

PD-HBJ-320

**TRIP REPORT:  
VISIT TO BANGLADESH**

**MAY 1 - 19, 1994**

**Roy Brooks  
Saul Helfenbein  
Deborah Ruhe  
Stephen Sacca**

**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

**Project No.: 936-3055  
Contract No.: DPE-3055-Q-00-0052-00  
Task Order No.: A1717 BANGO**

## CONTENTS

<b>LIST OF ACRONYMS</b> .....	1
<b>I. EXECUTIVE SUMMARY</b> .....	2
<b>II. BACKGROUND</b> .....	3
<b>III. PURPOSE AND SCOPE OF WORK</b> .....	4
<b>IV. ACTIVITIES</b> .....	5
<b>V. CONCLUSIONS</b> .....	11
<b>ANNEX I: ORGANIZATIONS AND PERSONS CONTACTED</b> .....	13
<b>ANNEX II: SCHEDULE OF VISITS DURING CONSULTANCY</b> .....	15
<b>ANNEX III: THE ASIA FOUNDATION</b> .....	17
<b>ANNEX IV: AVSC: MINI-MDA</b> .....	30
<b>ANNEX V: FAMILY PLANNING ASSOCIATION OF BANGLADESH PLAN FOR TECHNICAL ASSISTANCE</b> .....	33
<b>ANNEX VI: NCIH PAPER (DRAFT)</b> .....	34
<b>ANNEX VII: DRAFT SCOPE OF WORK FOR JULY 1994 VISIT</b> .....	44

## **LIST OF ACRONYMS**

<b>AVSC</b>	<b>Association for Voluntary Surgical Contraception</b>
<b>CA</b>	<b>Cooperating Agency</b>
<b>CDS</b>	<b>Center for Development Services</b>
<b>CPR</b>	<b>Contraceptive prevalence rate</b>
<b>CWFP</b>	<b>Concerned Women for Family Planning</b>
<b>FP</b>	<b>Family planning</b>
<b>FPAB</b>	<b>Family Planning Association of Bangladesh</b>
<b>FPMD</b>	<b>Family Planning Management Development</b>
<b>FPSTC</b>	<b>Family Planning Services and Training Centre</b>
<b>IPPF</b>	<b>International Planned Parenthood Federation</b>
<b>MSH</b>	<b>Management Sciences for Health</b>
<b>MIS</b>	<b>Management information system</b>
<b>NGO</b>	<b>Non-governmental Organization</b>
<b>OPH</b>	<b>Office of Population and Health</b>
<b>PFI</b>	<b>Pathfinder International</b>
<b>QES</b>	<b>Quality, expansion, and sustainability</b>
<b>SOW</b>	<b>Scope of work</b>
<b>TAF</b>	<b>The Asia Foundation</b>
<b>TA</b>	<b>Technical assistance</b>
<b>USAID</b>	<b>United States Agency for International Development</b>

## I. EXECUTIVE SUMMARY

Management Sciences for Health (MSH) through its Family Planning Management Development Project (FPMD) is collaborating with the USAID/Dhaka-funded Cooperating Agencies (CAs) in Bangladesh to help them achieve their strategic goals of improving quality, expanding coverage and strengthening sustainability (QES) of family planning programs.

The purpose of this technical consultation was to continue the work initiated in 1993 with senior management and program staff of the CAs. This visit was the third in a series of five visits planned under the Management Development Assessment (MDA) component of the CA/NGO subproject. During this visit it was expected that the emphasis of TA would shift from the development and field testing of the MDA indicators, instruments and tabulation methods to the analysis and interpretation of the completed MDAs as a basis for developing TA plans to address the identified weaknesses of the NGOs.

Since the last visit in October, 1993 the three CAs (FPSTC, PFI, and TAF) had differed in the progress made toward completion of the MDAs. The MSH team continued to work on a one-on-one basis with the CAs with the level and focus of TA was determined by the level of experience the CA had achieved during the interim period between visits.

Since TAF had completed a significant number of MDAs, the TA provided them focused on analysis of the tabulated data, interpretation of the results to ascertain management strengths and weaknesses of an NGO, the development of recommendations and conducting feedback to an NGO. Criteria for assessing the readiness of organizations to undertake strategic planning was developed using the TAF's MDA indicator matrix.

PFI and FPSTC had not be able to complete as many MDAs as had been anticipated and thus the TA focused on reinvigorating the process, redefining the steps and developing the plan for completing the remaining MDAs before July. Consultation on giving feedback and the analysis of MDA results was also initiated.

Specialized TA was provided for AVSC to assist them in assessing the management capabilities of their two NGOs. Visits to these two NGOs were made by the MDA consultant and AVSC staff to conduct a mini-assessment, recommendations about TA which AVSC could provide, and plans for continued monitoring were made.

The team met with FPAB to review their needs for TA and determined that the role of volunteers continues to be identified as the key area where they need specialized TA. Plans for further assessment and design of this work were drafted and will be discussed with IPPF/SAR in London.

The differences in approaches among the CAs continues as does the pacing and rate of absorption of the TA. While there was some loss of momentum between consultant visits this does not appear to indicate a loss of interest or enthusiasm for the MDA process. All three CAs report a great degree of learning about their NGOs, the process of assessing their management capabilities and the CA's role in enabling the NGOs to further develop those capabilities.

## II. BACKGROUND

Under a buy-in with USAID/Dhaka, three areas of FPMD technical support have been identified to assist the five CAs and the 100 plus NGOs achieve their strategic goals identified in the CA amendments. They are: promotion of institutional and managerial sustainability, training impact evaluation, and an NGO Program MIS.

The first area of support -- promoting institutional and managerial sustainability -- involves several technical missions over the course of the buy-in period to strengthen the CAs skills in conducting management assessments, and in identifying approaches to providing a range of technical assistance interventions for NGOs to promote managerial, institutional and financial sustainability.

Two visits have already taken place under this umbrella scope of work. The initial technical consultation occurred between June 15 to July 9, 1993, when a team of three MSH consultants travelled to Dhaka. During this trip a workshop was conducted to introduce the concepts and practice of management development assessments to CAs and NGOs. Using this framework, three of the five CAs developed tools for the management development assessment process and conducted initial field tests to evaluate their reliability, feasibility and validity to assess management capability of NGOs.

The second visit with the same team of consultants took place from September 26 to October 14, 1993. During this visit, the reliability and validity of the MDA instruments were evaluated during the field trials, and were subsequently revised and tested again. Methods for tabulating the results were designed and tested and some CAs began to analyze the tabulated results. A one day workshop was conducted to emphasize the role and purpose the MDA for the overall goal of strategic planning.

Two circumstances occurred during the last quarter of 1993 which necessitated revising the umbrella scope of work for this support in early 1994. First, it became clear by the end of the second visit that strategic planning was not appropriate for a significant portion of the CA's NGO portfolio. Second, the third technical assistance trip planned for November/December 1993 was postponed due to the "Family Planning Fortnight" scheduled for 6 - 20 December.

The FPMD Regional Director made a mid-term management visit to Bangladesh in January 1994 to review progress of the CA/NGO project. After in-depth discussions with CA staff, the scope of work and timing for the remaining visits was revised. The emphasis was changed from the development of CA staff capability to facilitate strategic planning exercises for NGOs to the ability to determine when strategic planning is appropriate for NGOs and the selection of local institutions or consultants for strategic planning exercises. At the same time, more emphasis was placed on using MDA results to determine strengths and weaknesses of NGOs and to enable the CAs to develop plans to help improve the management capabilities of the NGO.

### **III. PURPOSE AND SCOPE OF WORK**

The purpose of the present visit was to finalize the development phase of the management development assessment tools developed during the previous two technical visits and to use the information obtained from the MDAs to identify management strengths and weaknesses of the NGOs in order to plan for appropriate technical assistance interventions.

The FPMD technical team consisted of: M. Roy Brooks, Consultant to the FPMD project; Saul Helfenbein, Deputy Director, Population Program, MSH; Deborah Ruhe, Senior Family Planning Advisor, FPMD; Stephen Sacca, Senior Program Associate, Health Financing Program, MSH.

The team carried out the following scope of work:

- a) Provide individualized TA to TAF to analyze and interpret information from MDAs conducted through May, and then design and field test an approach to present the findings back to the NGO. Develop criteria to determine the readiness of NGOs in the TAF portfolio for strategic planning. Continue the development of guidelines for all facets of the MDA process.
- b) Work individually with PI and FPSTC to: assess their experience with MDAs conducted since October 1993 and during this visit, develop methods for analyzing the results of MDAs and presenting the findings back to the NGO.
- c) Serve as a technical resource to AVSC in the development of a mini-assessment questionnaire for their two NGOs, conduct site visits to the NGOs and assist in the development of plans to provide TA to the NGOs.
- d) Meet with FPAB to review its needs for individualized TA. Meet with staff and volunteers to begin assessment for a workshop to clarify and define roles of volunteer and staff. Draft plan for completing assessment and designing TA.

During the course of the visit, the MDA team held several meetings with the MIS team, to review the sustainability indicators which had been formulated and which were to be field tested.

In addition, a draft presentation for the National Council for International Health (NCIH) conference was prepared and shared with the CA staff. (See Annex VI)

#### **IV. ACTIVITIES**

During the course of the visit, the MDA team carried out a combination of different activities. Unlike previous visits, the nature and level of assistance among the three CAs who have been concentrating on the MDAs began to vary considerably; AVSC received a concentrated level of assistance for the first time; and FPAB identified specific areas for FPMD assistance.

##### **A. The Asia Foundation**

###### Activities: November 1993 to May 1994

Since the last technical assistance visit in October 1993 the Asia Foundation finalized the MDA instrument and a method for tabulating results, conducted an orientation session for all Program Officers on the MDA, developed a schedule for carrying out MDAs and completed 15 assessments, including tabulation of results. During this period, data from six MDAs were analyzed and preliminary results were given to the NGOs.

During the initial briefing with TAF personnel on 3 May, the following points were summarized:

- the development of MDA specific indicators which relate to each other across stages of development for each management area was useful;
- the MDA instrument was efficient to use, since many questions which had been problematic were revised or omitted;
- for the most part, the MDA instrument was producing results which were consistent with existing information and staff perceptions of the NGOs;
- the method for tabulating the data collected during the MDA leads to consistent results, regardless of who conducts the MDA or tabulates the data;

- NGO staff were cooperative and viewed the MDA interview process favorably;
- assistance was necessary to help TAF staff to provide feedback on MDA results to the NGOs.

Activities: 1 - 19 May

TAF has made significant progress in developing a framework for the MDA and integrating it in to their management activities of their NGO portfolio. Discussions are underway to conduct an MDA on an regular basis for each NGO to measure progress a NGO has achieved toward becoming a more sustainable organization, as well as to measure the effectiveness of the TAF Program staff in designing and providing assistance to strengthen their management capabilities.

During this period Mr Wahiduzzaman Chowdhury (Swapon), a TAF Program Officer who has the additional designation of MDA Coordinator, worked with the consultants on a full time basis. In addition, Kirsten Lundeen, Population Program Manager, Dr. Hasib Mahmud and Ms. Rosy Hossain, Program Officers gave substantially of their time to work on this phase of the MDA development process.

The principal activities completed during this visit included:

- analyzing the tabulated data for six of the fifteen MDAs conducted and interpreting the results to ascertain the specific management strengths and weaknesses of each NGO.
- development of recommendations to present to the NGO staff to strengthen required areas.
- development of a standard format to give feedback to the NGO staff.
- conducting a MDA in order to field test the feedback approach..
- conducting a field test of a feedback presentation and revising the format accordingly
- development of criteria for assessing the readiness of organizations to undertake a strategic planning process.
- continued development of MDA guidelines/protocols
- development of an interim plan of activities between the end of the May visit and the next visit.

Findings and observations and a detailed description of the activities undertaken follows. Annex III presents a comprehensive set of documentation produced for the TAF MDA process during this consultancy.

### Criteria for Strategic Planning

As part of the review process of the TAF portfolio of NGOs, an initial list of indicators was developed to reflect the "readiness" of an organization to proceed with a strategic planning process. These indicators are taken from the existing set of TAF indicators and were selected on the basis of the generally accepted conditions which must be present for a strategic plan to develop properly in an organization. The list of indicators is included in Annex III.

When this criteria was applied to the seven organizations within the TAF portfolio which have been analyzed and interpreted, two organization were "ready" to undertake a strategic planning process.

### **Activities to be completed by TAF prior to next Consultant Visit**

A debriefing was held at TAF on 19 May to review the progress made during the consultancy and to agree on the tasks which should be completed prior to the next visit.

1. Complete eight remaining MDAs as scheduled in the TAF workplan.
2. Tabulate, analyze and interpret results of 19 remaining MDAs.
3. Prepare feedback presentations for 19 additional MDAs following process developed in May.
4. Meet with the staff of 15 NGOs to present feedback of the MDA.
5. Develop draft TA plans for 5 NGOs based on results.
6. Complete draft guidelines through the "Analysis/Interpretation" stage.

### **B. AVSC**

AVSC had requested assistance in the development an assessment tool for their two NGOs. During this technical assistance visit a mini-assessment questionnaire was designed (Annex IV) and site visits to the NGOs conducted. The interviews with the NGO staffs proved to be sufficient to identify areas of strength and weaknesses where technical assistance could be useful.

AVSC found this process useful for the quick identification of some of the technical assistance needs of their NGOs and, although AVSC is currently short-staffed, they have planned to start the provision of TA to the NGOs in the form of workshops to be conducted in June.

### **C. Family Planning Association of Bangladesh (FPAB)**

The team had a follow up meeting with management staff of FPAB on the TA needs identified during the January, 1994 visit by Alison Ellis to review the progress of the CA/NGO Project. Assistance with volunteer-staff role definition continues to be a key area of need. To further assess the needs for this type of TA meetings were held with two National Executive Committee (NEC) volunteers: Secretary General, Kazi Anisur Rahman and Assistant Secretary General, Md. Masharul Hannan.

FPAB is a 40 year old organization that has successfully grown and developed and continues to be a leader in the national Bangladesh family planning program. FPAB has adopted a ten-year strategic plan with a three-year plan and a one-year workplan. A specific strategy for attaining their goals is to "recruit and retain quality volunteers and staff." The adoption of a new strategic plan, the upcoming retirement of some NEC volunteers in leadership positions and the growing complexity of the organization necessitate the review and redefinition of the role of volunteers to maximize this valuable resource and enable the organization to best meet its goals. The needs for this review and redefinition is recognized by the volunteers and staff interviewed.

As a result of these meetings a plan for further assessment and TA design was drafted. (See Annex V) Currently there are vacancies in some key management positions at FPAB including a permanent Director General. Further development of this TA plan will occur after consultation with IPPF/SAR office in London which is planned between this visit and the following trip scheduled for July, 1994.

If IPPF/SAR concurs on the draft plan, additional information will be gathered during the July visit and plans further developed for a workshop for NEC volunteers to be held in November.

### **D. Family Planning Service and Training Center (FPSTC)**

Plans to complete the MDA Process were delayed because FPSTC had not been able to complete any additional MDA since the last visit in October. FPSTC's responsibilities in regard to conducting MDAs were not sufficiently clear, and such major time consuming activities such as the National Population fortnight which occurred in December and additional consultation in MIS and Training Impact Evaluation contributed to diverting attention from the MDA Process.

This visit was therefore mainly devoted to catching up and reinvigorating the process. FPSTC decided to involve all program officers in the process, though the leadership has been given to a core group designated in January during the review visit of the FPMD Asia Near East Division.

As part of recharging the MDA process, FPSTC staff conducted an additional four MDAs. The MDA methodology was reviewed. The MDA process was redefined as including the following steps:

- 1) Implementation of the questionnaire,
- 2) Tabulation and analysis of the questionnaire results,
- 3) Preparation of a feedback report to the NGO.

It was stressed that each team needed to complete the full process before carrying it out for another NGO.

During this visit, the importance of and approaches to providing feedback to the NGO leadership were emphasized. A plan for an additional eight MDAs to be conducted in June was drafted. This will bring the total to 16 by the time of the next visit of the MDA team in mid-July 1994.

The principal contents of an eventual assistance plan were also discussed. Such a plan would identify:

- 1) Major strengths and weakness of the NGOs that need to be addressed in order improve chances for sustainability,
- 2) Priority areas for technical assistance, including opportunities for strategic planning,
- 3) Resources which will be available in FPSTC to provide TA,
- 4) Resources which would be needed from external sources in order to implement the plan.

The next visit was planned out in detail to ensure maximum efficiency in the use of the MDA team's time and that of FPSTC staff involved in the MDA. The July visit will entail

Days	Activity
4	Review the results of the 16 MDAs and develop the first draft of a technical assistance plan based on results.
1	Review feedback approaches.
3	Provide feedback to NGOs.
1	Review feedback experience.
1	Finalize an initial TA plan.

### **E. Pathfinder International**

There were three meetings with Pathfinder to discuss their progress in conducting MDAs. By the end of this May visit, Pathfinder had successfully completed 16 assessments of the 30 NGOs in their portfolio. They expressed the following observations as a result of their latest experiences in conducting the MDAs:

- 1) The MDA appears to be more accurately assessing the status of the NGO now that several changes have been made in the questionnaire as a result of the last visit with the MSH team. Before the MDA was skewed to the more favorable side, and rated some NGOs better than Pathfinder felt their management capabilities actually are.
  
- 2) The MDA process is now systematized so that it could be done in the one day time period that was intended from the onset of this process. Program Officers said that it took between four to six hours to conduct the survey, and then a maximum of one hour to place the survey results on the milestone indicator matrix. This was a considerable improvement since the last visit, where there was at times a lack of consistency in where the indicators should be placed, and the analysis itself took an average of two hours. This improvement was due in parts to more experience with the survey instrument, and to the fact that the possible answers to the survey instrument were more compatible with the milestone indicators themselves.
  
- 3) The team felt that it was easier to use the questionnaire in English, and then translate when necessary. It was realized that several NGO directors and board members spoke English and were uncomfortable when the survey team was speaking two languages. Additionally, some of the terms in English are very difficult to translate into Bangla.

Pathfinder then developed a chart that can be used to determine the technical assistance needed for each NGO based on the answers obtained from the MDA questionnaire. It was agreed that when any of the six management components did not average at the mature stage, TA was needed. However, it was also decided that it was important to prioritize the TA needed. Each of the Pathfinder teams used the MDA results to complete the chart to determine what TA was required, and the following observations were made jointly by the consultant and Pathfinder:

- 1) The chart serves as a useful tool in making conclusions as to what TA is needed from the MDA results.
- 2) It is important to go into the details about what individual TA is needed in order to facilitate the development of Pathfinder's TA plan for all the NGOs.
- 3) Once the TA necessary for the NGO is determined, it will be categorized by what can be provided by Pathfinder, and what will require external resources.
- 4) The TA needs will then be organized so that it can be provided in some of the following possible ways:
  - a) TA provided on site in conjunction with the supervisory visits
  - b) TA provided by Pathfinder on a group basis in Dhaka in the form of classes or workshops
  - c) TA provided by outside assistance
  - d) TA provided through "exchange visits" between one NGO and another
- 5) Additional observations made by Pathfinder Program Officers independently of the MDA questionnaire were also encouraged to be included in the determination of TA needs for the NGO.

Pathfinder intends to conclude the remaining 14 MDA's this June in time for the next MSH visit in July.

## V. CONCLUSIONS

The three CAs, although progressing at different rates, continue to be mastering the process of MDAs. The CA staff responsible for conducting and analyzing MDAs continue to show an increasing knowledge of management issues and a growing enthusiasm for the enhancement of their internal competencies to be able to strengthen their NGOs.

Although progress was not uniform, the concentrated work with TAF on the development of tools for analysis, feedback and TA design outlined in detail in this report may be of assistance to the other CAs as they move into these activities.

The consultation with AVSC enabled them to identify the technical assistance needs of their two NGOs and design a workplan for providing it over the next two months. During the next visit, progress will be evaluated along with additional consultation needs dependent on those findings.

FPAB's desire to use TA to address the issues of volunteer role definition continues to be expressed and needs further assessment and planning. A workshop for volunteers should not be considered as a final outcome of this TA but considerations for subsequent work must be made with USAID/Dhaka and IPPF/SAR.

The MDA team is scheduled to make two more visits which should be adequate to complete the development of the MDA process. As the CAs develop TA plans for their portfolios of NGOs new questions may arise. How many and what types of NGOs should be included in plans to promote sustainability? How will CAs allocate their internal resources to support TA among their NGOs? How much of the TA required can be provided by existing CA staff? What will be the level of resources required to provide the TA needed from outside resources? What sources of funds will be available to support the TA needed? These questions can be explored more during the next visit of the technical team.

## ANNEX I:

### ORGANIZATIONS AND PERSONS CONTACTED

#### **USAID/Dhaka, Office of Population and Health**

William Goldman

Alan Foose

Louisa B. Gomes

Quasem Bhuyan

Director

Project Officer

Project Management Specialist

NGO Coordinator

#### **AVSC**

A. Jamil Faisel

Dr. Sukanta Sarker

Country Representative

Senior Program Officer

#### **Pathfinder**

Dr. M. Alauddin

Mr. Saiful Islam

Mr. Toslim U. Khan

Mr. Md. Hustafizur R. Bhuiyan

Mr. AHM. Sultanur Reza

Mr. Mahboob Amin

Mr. Md. Kamrul Ahsan

Dr. Ferdousi Begum

Mr. O. M. Moazzam Hossain

Mr. Azizur Rahman Mollah

Country Director, Bangladesh

Program Manager

Program Officer

Program Officer

Assistant Program Officer (MIS)

Assistant Program Officer

#### **FPSTC**

Mr. Milon Bikash Paul

Mr. Rezaul Karim

Mr. Anwarul Islam

Mr. Md. Kamrul Hossain

Mr. Md. Habibur Rahman

Mr. Md. Ismail

Mr. K.M. Sayeduzzaman

Ms. Hasina Nasrin Haq

Mr. Rafique Ahmed

Deputy Chief Executive

Assistant Chief Executive (F&AD)

Assistant Chief Executive (Training)

Program Officer

Program Officer

Program Officer

Associate Program Officer

Associate Program Officer

C.P.

#### **The Asia Foundation**

Ms. Kirsten Lundeen

Ms. Shamina Hasam

Dr. Hasib Mahmud

Mr. Wahiduzzaman Chowdhury

Ms. Rosy Hossain

Population Program Manager

Deputy Program Manager

Program Officer

Program Officer

Program Officer

**Family Planning Association of Bangladesh**

Mr. Mizanur Rahman

Mr. Ershadul Haque

Mr. Kazi Mohd. Ali Jinnah

Mr. Md. Shahid Hussain

Mr. Md. Abdus Salam

Mr. Kazi Anisur Rahman

Mr. Md. Mazharul Hannan

Director General (Acting)

Assistant Director (CPA)

Assistant Director (USAID)

Senior Program Officer

Senior Program Officer

Hony. Secretary General

Hony. Assistant Secretary General

**ANNEX II:**  
**SCHEDULE OF VISITS DURING CONSULTANCY**  
**May 1 - 19, 1994**

- May 2**            MDA team meeting  
                      MDA/MIS team meeting
- May 3**            Group meeting with the FPSTC to discuss progress made since last visit. (SH/DSR/SJS)  
                      Briefing with USAID/OPH on CA/NGO program and on visit goals. (SH/DSR/SJS)
- May 4**            Meeting with AVSC to discuss specific technical assistance MSH will provide during the visit.  
                      (SH/DSR/SJS)  
                      Meeting with the Asia Foundation to discuss progress made since last visit. (SH/DSR/SJS)  
                      Team works individually with TAF (SJS/DSR)
- May 5**            Team works individually with TAF (SJS/DSR)
- May 7**            Meeting with the FBAB to discuss options for MSH assistance under this buy in.  
                      (SH/DSR/SJS)
- May 8**            Team works individually with TAF (SJS)  
                      Team works individually with FPAB (DSR)
- May 9**            Team works individually with TAF (SJS)  
                      Meeting with Pathfinder International to discuss progress made since last visit with PI Program  
                      Officers. (RB)  
                      Meeting with AVSC to discuss specific design of technical assistance. (RB)
- May 10**          Meeting with Pathfinder International to discuss progress made since last visit with Dr. M.  
                      Alauddin. (RB)  
                      Work with FPSTC as they conduct two MDAs (SH/DSR)
- May 11**          Mid-trip briefing with USAID/OPH (Alan Foose departs Bangladesh). (SH/DSR/SJS/RB)  
                      Individual work with AVSC (RB)  
                      Individual work with TAF (SJS/DSR)
- May 12**          Meeting with FPAB Secretary General (DSR)  
                      Visit to AVSC clinic (RB)  
                      Individual work with FPSTC to review results of MDAs (SH)

- May 15** Individual work with TAF (DSR/SJS)
- May 16** Individual work with AVSC (DSR/RB)  
Individual work with TAF (SJS)
- May 17** Work with TAF as they conduct a MDA and tabulate/analyze results (SJS)  
Individual work with FPSTC (SH)
- May 18** Debriefing with USAID  
Individual work with FPAB (DSR)  
Individual work with TAF (SJS)  
Meeting with PI to discuss progress made in conducting MDAs (RB/DSR/SJS)
- May 19** Work with PI to review analysis of completed MDAs. (RB/DSR)  
Work with TAF as they provide feedback to an NGO and analyze the feedback meeting (SJS)

## ANNEX III:

### THE ASIA FOUNDATION

#### Summary of TAF Accomplishments During May Visit

A comprehensive account of the findings by TAF during the May visit is described below. This detailed description is intended to document the process taken by TAF to arrive at a workable set of procedures for analyzing and interpreting data collected from a MDA and to identify the strengths and Weaknesses of an NGO. To maximize the usefulness of this description, the reader should be familiar with the TAF MDA process and documents which comprise it.

#### Tabulation and Analysis

Upon review of the tabulated data for the MDAs it was noted that none of the 15 organizations' assessed to date fell within the "Launch" stage, although many were close. This was found to be due to the method of scoring. For example, if an organization's response to one question among perhaps five in a given management area was keyed to a growth stag indicator, then the total score for that management area would fall within the "growth" range. Since all organizations who are complying with the terms and conditions set forth in the TAF subagreement are able to meet some of the "growth" indicators specified in the TAF matrix, they are allocated to the "growth" category.

This did not create a problem for analyzing or interpreting the data, since the strengths and weaknesses are developed from a detailed review of the individual tabulation sheets for each management component, not from the summary tabulation form. The summary tabulation form does provide a useful way to view an organization's strengths and weaknesses. For example, when discussing the six NGOs which were analyzed, it became easy to develop a common understanding of the typical strengths and weaknesses of a "low growth" or "high growth" NGO. This concept is a valuable function of the MDA for management of the NGOs among the TAF program staff.

After completing the analysis of the six NGOs, it was noted that the MDA instrument was consistently scoring organizations on the high side in some management components and low in others. After investigating, this was attributed to management areas of an NGO which TAF, by virtue of its subagreement, requires a certain minimum level of development within an NGO. Although the TAF MDA is designed to assess the organization's management capability, some questions in the MDA instrument do seek information for a general level of development, which may include the Family Planning Project. For example, some aspects of the Human Resource Management Area were high, since TAF requires the development of job descriptions, conducting performance reviews, and a certain level of training for FP project staff. Financial stability was typically low, since the establishment of a sustainability plan and income generating activities is not mandated by TAF. The management areas which received a high score because of the influence of TAF-mandated management procedures were calibrated to remove this bias when interpreting the results of the current set of completed MDAs. TAF may elect to modify the next version of the MDA instrument to make specific questions more precise.

#### Recommendations

TAF adopted a standard methodology for developing recommendations for each NGO:

1. At least two Program Officers critically review the summary list of strengths and weaknesses to identify specific elements which could be removed from the list because they were not considered a significant factor to that particular NGO. This is performed using a combination of information from

the MDA, from other sources (such as file documentation) and common sense. For example, if a "low growth" NGO was a single service, local organization with one source of funds, it was irrelevant to consider the absence of an audit for the entire organization as a weakness, since TAF audits the family planning project on an annual basis. Still considering a single service, local organization, another example may include omitting a weakness which arises in if a NGO responds to the question of who attends represents the organization at external meetings by stating that the founder/leader always attends. In a small organization, the founder/leader may appropriately be the only person to do so. However, if the same response was received from a multi-service, national organization with several sources of funds, it would be retained as a weakness.

2. Group the strengths and weaknesses back into the management areas. At this stage the Program Officers are able to identify specific trends in the organizations management capability, both strengths and weaknesses. The list of weaknesses is further broken down into two groups; priority and secondary. The priority list identifies those areas which are considered serious deficiencies by TAF, or those may require a significant level of attention or lead time to modify. Conversely, the secondary recommendations may not be as serious in nature or degree of difficulty to modify. The allocation of the weaknesses between the two categories is not standardized among all NGOs, but rather based on the specific nature and level of development of that NGO. Frequently, a priority weakness for a "low growth" NGO may be secondary for a "high growth" NGO and vice versa.

3. Develop a recommendation to address each weakness in the priority and secondary category. The recommendations do not specify the technical assistance to be proposed, by suggests an appropriate solution to strengthen the management capability of the organization. Since all weaknesses are derived from the response provided by a NGO against a question in the MDA instrument, which is linked to a specific indicator on the tabulation form for each management area, the weaknesses are, to a certain extent, standardized among the NGOs. Therefore, a recommendation was developed for each weaknesses, which was compiled as a comprehensive recommendation list. When Program Officers prepare recommendations, they would first refer to this comprehensive list. If a suitable recommendation was already prepared, it would be adopted for use as it was, or it may be modified if determined necessary. If an appropriate recommendation was not on the list, it would developed, then added to the comprehensive list. The comprehensive list of recommendations formulated to date for addressing the weaknesses identified for the NGOs follows in this annex.

#### Standard Format for Presenting Feedback

During the period between consultant visits, TAF had developed a format for providing written feedback to NGOs on the results of the MDA and had sent six organizations this response. It consisted of summarizing the results of the MDA into the management areas, specifying the stage of development the NGO scored in each area. These formats proved to be difficult for the NGOs to interpret and so this approach was dropped.

During this consultancy, a revised methodology for presenting feedback was developed following a short list of essential criteria:

- It must be easy to understand for the NGO staff.
- It must be concise.
- The initial feedback must be given verbally.
- All results must be stated as positively as possible.

The revised feedback presentation consists of five parts, three of which are written. They are:

- PART I: TAF Program Officers review the purpose and methodology of the MDA and answer any questions from NGO staff.
- PART II: Presentation of Organizational Strength Profile
- PART III: Presentation of Strengths and Areas to Improve.
- PART IV: Presentation of Recommended Actions  
Priority recommendations  
Secondary recommendations
- PART V: Wrap up and discussion of next steps

The "Organizational Strength Profile" is developed to satisfy the criteria that it be easy to understand. It was agreed that a visual presentation would facilitate comprehension and reduce anxiety. Using the scores found on the summary tabulation sheet for each management area, the total number of points obtained by the NGO was divided by the total number of available points for that area. This percentage gave a general idea of how the organization performed against the TAF criteria for a "mature" organization.

To retain the principal of simplicity and ease of understanding, all references to "Launch", "Growth" or "Mature" stages of development were dropped for presentation purposes, since this concept was not known to the NGO staff. However, given the methodology used by TAF to tabulate results, it is still possible for TAF staff to recognize the stage of development. A score of 0 - 33% indicates launch, 34 - 66% growth, and 67 - 100% mature.

Parts three and four of the presentation are in brief summary form in order to minimize the need for detailed explanations. Rather than use the word "weaknesses", the term "Areas for Improvement" was adopted.

A completed presentation follows.

At this stage of the MDA process, TAF elected not to proceed with developing a technical assistance plan for any of the NGOs until all of the NGOs had been provided feedback. This approach was adopted because uncertainties exist in regard to the nature, scope and source of technical assistance, and responsibility for providing funding for the assistance to strengthen the entire organization, rather than the family planning program specifically.

#### Field Test

In order to field test the feedback presentation, TAF conducted a MDA of a national, multi-service organization with headquarters in Dhaka during the last week of the consultancy. The MDA was conducted, tabulated and analyzed during the course of one day, the presentation developed on the next day, and the presentation made on the third day, which took approximately two hours to complete. Discussions of the field test and revisions to the presentation were made in the afternoon of the third day.

Overall, the presentation was considered successful, and it will be adopted for widespread use within TAF with minor modifications noted below. The presentation was made to the President, the Executive Director, and the Accountant. At the conclusion of the presentation, the NGO staff were asked to provide comments to the presentation. They mentioned that although they were nervous at the beginning of the presentation, this dissipated quickly. They appreciated acknowledgment of their strengths, which they said they had worked hard to create, and admitted it confirmed many of the areas which they were aware require management attention. A

request was made to modify a few words, such as using the term "personnel" instead of "staff", then requested we formally transmit it to the organization so it may be presented at the Executive Committee meeting.

The internal review conducted at TAF later that day drew attention to aspects of the presentation which required greater sensitivity in wording. Specifically:

- The subcomponent "Experience" under the management area "Leadership" was changed to "Program Operations" to reduce the potential for misunderstanding.
- The term "Staff" was removed from the titles of two subcomponents under the management area "Human Resource Management."
- An "Assessment Summary" was added to the Organizational Strength Profile in order to provide a short written abstract.
- The weaknesses were reworded to sound less harsh. For example, "Service rules do not exist" was modified to "Service Rules have not yet been developed."
- Recommendations were reworded when necessary to sound less instructional and more suggestive.



## **PART III: SUMMARY OF STRENGTHS AND AREAS TO IMPROVE**

### **STRENGTHS**

#### **PLANNING**

- Executive committee and staff have the concept of mission statement.
- XXX has undertaken projects which support the concept of organizational mission.
- Annual plan exists for organizational activities.

#### **COMMUNITY PARTICIPATION**

- Organizational membership has increased remarkably.
- Takes decisions and actions in EC meetings.
- Members paid subscription regularly.
- AGM and elections are held regularly.
- Some fixed assets like land, buildings, equipment made through donation.
- Volunteer activities exist.

#### **LEADERSHIP**

- EC and staff involved in fund raising activities.
- External meetings attended by specialty staff and EC members and decisions are taken on organizational needs.
- Take initiatives to expand activities without donor support.

#### **HUMAN RESOURCE MANAGEMENT AND LINES OF COMMUNICATION**

- In-service and on the job training provided to all staff.
- Performance feedback provided to staff.
- Report prepared on organizational activities and action is taken on the basis of the reports.

## FINANCE

- Financial records are maintained for the whole organization and an annual audit takes place.
- Have four sources of funds.
- NGO shares 7% of costs for FP project.

## AREAS FOR IMPROVEMENT

### PLANNING

- A formalized Mission Statement has not been developed.
- Long term and strategic planning is not conducted.

### HUMAN RESOURCE MANAGEMENT

- Not all personnel are trained.
- Training plan has not been developed.
- Not all personnel receive annual performance reviews.
- No all personnel have workplans.
- Service Rules have not been developed.
- Job description have not been developed for all personnel.

### MANAGEMENT PRACTICES

- Operational manuals and policy handbooks for the organization have not been developed.
- Performance of the Chief Executive is not evaluated by the Executive Committee.

## FINANCE

- Family Planning audit identifies five problems.
- Income generating activities have not been developed.
- A financial sustainability plan has not been developed.

## **PART IV: PRESENTATION OF RECOMMENDED ACTIONS**

### **PRIORITY RECOMMENDATIONS**

#### **PLANNING**

- Establishment of an organizational planning framework (strategic or long-term plan) will enable the organization to clearly identify its priority goals and specify activities to reach those goals.

#### **HUMAN RESOURCE MANAGEMENT**

- Additional training opportunities for personnel will enable overall personnel performance throughout [*Name of NGO*].
- A regular performance review of the Chief Executive by Executive Committee will ensure organizational activities are consistently implemented.

#### **MANAGEMENT PRACTICES**

- Development of Service Rules and other organizational policies, as appropriate, will enable consistently management of staff and programs.

#### **FINANCE**

- Development of a financial sustainability plan (as part of the planning process) which aims to increase the self reliance of the organization.

### **SECONDARY RECOMMENDATIONS**

- Conduct training to all management personnel to carry out performance reviews.

## **THE ASIA FOUNDATION COMPREHENSIVE RECOMMENDATIONS LIST**

### **MISSION AND PLANS**

#### **PLANNING**

Establishment of an organizational planning framework (strategic or long-term plan) will enable the organization to clearly identify its priority goals and specify activities to reach those goals.

Establishment of a long-term organizational plan will enable the NGO to be more responsive to the needs of the community and to identify opportunities for continuing operations in the future.

#### **COMMUNITY PARTICIPATION**

Review factors related to low collection of membership fees and develop of a plan to raise collection of them in order to increase revenue to the organization.

Identify causes of the decreasing general membership and develop steps to reverse the trend in order to maintain support from the community.

Conduct AGM and elections of EC on a regular basis, in accordance with the constitution.

Maintain minutes of Executive Committee meetings, in accordance with the constitution.

Expand linkages with other organizations in the geographical area who are involved with family planning activities will improve service delivery and coverage.

Increase diversification of the composition of the Executive Committee may raise support within the community.

The collection of members fees regularly will maximize the income to the organization.

Explore the possibilities of initiating one to two volunteer activities within the community to increase community involvement in organizational activities and to generate community contributions.

#### **LEADERSHIP**

Including management staff and EC in decision making will increase their commitment in decisions and organizational activities.

## TRAINING

Improve personnel capability in proposal writing techniques so that the organization can independently prepare proposals to solicit funding from donors.

Additional training opportunities for personnel will improve overall staff performance throughout [*Name of NGO*].

Arrange a workshop for Executive Committee members on organizational development will increase awareness in planning, implementation and monitoring of organizational activities in order to improve quality, expand services and sustain operations.

Train supervisors on effective supervision techniques and conducting personnel performance reviews in order to enhance personnel performance.

Train management personnel on using information gathered on service delivery and management operations for effective programmatic and administrative decision making with Executive Committee.

Train management personnel on effective supervision techniques, delegation and decision making, workplan preparation and carrying out performance reviews in order to enhance personnel performance.

Train management staff in leadership and management training to increase their ability to initiate new activities which respond to the needs of the community.

## ORGANIZATIONAL STRUCTURE

Development of Service Rules and other organizational policies, as appropriate, will enable consistent management of staff and programs.

Conduct orientation on [*Name of NGO*] Service Rules with personnel and provide each person with a copy of the Service Rules.

A regular performance review of the Chief Executive by Executive Committee will ensure organizational activities are consistently implemented.

## FINANCE

A detailed review of financial management procedures of the TAF subproject will improve financial performance.

Development of a financial sustainability plan (as part of the planning process) which aims to increase the self reliance of the organization.

Development of a financial sustainability plan (as part of planning process) which aims to diversify the funding sources, develop income generating projects and raise service charges will increase the self reliance of the organization.

**CRITICAL INDICATORS FOR STRATEGIC PLANNING READINESS  
THE ASIA FOUNDATION**

MANAGEMENT AREA	RATIONAL	INDICATOR
Institutionalization of Community Participation	Active community/ volunteer participation needed to work on strategic plan	<p>Either the President or Secretary of the EC has changed in the last three elections by the General Members.</p> <p>Less than 70% of the Executive Committee consists primarily of family and relatives.</p> <p>General meeting held regularly in the last four years and nomination/election of the Executive Committee took place.</p> <p>Minutes of the Executive Committee meetings are prepared and follow up action is taken on decisions made.</p>
Decision Making and Delegation	EC and management staff who can implement strategic plan	<p>Founder member(s), management staff and Executive Committee take decisions on programs and major problems.</p> <p>Issues discussed in Coordination meetings are shared with Executive Committee, management staff and subcommittees, and they take action on the basis of organizational needs.</p> <p>Founding members and Chief Executive participate in all types of coordination meetings.</p> <p>Organization starts up to four new initiatives without support from donors or other organizations.</p>
Leadership Experience and Competence	Readiness to think and act independently of donor	<p>Organization brings in modifications and innovations in policies and implements them.</p> <p>Project proposal prepared jointly by donor and NGO.</p>

<b>MANAGEMENT AREA</b>	<b>RATIONAL</b>	<b>INDICATOR</b>
Reporting and MIS	Data on past performance needed for planning process	<p>Reports prepared on organizational activities, including donor and government requirements.</p> <p>Reports are shared with staff and Executive Committee and action is taken on information contained in them.</p>
Financial Management	Information on past financial performance will be required for planning	Family planning audit identifies less than ten problems.
Financial Stability	Indication of organizational responsibility, initiative and increasing complexity will facilitate strategic planning.	<p>Two sources of funds exist.</p> <p>Initiative taken for income generation but income received is not sufficient to spend on organizational activities.</p>
Formalized Management Practices	Accountability for implementation of Strategic Plan defined.	Organigram specifies that Chief Executive is accountable to Executive Committee for implementation of activities but performance not reviewed by Executive Committee.

## ANNEX IV:

### AVSC MINI-MDA

#### 1. Organizational and Community Development

(Should be two *independent* interviews with project director and chairperson of community board or hospital director)

- a. What are the key goals and objectives of the project?
- b. How well is the project meeting these goals?
- c. What are the most significant achievements of the project?
- d. What, if any, problems is the project encountering, and what are they doing to correct them?
- e. What is the organizational chart of the project?

#### 2. Leadership Skills

(Interview with the project director)

- a. What are the annual project targets to meet the objectives in quantitative terms, and how well are they being met?
- b. How frequently do you meet with the staff? With the community (hospital) director, and are there minutes of these meetings?
- c. Note training background of the project director, and any continuing education courses.
- d. List new and creative actions taken in the past year.

#### 3. Financial strength

(Interview with the project director or project accountant)

- a. Review annual budget, and monthly and quarterly income and expense statements.
- b. Review number of different funding resources, and for what period of time.
- c. Existence of any reserve funds
- d. Variance between budget and actuals
- e. Status of accounting books
- f. Potential for future funding

#### 4. Human resources

(Interview with project director or personnel director)

- a. Existence and knowledge of job descriptions
- b. Knowledge of individual targets and status
- c. Existence of semi- and annual personnel evaluations
- d. Relation of personnel evaluations to salary increments
- e. Existence and types of employee contracts
- f. Level of training for job currently doing

(Interview independently with two employees, preferably one supervisor and one or two employees)

- a. Existence and knowledge of job descriptions
- b. Knowledge of individual targets and status
- c. Existence of any work plans, and general description of how they spend their time.
- d. Frequency of meetings with supervisor.

#### 5. Management Information systems

(Interview with project director)

- a. What reports are generated?
- b. How up to date are the reports?
- c. How are the reports used for management and operational decisions? In other words, do the quarterly reports receive feedback from the CA? Are recommendations acted upon? Are problems that are mentioned resolved?
- d. What reports exist to ensure that targets are being met, both organizationally and per individual?
- e. What type of reporting system is used to identify potential clients and then ensure that there is follow-up?

#### 6. Planning Process

(Interview with project director)

- a. Is there an annual plan?
- b. How is the plan developed in an integrated manner? Was it done by the director alone, or with the participation of the staff? The community (hospital) board?

c. How is the plan integrated with the community (workers) or funding organization (e.g. hospital)?

d. How frequently does the staff meet to review the status of the plan?  
Among themselves, with the funding organization, with the CA?

## ANNEX V:

### FAMILY PLANNING ASSOCIATION OF BANGLADESH PLAN FOR TECHNICAL ASSISTANCE

#### OBJECTIVE:

To assist FPAB in implementation of their Strategic Plan by maximizing the utilization of their human resources - volunteer and professional staff.

#### EXPECTED OUTCOMES:

NEC volunteers and senior staff will participate in the development of guidelines for the roles and responsibilities of volunteers.

Written guidelines and policies are adopted to facilitate the mutual understanding and partnership between volunteers and staff.

Plans for continued review of the role of volunteers are developed and implemented.

#### ASSESSMENT PLAN:

- 1) Assess interest/readiness of NEC level volunteers and senior staff to reevaluate the roles/responsibilities of volunteers and staff. Assess the types of problems that arise because of role confusion between volunteers and staff, both at national and branch level.

#### METHODS:

- A. Interviews with Secretary General and an Asst. Sec. General, completed in May.
  - B. Develop questionnaire for senior staff and NEC volunteers to be administered between July and October.
  - C. Interview two District Program Officers (Branch level) and two members of Branch Executive Committees, during July.
- 2) Gain perspective of IPPF/SAR regarding role of volunteers, possible changes in this role, and problems in volunteer-staff relations encountered within IPPF affiliates.

#### METHOD:

- A. Discussions with IPPF. Meeting could occur on route to Bangladesh during July.

#### TECHNICAL ASSISTANCE DESIGN:

Based on receptivity as determined during assessment, develop TA plan to include a workshop with NEC volunteers and senior management staff. Possible follow up assistance may be identified to extend training and workshops for Branch level volunteers and assistance in the development of a volunteer manual which would include criteria for volunteers, description of roles and responsibilities of volunteers, policies regarding volunteer-staff relationships, etc.

Timing: In October elections will be held for new NEC members. November is suggested for a retreat of NEC volunteers and senior management to participate in a workshop on volunteer/staff roles and responsibilities. Design and objectives of the workshop would be determined based on completed assessment.

# **Draft**

# **Assessing NGO Management Capabilities**

## **Introduction**

In 1993, five international and local Cooperating Agencies (CAs) funded by USAID to help Bangladeshi NGOs deliver family planning services launched an important initiative to develop the management capability of the NGOs as institutions. This initiative was undertaken with the technical support of the Family Planning Management Development Project (FPMD) of Management Sciences for Health (MSH).

This initiative operationalizes the third of the three strategic goals of their new five year program prepared the year before. The three strategic goals are to improve Quality, Expand Services and Strengthen Sustainability of family planning services, known as QES. The third strategic goal of strengthening sustainability focussed attention on the management capability of the NGOs as institutions: Only strong, well managed NGOs could assure that family planning service currently supported by USAID would be maintained over time and that even more importantly, that there would be adequate leadership and operational systems to ensure that services meet present and future challenges of Bangladesh's family planning program.

Previous CAs management assistance helped ensure efficient implementation of the family planning projects carried out under subgrants to individual NGOs. The new initiative involved a much broader approach to management development. Under it, the CAs have institutionalized for themselves a new array of competencies to: 1) Determine which management components were the most important for the NGOs to achieve institutional sustainability; 2) Identify critical milestone management indicators which would help them determine how far or close they were to institutional sustainability; 3) Develop instruments to assess the strengths and weaknesses of the NGOs using these milestone indicators; and, 4) Develop and implement plans of technical assistance to the NGOs which would benefit the NGOs and the family planning programs.

Our paper describes the CA's new initiative in strengthening NGOs as institutions. We discuss the stake holders in this new initiative, the demographic stakes behind the initiative, the process and methods underlying the initiative, and the results to date. The results are particularly important because of their implications for the way the CAs use their own internal staff resources and the other types of resources which they will have to mobilize to work in the larger NGO organizational environment.

## The Stakeholders

There are several major stakeholders in this new initiative, the Cooperating Agencies, Management Sciences for Health, and USAID/Dhaka, but the main one is the group of local NGOs being supported through CA subgrants.

There are about 1200 NGOs operating in Bangladesh in the areas of social and economic development. Some are world renown and have become models for other countries. There are some national and regional NGOs but the majority are local operating for the most part at the subdistrict level. There are about 500 NGOs working in family planning and receiving some form of donor support. USAID supports about 110 of these NGOs through grants channelled by the five Cooperating Agencies. The USAID supported NGOs are the principal contributors to the NGO share of CPR (?????). The Cooperating Agencies function as umbrella organizations, and to a certain extent like national NGOs. The international NGOs are staffed for the most part by nationals.

Many of the NGOs have been supported for over 10 years and while they have expanded services over this period, they have settled into routine delivery of services through CBD and some clinic activities. The NGOs operate where the government does not have any field workers. These areas were designated at the time of the rapid expansion of the CBD program. Currently the NGOs employ about 6000 field workers, and cover about ????? Eligible couples. CPR in many of their sites is over 50%. The CA NGO portfolios differ to some extent, but they have common features.

The majority of the NGOs are small single service entities. Many were set-up to absorb the availability of funds for family planning. In other cases the family planning project has supplanted other activities. Some also run educational and social welfare activities for women, some income generating activities, etc. The majority of the NGOs supported by the Cas are located in urban areas, many in the slums. Some have fairly large subscribing volunteer memberships and voluntary presence, while others are limited to the necessary volunteer executive committee. The CAs support all costs of the family planning services projects. Grants vary from \$700,000 to large national NGOs to (\$?????) for smaller NGOs. USAID's historical emphasis on financial sustainability has impelled the CAs to encourage a variety of income generating activities that now include contraceptive sales. Several have established income goals as part of an eventual reduction of CA financial support.

Except for isolated management assessments of the larger national NGOs, the NGOs as institutions have not benefitted in any systematic way from technical assistance. The previous management reviews were often labelled as "audits" with punitive connotations. A prevailing assumption has been that the management systems established for the family planning projects would rub off on the larger organizational environment. There has been little evidence of this.

## **What's at stake**

Over the past 15 years the NGOs' contribution to current 6 million acceptors of modern contraceptive methods has risen to about 22%. This is a remarkable achievement in a very successful family planning program. CPR has risen to about 45% and TFR has fallen to about 4.12 over the past 20 years.

However, the Bangladesh family planning program faces continuing challenges. Contraceptive prevalence has to increase more rapidly than ever before because each ensuing decade in which the achievement of replacement fertility is delayed has serious implications for the level at which population growth will stabilize.

Taking all the various assumptions about mortality and fertility declines into consideration, the issue is ultimately whether the population will stabilize between 215 and 700 millions over the next 120 years.

## **The Performance challenge faced by the NGOs**

The NGOs are gradually being introduced to the strategic goals of quality, expansion and sustainability through the project planning process. The strategic goal of sustainability has major implications for the NGOs and CAs. The NGOs need to implement more effective service delivery strategies; they need to phase out of high performing areas and expand to lower performing areas. The CAs have to start "graduating" high performance NGOs and search out new NGOs in low performing areas to support.

The MDA process occurs concurrently with questions about the ability of the NGOs to meet the new challenges posed by the demographic situation, with pressures to make the NGO programs more innovative and cost effective, and new imperatives for CAs to pull out of high performing areas and move into low performing areas.

## **Overview of The MDA Process**

The MDA Process is designed for rapid assessment. It is meant to be comprehensive but not exhaustive. It is designed to identify areas where effort needs to be placed to improve the NGOs institutional capability, rather than to identify specific problems which need to be addressed immediately, though the latter is often a by product of the assessment.

The aim of the process is to enable the CAs to systematically identify specific strengths and weaknesses of the NGOs as institutions and to determine the stage of the NGOs institutional development. This information allows the CA staff to plan a program of appropriate technical assistance to accelerate the institutional development process.

## ***Developing the MDA Components***

The development of the MDA process was a collaborative venture between MSH's Family Planning Management Development Project and the five Cooperating Agencies. MSH developed the basic framework for management development. This framework was adapted from the stages of organizational development framework developed by the FPMD project. (The FPMD framework was adapted by the Office of Population for its own stages of Program Development framework).

Three MSH consultants worked with the CAs to choose the key management areas, formulate the indicators, prepare the survey and analytic instruments, and formulate the field visit protocols. Collaboration took place via several short workshop for all the CAs program officers, and individual consultations with The Asia Foundation, the Family Planning Services and Training Center, and Pathfinder International. The Association of Voluntary Surgical Contraception and the Family Planning Association of Bangladesh also received technical assistance from the MSH team to adapt parts of the tools for their own particular needs, as the latter do not support local NGOs in the same way or to the same degree.

## **The MDA Methodology**

***The Framework:*** The MDA Process uses a three stage institutional development framework which classified organizations as either in the launch stage, the growth stage or the mature stage. Each stage is characterized by a specific management competencies which can be identified and measured.

The closer the organization is to exhibiting competencies characteristic of the mature stage, the greater its chances to survive and sustain key programs such as family planning service delivery. Identifying the stage of development for each key management area helps prioritize the types of technical assistance and the level of effort to accelerate the process of development.

The kinds of competencies we can measure depends on the management areas which are considered critical to successful operations. MSH proposed six management areas which are characteristic of high performing NGOs around the world: Leadership, Mission and Plans, Organizational Structure and Lines of Communication, Community Participation, and Human Resources Management. The were reviewed by the CAs and retained. The general MDA framework is presented in the following Figure 1. :

{Framework Matrix}

Management Area	Launch State	Growth Stage	Mature Stage
Leadership	Milestone Indicators	"	"
Organizational Structure and Lines of Communication	Milestone Indicators		
Mission and Plans	Milestone Indicators		
Finance	Milestone Indicators		
Human Resources Management	Milestone Indicators		
Community Participation	Milestone Indicators		

**Tools:** The MDA process involves CA staff in the development of a series of tools: A set of milestone indicators, a survey instrument, and an analysis matrix.

**Milestone Indicators:** Milestone Indicators are derived for each management area and for each stage of development. Selecting the indicators is an iterative process of successive approximations. The indicators need to be continually refined and checked for the reliability and validity. General indicators are carefully scrutinized as to their relevance by the CA staff who reviews all the indicators in light of the experience gained in implementing the family planning subprojects, their experience in working with the NGOs, and their experience in address planning and other management problems. The MSH consultants facilitated the process adding to and enlarging the frame of reference for choosing the indicators.

As a first step, the management areas were subdivided into a series of "end points. " Each end point represents the management competencies as specific systems and or skills. These are determined on the basis of discussion and the best professional judgement of the CA staff. Table 1 shows the end points chosen by The Asia Foundation, the Family Planning Services and Training Center and Pathfinder International.

{Table 1: End points for Management Areas Chosen by Cas}

Management Area	Asia Foundation: Endpoints	FPSTC Endpoints	Pathfinder Endpoints
Leadership:			

The Second step was to select critical performance indicators for each endpoint at each stage of institutional development. Each endpoint has one or more performance indicators. These indicators either describe an "operation" or an "output" expected for each end point at each stage of development. They operation or output is based on the best collective judgement of the CA program officers. The outputs or operations need to be characteristic of NGOs within the Bangladeshi context and the particular organizational environment that characterizes the CA portfolio.

An example of such a milestone indicator for finance, for example, for the endpoint \_\_\_\_ illustrates the method (to be filled in):

Table 2 compares milestone indicators selected by the three CAs for common endpoints.

{Table 2: Milestone indicators for Endpoints at Launch, Growth and Mature Stages}

**Survey Instrument:** After the milestone indicators were prepared, the CAs developed the survey instruments based on interviews and review of documents. The questions are grouped by management area and end point, and linked to specific indicators. The interviews are conducted with a variety of NGO and FP project personnel. Documents are reviewed to verify the answers as well as to obtain additional information.

The development of the survey instruments is also an iterative process, one based on a series of field tests to evaluate the reliability and validity of the instrument (which at this time comprised all the previous elements). The MSH consultants prepared the protocol for the reliability and validity tests.

The survey itself is conducted by a team of two program officers over a one to two day period. The analysis of the results and preparation of a report take an additional two days. The team then gives the NGO oral and written feedback and mutually identify areas for management improvement.

**Analysis Matrix:** The survey instrument provides the information to measure the institutional status of the NGO on milestone indicators for each of the key management areas. The information does not necessarily reveal anything new about the NGO. It is the analysis which, in organizing the information, creates new perspectives and insights. Analysis involves several tasks which are among the most difficult tasks in the MDA process. These tasks result in an Analysis Matrix as shown in Figure 2.

Figure 2: Analysis Matrix For the MDA Process

Process	Purpose	Tool	Results
Tabulation			
Analysis			
Interpretation			
Feedback			
Technical Assistance Plan			

The first task is to translate the information collected in the survey into measures that correspond to the milestone indicators. To facilitate this task each CA prepared forms to tabulate the results and to classify the results according to the three organizational development stages: Launch, growth and mature. The result is a profile of the particular NGO.

The second task is to check the profile against the long-term experience of the program officers in working with the NGOs. Sometimes the information confirms impressions; at other times it is counter-intuitive, raising questions and issues which require discussion and debate among the various program officers who have dealt with the NGO over the years.

The third task is to interpret the results of the profile by determine the overall strengths and weakness of the organization. In many cases the profile will results in endpoints in the same or different management areas in different stages of organizational development. The variations need to be systematically organized and prioritized into a table of strengths and weakness which can be used as a basis for discussion with the NGO about interventions to develop management skills and systems.

The fourth task is the feedback process. The CA program officers need to provide the NGO officials with detailed feedback of results in a way that is understandable and suitable for making decisions about action to develop their management capability. Action can, depending on the overall level of development consist of improving skills such as planning, or systems such as finance, or in larger NGOs, which measure on the mature end of the organizational development continuum, strategic planning to seriously address their future and the role of family planning services in that future. Each CA develops its own feedback approach, either oral, written or a combination of both. The MSH team provides guidelines on how best to manage the feedback process and ensure that it is a dialogue rather than a report.

The fifth tasks in the analysis is the identification of patterns in strengths and weaknesses and potential strategies for addressing NGO institutional needs. This will eventually lead to the preparation of an overall plan for technical assistance to the NGOs comprising the CA portfolio. Although each NGO in principle needs a separate management development plan, in practice resource constraints will force CAs to formulate a general plan that establishes the overall priorities for the CA.

The priorities will be based on the following considerations: 1) overall level of development of their NGO portfolio, an assessment of the potential cost/benefits in providing technical assistance; 2) a review of CAs internal capability to provide technical assistance (staff competencies, ability to divert personnel to NGO needs as opposed to family planning project needs); and , 3) a calculation of additional costs to reinforce internal staff or contract external resources to support the large NGO development needs.

In some cases the CAs may be able to obtain additional resources from their fellow CAs or other organizations, but these kinds of crossover relationships impose additional management and coordination demands that must be carefully considered and planned in advance.

## **Conclusions and Lessons Learned**

The CAs have so far developed the milestone indicators, the survey instruments and analysis procedures. All these components have been field tested and modified on the basis of the field test results. They are in the process of conducting the surveys which should be complete by July 1994. The Asia Foundation has conducted MDA for almost half of their portfolio and is currently analyzing results both for individual NGOs and for the entire portfolio. The resulting

Sustainability Profile in Table 3 shows the effective proximity of the selected Asia Foundation subgrantee NGOs to institutional sustainability, their key managerial strengths and weaknesses, and the principal technical assistance needs:

{Table 3: Sustainability Profile}

NGO	Stage of Development	Priority Strengths and Weaknesses	Priority areas of Technical Assistance

The MDA Process as it evolved in collaboration with the five CAs in Bangladesh offers an approach to addressing issues of institutional sustainability of NGOs which are becoming increasingly major players in family planning and reproductive health. Over the next decade, the role of NGOs should likely increase given the major role they are playing in formulating the principles that will underlie the new global policies on population and development that will emerge from the September 1994 Cairo Conference on Population and Development. One can anticipate increases in donor support to NGOs to operationalize these policies, and the expansion of umbrella types of institutions, such as the CAs, to manage this type of support.

Emphasis on sustainability needs to be accompanied by action to develop the management systems and skills which underlie institutional strength and leadership. Thus donors and intermediate umbrella organizations need to build this larger management development capacity into their relationships with the NGOs which they will fund. This may entail some major changes in the way the umbrella organizations work as they are called upon to undertake activities which lie beyond their predominant capabilities. Often they will require technical assistance to develop and integrate new competencies. The Bangladesh experience with the MDA Process suggests several principles to facilitate the rapid integration of new skills and new strategies for providing technical assistance.

***Ownership of the change process is fundamental.*** The MDA process was designed to ensure total involvement of the CAs both individually and collectively in developing its various components, the assessment indicators, the questionnaire, the analysis tools, the feedback approach, and the technical assistance plan. Such involvement enabled each CA to tailor the

components of the process to their own special needs, their own style of working, and their individual portfolio of NGOs subgrantees. Individualizing the MDA process allowed for rapid integration with the main body of work they do.

***Development of Compatible methods is necessary to establish credibility.*** The process was also designed to ensure compatibility of results in the assessments conducted by the three CAs. This meant that the Management Development Assessment procedures had to be interchangeable and that each CA could in principle use the products of the other CAs and obtain the same results in assessing the strengths and weakness of their organizations. This required the CAs to have a common understanding of the Management Development Assessment and a basic framework for developing its various tools. Compatibility allows for individuality by assuring that each MDA approach has a solid technical foundation.

***New approaches and strategies for providing technical assistance should facilitate the acquisition of skills and knowledge to do the new work.*** While the Program Officers from the CAs provide management support to the NGO family planning Projects, they are not management specialists themselves. For the most part, their management support is provided through routine monitoring visits guided by the detailed CA operations manuals. The Management Development Assessment process required a much broader understanding of management issues. The process built on existing knowledge and skills, each step expanded the application of existing skills to a larger institutional context and thereby enriched the program officers' understanding of the management in general and the operational systems needed by organization to become sustainable.

***New technical assistance strategies need to be relevant to the beneficiaries.*** Although CA support for the family planning project gives them considerable leverage over the NGOs, the CAs can not compel the NGOs as such to accept technical assistance. The MDA process must educate NGO leadership about the potential benefits of receiving technical assistance to develop the management capability of the NGOs themselves and motivate them to plan for and collaborate with the CAs in using such technical assistance for maximum impact on their institutional capabilities. The process has to be positive and avoid any connotations of a management "audit" that will put the NGO leadership on the defensive.

## ANNEX VII:

### DRAFT SCOPE OF WORK FOR JULY 1994 VISIT

#### SCOPE OF WORK: VISIT NUMBER FOUR PROMOTING SUSTAINABILITY OF NGO'S

Bangladesh, July 10 - 21, 1994

##### Background and Purpose:

The purpose of the current team assignment is to conduct the fourth in a series of technical assistance visits planned between June 1993 - November 1994 under the scope of work (SOW) entitled "Technical Assistance in Promoting the Sustainability of NGOs".

##### Objectives of the consultancy:

The team will undertake the following tasks:

1. Work with FPSTC to: 1) analyze and interpret results from 16 MDAs; 2) develop the first draft of a technical assistance plan based on these results; 3) develop, provide and review feed back approaches; 4) finalizing an initial technical assistance plan; and 5) develop guidelines for the MDA process.
2. Work with the Asia Foundation to: 1) review the analysis and feedback presentations of the remaining 19 MDAs conducted since May, including the formulation of individual technical assistance plans for at least 5 NGOs; 2) complete remaining technical assistance plans; 3) develop a portfolio matrix for TAF which summarizes the type and source of technical assistance required for all NGOs; 4) conduct a two day in-service training program for TAF Program Staff on consultative methods; 5) assist in the finalization of TAF guidelines for the MDA process.
3. Work with AVSC to review outputs produced according to the workplan developed by the consultants in May. For the Badda Self Help centre this will include: 1) a semi-annual plan for the period July - December 1994 which specifies targets and their associated strategies; 2) a monitoring plan which will permit review of status of agreed upon targets; 3) a status of future potential sources of income; and 4) a plan for action after USAID funded ends.

The Kumudini hospital family planning project activities will include: 1) a semi-annual plan for the period July-December 1994, with specific targets and the individuals responsible to carry them out; 2) a monitoring and supervision plan which will permit review of status of agreed upon targets;; 3) improvement of patient recruitment strategies; and, 4) performance reviews for all family planning unit staff based i part on their individual targets established.

4. Work with FPAB to complete the assessment of roles and responsibilities of volunteers and staff at headquarters and selected branches. Refine plans for a workshop for the National Executive Committee and management staff to be held in November. Depending of IPPF/London staff, meet with South Asia Region (SAR) personnel (Senior Programme Advisor) to discuss issues of volunteer roles.
5. Work with Pathfinder International to: 1) assist with their analysis and interpretation of the results obtained from the MDAs conducted at 30 NGOs  
2) develop a portfolio matrix which summarizes the type and source of technical assistance required for all NGOs; 3) assist in the finalization a technical assistance plan; and 5) assist as requested in the finalization of guidelines for the MDA process.

6. Participate in an initial USAID briefing meeting, a final USAID debriefing meeting, and any other meetings scheduled by USAID staff and representatives of the CAs, as appropriate.
7. Develop a specific scope of work for the next technical assistance consultancy and review the draft scope of work with USAID/Dhaka staff and CA executives. Schedule dates for the next technical assistance consultancy, currently tentatively scheduled for November 1994, prior to the team's departure.