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**EVALUATION TRIP REPORT
BANGLADESH LOCAL INITIATIVES
PROGRAM**

NOVEMBER 1994

Sallie Craig Huber

FAMILY PLANNING MANAGEMENT DEVELOPMENT

Project No.: 936-3055

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LIST OF ACRONYMS

AVSC	International Association for Voluntary and Safe Contraception
BPHC	Bangladesh Population and Health Commission
BRAC	Bangladesh Rural Advance Committee
CA/NGO	Cooperating Agency/Non-Governmental Organization
CDS	Centre for Development Services
CWFP	Concerned Women for Family Planning
ELCO	Eligible Couple
FGD	Focus Group Discussion
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FPMD	Family Planning Management Development
FPSTC	Family Planning Services and Training Centre
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
JHU/CCP	Johns Hopkins University/Center for Communication Programs
LIP	Local Initiatives Program
LGRD	(Ministry of) Local Government and Rural Development
MCH	Maternal and Child Health
MDA	Management Development Assessments
MDU	Management Development Unit
MIS	Management Information System
MSH	Management Sciences for Health
PFI	Pathfinder International
QES	Quality, Expansion and Sustainability
TAF	The Asia Foundation
TFPO	Thana Family Planning Officer
TIE	Training Impact Evaluation
USAID	United States Agency for International Development

I. EXECUTIVE SUMMARY

Sallie Craig Huber, Evaluation Consultant to the Family Planning Management Development (FPMD) project, visited Bangladesh from November 7-21, 1994. The purpose of the trip was to continue ongoing technical assistance activities for the Local Initiatives Program (LIP) and to plan end-of-project evaluation activities with both the LIP and the Collaborating Agency/Non-Governmental Organization (CA/NGO) Project as required by the FPMD contract.

Ongoing technical assistance activities are related to building LIP staff skills in project monitoring and output evaluation. During this visit, attention was focused on planning and pilot testing a protocol for focus group discussions with community-based LIP volunteers; a review of plans and activities related to ongoing rapid assessments to examine method mix and to verify contraceptive prevalence in LIP areas; and development of plans for a survey of Family Welfare Assistants to be undertaken during the upcoming LIP Service Delivery Workshops.

The consultant facilitated a half-day staff development workshop for LIP program staff. One workshop session focused on the analysis and use of contraceptive method mix information for feedback to participating thanas and for setting Action Plan objectives. The second workshop session comprised a review of the Bangladesh national programmatic challenges and priority action areas for consideration in future LIP activities and for thana Action Plan development.

Plans were developed for the end-of-project evaluation of the two FPMD subprojects in Bangladesh--LIP and the CA/NGO Project. These plans were enhanced by the Evaluation Consultant's attendance at a one-day wrap up workshop by the FPMD consultant team working on promoting institutional and managerial sustainability with the CA/NGO project and by discussions with USAID/Dhaka staff and key participants in both the LIP and CA/NGO projects. Documents and other materials relating to both of these projects were identified to assist in preparation of the scope of work for the internal evaluation of these subprojects.

II. BACKGROUND

The Local Initiatives Program (LIP) 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. It was initiated in 1987 as the Upazila Initiatives Project and is funded under the USAID/ Dhaka Family Planning and Health Services Project. FPMD evaluation staff and consultants have made several visits to assist in the development of LIP staff skills and in planning and implementation of project monitoring and evaluation activities as recorded in trip reports listed in the Bibliography section of this report. This visit continued these efforts and also prepared plans for the FPMD end-of-project evaluation.

The Cooperating Agency/Non-Governmental Organization (CA/NGO) Project involves a collaboration between FPMD and five cooperating agencies funded by USAID/Dhaka. Umbrella scopes of work have been developed with these agencies to strengthen their management skills in assisting the more than 100 local NGOs which they support to improve their service quality, expand coverage and strengthen their sustainability. Specifically, FPMD is providing technical assistance to the CAs in three areas of management--promoting institutional and managerial sustainability; training impact evaluation; and the development of a general NGO program management information system (MIS) focused on a common analytic framework for key quality, expansion and sustainability (QES) indicators.

III. PURPOSE

This visit to Bangladesh involved a continuation of ongoing technical assistance, staff development and evaluation activities as well as beginning plans for the end-of project evaluation. In summary, the scope of work for the visit included the tasks listed below. (See Annex 1 for the full scope of work).

- Work with LIP staff on a protocol for volunteer focus group discussions; a questionnaire for family welfare visitors (FWV); and the rapid assessment methodology developed during the last consultant visit
- Plan and facilitate a half-day staff workshop to develop guidelines for feedback and technical assistance to thanas based on rapid assessment/method mix information
- Review resources and available information to document several areas of project output including the contribution of LIP volunteers to client knowledge and use of contraception; thana teams' knowledge and use of management tools introduced by LIP; knowledge and support of family planning among community leaders in LIP thanas; and overall effect of LIP activities on client knowledge and use of contraception, as requested by USAID/Dhaka
- Finalize the framework for an internal evaluation of FPMD subproject activities in Bangladesh

A Bangladeshi national holiday, a U.S. government holiday, a three-day USAID staff retreat, and three days of national *hartals* (general strikes during which no traffic can move) during the 15-day visit somewhat constrained the full achievement of the planned scope of work.

IV. ACTIVITIES

The activities described below were implemented through meetings with the LIP Program Manager and program staff, selected key staff of the CA/NGO project,

USAID/Dhaka staff, and with other FPMD staff and consultants who were in-country at the same time. The consultant also attended the one-day final workshop organized by the FPMD consultant team which has been working on promoting institutional and managerial sustainability of the NGOs under the CA/NGO project. She also facilitated a half-day staff development workshop for LIP staff.

Meetings were held with a representative of The Population Council to discuss the potential for Population Council undertaking a "lessons learned" study of the LIP. A brief meeting was also held with a local resident consultant who had been suggested to undertake this study to determine his interest and availability. The Director of the Maternal-Child Health Project of the International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B), was contacted to discuss and obtain copies of study protocols for focus group and survey research his project is undertaking with FWAs. At the request of USAID, the consultant also reviewed and provided comments on a draft plan for the USAID-funded CAs to evaluate the NGOs with whom they work.

Due to the constraints of holidays, retreats and strikes noted above, the consultant's scheduled briefing with USAID staff was postponed several times and was finally held midway through the visit, on November 14. It was decided that this meeting and the resulting trip report, would also serve as a debriefing. (See Annex 2 for a list of persons contacted).

V. TECHNICAL ASSISTANCE TO LIP

A. The Volunteer Focus Group Discussions

Working with evaluation staff of LIP (Mr. Ghani and Mr. Farid), the consultant assisted with the development of a protocol for volunteer focus group discussions to be carried out over the next few months. This protocol, including a discussion guide, is appended to this report (see Annex 3). The discussion guide was pretested by these LIP staff in the presence of the consultant with two groups of volunteers in Ghior Thana on November 19. Thanas for the focus groups were randomly selected and letters, signed by the Director General of Family Planning, were sent to the Thana Family Planning Officers of the selected thanas asking for their participation in this study. LIP staff will continue with this activity so that data collection and preliminary analysis can be completed prior to the consultant's next visit, currently scheduled for February 1995.

B. Rapid Assessment

As planned during the consultant's last visit in March 1994, a computer program has been written by LIP MIS staff to use for the rapid assessment of contraceptive prevalence and method mix in LIP project areas. Rapid assessment findings, taken from regular Government of Bangladesh (GOB) MIS reports, were reviewed with evaluation and MIS staff and plans were made to use the resulting information in the staff development workshop and thereafter as outlined below in Section D and in Annex 5.

Based on a request of USAID/Dhaka, microsurveys were repeated in five additional unions during October/November, 1994. Plans for the analysis of the additional microsurvey data were discussed with LIP staff. Staff will prepare tables on the new data which are similar to those contained in the Microsurvey Report (see Huber and Sayeed, July 1994) for comparison with earlier findings. This analysis may be followed by further analysis of data collected about specific method use.

C. Family Welfare Assistant Survey

Given time and financial constraints, plans for field staff surveys mentioned in earlier evaluation trip reports (see Huber, November 1993 and March 1994) have been reduced to a study of family welfare assistants (FWA) only. This decision was made on the basis of the fact that FWAs are the one cadre of government employee most affected by the management changes introduced by the LIP at the community level. Furthermore, FWAs are all women and questions related to women's empowerment are of interest in the Bangladesh family planning program as in FPMD projects in general. Plans were developed with LIP evaluation staff for undertaking a survey of this group at the upcoming Service Delivery Workshops planned for January and February 1995. A questionnaire developed during this visit, will be translated and pretested before being administered at the Workshops. (See Annex 4 for the protocol for this survey and the draft questionnaire).

D. Staff Development Workshop

On November 17, a one-half day workshop for LIP program staff was conducted by the consultant. The original topic to be covered, according to the consultant's scope of work, was the analysis and use of method mix information produced through the rapid assessment mechanism. Based on the workshop deliberations on this topic, it was decided that LIP evaluation staff should work with the Senior Program Specialists to assist and advise the Program Officers to undertake a full round of reviewing method mix, providing feedback to the thana team and using method mix analysis in the preparation of Action Plans. Mr. Zaman has already instituted this with the Program Officers in his unit. To the extent possible, evaluation staff should have at least one review meeting with program staff on their method mix experience prior to the Evaluation Consultant's next visit so this experience can be reviewed at that time. Workshop proceedings and recommendations regarding method mix are outlined in Annex 5.

A second component of the workshop, added at the request of the LIP Project Director, was a review of the Bangladesh national programmatic challenges and priority action areas for consideration in future LIP activities and for thana Action Plan development. The list of areas discussed and determined relevant to being addressed by the LIP is appended as Annex 6.

E. Other Technical Assistance Activities

The consultant reviewed the report of the thana team focus group discussions held during her last visit and made editorial comments. She also agreed to review the transcripts

of the homogenous groups to see if any additions should be made to the report based on those findings. She will convey comments to evaluation staff as soon as possible.

The draft article, based on the Verification/Microsurvey Report, to be submitted for publication in a peer review journal was reviewed by the co-author, Abu Sayeed and by Alison Ellis. Comments were provided to the consultant. The draft will be finalized before the end of November and handed over the MSH editorial staff for polishing and submission.

VI. FPMD EVALUATION ACTIVITIES

A. LIP End-of-Project Evaluation

The scope of work for this visit included plans to develop a framework for the end-of-project evaluation required by the FPMD contract. USAID/Dhaka, in its concurrence for this visit, requested that consideration be given to assessing several specific issues as part of this plan. These include a review of the contribution of LIP volunteers to client knowledge and use of contraception; thana teams' knowledge and use of management tools introduced by LIP; knowledge and support of family planning among community leaders in LIP thanas; and overall effect of LIP activities on client knowledge and use of contraception. In further communications and discussion with USAID staff, it was determined that the two questions regarding client knowledge and use of contraception are not specifically a part of the LIP mandate and therefore will not be examined in depth in the final evaluation. However, the other topics regarding the thana teams' knowledge and use of management tools and community leaders' knowledge and support will be included.

Because the two FPMD interventions in Bangladesh--the LIP and the CA/NGO Project--are complementary and are seen as two vitally important activities contributing to the national program, they will be assessed in a combined fashion. The FPMD Evaluation Guidelines and Workplan, developed in May 1994, will be used to guide this effort. In both subprojects, FPMD technical assistance has been directed at strengthening management aspects of the public and private (NGO) sectors to better meet overall USAID and GOB objectives of enhanced quality, expansion and sustainability for the national family planning effort. Specific evaluation activities and sources of information as well as plans for future travel to Bangladesh in this connection are outlined in Annex 7.

B. Other Evaluation Activities

The Evaluation Consultant was requested by USAID to review draft guidelines prepared for an upcoming evaluation by USAID-funded CAs of the NGOs they support. This will be undertaken to provide background information for an upcoming Population and Health Program review and evaluation in preparation for the development of USAID/Dhaka's new projects in these areas. The USAID draft and the consultant's comments are attached as Annex 8.

The consultant, Alison Ellis and Abu Sayeed met with Chuck Lerman of USAID/Dhaka to discuss further the proposal that The Population Council fund and employ a

team of consultants to undertake an independent "lessons learned" review of the LIP. This was originally proposed by Sara Seims of the Rockefeller Foundation and James Phillips of The Population Council several month ago. A draft scope of work for such a review was prepared and shared during this meeting. Revisions in the scope were suggested by Mr. Lerman. Following a meeting with Peter Miller of the Population Council, attended by the same three individuals, the scope was further revised and sent to Mr. Lerman for his consideration and discussion with The Population Council. This communication is appended as Annex 9.

VII. SCOPE OF WORK FOR NEXT EVALUATION VISIT

The scope of work for the next evaluation visit is outlined and contained in Annex 7-- the format for FPMD's in-country evaluation of its subprojects as required by its central funding contract.

VIII. ACTION ITEMS RESULTING FROM THIS EVALUATION VISIT

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

- 1) Relevant LIP program staff will implement the volunteer focus group plan according to the protocol outlined in Annex 3 (Evaluation and program staff- Farid has lead).
- 2) MIS and evaluation staff will complete the rapid assessment/microsurvey data analysis as discussed above and prepare comparison tables to be reviewed by the Evaluation Consultant before or during her next visit to Bangladesh (Misbah, Farid and Ghani).
- 3) Program staff will be encouraged to use method mix findings to provide feedback on project performance and in preparation of renewal action plans during the next six weeks. Progress in this area will be reviewed in a program staff meeting facilitated by evaluation staff prior to the Evaluation Consultant's next visit to Bangladesh as outlined in Annex 6 (Senior Program Specialists and evaluation staff).
- 4) Evaluation staff will use the protocol developed for the FWA survey to complete activities outlined in Annex 4 over the next few months (Farid has lead).
- 5) The consultant will complete the review of the March Focus Group Discussion Report and provide feedback to Mr. Ghani as soon as possible. This report should be printed and distributed with LIP cover as soon as possible after feedback is received from the consultant (SCH has lead; Ghani should oversee editing and ensure report is published and distributed).

- 6) The consultant will complete the article based on the Verification/Microsurvey report and submit it for publication prior to the end of November (SCH has lead).
- 7) Abu Sayeed will follow up with USAID and The Population Council, as needed, to ensure the "lessons learned" review proposal is not lost (Sayeed).

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.

Huq, Md. Najmul. Draft Report on Microsurvey 1993. Centre for Population and Development, Dhaka, February 1994.

Huber, Sallie Craig. "Evaluation Trip Report: Local Initiatives Program, Bangladesh." FPMD, November 1993.

Huber, Sallie Craig. "Evaluation Trip Report: Bangladesh Local Initiatives Program." FPMD, February/March 1994.

Huber, Sallie Craig and Abu Sayeed. "CAR/CPR Verification Study: Local Initiatives Program, Bangladesh." FPMD, July 1994.

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.

ANNEX 1

SCOPE OF WORK

Sallie Craig Huber

Dhaka, Bangladesh o/a November 8 -21, 1994

1. Technical Assistance to LIP (6-8 days)

- A. Work with LIP program staff to provide follow-up technical assistance in the following areas:
- Volunteer Focus Group Discussions: establish a protocol and implementation plan.
 - Questionnaires for FWAs, FPIs, and FWVs: establish a protocol and plans to pretest the instruments; train program staff in administration/analysis of questionnaires. (Questionnaires will be administered during divisional meetings of these workers, tentatively scheduled for January 1995.)
 - Rapid Assessment Methodology (including method mix analysis): review progress in this ongoing effort; contribute to analysis of findings of Assessments conducted to date; facilitate half-day staff workshop to develop plans for feedback and technical assistance to thanas based on findings.
- B. In consultation with USAID/Dhaka and in collaboration with the LIP Program Director, prepare frameworks, including methodologies being used, to examine: 1) the contribution of LIP volunteers to client contraceptive knowledge and use; 2) thana teams' knowledge and use of management tools introduced by LIP; 3) knowledge and support of family planning among community leaders in LIP thanas; and 4) the overall effect of LIP activities on client knowledge and use of contraception. Data on these four areas are expected to be collected from ongoing/planned activities (e.g., FGDs, Questionnaires, Rapid Assessment Methodology.)

2. FPMD Internal Evaluation (4 - 6 days)

- A. Finalize the scope of work for the internal evaluation of LIP in collaboration with the LIP Program Director and USAID/Dhaka, through the following activities:
- Meet with the LIP Program Director and program staff.
 - Staff interviews.
 - Field visits to interview thana/union team members.
- B. Finalize the scope of work for the internal evaluation of the CA/NGO Project through the following activities:
- Meet with USAID to discuss the evaluation, its scope, objectives, and expected results.
 - Attend Management Development Assessment (MDA) team "wrap-up" workshop.
 - Meet with selected CA staff who have participated in CA/NGO Project TA interventions.

ANNEX 2

PERSONS CONTACTED

USAID/Dhaka

David Piet, Director, OPH
Richard Greene, Deputy Director, OPH
Chuck Lerman, Population Officer
Rob Cunnane, Population Officer

FPMD/Dhaka (LIP)

Abu Sayeed, Program Director
Mr. Mukarram H. Chowdhury, Deputy Program Director
Mr. AKM Ahmedul Ghani, Senior Program Specialist
Mr. K. Zaman, Senior Program Specialist
Mr. M.A. Bhuiyan, Senior Program Officer
Mr. A.H. Sikder, Senior Program Officer
Mr. F. M. Mostaque, Senior Program Officer
Mr. Farid Uddin, Senior Program Officer/Evaluation
Mr. Emad Uddin, Program Officer
Mr. Shabbir Uddin Ahmed, Program Officer
Mr. Nazmul Haque, Program Officer
Dr. Nasrin Jahan, Program Officer
Dr. Tariq Azim, Program Officer
Ms. Shaheda Hassan, Program Officer/Publications
Mr. Misbahur Rahman Chowdhury, Program Officer/MIS
Mr. Asiur Rahman, Executive Secretary

ICDDR,B

Barkat-e-Khuda, Director, MCH/FP Extension Project

The Population Council

Rushikesh Maru, Consultant
Peter Miller, Country Representative

CA/NGO Project - Workshop Participants

<u>Organization</u>	<u>Name</u>
JTS	Sultan Selim Ahmed
AVSC	Dr. A.J. Faisal Dr. Sukanta Sarker Golam Naseruddin Nancy Piet-Pelon
USAID	Quasem Ghuiyan Louisa B. Gomes R. Cunnane Richard Greene Gary Robbins David Piet
SEPSP	SK.MD.A. Haque
Pop. Council	Amy Durston Dr. Rushikesh Maru
CWFP	Mufaweza Khan
MDU	Petra Osanoski
BPHC	Dr. K.M. Rezaul Haque
JHU/CCP	Ahsan Shahria
PACT/PRIP	Richard Holloway
FPMD/LIP	Abu Sayed Mukarram H. Chowdhury
FPSTC	A. Rouf Milon Bikash Paul MD. Habibur Rahman Rafique Ahmed MD. Ismail K.M. Syeduzzaman Hasina N. Hoque
FPAB	Mizanur Rahman Ershadul Hoque Dr. A.K.M. Sadeque
TAF	Kirsten Lundeen Shamina Hasan Roji Hasan Wahiduzzaman Chow.
PFI	Dr. Alauddin Saiful Islam Toslim Uddin Khan Farhad Chowdhury A.H. Nowsher Uddin
CDS	Rafique Ahmed

Bahubal Thana (Habiganj District)

Pranab Kumar Shur, Deputy Director for Family Planning/Habiganj
Mr. Saifuddin, Thana Nirbahi Officer
A.K.M. Shahzahan, Thana Family Planning Officer
Shah Mahbur Rahman, Chairman/Putijuri Union Parishad
Abul Hashim, Chairman/Bhadeshwar Union Parishad

Ghior Thana

Thana Family Planning Officer
Sufia Begum, FWA
Saleha Begum, FWA
Nazmun Nahar, FWA
Shamsun Nahar, FWV

ANNEX 3

PROTOCOL FOR FOCUS GROUP DISCUSSIONS WITH LIP VOLUNTEERS (November 1994)

The Local Initiatives Program plans to carry out a series of focus group discussions with community volunteers, who are mostly females, to investigate their understanding of the importance and impact of participation in the LIP on their lives and on the program.

Purpose

To examine the programmatic, personal and social impact of participation in the Local Initiatives Program on the female volunteers.

Specific Objectives

- To examine the role of volunteers in strengthening the family planning/maternal child health activities at the local level, including an understanding about their knowledge of motivation, referral and contraceptive methods
- To examine the impact of the volunteers' participation in LIP on their personal (family) situation
- To examine the impact of the volunteers' participation on their social status and standing within the community
- To examine the volunteers' attitudes towards their continued involvement in and commitment to the LIP in the future

Methodology (How, Who, When)

HOW:

1. Five unions will be randomly selected, using serially numbered lists of unions and a table of random numbers, from the thanas participating in LIP for more than three years and having CARs of more than 60 percent as of mid-1994.
2. Letters will be sent to TFPOs responsible for the selected unions to:

Explain the focus group discussion (FGD) exercise

To request lists of Family Welfare Assistants (FWA) of the selected unions and their schedule of meetings with volunteers for November and December 1994

3. Upon receipt of the above information, FWAs falling second and fourth in the serially numbered lists for the unions will be selected and visits to the respective unions will be planned accordingly. [TFPOs will be notified of the pending visits].
4. At the time of the visit, the volunteers serving under the selected FWAs will be invited to stay after their regular monthly meeting with the FWA to participate in the FGD. It is anticipated that 8 to 12 volunteers will participate in each of the FGDs for a total 80 to 120 volunteers (5 unions X 2 FGDs X 8-12 participants).

WHO:

1. Each FGD will be moderated by either Mr. Ghani or Mr. Farid, depending on their availability
2. Recorder will be the Program Officer responsible for the selected union. [A tape recorder will be used to assist the recorder in keeping notes of the discussions.]

WHEN:

1. Letters to TFPOs, signed by the Director General/Family Planning, will go out during the week of November 13, 1994
2. The FGD discussion guide will be pretested in Ghior Thana on November 19 by Ghani, Farid and S.C. Huber
3. FGDs will be carried out during the regular unit meetings during November and December so that all FGDs might be completed prior to the end of 1994.
4. Draft summary report will be prepared in Dhaka and sent to FPMD/Boston for review by the Evaluation Consultant no later than 15 February 1995 (report may be held in Dhaka if the Consultant plans to visit in the last half of February).

DISCUSSION GUIDE FOR LIP VOLUNTEER FOCUS GROUPS

1. What types of services does a LIP volunteer render? What are the contributions of volunteers to family planning and MCH activities? What special approaches do you use in the community (to different groups such as newly weds, mothers-in-law, husbands, religious leaders, users of different types of methods, etc.)? What training have you had; what can you tell us about the methods you give clients; how do you deal with clients' side effects; what referral sources do you use and how? In what ways has the MCH/family planning program changed as a result of volunteers' participation?
2. What change has participation in the LIP had on your personal knowledge and attitudes about MCH/family planning? Has participation affected your position in terms of your role and standing in the eyes of your family?
3. How has your status changed within your community as a result of your involvement in the LIP? Do your friends and neighbors view you differently since you joined LIP? (is your work appreciated by the society)?
4. Do you enjoy your work with LIP? Do you think you will continue to work as you are doing now? Why? How? What can you suggest to ensure your continued involvement? [Note especially if incentives and timeframe for continued participation are mentioned]
5. Do you have any general suggestions about LIP?

11/21/94

S.C. Huber

ANNEX 4

Protocol for LIP Family Welfare Assistant Survey

OBJECTIVES

The following are general objectives for the survey of the Family Welfare Assistants participating in the Local Initiatives Program in Bangladesh.

1. To determine perceptions of and changes in roles and responsibilities of the FWAs working in the LIP
2. To determine the FWAs' grasp of management roles and responsibilities for:
 - Scheduling (planning)
 - Recording/reporting
 - Supervision/monitoring
 - Data analysis/use
3. To assess clinical skills and understanding of commonly used contraceptive methods

The following activities are those agreed upon by the evaluation unit staff and FPMD Evaluation Consultant during the latter's November visit to Bangladesh.

1. Revise draft questionnaire-SCH to provide by 1 December at the latest
2. Questionnaire to be translated by Farid/reviewed by Ghani as soon as possible after receipt of revised draft.
3. Revised questionnaire should be shared with Misbah to begin work on a coding system in preparation for data analysis.
4. Ghani and Farid will coordinate with Najmul regarding the plans for the service delivery workshop. (One of the clinicians also may be seconded to work with this committee). Specifically, the following issues will be discussed and resolved:
 - The agenda for the workshops
 - Plans for administering the FWA questionnaire, preferably at the start of the workshop
 - The design and use of a pre-/post-test workshop mechanism based on the agenda. (This pre-test should also be analyzed as part of the FWA questionnaire to determine FWAs' basic knowledge about clinical and service delivery issues).

- **ENSURING THAT FWAs ARE REQUESTED TO BRING THEIR REGISTERS TO THE WORKSHOP** (This will need to be included in workshop invitation letters to the FWAs).
5. Draft questionnaire to be pretested with 10-12 FWAs. This activity will be coordinated by Farid in conjunction with volunteer FGDs and/or PO monitoring visits as soon as possible (by the end of December at the latest).
 6. During January the questionnaire will be revised and prepared to be administered at the service delivery workshops to be held in late January and February.
 7. Questionnaires will be administered and collected on the first day of the workshops. Recommendation is that Farid attend all workshops (or delegate an alternate program officer) to respond to any questions about the survey and to collect the completed questionnaires.
 8. Completed questionnaires should be given to Misbah for data entry as soon as they are completed.

DRAFT FWA SURVEY QUESTIONNAIRE

1. Name _____
2. Title _____
3. Thana where you work _____/Union where you work _____
4. How long have you been in your current post (in the thana/union noted above)?
Year ____ Month ____ of appointment
5. When did your thana/union join the LIP?
Year ____ Month ____ Don't know ____
6. In what year did you complete your training to become a FWA? 19 ____
7. Did you have any training prior to becoming a FWA? Yes ____ No ____

If yes, please indicate where you were trained, the year and duration of training _____

8. Have you had any additional training since LIP began in your thana/union?
Yes ____ No ____

If yes, please specify course name, year, and duration of the training

9. In your family planning work, how do you define eligible couple (ELCO)? (tick only one response)

All married couples with a wife between 15 and 49 years of age	_____	
All married couples with a wife between 15 and 45 years of age	_____	_____
All married couples with a wife who is still fertile	_____	_____
All sexually active married couples, regardless of age	_____	_____
Other, specify _____		

10. Please indicate the extent to which the following areas of your work in family planning has been affected by the LIP by ranking each area on a scale of 1 to 5 with 1 representing a low impact of LIP and 5 indicating a high impact.

	Impact of LIP				
	<u>Low</u>				<u>High</u>
	1	2	3	4	5
Scheduling (planning)					
Reporting/recording					
Supervision/monitoring					
Data analysis/use					

11. Before the LIP, had you ever worked with volunteers in the family planning program?
Yes ___ No ___

12. How many LIP volunteers do you supervise now? _____

13. Has the number of volunteers you supervise changed since the beginning of LIP?
No _____
Yes, there are more volunteers _____
Yes, there are less volunteers _____
If there are more or less volunteers, please explain why

14. Do you have a regular monthly coordination meeting with your volunteers?
Yes _____ No _____

If no, please specify the reasons you do not meet _____

If yes, what type of activities do you do in the meeting? (tick all that apply)

- | | |
|--|-------|
| Review volunteers' activities for the previous month | _____ |
| Plan new activities for the following month | _____ |
| Update volunteers' ELCO registers | _____ |
| Update ELCO maps | _____ |
| Update FWV register | _____ |
| Resupply contraceptives | _____ |
| Discuss problems/issues raised by the volunteers | _____ |
| Give on-the-job training | _____ |
| Other, specify _____ | _____ |

15. Apart from the monthly coordination meetings, on average how often do you contact your volunteers?

- Once a week _____
- Twice a month _____
- Once a month _____
- Once in two months _____
- Once in three months _____
- Other (specify) _____

16. What do you do when you contact volunteers? (tick all that apply)

- Review ELCO contacts with volunteers _____
- Examine ELCO map _____
- Update ELCO register _____
- Resupply contraceptives _____
- Provide on-the-job training _____
- Plan new activities _____
- Other (specify) _____

17. Apart from these meetings and visits do the volunteers come to you for any other assistance? (tick one)

- Yes, very often _____
- Yes, for special needs only _____
- Yes, seldom _____
- Never _____

If yes, for what reasons do volunteers contact you? (tick all that apply)

- Referral of new clients _____
- Resupply of contraceptives _____
- Management of side effects _____
- Other MCH and health advice _____
- Other, specify _____

18. Do you now have any contact with ELCOs? Yes ___ No ___

If yes, how do you contact the ELCOs? (tick all that apply)

- Make home visits alone _____
- Make home visits with volunteer _____
- ELCOs come to meet me _____
- Meet ELCOs at satellite clinics _____
- Meet ELCOs by chance _____
- Other (specify) _____

19. When you meet ELCOs, what do you do? (tick all that apply)

- Provide screening for method choice _____
- Provide first dose of contraceptive method _____
- Provide advice on side effects _____
- Make referrals to other service providers/sites _____
- Provide MCH/health advice _____
- Follow up acceptors of clinical methods _____
- Other, specify _____

20. How often do you review and update your FWA register? (tick one)

- Once a week _____
- Once a month _____
- Once in three months _____
- Once a year _____
- As needed _____

21. In the past three months, have you dropped any ELCOs from your register?
Yes ___ No ___

If yes, how many have you dropped for each of the following reasons (insert the number of ELCOs by each reason):

- ELCO became too old _____
- ELCO moved away _____
- Husband lives away _____
- Separated _____
- Widowed _____
- Other _____ (Specify reason _____)

- Total ELCOs dropped _____

22. In the past three months, have you organized any satellite clinics?
Yes ___ No ___

If yes, how many have you organized? _____

What is your role in these satellite clinics? (tick all that apply)

- Coordination/planning _____
- Management of the clinic _____
- Registration of clients _____
- Record keeping _____
- Health education _____
- Nutrition education _____
- Weighing of children _____
- Providing immunizations _____
- Provision of services _____
- Motivation of clients _____
- Referral of clients _____
- Follow up of clients _____
- Other (specify) _____

23. Which of the following changes apply to the family planning program in your area since the introduction of the LIP? (tick all that apply)

- Increased use of family planning _____
- Greater involvement of community leaders _____
- Management committee involvement in program _____
- MCH services increased _____
- More volunteer involvement in program _____
- Family planning services more accessible _____
- Better family planning follow up _____
- Social acceptance of family planning increased _____
- Other (specify) _____

24. How often do you meet with the FWV of your union? (tick one)

- Once a week _____
- Once a month _____
- Once in three months _____
- Once a year _____
- As needed _____

25. What do you do when you met the FWV? (tick all that apply)

- Bring referred clients to consult the FWV _____
- Planning and coordination of satellite clinics _____
- Discussion and review of past clients _____
- Other, specify _____

26. Do you ever discuss your problems and experiences with other FWAs? (tick one)

- Yes, regularly _____
- Yes, on special occasions _____
- Yes, for urgent matters only _____
- No, never _____

27. Do you attend union family planning committee meetings regularly?

Yes _____ No _____

28. How often do you organize unit family planning committee meetings? (tick one)

- Once a week _____
- Once a month _____
- Once in three months _____
- Once a year _____
- As needed _____

29. What happens in the unit committee meetings? (tick all that apply)

- Review performance of the previous month _____
- Plan the next month's activities _____
- Discuss satellite clinic issues _____
- Discuss any problems in the family planning program _____
- Other, specify _____

30. Is the community's cooperation and assistance important in the performance of your family planning duties? Yes _____ No _____

If yes, please specify how the community assists (tick all that apply)

- Increasing awareness _____
- Increasing accessibility of family planning _____
- Legitimizing the concept of family planning _____
- Solving problems of the program _____
- Motivating the community to use family planning _____
- Resource mobilization _____
- Other, specify _____

Revised
21 November 1994

ANNEX 5

Method Mix Review (LIP Staff Workshop-11/17/94)

The following are the results of the workshop discussion on the analysis and use of rapid assessment information on contraceptive method mix.

1. Reviewed information on method mix from the last staff development workshop (March '94)--why is method mix important, how is it calculated and assessed, uses of method mix information (for objective setting, examination of unusual situations, special activities or initiatives)
2. Provided examples of calculated union-level method mix and action plans for the three thanas containing the unions under discussion to three working groups to discuss. These small groups were requested to:
 - Review the method mix data provided
 - Assess the data against action plan objectives
 - Synthesize information
 - Prepare a presentation of the group's findings:
 - Compare data with objectives
 - Explain how you would give feedback:
during a monitoring visit
in a letter
3. Proposals for feedback to the thanas were:

Compare non-clinical and clinical--encourage shift to long acting methods, if warranted

Encourage better record-keeping, ELCO register

Encourage a better method mix analysis in program review process, giving technical assistance as required

Use to review and revise objectives for methods

Use for internal (within LIP staff) feedback

Request information about special situations, e.g. if one method increases significantly between dates of analysis

Give support for positive changes, e.g. if long-term, clinical methods increase as proposed

Congratulate as warranted

4. A number of suggestions were made with regard to the discussion and exercise on method mix. These include:

Consult MIS Forms 2 and 4 in annual plan development to set method mix targets

Consult Progress and Financial (P & F) Report: discuss method mix during program monitoring visit (MIS form 2 and 4 is attached)

Incorporate more information and objectives on method mix by union in Action Plans

Provide technical assistance and support to encourage a shift to more effective methods based on method mix analysis

11/21/94
S.C. Huber

ANNEX 6

National Programmatic Challenges and Priority Action Areas (LIP Staff Workshop-17 November 1994)

1. Reduced Unmet Need for FP (through strengthening FP Program efforts)

Improved accountability of drug logistics and contraceptives (SMC)

Supervisory system performance monitoring

Use data for decision making

Local level planning decentralization

Target underserved

2. Reduced Demand for Large Families (through strategic investments in human development)

Integrated satellite clinics creating employment opportunities for women (Volunteers only)

Uthan Baithak (formalize and strengthen)

Population Education:

 Youths

 Religious Leaders

 Family Life Education

 Newly married couples/married youth

3. Reduced Momentum of Population Growth (through delayed child bearing)

Target 0 or 1 parity women and younger couples.

Strengthen/reinforce birth spacing/limiting message.

Target men

Target in-laws

Target Youth/Married adolescents

4. Increase Longer Acting Methods

Strengthening screening (all methods) through:

Health check-up for acceptors through satellite clinics-opportunities to encourage switching.

Motivate non-clinical acceptors -> clinical through meetings, satisfied clients, a Uthan Baithak for satisfied clients (Develop guidelines)

Individual counseling

Strengthen skills of providers (FWV, FWA)

5. Improve Quality of Care

Strengthen skill of providers (FWA, FWV) in:

Continuation

Side effects

Follow-up

Screening

Counseling

Increase awareness of service delivery points/providers

Decentralize services, address drop-out rates

Improve record keeping (Strengthening MIS: identify problems and recording, analysis and use of data, collection and provide feedback)

Improve referral system through simplifying FWAs need to accompany clients

Strengthen referral for management of complications and for clinical methods

Orient thana team to Quality of Care

Strengthen monitoring and supervision

6. Improve Intersectoral Linkages

Build in activities to sustain motivation of volunteers, e.g. linkages with BRAC, Grameen Bank, private sector business (at local and national level).

Establish linkages to other Ministries, e.g. LGRD, Education, Social Welfare, Women Affairs (at local and national level).

7. Increase Community Participation

Committees - Thana/UP/Unit

Uthan Baithak - Improved system/checklists/guidelines

Awareness of service delivery points/providers (satellite clinics)

Involve wives of UP chairmen and members and female teachers and govt. employees

Strengthen group meetings for men

Resource mobilization by community

8. Empower Women

Uthan Baithak- discuss more than FP

Training in improved skills for all cadres of Service Provider

Improve record-keeping skills

Linking volunteers with other development activities such as, WEDP, BRDP, Social Welfare, Women's Affairs

9. Increase Accessibility (Methods available more places and from more providers)

Decentralize services/methods
(Door step injectables)
(IUD-Satellite Clinics)

Awareness of service delivery points/providers

Training for improved referral system - FWA takes multiple clients to clinic/volunteers take multiple clients to satellites

Cluster approach- FWA-Volunteers

ANNEX 7

FRAMEWORK FOR IN-COUNTRY EVALUATION OF FPMD SUBPROJECTS BANGLADESH

Several overriding principles apply to the Evaluation of FPMD activities, as outlined in the evaluation guidelines and workplan dated May 1994. These include:

- The use of broad qualitative analysis,
- Implementing evaluation in a way which reinforces other management interventions of FPMD, i.e. viewing evaluation as an important management tool, and
- The use of a "what have we learned here, anyway" approach to examine the most innovative of the FPMD interventions.

These precepts will guide the in-depth evaluation of FPMD interventions in Bangladesh. Following the same guidelines, the Bangladesh evaluation will include an assessment of the four requisite components. These are the context or overall picture of the population and family planning situation in the country; the clients' component which examines, to the extent possible, the services provided by the organizations with which FPMD has been working; the management component which reviews the reactions of program managers and their staff to the management interventions introduced through the collaboration with FPMD; and a final synthesis component.

Because the two FPMD interventions in Bangladesh--the LIP and the CA/NGO Project--are complementary and are viewed as two vitally important activities contributing to the national program, they will be assessed in a combined fashion. In the two subprojects, FPMD technical assistance has been directed at strengthening management aspects of the public and private (NGO) sectors to better meet overall USAID and GOB objectives of enhanced quality, expansion and sustainability for the national family planning effort. This country evaluation will benefit from findings of the worldwide FPMD Evaluation undertaken by a team fielded by the POPTECH Project in May 1994. Three members of that team visited Bangladesh to assess FPMD's activities there.

While the country evaluation will examine the impact of FPMD interventions on both subprojects, specific evaluation activities and sources of information will differ for the two subprojects. Therefore, evaluation data sources and activities are outlined separately below.

LOCAL INITIATIVES PROGRAM

Background and History

The activities under the LIP subproject preceded the current FPMD project, having started in 1987 under the FPMD predecessor project--Family Planning Management Training project. Therefore, the present evaluation will be carried out in light of this history and may also draw on documents and materials dating from before the initiation of the present project.

Approach

Evaluation of LIP will build on the technical assistance and evaluation skill building interventions carried out during three previous visits to Bangladesh. During a planned evaluation visit to Bangladesh, scheduled for the first quarter of 1995, the evaluation consultant will carry out a series of interviews in-country. She will use a semi-structured format to interview present and past staff of the LIP project, which is implemented through a subcontract to a Bangladeshi firm. USAID/Dhaka staff, who have been directly and indirectly involved with implementation of the LIP subproject, will also be interviewed as will Government of Bangladesh family planning program managers using a similar format and questions. If time allows during this trip, field visits will be made to several LIP intervention areas to interview local management staff and community leaders as a supplement to data collected during past field visits.

Desk research will be carried out, both in Boston and in Dhaka, to review relevant documents about the subproject. Findings from specific completed and ongoing evaluation studies of the project will contribute to an understanding of the project's impact. The LIP monitoring system and program officer reports will be used to enhance this research through tracking the changes in performance ranking on various management skills indicators over time for a group of unions which are randomly selected from different geographic areas of the country and with different lengths of participation in the LIP.

Sources of Information

LIP and USAID staff interviews

Participating government leaders, local management staff and community leaders interviews

Trip reports for FPMD staff and consultants since project inception

Reports of completed studies including FPMD Evaluation Unit reports (Seligman and Benevente, May 1993; Huber and Sayeed, July 1994; Ghani and Huber, Focus Group Discussion Report-forthcoming)

Results of ongoing studies-as available (Volunteer Focus Group Discussions; FWA survey; new microsurveys and further analysis of old microsurveys)

Project files of monitoring trip reports to track progress in union ranking over time

COOPERATING AGENCIES/NON-GOVERNMENTAL ORGANIZATION PROJECT

Background and History

This project was started much more recently than the LIP--interventions began only in mid-1993. However, due to the discrete and very specific scopes of work for the management interventions included in this subproject, it will be possible to assess the impact of FPMD interventions even at this early date. The project involves a planned series of short term technical assistance visits from three consultant teams focused on the following three management skill areas:

- Promoting institutional and managerial sustainability through management development assessments (MDA),
- Training impact evaluation (TIE), and
- Development of a general NGO program management information system (MIS) focused on building a common analytic framework for key quality, expansion and sustainability (QES) indicators.

Approach

Due to concerns expressed by USAID/Dhaka about overloading the participating cooperating agencies with additional tasks related to this evaluation, every effort will be made to minimize direct information collection from subproject staff. Alternative opportunities will be sought to observe interactions and collect qualitative data instead of holding individual meetings and interviews with busy CA managers. Specifically, data will be collected to assess the FPMD impact on the CA/NGO project through attending meetings, workshops and other subproject interventions as an observer. First steps in this regard were taken during the Evaluation Consultant's November 1993 and November 1994 visits when she participated in meetings and workshops of the TIE and MDA consultant teams, respectively.

If time and conditions allow, the consultant also will attend the final in-country workshop of the MIS consultant team in February 1995. During the same country visit, she will interview the present project monitor and NGO program staff at USAID/Dhaka using a semi-structured format to determine their assessment of the subproject's impact. She will interview the TIE and MIS consultant teams upon completion of their interventions in early 1995. A short written questionnaire may also be administered to selected CA staff, if feasible.

Desk research will be carried out, primarily in Boston, to review relevant documents about the CA/NGO subproject. In particular, the trip reports and other relevant project files will be reviewed for information regarding project impact. Management tools and instructions developed by the project will be reviewed.

Sources of Information

USAID staff interviews

Trip reports for FPMD staff and consultants since project inception

Reports of completed workshops and other interventions

Management tools and instructions for their use developed under the subproject

Project files

ANNEX 8

Review of Draft USAID/Dhaka Plan for CA Evaluation of NGO Subprojects

MEMORANDUM
from
Sallie Craig Huber
Sonargaon Hotel, Room 726
Dhaka

To: Rob Cunnane, USAID/Dhaka
Date: 16 November 1994
Subject: CA/NGO Subproject Evaluation Guidelines

Thank you for giving me the opportunity to review the subject guidelines. I read them with the eye of one who has done a number of similar evaluations in my consulting work, and I found them very comprehensive and interesting. (I like to do this type of evaluation, where the guidelines are laid out in a detailed and thorough fashion).

In reviewing the guidelines, I consulted with Alison and the FPMD teams who are here, since they have had much more direct contact with the CAs and NGOs than I have in recent years. As he mentioned at the Sheraton on Monday, Alauddin also sent me a copy of the comments on the draft guidelines which he sent to you on 2 November. (I am a bit confused by his note because it seems to comment on a different draft than the one you sent me. His comments are related to client-based information and data about subproject staff. Maybe there is a separate, field-based component of the evaluation that you did not send to me or perhaps you sent me a version which was revised after you received Alauddin's comments of 2 November?)

I had some difficulty in placing these draft guidelines in a context. In reviewing them, I found that I had questions about how USAID and the BDG see the present and future roles of the NGOs in relation to the National Family Planning program and National Family Planning Action Plan. With this contextual question in mind, I think the guidelines could benefit from a clearly written and comprehensive background section to ensure that external consultants recruited to undertake the evaluation do not have similar questions about the context of the CA/NGO activities and the roles and contribution NGOs are expected to make.

Also, I feel that since this is billed as a CA subproject evaluation, the evaluators need to be requested to examine each overall CA portfolio from a strategic perspective. By this I mean, some summary questions might be added to the evaluation to explore whether the CA portfolio in question supplements, complements, and/or adds value to the National Family Planning Program goals and in what ways. Or asked another way, is the CA portfolio and

any of its specific parts making a significant contribution or working against the overall goals and objectives of the National Program? Furthermore, general questions might be asked to examine what performance requirements (CPR, population covered, method mix, target groups served, service delivery costs, urban operations, activities in low, medium and high use areas) are required of a CA portfolio to add value to the National Program in line with BDG and USAID priorities and goals. In my recent visits, I have observed that little attention seems to be given to this question of strategic impact. It seems to me that, at this critical stage in national program evolution, this should be one of the key questions in determining if and how USAID should support NGO efforts in its next phase of funding in Bangladesh.

Another point which might be considered in this general background section is an acknowledgement of the NGOs' contributions to date. The CAs report that among their NGOs, CPR is significantly higher than the national average. In view of this, what should be the future orientation and direction of USAID support, again within the context of BDG priorities.

Also, I think the guidelines could benefit from clarification of some definitions that the evaluators will need to apply so that the findings from the different CA portfolios will be comparable. These terms, which come mostly from the issues listed on the first page of your 13 November fax, follow. (They are listed below with some comments/questions which might help in putting together the definitions, if there are none currently available).

High performance-the term performance is used throughout the guidelines. Does this refer to CPR only or to other measures such as CBD visitation rates, method mix, cost-effectiveness, institution-building, or some combination of factors included in the QES universe? Are all CAs and NGOs clear about what constitutes performance; do they use the same definitions?

CA phase-out-does this mean withdrawal of financial support only, of all support including technical assistance, or something else?

Monies worth-this will be difficult to answer in absolute terms. Perhaps a comparative assessment should be applied, e.g. cost of USAID support (per ELCO coverage or increase in CPR or by the number of field workers hired per \$1,000 spent) as compared with other donor support for similar activities. This type of question also should include a sense of the age of subprojects since younger projects often cost relatively more than older ones.

Investment in subprojects-Is this to be answered in dollar or taka terms, person-hours/days of technical assistance, or with regard to number and type of activities?

Issues (from page 1 of your fax of 13 November)

These appear to be the summary questions which you hope to have answered or upon which you hope to have recommendations as a result of the overall evaluation of the CA/NGO subprojects. However, these are comparative questions that require a review and analysis of the findings and conclusions of the separate CA evaluations. Unless I have misunderstood the methodology, the CA evaluations will be done by separate teams--one for each CA. However, it is not clear to me who will perform the analysis and respond to the questions listed as issues and make overall conclusions and recommendations.

The following questions/comments relate to the list of issues on the cover page of your fax and are keyed to the numbers of those issues.

3. What is the norm for project costs? Who defines it? Does it include family planning activities only and what does one do about multi-service NGOs in answering this question? Timeframe must be taken into account in any measures of comparative cost as noted above in questions about defining "monies worth".
7. Managerial and technical TA needs of subprojects will be determined by the MDA and MIS work of FPMD, although the latter will not be finalized until February. Can/should this question therefore be deleted or deferred?
10. Information to answer the first part of this question will be produced in February by the FPMD MIS work. Asking questions before that time might therefore duplicate the FPMD efforts and be very time-consuming for the evaluation team.

Purpose of the Subproject Evaluation (from page 2 of your fax of 13 November)

Regarding the first bullet, the phrase "enable the CA to assess the progress..." sounds as though the evaluation will be providing technical assistance to the CAs in undertaking this task. Is USAID or someone else going to provide technical assistance in this task and is this really the purpose? If not, I would suggest the purpose might be reworded as follows "to assess the progress of CA subprojects in relation to workplans and national priorities in achieving their...". Also, I think the information on achieving objectives and outputs is already available in semi-annual reports and the strengths and weakness are measured through the MDA and MIS exercises (although the latter will not be available until February). So I am a bit unclear about this purpose--is it to re-collect and/or reassess information which already exists or something else?

The same comments about technical assistance also apply to the phrasing of the second bullet--"Assist the CA to identify...". Perhaps this should be changed to "To identify short and medium term..."

Specific Guidelines

I have some general thoughts about this section of the draft. Since many of the questions seem to call for a reanalysis of data which already exists, it would be very helpful to the evaluators if you would provide sources of information in relation to each question, wherever this is known. (I note you have done this for some, but not all, of the subcategories in this section).

The exercise (and many of the specific questions) needs a time perspective. Are the questions to be answered with information since the beginning of the current subproject, since the beginning of CA agreements, for the last month or some other timeframe? Without this clarification, comparisons within or between CAs will be difficult.

Specific guideline 2-Assessment of Impact

What does "sufficient progress" mean? Has sufficient time elapsed since the introduction of the QES concept to assess progress on these indicators?

How is sustainability being defined for the purpose of this evaluation? Does it encompass programmatic, managerial and institutional as well as financial sustainability? (External evaluators will need to be clear about this since the definition of sustainability is highly variable). The FPMD MIS exercise will provide information about most of the questions on this variable but it will be available only in February. The key question needs to include some sense of which types of subprojects are sustainable as well as which types should receive concentration. Do subprojects have sustainability plans--what are the targets referred to in the third point under sustainability?

Specific guideline 3-Technical Support

The MDA has produced areas of technical support needed for some of the CAs and the MIS will (in February) produce information about staff training (as a proxy for capability), but these questions are full of references to performance which needs a better definition, as noted above, before reasonable and comparable responses can be given to these questions.

Specific guideline 4-Project Expenditures

Since I do not have copies of the CA budgets, I cannot comment on subproject support (I do not know what this term means). However, I expect a full review of delays in expenditure, either at the CA or subproject level may be very labor intensive. Is this information necessary? What purpose does it serve? Again, project performance mentioned in the fourth point needs definition. The fifth point is a good question but very complex if it is to go into any level of detail. For a published

paper I did a few years ago on this subject, it took me about 3-4 months to comprehensively assess this issue of cost by mode of service delivery in USAID-funded subprojects similar to those of the NGOs here in Bangladesh.

Specific guideline 6-Innovative Activities

This will be measured by the FPMD MIS with data expected in February. The question of replication and hindrances will probably receive a subjective response, at best.

Specific guideline 7-Findings and Recommendations

As noted in my comments about the Issues section above, I assume this section refers to findings and recommendations specific to the individual CA reviews. But my question remains about how the findings and recommendations of the individual CA evaluations will be synthesized and interpreted, by whom, and in comparison to what expectations.

A Short Note on How the FPMD Requirements to Conduct an Internal Evaluation of Our Interventions with the CA/NGO Project Relates to the Above

As you know, one of the tasks in the SOW for my present visit is to prepare a format for our FPMD in-country evaluation and to begin the process. I see several ways in which our contractual needs to undertake this evaluation and the Mission's needs to review the CA/NGO project overlap and complement each other. In particular, our focus in evaluating our work with the CAs is entirely on the CAs, whereas yours is on the CA subprojects with the NGOs. Our proposed review of the FPMD management interventions with the CAs will supplement and enhance the findings of the CAs' evaluation of their work with the NGOs by giving a more comprehensive picture of why and how CA subprojects meet their objectives.

Gaining a better understanding of the ways in which the CA managers and staff feel their management capabilities have been enhanced, if they have been, may also help the CA evaluators understand the successes and failures of the NGO subprojects. We will be happy to make our findings available to you and the CA evaluation teams assuming we have findings to offer in time to be useful to those teams. Findings of your proposed evaluation would also be very useful to our task and could be incorporated into the assessment of our work in Bangladesh, if made available to us.

Thanks again for this opportunity--this is a big job you have ahead of you. I look forward to discussing these comments with you and I wish you the best of luck!

ANNEX 9

Memorandum and Suggested Scope of Work for a "Lessons Learned" Review of LIP

MEMORANDUM

To: Chuck Lerman, USAID/Dhaka

From: Abu Sayeed, Project Director/LIP

Subject: **Review of LIP Lessons Learned**

Date: 21 November 1994

Attached for your review and consideration is a proposed scope of work for the referenced study. We (Alison Ellis, Sallie Craig Huber and I) have had occasion recently to pursue discussions with Peter Miller and Rushi Maru here in Dhaka. Population Council remains very interested in undertaking this work, subject to availability of funds, and we have been assured that the work can be accommodated within the Council's current workplan. In fact, we understand that Ruth Simmons, the second proposed consultant for this review, is coming to Bangladesh soon and Rushi Maru indicates that he also has time available. Peter Miller has agreed to explore the availability of Ruth Simmons (who is in Vietnam right now), and will get back to me within the next few days. Assuming either Rushi or Ruth could not undertake this task, several other possible candidates for this review were discussed with Peter Miller. These include John Haaga, Sydney Schuler, John Ross and Warren Robinson.

As noted in earlier discussions with you, MSH cannot undertake this study due to funding limitations. Moreover, Population Council staff agree with us that the validity and acceptability of the study would be compromised if it were conducted by MSH. We understand that the Mission is preparing for a combined review and external evaluation of the Family Planning and Health Services Project in the near future. The results of the proposed review of LIP lessons learned could be a very useful contribution to these upcoming USAID exercises, as well as to program planning for the next phase of LIP activities.

As discussed during our briefing on November 14, we would appreciate it if you would share this memo and draft SOW with David Piet and Richard Greene so that agreement may be reached with FPMD/MSH and the Council on next steps as soon as possible.

Thank you for your assistance.

cc: Alison Ellis, Regional Director/ANE, FPMD
Sallie Craig Huber, Evaluation Consultant, FPMD
Peter Miller, The Population Council/Dhaka

DRAFT SCOPE OF WORK

REVIEW OF LOCAL INITIATIVES PROGRAM: LESSONS LEARNED

Background

The Bangladesh Local Initiatives Program (LIP), initiated in 1987 as the Upazila Initiatives Project, is funded under the USAID Family Planning and Health Services Project. The LIP works to strengthen the Bangladesh Family Planning Program at the grassroots level by training family planning program staff and local leaders to manage their health and family planning programs more effectively. The LIP uses four primary approaches to providing well-managed, decentralized and community-based services. These are:

- **Family planning program staff, local leaders, and administrators of government health and development programs become partners.** They work together as a thana team to plan and implement Action Plans that will improve family planning and maternal and child health (FP/MCH) services in their thanas.
- **Community members are actively involved in managing their FP/MCH program** and serve on the family planning management committees that oversee the FP/MCH operations at the village and thana level.
- **Local women actively participate in family planning activities by serving as community volunteers** who provide family planning information and services directly to eligible couples.
- **The community helps to finance the implementation of the Action Plans;** the thanas are required to match the LIP grants with at least 10 percent cash contribution from local resources.

Purpose

To review the activities of the LIP to determine which elements of the program have led to strengthening the Bangladesh national family planning program and why?

Methodology

The review will be carried out by two consultants who have experience with the Bangladesh program and extensive analytic and evaluation skills. They will be employed and directed in this assessment by The Population Council office in Dhaka.

In responding to the following questions, they will be expected to use a combination of documentation review and field investigation. The latter will include interviews with LIP management and staff. USAID and BDG staff at central and local levels will also be expected to be available for interviews by the consultants.

Questions

1. Examine each of the four approaches spelled out in the Background section above to determine the following about each:

Is the approach valid?

Is it appropriate and replicable?

What recommendations can be made about future directions with regard to this approach ?

2. Are all of the elements used in implementing these approaches, e.g. MTPs, use of action plans, monitoring visits, special workshops, and thana contributions, required to ensure the success of the LIP model or can some be omitted without jeopardizing the model?

3. What is the overall feasibility of expanding or replicating the LIP model? What are the implications of expansion? What specific inputs are required for expansion or replication?

4. Can lessons learned from LIP be applied to other family planning program participants, e.g. NGOs, private sector, or to programs in other countries?

5. What is the marginal cost of the LIP activities in relation to project achievements?

Estimated Level of Effort

2 external consultants @ one month each (fees, travel and per diem)

1 LIP program staff for one month

Distribution Plans

Results of this review will be compiled into a report for widespread distribution in Bangladesh. A dissemination workshop could be held for GOB, NGO, Social Marketing Company and donor participants. Results will also be used for action planning by LIP and as input for training of overseas participants who visit the LIP project. A peer-reviewed journal article outlining the review findings may also be encouraged.