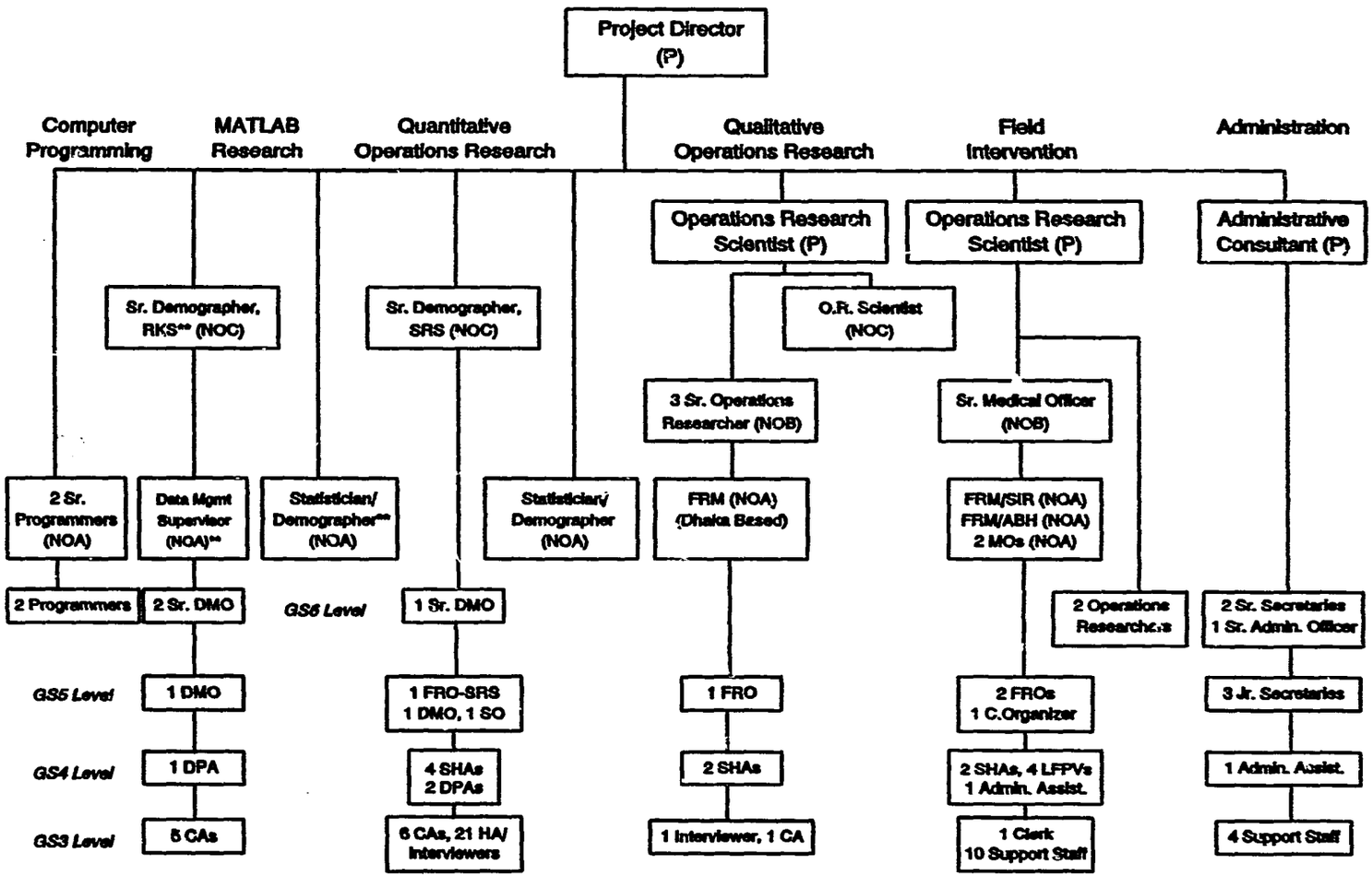

Appendix C

Indicators of Quality of Service in Family Planning Programs

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Indicators of Quality of Service in Family Planning Programs

INDICATORS OF QUALITY OF SERVICE IN FAMILY PLANNING PROGRAMS
List Developed by Quality Sub-Committee
Service Delivery Working Group
The EVALUATION Project
9/10/92

NOTES ON THE INDICATORS

The following list of indicators was developed and refined in light of the comments received with respect to an earlier list developed by the same Quality Subcommittee on June 17, 1992.

In the following list, the indicators are categorized according to the six elements of the Bruce Framework on Quality of Care. Those judged by the Subcommittee to be most important are shown by an asterisk and are presented in the chronological order in which they would be expected to happen in the service delivery setting.

Those not marked with an asterisk under the same element are presented in sequential order. In a number of instances, these consisted of indicators measuring the quality of the "enabling systems," which were considered to be of lower priority if only a short list of indicators could be measured. This is not to say that these are unimportant, but rather would not constitute the "first priority" indicators for a short list.

At the end of each section (element), space has been left to allow for "write-ins" for other possible indicators (since this list is still undergoing review and modification).

The right-hand column indicates the type(s) of data collection approach(es) that can be used to obtain data for each indicator. The codes are as follows:

AR = administrative (programs) records
CR = client record review
CS = client survey
FG = focus group
EI = exit interview with client
OB = observation (client-provider interaction, clinical procedure, etc.)
PS = provider survey

ELEMENT/INDICATOR		DATA COLLECTION APPROACH(ES)	
INTERPERSONAL RELATIONS			
1.	Provider establishes rapport for assessing personal situation (family circumstances, nature of sexual relationships)	OB, CS, EI, FG	*
2.	Client reports feeling:	CS, EI, FG	*
	a. welcomed by staff b. at ease/uncomfortable asking questions c. staff/providers were polite/rude		
3.	Service providers trained in interpersonal relations	AR, PS	
	_____		
	_____		
CHOICE OF METHOD			
4.	Number/range of methods available at SDP[1]	OB, AR	*
5.	Provider refers client for methods unavailable at SDP	PS, OB, AR	*
7.	Restrictions placed on available methods:[2]	PS, AR	*
	a. nonpermanent b. permanent (other than age 25+, parity 2+)		
8.	Client receives her/his method of choice[3]	CS, EI	*
9.	Number of methods approved (for use at the SDP)	AR	
10.	All methods appropriate to reproductive intentions[4] are offered to client by provider	OB, EI	
11.	Client receives method appropriate to reproductive intention	OB, EI, CS	
	_____		
	_____		

Note: a "*" indicates a priority indicator for the short list of indicators

[1] List of all methods physically available at the service delivery point (SDP) on the day of data collection. The indicator should be interpreted taking into account the number of methods approved for the country and appropriate to the type of SDP.

[2] For this indicator, more is not better.

[3] This indicator must be interpreted in connection with indicator # 24.

[4] Reproductive intentions refer to the desire for and preferred spacing of additional births.

INFORMING AND COUNSELING CLIENTS

12.	Provider gives in-depth information on method accepted:	OB	*
	a. how it works b. how to use c. side effects d. complications e. managements of side effects f. followup g. resupply		
13.	Client correctly explains method chosen:[5]	CS, EI	*
	a. how to use b. what to do if side effects occur c. possible side effects d. when to return e. where to return		
14.	Service providers trained in counseling skills (eliciting information, providing information)	AR, PS	
15.	Method-specific informational materials available (printed, model, sample, etc.)	OB	
16.	Checklist available on information for provider to cover during counseling session	OB, PS	
17.	Provider gives overview of all methods	OB, EI	
18.	Privacy acceptable for:	OB	
	a. counseling b. exam		
19.	Consent form available and signed by client (VSC)	OB, CR	

TECHNICAL COMPETENCE

20.	Existence of written guidelines on FP practice	AR	*
21.	Provider can explain contraception:[6]	PS	*
	a. benefits b. how to use/how it works c. contraindications d. side effects e. management of side effects and complications		

[5] Experience indicates that it may be difficult for interviewers to correctly record and assess the adequacy of responses given by clients.

22.	Provider demonstrates skill at clinical procedures (according to guidelines)	OB	*
23.	Infection control procedures maintained at SDP according to guidelines)	OB	*
24.	Client receives an appropriate method:	OB, CR	*
	a. not medically contraindicated b. appropriate for sexual lifestyle (including risk of STDs and HIV)		
25.	Existence of education/training criteria for service tasks	AR	
26.	Existence of mechanism to review/screen potential service providers	AR	
27.	Existence of job descriptions for each position	AR	
28.	Clinical provider has received training relevant to the job	AR, PS	
29.	Training of new staff regarding institution's guidelines	AR, PS	
30.	Periodic refresher/in-service training of all staff	AR, PS	
31.	Availability of appropriate basic items for delivering available methods at SDP:	OB, PS	
	a. sterilizing equipment b. gloves c. blood pressure d. specula e. adequate lighting		
32.	Adequacy of supervision:	PS, AR	
	a. frequency b. content		
33.	Capability for handling HIV, other STDs, and reproductive tract infections (RTIs):	AR, PS	
	a. diagnosis/identification b. treatment c. referral		

_____

_____

[6] "Can explain" refers to the ability to provide correct answers on a knowledge test. This is different from actually providing these explanations on the job (see indicator # 12).

MECHANISMS TO ENSURE CONTINUITY[7]

34	Ease of resupply	OB, CS, EI	*
35.	Clients past-due for followup - identified	AR, CR	
36.	Clients past-due for followup - contacted	AR, CR	
37.	Reasons for non-return - identified	CS, FG	
38.	Appropriateness of followup/return schedule	CS, CR	
39.	Provider encourages client to return as needed	OB, EI, CS, FG	

APPROPRIATENESS AND ACCEPTABILITY OF SERVICES[8,9]

40.	Clients perceive that: a. privacy for counseling is acceptable/not b. privacy for exam is acceptable/not c. waiting time is acceptable/too long d. time with provider is acceptable/not e. hours/days are convenient/not f. staff is acceptable/not in terms of gender, ethnic group, age	CS, EI, FG	*
41.	Adequacy of facility (as perceived by client): a. waiting room b. exam room c. cleanliness/hygiene d. water e. toilet facilities f. _____ (other)	CS, EI, FG	*

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[7] Indicators #12-f, 12-g, 13-d, 13-e are also relevant to this element.

[8] Some would argue that "physical access" to the facility influences how acceptable it is to the client. However, under The EVALUATION Project, we have treated "access to services" as a separate (i.e. independent) dimension of the supply environment and thus have not included it on this list.

Another possible indicator of quality is affordability. However, this indicator has been excluded from this list on the grounds that the key dimension is not affordability per se, but value, which takes into account both quality and cost.

[9] Note: the client questionnaire should end with an open-ended question on other aspects of service that could be improved.

OUTCOMES:

Increase in number of new acceptors/users	CR
Complication rate for specific methods	CR,CS
Continuation rate (of any method)	CR,CS
New clients recommended by other users	CR
Users recommend service to someone else	CS
Clients achieves reproductive intentions	CS