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**EVALUATION TRIP REPORT
LOCAL INITIATIVES PROGRAM
BANGLADESH**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

Sallie Craig Huber, Evaluation Consultant to FPMD, visited Bangladesh from October 31-November 12, 1993. Although it was the consultant's first visit to Bangladesh for FPMD, the purpose of the trip was to continue ongoing and plan future evaluation activities for the Local Initiatives Program (LIP). An additional task was to assist the FPMD team working with the Cooperating Agencies/Non-Governmental Organization (CA/NGO) project on training impact evaluation.

Ongoing LIP output evaluation activities--the contraceptive acceptance and prevalence (CAR/CPR) verification studies and the rapid assessment methodology--were reviewed and suggestions made for next steps. Plans were developed for the collection and analysis of data related to other LIP impact indicators in the area of human resource development. Two key, primarily female groups of individuals involved with the program--volunteers and family welfare assistants (FWA)--will be studied to determine the project's impact on their lives and the impact of their participation on project outputs. Quantitative and qualitative data will also be collected from other participants to determine the impact of the LIP.

Plans were also developed for continuing activities designed to collect and measure program implementation or process indicators. These include further development of the LIP's internal monitoring system as well as an examination of data needed to better plan for sustainability of LIP activities in those thanas which will ultimately be phased out or "graduated" from LIP technical and financial assistance.

A preliminary scope of work was developed for the next visit by the Evaluation Consultant, to take place in January or February 1994.

II. BACKGROUND

The Local Initiatives Program (LIP), initiated in 1987 as the Upazila Initiatives Project, is funded by the USAID Family Planning and Health Services Project under buy-ins to FPMD. It is designed to improve the performance of the Bangladesh public sector family planning program at the grassroots level through strengthening the management capability of thana staff and local leaders. Several visits have been made by FPMD staff to assist in the planning and implementation of project evaluation activities. The accomplishments of these visits are recorded in trip reports listed in the Bibliography section of this report. The consultant's visit continued these efforts as well as established plans for continued evaluation and monitoring activities under the new buy-in agreement from USAID, which became effective on November 1, 1993.

III. PURPOSE

This first visit of the consultant for FPMD served as an orientation to the evaluation activities related to the LIP. In particular, the scope of work for the visit included the following tasks:

- 1) To work with the LIP to:
 - Review progress of the local consulting firm in the implementation of the CAR/CPR microsurveys,
 - Assist in preparations for the external evaluation by USAID, including determination of appropriate indicators and results to be shared in briefing materials for the evaluation, and
 - Prepare an evaluation plan for the new LIP buy in, including plans for regular implementation of continuous monitoring and rapid assessments using tools developed during the previous project period.
- 2) To work as a resource to the FPMD consultants working on the training impact evaluation component of the CA/NGO Project.

IV. ACTIVITIES

A. Local Initiatives Program

For the LIP portion of the scope of work, the activities described below were implemented through meetings with the LIP Project Director and selected staff. The consultant also attended the opening and first working session of the Program Review Workshop for Overseas Study Tour groups 11 and 12 which was held in Dhaka on November 5. Two meetings were held with the subcontractor for the three additional

microsurveys. Briefing and debriefing meetings were held with USAID staff on November 1 and 10, respectively. Two LIP thanas--Monirampur and Fultala--in Jessore and Khulna Districts, respectively, were visited by the consultant accompanied by the Project Director (Mr. Abu Sayeed), Program Officer (Mr. Emad Uddin) and the USAID Project Monitor (Mr. Robert Cunnane).

Throughout the visit, activities and discussions centered on planning for further evaluation activities based on the need for an external evaluation of LIP outputs as well as internal monitoring and evaluation needs to better inform the management and for improved implementation of the program.

A number of ongoing and proposed aspects of the LIP evaluation were examined. These evaluation activities can be categorized into two general areas. These are the measurement of program performance indicators such as the CAR/CPR verification study and documenting the impact of human resource development. The second area deals with impact and process indicators such as the LIP monitoring system and the development of plans for the sustainability of LIP interventions.

1. Program Performance (Output) Indicators

a. The CAR/CPR Verification Studies

The findings and tables produced from the FWA Registers were discussed with concerned LIP staff. Several areas were identified for further data breakdown and analysis, and it was agreed these changes would be made at FPMD/Boston. Otherwise, this part of the verification exercise can be considered complete and this section of a planned, combined verification study report can be drafted in Boston.

The three union microsurveys being carried out by the Centre for Population and Development (CPD) are progressing as planned. Two meetings were held with the CPD Chairman (principal investigator) during the visit. Also, members of the field interview staff for Damodar Union were contacted and the progress of their work was discussed during a field trip to Fultala Thana, Khulna, on November 8.

Initial concerns about the way in which the samples were being drawn from the FWA Registers as described by the interview team in Damodar were resolved in a second meeting with the principal investigator. CPD anticipates submitting the initial tables for the three union microsurveys to LIP by early December. Copies of these tables will be sent to Boston as soon as they become available. The final combined report of the verification studies will

be produced in collaboration with LIP staff during the next visit of the evaluation consultant to Bangladesh.

b. Rapid Assessment Needs

An issue related to the verification study is how to continue the verification process on an ongoing basis through some form of rapid assessment. Abu Sayeed and the consultant discussed the possibility of having a brainstorming session with some of the acknowledged researchers in Bangladesh (P. Miller, Mitra, R. Maru, etc.) to get their input about this issue; however, time and holiday schedules intervened so this was not possible during the current visit.

The design of a rapid assessment tool, initiated by the former FPMD Evaluation Director, was reviewed with Anwar Hussain, LIP Systems Analyst, and the Project Director. Based on activities to date, the initial impression is that this tool, as currently designed, is unwieldy. It is very labor intensive and may not produce the desired information, especially if such information is required in a timely manner.

According to the Project Director, the main purpose for this assessment is to improve the management of the LIP; however, it was established that an efficient rapid assessment process also can serve as a continuing check on the verification study as well as assisting LIP staff with required reporting.

Ways to revise the information collected, data entry and analysis, and to speed up the process of data input and analysis were discussed to make this exercise most useful to LIP management were discussed. A separate note proposing revisions in the Rapid Assessment activity, including suggested dummy tables, is attached (see Annex 1). LIP program staff and the Systems Analyst were advised to try this revised system between now and the next evaluation consultant visit to determine whether it is feasible. The plan can be further revised at that time, if necessary.

c. Other Impact Indicators

Several other areas of project impact require measurement as part of the ongoing LIP evaluation strategy. These include human resource development, with a special focus on the role and status of women, the impact of the use of volunteers as supplementary family planning staff at the village level, and the changing role and programmatic contributions of the FWAs.

Human Resource Development has been addressed at several levels in the LIP through overseas and in-country study tours, workshops, individual training

opportunities, and technical assistance provided by project staff. Various groups have been directly affected by these activities, including district and thana administration, family planning program staff, union chairmen and committee members, and village-level volunteers.

Among these, several groups have been singled out for special attention in terms of measuring the impact of the LIP. Evaluation activities related to these groups will be the focus of the next evaluation visit to Bangladesh, which will be planned to coincide with the next LIP Program Review Workshop. At that workshop, a survey of participants will be undertaken and group discussions will be held with individuals representing the various groups--Thana Nirbahi Officers (TNOs), Thana Family Planning Officers (TFPOs, Union Chairmen, Family Planning Inspectors (FPIs), and Senior Family Welfare Visitors (FWVs)--who will attend the workshop. The objective of this activity will be to determine these individuals' responses to the LIP--its effect on their management skills and behavior, their view of the impact of participation in the LIP on their professional status in the community, and the general impact of the LIP on the status and role of women in the community.

Volunteers play a critical and unique role in the LIP. For this reason, it will be important to document the impact of their participation in this project. The LIP staff recently collected data on LIP volunteers, which should be analyzed as soon as possible. A separate note about how this effort should proceed is attached (see Annex 2). This analysis will be reviewed during the next evaluation visit and plans will be made to undertake some complementary qualitative data collection, perhaps using focus group discussions, with this important group of LIP workers.

Family Welfare Assistants are a special group of female family planning workers whose roles and responsibilities are being uniquely affected by the LIP. In an evaluation activity initiated by previous Evaluation Unit staff, FWAs from LIP areas in three of the four divisions of the country (excluding Chittagong) completed questionnaires during workshops. These data have been partially analyzed and preliminary results from two divisions are presented in the report of the Evaluation Unit's trip in July/August 1992. These findings are also reviewed in the Bangla reports of the workshops for Dhaka and Khulna. Suggestions are presented for completing this evaluation and analysis of the data in Annex 3. This activity will be developed further at the time of the next evaluation visit.

2. Program Implementation (Process) Indicators

a. LIP Monitoring System

Most of the implementation indicators outlined in the LIP Evaluation Plan developed in January/February 1992 report by Benavente and Seligman were derived from the monitoring system developed by the LIP staff over the life of the UIP/LIP. (Comments on the monitoring system are presented in a separate memorandum--see Annex 4). Data on most of these indicators are being collected efficiently and effectively through periodic monitoring visits undertaken by LIP Program Officers and others to participating thanas. The data collected through this system are assessed as a means of determining progress of the LIP in the following areas:

- meeting Action Plan objectives;
- measuring knowledge and attitudes of community members about family planning and about the project;
- the organization of community level activities (scheduling, coordination, delegation, etc.);
- execution of the action plan through training, use of volunteers, and support activities; and
- control of activities through record keeping, financial management, etc.

The management of LIP plans to undertake a review of the overall monitoring system in a staff development workshop to be held in the next few months after new program staff are recruited and employed. This review will serve as an orientation to the monitoring system for new staff as well as an in-depth look at the monitoring indicators used. The results of this review will be shared with the evaluation consultant prior to the next visit to Bangladesh and this may become an additional item for attention during that visit.

b. Other Process Evaluation Activities

Another area discussed at some length during this visit was the need to prepare for "phase out" or sustainability of LIP activities in the thanas which have participated in the LIP for a number of years. One data collection activity which would have relevance to the planning of a phase out strategy would be to locate and interview those TNOs and TFPOs who participated in LIP activities (e.g., study tours, workshops) but who have subsequently been

transferred. The objective of this exercise would be to determine which skills and interventions they have been able to apply in their new settings without external financial or technical assistance. Collecting and analyzing this information would assist in planning a phase out strategy as it would identify potential barriers or obstacles which may be experienced following withdrawal of FPMD assistance. This idea will be considered in the short run and fully reviewed during the next evaluation visit.

3. Other LIP Tasks Performed

On request of the Project Director, several other tasks which are related to the work of the LIP were carried out during this visit. These are listed below.

- Drafted a scope of work and list of background reference materials for an evaluation of the LIP to be undertaken by the Bangladesh Planning Commission (Implementation, Monitoring and Evaluation Division) in the next few weeks.
- Reviewed and commented on the draft concept for World Bank funding of an expansion of the LIP.

In addition, the possibility of using the LIP as a model for study tours from the new FPMD local government initiative in the Philippines was explored in discussions with LIP staff and with USAID. This concept was regarded favorably by the several individuals with which it was discussed.

B. Cooperating Agency/Non-Governmental Organization Project Training Impact Evaluation

The scope of work for this visit included providing input to the FPMD consultants working on the training impact evaluation component of the CA/NGO Project, on an as needed basis. Activities carried out in relation to this task included attending the team's briefing with USAID, participation in the introductory meeting, where the consultants discussed and refined their tasks and finalized plans for the visit with the NGO Coordinating Committee. One fact-finding, information gathering meeting with a key training NGO (Concerned Women for Family Planning) was attended by the evaluation consultant, who also participated in several team discussions and planning sessions.

V. SCOPE OF WORK FOR NEXT EVALUATION VISIT

The following items were reviewed with the Project Director and determined to be priorities for the next evaluation visit to Bangladesh. This visit will be planned to coincide with the

next Program Review Workshop. The workshop will be extended by one day to accommodate some planned evaluation activities. Activities will include surveys of all participants followed by discussion groups with thana teams and then with groups based on their position in the program (i.e., TNOs, TFPOs, Union Chairmen, etc.). The program review workshop has been tentatively scheduled for mid-February 1994. The evaluation consultant should arrive approximately one week prior to the workshop to plan for evaluation activities during the workshop as well as to address other evaluation items listed below. It was agreed that the specific activities to be undertaken at the time of the next visit should include:

- Completion of the combined CAR/CPR Verification Studies report
- Participation in the evaluation-related aspects of the Program Review Workshop
- Facilitation of a one-day workshop with program staff to:
 - review ways to assess and affect changes in contraceptive method mix,
 - brainstorm about the development of a thana "phase out" or sustainability strategy, including ways to collect and use evaluation data to enhance such a strategy, and
 - continue the review of monitoring indicators and revisions in the internal monitoring system, if this task has not yet been completed
- Review with staff progress made since the last evaluation visit on the rapid assessment methodology, volunteer profiles and the FWA survey, and assess next steps to be taken for each of these activities.

VI. ACTION ITEMS RESULTING FROM THIS EVALUATION VISIT

The following items were agreed upon for follow up by the individuals indicated.

- Send preliminary tables from the three union microsurveys to Boston for review and analysis as soon as they become available. (Emad)
- Test the Rapid Assessment process outlined in Annex 1 prior to the next evaluation visit to determine its feasibility (Systems Analyst and LIP staff)
- Analyze the data collected about LIP volunteers as soon as possible using suggestions outlined in Annex 2 (Program Officers and Systems Analyst)
- Send information on/results of the review by staff of the monitoring system (Sayeed)

ANNEX 1

RAPID ASSESSMENT OF LIP ACCOMPLISHMENTS

The following plan was discussed during the November 1993 visit of S.C. Huber. It is to be tested over the next few months and reviewed during her next visit to Bangladesh.

Objective

To devise a system for rapidly assessing changes in contraceptive method mix and in parity of contraceptive users over time in LIP thanas.

Methodology (for testing over the next three months)

- 1) Select two unions from each division--one new union (operating less than two years) and one old union (operating more than three years) that will be monitored during December 1993
- 2) Select and copy the register from the third FWA listed in the LIP database for each of the selected unions.
- 3) Enter data for all ELCOs by contraceptive method use (or non-use) and number of living children from these registers.
- 4) Produce tables as noted in the attachment.

Analysis

Table I-Method Mix The information contained in this table can be analyzed by noting changes in method mix from the first date to the last giving particular attention to the percentage column. Changes in mix should be assessed based on the following:

- Any objectives which might have been set in the applicable action plan to change method mix
- Any unusual situation(s) prevailing in the area, e.g., flooding during the intervening period, the absence/transfer of the MO-MCHFP who is the only provider of sterilization procedures, and
- Any special activities or campaigns undertaken during the intervening period (e.g. IUD or sterilization campaigns; introduction of door-step injectables).

Table II-Method Use/Parity A review of these tables, for two points in time, can be used to assess whether the LIP is reaching an increasing number of low parity women. Also, by

comparing the percentage of users of modern methods in each parity group over time, it can be determined whether the LIP is reaching larger proportions of newlyweds and other high risk women (those who are at higher risk from childbirth due to immaturity/low age or high parity, based on the principles of safe motherhood).

Use of Rapid Assessment Information

Both of these tables can be analyzed by an individual Program Officer for the LIP area for which he is responsible, based on the above points. The findings can be used for Action Planning at the Thana level to determine reasonable objectives for future activities such as encouraging switching to more effective or cost-efficient methods in light of local circumstances or undertaking special campaigns or activities to increase contraceptive use among high risk women.

The information contained in these tables can be combined (by Division or nationally) to assess the overall performance of the LIP, This aggregated information also can be used for periodic reporting purposes.

TABLE I

CONTRACEPTIVE METHOD MIX

District: Thana: Union: Village: FWA:

Methods	First Date (Da/Mo/Yr)		Last Date (Da/Mo/Yr)	
	Users (N)	Percentage	Users (N)	Percentage
Oral Pill				
Condom				
Injections				
IUD				
Tubectomy				
Vasectomy				
Other Modern				
Subtotal Modern				
Traditional				
Non-Users				
TOTAL ELCOS				

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TABLE II

Contraceptive Use by Number of Living Children

(Please use two tables as presented below to record data for two points in time)

District: Thana: Union: Village: FWA:

Percentage of ELCOS Using Method (Da/Mo/Yr)

Living Children	Modern Permanent (N=)	Modern Temporary (N=)	Traditional Methods (N=)	Total Users (N=)	Non-Users (N=)	Total ELCOs (N=)
None						
1-2						
3-4						
5+						
TOTAL						

ANNEX 2

LIP VOLUNTEERS PROFILE

The use of village volunteers to supplement the work of ward-level government family planning staff is a unique feature of the LIP. A clearer understanding of this important group of workers--their motivation and understanding of their roles and responsibilities as well as their personal development and change in status as a result of participation in the LIP--is essential to the evaluation of the impact of this project.

Data were collected from all volunteers (approximately 10,000) serving in the LIP as of September 1993, using the attached form. The local Family Planning Inspector responsible for the ward in which each volunteer works, assisted by the FWA in some instances, collected the information. The completed instruments have been received from the field, but have not yet been analyzed.

The profiles of volunteers which can be obtained through the analysis of these data will form an important quantitative basis on which to build qualitative data collection about this group of LIP workers. These data should be entered into a computer database as soon as possible. The unit of analysis should be the union, grouped by thana, so that aggregations can be done later by district and division, if desired. Simple percentage distribution tables should be produced initially. More complex two-way tables can be produced later once we examine the initial tables to determine other relevant analyses.

The distributions examined (giving both number and percent) should include:

Age group distributions	Less than 20 years; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50+
Education completed	Please use whatever is the most common grouping for education in Bangladesh
Marital status	Never married; married; separated or divorced; widowed (use standard groupings for Bangladesh)
Number of children	None; actual number listed up to 10+
Family planning status	Yes or no
Method used for those indicating current use	Please list all actual methods
Training before LIP	Yes or no
Type of training	Please use actual training mentioned or determine logical groupings
Length of training	Please use logical groupings for this item
Other organizational involvement	Please list all organizations OR groupings by type of activity (such as agricultural, health, etc) if too many to list

Presentation of these tables can be made in the easiest way possible--either one page for each union with all the other variables listed down the left margin or possibly all unions for a thana can be done in columns on the same page as follows:

Characteristic	Union		Union		Thana	
	No.	%	No.	%	No.	%
Age: Less than 20 20-24 25-29 etc.						
Marital status: Never married Married etc.						
Education None Primary etc.						
Etc.						
Etc.						
Etc.						

ANNEX 3

FAMILY WELFARE ASSISTANTS SURVEY

As reported in the July/August 1992 trip report by the FPMD Evaluation Unit, initial steps were taken to assess the knowledge, attitudes and practices of the family welfare assistants (FWA) working in the LIP unions. This was accomplished through the use of a questionnaire administered at divisional meetings for FWAs from LIP project areas. So far, data have been collected on FWAs from Dhaka, Khulna and Rajshahi Divisions. No data have been collected on Chittagong FWAs as they have not yet had a workshop. Some level of analysis has been done for Dhaka and Khulna Divisions. Preliminary results were presented in the July/August 1992 trip report of Benavente/Seligman.

The attached questionnaire and analysis of this activity, which includes some important project management as well as impact information, were located in FPMD/Dhaka evaluation files. This analysis was probably produced by the FPMD/Boston Evaluation Unit; however, there is no indication of which Division(s) it covers nor is there a date on this document. Other details on the status of this assessment are sketchy, at best, in Dhaka. I will attempt to learn more about this activity on my return to Boston and I will share my findings with Dhaka staff. We will then be in a better position to determine the next steps, if any, to be undertaken on this activity.

S.C. Huber
November 1993

FWA INTERVIEWS HIGHLIGHTS

Local Initiative Program

The participation of FWAs is a key element in the Local Initiative Program. Thus, to train and support these field workers should be a main and continuous task in the implementation of the LIP. An appropriate way to design and plan this support is to know about the attitudes, knowledge and practices of the FWAs regarding the Program and its components. For this reason, the management of the project decided to interview a group of FWAs attending to a workshop on implementation of the LIP. These results will use for planning purposes within the Program.

- Most FWAs started working as such before the beginning of the LIP project. 47% reported to have started between 1980 and 1989 and 41% even before 1980. However, only 45% declared to have been trained in family planning before they started their work as FWA.
- Most FWAs were able to identify the date when the LIP started in their unions. 22% of the unions started before 1990, 14% in 1990, 39% in 1991 and 22% in 1992.
- When they asked about the main changes since the union was included in the UIP, their answers indicated the following: as the primary change, 40% recognized the expansion of services as the major change, 18% increased awareness, 13% improvement of quality of services, and 8% recognized increase in contact with client and information as the primary change.
- The majority indicated that these changes have helped in the implementation of their tasks as FWA. 100% of the FWAs indicated they thought that the changes have helped to improve family planning service delivery in their unions.
- 71% of the FWAs indicated they had received training since the starting of the LIP. The main topics of this training effort were: working with volunteers (7% as primary topic and 3% as second one); ELCO maps (7% and 6% respectively); Elco register (4% and 9%); management committee formation (12% and 6%); motivation (6%); FP methods(2%); about the LIP (12% and 3%); and MCH services (4% and 1%).
- 70% of the FWAs had never worked with volunteers before the LIP experience. Most of these health/FP workers recognized the participation of the volunteers as positive. Their main reasons for this are: better services

facilities through cooperation (32%); more frequent contact with ELCOs (20%); CPR increase (13%); better work in the field (10%); and, increase in MCH/FP services and, especially, the expansion of satellite clinics (3%).

- The FWAs described their main tasks of your work in their units as follow: management of FWA register (27%), motivate and educate volunteers (20%), ELCO visits, supervision of volunteers (14%), manage ELCO maps and registers (11%), distribution of contraceptive methods (8%), and attention in satellite clinics (4%). Other secondary tasks also mentioned were: client's follow-up and referrals, meeting with management committees, and reporting.
- In average, each FWA works with 12 volunteers, the minimum is 5 volunteers and the maximum is 18. 34% meet once a week with their volunteers, 52% twice a month, 12% once a month, and 1% every two months.
- 36% meet with the volunteers on individual bases, 15 in groups and 49% in both ways. FWAs claimed that they carry out the following activities in the meetings with volunteers: 97% supervise ELCO visits, 95% supervise ELCO maps, 90% plan new activities, 56% refresh training, 66% update FWA register, and 84% inform volunteers.
- Most (99%) claim that the volunteers call regularly on them for help and 95% indicated they still some direct contact with ELCOs in the unit. The kind of contacts were described as follows: 89% visited ELCOs on her own; 95% made rounds with volunteer; 76% attended ELCOs if they come to her; 83% saw ELCOs in satellite clinics; and 60% kept informal contact (road, market).
- When asked for a definition of ELCOs, the FWAs provided the following definition: Women who can produce births (12%); Women who are currently menstruating (2%); Women between 15 and 49 years of age (32%); Women between 15 and 45 years of age (31%); Married aged 18 to 49 (2%); and When there are husband and wife (3%). 17% of the FWAs didn't know a definition of ELCO
- Considering prevalence of contraception, 6% of the FWAs reported a CPR under 20 in their union, 5% reported a CPR between 20 and 30, 1% between 30 and 40, 10% between 50 and 60, 25% between 60 and 70, and 33% over 70.
- Regarding discontinuation rates, 25% indicated not to have had any drop out during the last three months in their units, 20% declare to have had between 1 and 5, 22% between 6 and 10, 14% between 11-15, and 18% more than 16. The rate of drop out is around 12% for the three months prior to the interview.

- However, 90% of the FWAs indicated that they always advised the use of other methods to a woman discontinued the use of a method for any reason other than to get pregnant.
- Everybody indicated they updated their register regularly. Nearly on third said they had removed at least one ELCO from the register in the last three months because they were no longer eligible. The average removal was of about 3 ELCOs in the three months prior to the survey.
- The FWAs reported to have had organized, in average, 5 satellite clinics in the trimester prior to the interviews. 12% said to have had more than six satellite clinics, 29% claimed between 4 and six, and 44% only between 1 and 3. The main activities FWAs carry out for or during the satellite clinics are the following: Coordination/preparation, 71%; Management, 61%; Provision of services, 67%; Referrals, 79%; and, Follow-up of patients, 55%.
- In average, the FWAs meet once a month with the FWV. The majority though, claimed to meet with the FWV every week. And 53% informed that they have the opportunity to discuss problems and/or share experiences with other FWAs in the Union on regular basis; other 41% indicated they did so. but just for special reasons. Only 6% said they meet seldom.
- 95% reported to attend union level meeting on regular basis; In general, these meeting are found to be useful. They help to increase motivation (19%), technical helpful (18%), helpful in increasing CPR (29%), in problems resolution (14%), and in improving quality of service (7%).
- In addition, they report to organize Unit Committee Meetings, at least once a month. Considering these Unit Committee meetings, the following problems were considered: discussion of CPR/targets issues (17%), sterilization issues (16%), identification of implementation problems (10%), problems of motivation (7%), IUD and injectable issues (7%), volunteers problems (7%), immunization in satellite clinics (8%), and organizational problems (3%).
- The majority of the FWAs who were interviewed indicated that the cooperation of the community had been very important in the implementation of their work.

FWA Interview Local Initiative Program

FWA Name _____

Thana _____ Union _____ Village _____

The participation of FWAs is a key element in the Local Initiative Program. Thus, to train and support these field workers should be a main and continuous task in the implementation of the LIP. An appropriate way to design and plan this support is to know about the attitudes, knowledge and practices of the FWAs regarding the Program and its components. For this reason, we want to ask you to complete this brief questionnaire. We assure you that this information will remain confidential and it will be just used for planning purposes within the Program.

QUESTIONS	CODES
1. When did you start working as a FWA?	____ / ____ / ____ (day) (mo) (yr)
2. Had you had been trained in Family Planning before your started as FWA?	1. YES 2. NO [Skip to Q.6]
[If YES in Q.2]	
3. Did you know about the differences between modern and traditional methods?	1. YES 2. NO
4. Or, about screening requirements for using pills?	1. YES 2. NO
5. The need for referral in case of IUD complications?	1. YES 2. NO
6. When was this union included in the UIP?	____ / ____ / ____ (day) (mo) (yr)
7. Can you describe, in your own words, the main changes since the union was included in the UIP?	_____
8. Have these changes helped you in implementing your tasks as a FWA?	1. Yes, they have helped 2. They have made no difference 3. They have brought problems
9. Do you think that these changes have helped to improve Family Planning service delivery in this union?	1. Yes, they have helped 2. Helped only marginally 3. Made no difference 4. Have create problems

<p>10. In your opinion, what are the most important achievements in FP in your union as a result of UIP approach?</p>	<p>1. _____ 2. _____ 3. _____</p>	
<p>11. Have you received any training during the UIP?</p>	<p>1. YES 2. NO [Skip to Q.13]</p>	
<p>12. [If YES in Q.11] Could you describe the main subject of the training event(s) you attended and the date of its occurrence?</p>	<p>SUBJECT</p>	<p>DATE (dy)/(mo)/(yr)</p>
	<p>1. _____</p>	<p>___ / ___ / ___</p>
	<p>2. _____</p>	<p>___ / ___ / ___</p>
	<p>3. _____</p>	<p>___ / ___ / ___</p>
<p>13. Does your work now imply to work with volunteers?</p>	<p>1. YES 2. NO</p>	
<p>14. Had you ever worked with volunteers before the UIP?</p>	<p>1. YES 2. NO</p>	
<p>15. Please, tell us about the most important positive aspect of working with volunteers.</p>	<p>Positive Aspect: _____</p>	
<p>16. Could you also tell us about the most important problem of working with volunteers?</p>	<p>Negative Aspect: _____</p>	
<p>17. Please, describe the main tasks of your work as a FWA in this unit.</p>	<p>1. _____</p>	
	<p>2. _____</p>	
	<p>3. _____</p>	
<p>18. How many volunteers do you have under your supervision?</p>	<p>_____</p>	
<p>19. How often are you in touch with the volunteers?</p>	<p>1. Once a week</p>	
	<p>2. Twice a month</p>	
	<p>3. Once a month</p>	
	<p>4. Once every two months</p>	
	<p>5. On quarterly basis</p>	
	<p>6. Other (specify) _____</p>	
<p>20. Do you usually meet with them individually or in group?</p>	<p>1. Individually 2. In group 3. Both 4. Other (specify) _____</p>	

<p>21. What activities do you carry out in these meetings?</p>	<p>[MARK ALL THAT APPLY]</p> <ol style="list-style-type: none"> 1. Supervise ELCO visits 2. Supervise ELCO maps 3. Plan new activities 4. Refresh training 5. Update FWA register 6. Inform volunteers 7. Other (specify) _____
<p>22. Do the volunteers come to you regularly for help?</p>	<p>1. YES 2. NO</p>
<p>23. Now that you work with volunteers, do you still maintain some direct contact with ELCOs in the unit?</p>	<p>1. YES 2. NO [Skip to Q.25]</p>
<p>24. [If YES in Q.23] What kind of contact do you keep with ELCOs?</p>	<p>[MARK ALL THAT APPLY]</p> <ol style="list-style-type: none"> 1. Visits ELCOS on her own 2. Makes rounds with volunteer 3. Attends ELCOS if they come to her 4. See ELCOS in satellite clinics 5. Informal contact (road, market) 6. Other (specify) _____
<p>25. Could you indicate at least three reasons to advise a woman to use a contraceptive method other than pill?</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>26. Describe what advise would you give to woman who has forgotten to take the pill for two days.</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>27. Could you indicate at least three reasons to advise a woman to use a contraceptive method other than injectable?</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>
<p>28. What instruction do you give to a woman who want and can use injectable?</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>29. Could you indicate at least three reasons to advise a woman to use a contraceptive method other than IUD?</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p>

<p>30. Describe three cases when you should refer a woman to a FWV?</p>	<p>1. _____ 2. _____ 3. _____</p>
<p>31. How do you explain what an ELCO is?</p>	<p>_____ _____ _____</p>
<p>32. Do you know how many ELCOS live in your unit?</p>	<p>_____</p>
<p>33. Could you tell us, how many ELCOS do you and the volunteers serve in this unit?</p>	<p>_____</p>
<p>34. And, do you know how many of these ELCOS are using modern contraceptive methods?</p>	<p>_____</p>
<p>35. How can you be sure if a woman receiving pills is using them regularly and correctly?</p>	<p>_____ _____</p>
<p>36. How do you control if an ELCO receiving condoms uses them regularly for birth control?</p>	<p>_____ _____</p>
<p>37. How many ELCOS have discontinued the use of contraceptives in the last three months in your unit?</p>	<p>_____</p>
<p>38. If a woman discontinues the use of a method for any reason other than to get pregnant, do you advise her about exploring the use of other methods?</p>	<p>1. YES 2. NO</p>
<p>39. How often do you revise the your register to update the count of ELCOS?</p>	<p>1. Monthly 2. Quarterly 3. Annually 4. Whenever</p>
<p>40. In the last three months, have you removed any couple from the register because they were no longer eligible?</p>	<p>1. YES 2. NO [Skip to Q.34]</p>
<p>41. [If YES in Q.32] Do you remember how many have you eliminated from the register?</p>	<p>_____</p>
<p>42. How many satellite clinics have you organized during the last three months?</p>	<p>_____</p>

<p>43. What is your involvement in the satellite clinic?</p> <p>44. If you provide services during the satellite clinic, describe the type of services you provide.</p>	<p>1. Coordination/preparation 2. Management 3. Provision of services 4. Referrals 5. Follow-up of patients 6. Other (specify) _____</p> <p>_____</p> <p>_____</p>
<p>45. How often do you meet with the FWV?</p>	<p>1. Every week 2. Once a month 3. Once every quarter 5. Other (specify) _____</p>
<p>46. Do you have the opportunity to discuss problems and/or share experiences with other FWAs in the Union?</p>	<p>1. Yes, on regular basis 2. Yes, for special activities 3. Seldom, for emergencies 4. Never</p>
<p>47. Do you attend union level meeting on regular basis?</p>	<p>1. YES 2. NO</p>
<p>48. Could you tell me how useful are these meetings for you?</p>	<p>_____</p> <p>_____</p>
<p>49. How often do you organize Unit Committee Meetings?</p>	<p>1. Weekly 2. Monthly 3. Quarterly 4. Other (specify) _____</p>
<p>50. Considering the last Unit Committee meeting, could you tell us what problems were considered?</p>	<p>_____</p> <p>_____</p>
<p>51. And what about the decisions that were made regarding these problems?</p>	<p>_____</p> <p>_____</p>
<p>52. Could you tell us how were these decisions implemented?</p>	<p>_____</p> <p>_____</p>
<p>53. How important has been the cooperation of the community in carrying out your work?</p>	<p>1. Very important 2. Somewhat important 3. Negligible 4. Not important 5. Disturbing 6. Other (specify) _____</p>

ANNEX 4
MEMORANDUM

To: Abu Sayeed, LIP Program Director

From: Sallie Craig Huber, FPMD Evaluation Consultant

Subject: LIP Monitoring System

Date: 16 November 1993

Prior to my trip to Bangladesh, concern was expressed by several individuals in Boston about a mysterious "ranking system" for LIP project areas being used in the LIP. After my review of your LIP Monitoring Guidelines and Monitoring Reports and several discussions with you about this system, I have determined this is the so-called "ranking system" mentioned in Boston.

My assessment of your monitoring system is that it is an excellent tool for which you and your staff who were involved in its development are to be commended. This tool should be considered for adaption and use elsewhere--in FPMD and other projects.

The monitoring system is used to assist you and your staff in determining the needs for technical assistance in your various project areas. Furthermore, the relative ranking of the different project thanas assists in setting priorities for technical assistance and defines which particular programmatic areas (e.g., organization, execution, control) and sub-components (e.g., provision of logistics, volunteer activities, financial management) need priority attention. As I understand our discussion, the ranking systems is not used for any other purposes. Therefore, I do not know why concerns have been raised about this system in Boston. I will try to clarify this issue on my return.

While I recognize this monitoring tool was developed primarily for internal LIP monitoring use by your staff, we also discussed its potential to serve as an important source of information for reporting about the project. In fact, most of the indicators in the new semi-annual report format suggested by Rob Cunnane (faxed by you to Alison on 17 August 1993) can easily be drawn from the data collected during monitoring visits by your program staff. The challenge will be to format and enter this information in such a way that you will be able to retrieve the data on a timely basis for reporting purposes.

To use the monitoring system also for drawing required reporting information, we discussed the importance of a review of the system and the indicators it uses at an early date. You explained your intent to do this in conjunction with a staff retreat to be held following the hiring of new program staff currently being recruited. I would suggest you use the proposed semi-annual report format provided by Rob Cunnane to assist in this review. Following your staff review of the monitoring system, you and I will be able to determine the need for me to give any additional input on the system and/or indicators used either prior to or during my next visit to Bangladesh.

Please let me know if you need any additional input from me and/or others in Boston on the monitoring system prior to your staff retreat.

cc: Catherine Crone Coburn
Marc Mitchell
Alison Ellis

ANNEX 5

PERSONS CONTACTED

Government of Bangladesh

M. Fazlur Rahman, Additional Secretary, Ministry of Health and Family Welfare

Md. A.K.M. Rafiquz-Zaman, Director General, Family Planning Directorate

Md. Alauddin, Assistant Director (Coordination), FP Directorate (Met during field trip to Khulna District)

USAID/Dhaka, Office of Health and Population

Bill Goldman, Director

David Piet, Deputy Director

Alan Foose, Population Officer

Rob Cunnane, Population Officer

Belayet Hossain, Program Specialist

Louisa Gomes, Program Specialist

Quasem Bhuyan, Program Specialist

FPMD/Dhaka (LIP)

Abu Sayeed, Project Director

Ahmedul Ghani, Senior Program Specialist

S.K. Zaman, Senior Program Officer

Emad Uddin, Program Officer

Md. Anwar Hussein, Systems Analyst

Other LIP Staff

Centre for Population and Development (CPD)

Md. Najmul Huq, Chairman

Research Staff of CPD met in Fultala Thana

Sahidur Rahman, Research Officer

Ferdausi Hossain, Supervisor

Sanjida Chowdhury, Interviewer

CA/NGO Project

Contacts will be reported in the Training Impact Evaluation team's trip report.

Field Trip to Jessore District

Santosh Kumar Roy, Deputy Director-FP, Jessore District

Monirampur Thana and Kuchlia Village (Horidashkanthi Union)

Atahar Ali Biswas, Thana Nirbahi Officer

Md. Abdul Alim, TFPO

Subrata Kumar Roy, MO (MCH-FP)

Prodeep Kumar Biswas, ATFPO

Atefa Khatun, Sr. FWV

Farida Yasmin, FWV

Amina Biswas, FWA

Numerous other volunteers from Horidashkanthi Union attending Satellite Clinic

Field Trip to Khulna District

Asadur Rahman, Deputy Director-FP, Khulna District

Fultala Thana and Damodar Union

Golam Mustafa, MO (MCH-FP)

Mustafizur Rahman, FPI (Damodar Union)

Ananda Kumar Das, FPI (Fultala Union)

A.K.M. Farid, Pharmacist (Atraghizatala Union)

ANNEX 6

BIBLIOGRAPHY

Benavente, Jaime and Barbara Seligman. "Visit to Bangladesh to Develop the Evaluation Plan for the Upazila Initiatives Project: January 15-February 10, 1992." FPMD, 3 April 1992.

Benavente, Jaime and Barbara Seligman. "Visit to Bangladesh to Continue Evaluation Activities for the Local Initiatives Program: July 12-August 27, 1992." FPMD, no date.

Seligman, Barbara and Jaime Benavente. "Preliminary Results from the Contraceptive Use Microsurvey in Kalikapur Union, Chowddogram Thana, Comilla District, Bangladesh: October 22-December 10, 1992." FPMD, May 1993.

FPMD/Dhaka. "LIP Monitoring Guidelines." FPMD, no date.