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**EVALUATION REPORT:
FPMD ASSISTANCE IN BANGLADESH**

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ACRONYMS

AVSC	AVSC International
BDG	Bangladesh Government
CA	Cooperating Agency
CBD	Community Based Distribution/Distributor
CWFP	Concerned Women for Family Planning
DHS	Demographic and Health Survey
ELCO	Eligible Couple
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FPAK	Family Planning Association of Kenya
FPAN	Family Planning Association of Nepal
FPMDD	Family Planning Management Development (Project)
FPMT	Family Planning Management Training (Project)
FPSTC	Family Planning Services and Training Centre
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
ICDDR,B	International Centre for Diarrheal Disease Research, Bangladesh
IUD	Intrauterine Device
LIP	Local Initiatives Program
MCH	Maternal and Child Health
MDA	Management Development Assessment
MIS	Management Information System
MSH	Management Sciences for Health
NGO	Non-Governmental Organization
NGOCC	Non-Governmental Organization Coordinating Committee
PF	Pathfinder International
PO	Program Officer
QES	Quality, Expansion, Sustainability
TA	Technical Assistance
TAF	The Asia Foundation
TAI	Technical Assistance, Incorporated
UP	Union Parishad
USAID	United States Agency for International Development

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I. EXECUTIVE SUMMARY

The largest projects in the Family Planning Management Development (FPMD) portfolio are in Bangladesh, where assistance has been provided to both the public sector and non-governmental organizations (NGO). Since 1987, work in the public sector has focused on improving the performance of the national family planning program through strengthening the management capability of family planning staff and community leaders at the grassroots level and through promoting decentralized management systems. By mid-1995, the Local Initiatives Program (LIP) had covered about one-quarter of all thanas (local administrative units) in the country.

In the NGO sector, FPMD has collaborated since 1992 with five cooperating agencies (CA) funded by the U.S. Agency for International Development (USAID). This intervention was designed to develop key management capabilities related to achieving the common strategic goals of improving *quality*, *expansion* of services, and *sustainability* (QES) of the NGO activities supported by these CAs. Three technical assistance teams worked intensively with the CAs over the final two years of the FPMD contract. This CA/NGO effort was carried out through the development of:

- Management development assessments (MDA) to promote institutional and managerial sustainability,
- Training impact evaluations (TIE), and
- Development of a general NGO program management information system (MIS) using a common analytic framework for key QES indicators.

The evaluation methodology included a review of project documents, trip reports and the results of evaluation research and other studies undertaken by the projects. Also, project participants were interviewed by the evaluator.

The report notes a number of findings. In the LIP, impact was examined at several program levels and from the perspective of several groups affected by the project. Findings in relation to the partner organization—the Government of Bangladesh—include a high level of support for the program among government officials, particularly for its introduction of skills and innovative methodologies at the local level. The formation of local management teams, comprised of community leaders and program staff and providers, has strengthened local commitment and accountability to the national family planning program.

Findings from focus group discussions with the management teams revealed a high level of support for the program. Team members are proud of their participation in LIP and of program accomplishments in their areas. They have observed a revitalization of family planning and an increased spirit of partnership between the community and family planning workers. LIP has inspired team members to carry out their responsibilities with greater intensity. Most feel their status has been enhanced through participation in LIP.

The impact of the LIP on local service providers was examined through a survey of the lowest level family planning workers—Family Welfare Assistants (FWA)—all of whom are women. LIP has enhanced the status of this group of workers by changing their role from household distributor to supervisor through the introduction of a cadre of female village volunteers who have taken over distribution tasks. The vast majority of FWAs surveyed felt their management skills in planning, supervision/monitoring, data analysis and reporting had improved through training and participation in LIP. Details of their supervisory interactions with volunteers and participation in organizing satellite clinics were also examined through this survey.

Service delivery and contraceptive use have been affected in significant ways by the LIP. Household surveys undertaken by LIP, with technical assistance from FPMD, found that the contraceptive prevalence in eight LIP areas averaged 64 percent compared with the national figure of 36 percent. Also, women living in LIP areas reported a much higher level of contact with program workers (89 percent visited within three months prior to the survey) compared with national figure of 38 percent of all eligible women visited in the six months prior to the survey. Furthermore, these surveys revealed that 15.7 and 64.9 percent of women with no children and those with one or two children, respectively, use contraception in LIP areas. Comparable national survey figures are 9.0 and 36.1 percent for women with no children and one or two children, respectively.

The LIP surveys document the important role the project has played in improving and enhancing the Government's clinic-based services and their use. Also, the project is participating in a successful pilot test of distribution of contraceptive injections at the doorstep of clients.

Government policy, and the national program as a whole, has been affected by the LIP. In addition to the exceptional advances in community participation fostered in LIP areas, all thanas are now required to make a contribution from local resources to support local family planning activities. Also, guidelines on improved data analysis and use by FWAs have been adopted nationally. Policy makers are encouraging the national replication of LIP principles.

LIP appears to have had a life-changing impact on the status of the more than 25,000 women volunteers working with the program. Focus group discussions with these women revealed that their own knowledge and health behavior has improved as a result of their LIP training. Also, they see themselves as multipurpose workers assisting with MCH as well as family planning activities; they are contributing to enhanced social service at the local level; they have devised special approaches to certain community members; they derive a great deal of satisfaction from their participation in LIP; and, perhaps most importantly, their status and empowerment has been enhanced far beyond all expectations through participation in the LIP.

Evaluation findings also revealed that skills of the staff of the local subcontractor for the LIP have been developed in a number of areas including monitoring and evaluation, use of data for decision making, and serving as trainers and consultants in South-to-South exchanges.

The CA/NGO project, focused on three discrete management areas, had important impact in these areas of CA operation. A number of unanticipated positive outcomes of the CA/NGO project were also discovered during the evaluation interviews. These are recorded in the report.

The MDA tool and techniques developed through FPMD assistance enabled the CAs to better identify technical support needed to promote sustainability of the local NGOs they support. The simplicity and flexibility of the MDA tool was especially appreciated by the CAs, and they are continuing with its use in Bangladesh. Since its development, this methodology has also been adapted for use in a number of other countries and a handbook on MDA is being developed for wide dissemination.

The TIE methodology has proven very helpful to the CAs who are consumers of training as well as to those who provide training. The approach of the TIE technical assistance team, which emphasized practicality, collaboration, skill building and ownership, was much appreciated by all the participants who look forward to the ongoing and regular use of this methodology to improve training for family planning in Bangladesh.

The MIS developed with the CAs for collection of QES data from the NGOs they support was prompted by a specific need of USAID to have a common analytic tool to measure performance of the CAs it supports in its QES strategy. In spite of the donor-driven nature of this intervention, several positive conclusions were reached about the MIS. These include the importance of effective indicators and reports to measure accomplishments of the NGOs; the potential for use of QES indicators in NGO subproject proposals and sustainability plans; the attention drawn to the importance of providing feedback to NGOs based on MIS findings; and the importance of paying careful attention to quality of data to ultimately improve management.

Conclusions drawn from these evaluation findings reflect the very positive statements recorded by the United States Agency for International Development (USAID) mid-term evaluation of FPMD regarding activities in Bangladesh. That team indicated that the LIP model demonstrates the "impact which management interventions can have when fully implemented in a comprehensive top-to-bottom fashion from upper management down to the service delivery level." The same team urged that further "opportunities for 'multiplier' subprojects such as the CA/NGO Project in Bangladesh" be found in FPMD's future activities. (Trayfors et al. 1994)

Several lessons learned from these projects are presented in detail in the report. Recommendations include that the LIP experience in Bangladesh should be continued in the future with emphasis placed on sustaining the important gains made during the eight years of operation so far. While all the CAs are using the tools and techniques provided through FPMD's technical assistance, it is too early to measure the full impact of these interventions. However, all possible continuing support as requested by CAs is recommended to ensure the

institutionalization of the processes developed through FPMD's assistance. To this end, specific recommendations are made for future technical assistance to the CAs.

II. BACKGROUND AND HISTORY

A. Family Planning in Bangladesh

Despite its pervasive poverty, low literacy rates and economic underdevelopment, Bangladesh has made unprecedented gains in its family planning program over the past two decades. Contraceptive prevalence rates have grown from about seven percent in the mid-1970s to about 40 percent today coupled with a concomitant decline in fertility. This phenomenon has astounded even the most optimistic experts. However, according to the recent report of a National Steering Committee, challenges to the program still exist. These include the need

- To increase use of clinical methods,
- To increase performance in low performing districts and thanas, and
- To increase coverage of services to underserved groups such as males and low parity couples. (National Steering Committee 1994)

These challenges must be addressed to ensure continued progress and program success.

B. MSH Technical Assistance

Management Sciences for Health (MSH) has contributed to this impressive family planning program growth and addressed some of the challenges noted above through both its Family Planning Management Training (FPMT) and Family Planning Management Development (FPMD) projects. Project activities in Bangladesh have been the largest in the FPMT/FPMD portfolio in terms of their scope, levels of funding, and number of field-based local personnel. The United States Agency for International Development (USAID) mid-term evaluation team praised FPMD for its "collaborative partnerships" and "empowering local technical assistance capacity" in Bangladesh as the recommended model for future management development activities (Trayfors et al. 1994, xi). FPMD activities in Bangladesh have addressed program management needs and family planning service delivery in both the public and non-governmental organization (NGO) sectors.

1. Local Initiatives Program (LIP)

The public sector Local Initiatives Program (LIP) has operated since 1987. The goal of this project is to improve the performance of the national family planning program at the grassroots level through strengthening the management capability of Government of

Bangladesh (GOB) family planning staff and local community leaders at the thana¹ level. The project is designed to enable the GOB staff to increase their effectiveness in offering high quality, sustainable family planning services to a greater number of eligible couples (ELCO) through the introduction of a decentralized management system. Four approaches are used in this effort:

- Community leaders, administrators of government health and development programs, and family planning program staff and providers become partners as part of the thana team.
- Community members are actively involved in managing their family planning/maternal child health (FP/MCH) program and serve on the management committees that oversee these activities at the village and thana levels, guided by a locally designed action plan.
- Local women serve the program as community volunteers providing information and services, which include resupply of pills and condoms and referral for clinical FP and MCH services, directly to ELCOs. They also assist in the implementation of satellite clinics.
- The community helps to finance the implementation of the action plans by matching LIP small grants with a cash contribution from local resources of at least 10 percent of the total cost of the plan.

By the end of June 1995, a total of 96 thanas and 542 unions (approximately one-quarter of the country) were covered by LIP. The LIP is implemented under a subcontract from MSH to Technical Assistance, Inc. (TAI), a local Bangladeshi organization, which has established a program office in Dhaka. This office implements the LIP with technical and management support from FPMD.

2. Cooperating Agency/Non-Governmental Organization (CA/NGO) Project

FPMD collaborated with USAID/Dhaka and five USAID-funded CAs² working in Bangladesh to develop a common strategy in support of the NGO family planning sector in 1992. This strategy is focused on three goals: improving *quality*, *expansion* of service delivery coverage, and strengthening *sustainability* of NGO family planning activities. The strategy is summarized and referred to as QES. Based on this

¹Local administrative area roughly equivalent to a U.S. county

²The five CAs are: AVSC International (AVSC), Family Planning Association of Bangladesh (FPAB), Family Planning Services and Training Centre (FPSTC), Pathfinder International (PF), and The Asia Foundation (TAF).

groundwork, FPMD initiated its second major project activity in Bangladesh, called the Cooperating Agency/Non-Governmental Organization (CA/NGO) Project, in 1993.

The CA/NGO intervention was designed to develop key management capabilities of the CAs related to the achievement of the QES strategic goals. In collaboration with the CAs and USAID/Dhaka, FPMD identified three areas of technical assistance. These are:

- Promoting institutional and managerial sustainability of NGOs 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 QES indicators.

Technical assistance in these three areas was provided by three different teams of experts made up of U.S.-based MSH staff and consultants. Each team made four to six visits over approximately 18 months of this assistance. Each visit was of about three weeks duration. An important feature of the technical assistance was the consistent use of the same individuals on these teams throughout the process.

Promoting sustainability of NGOs

The objective of this intervention was to strengthen the CAs' skills in conducting management assessments. The main thrust of this intervention was on managing strategic planning. Through application of the MDA tool, CAs were able to identify approaches to the provision of a range of technical assistance interventions for NGOs as part of an ongoing process to promote NGO sustainability.

Activities included the introduction of a framework for the management development process using a management assessment methodology; developing and integrating into the management assessment a set of "milestone" indicators for sustainability methodology; developing, adapting and testing the management development assessment (MDA) tool; analysis of MDA findings; identification of areas of NGO technical assistance needs; strengthening CA capabilities to provide needed technical assistance; and providing further orientation and skill building on the linkages between the MDA and strategic planning.

Training Impact Evaluation

The objective of this intervention was to enable CA training and program staff to conduct systematic evaluation of the effect of training programs on job performance of field workers, supervisors, and NGO project coordinators. These staff were also taught to use the results of evaluation to refine training content, process and management.

Activities included a review of existing methodologies and instruments for training evaluation; determination of expectations, needs and status of the CAs and of one training NGO with regard to TIE; a workshop on principles and practices of TIE; development of a TIE methodology with CA training and program staff; preparation of TIE guidelines; and two training of trainers sessions—one for all the CAs and the other specially designed for Concerned Women for Family Planning (CWFP), a large NGO funded by TAF and providing much of the training of field workers for all the other NGOs.

Management Information Systems

The objective for the MIS intervention was to develop a comparable analytic framework among the CAs for key QES indicators which will measure achievement of the combined CA programs. This objective was further developed to include the addition of a new task—to create a standardized format for the CAs' semi-annual reports to USAID.

Activities included revision of USAID semi-annual CA report format; the development, pretesting and finalization of expansion and sustainability indicators and a reporting mechanism (quality indicators were developed by Pathfinder International); provision of methodological assistance in operationalizing the indicators; assessment of system functioning; and training for CA management and program staff and selected NGO staff in the use of the QES indicators for program planning, monitoring and evaluation.

III. METHODOLOGY

This evaluation was carried out by a consultant to FPMD who made several technical assistance visits to Bangladesh to work with LIP staff prior to undertaking the evaluation itself. She assisted LIP in developing staff skills in the areas of monitoring and evaluation. Research and other studies undertaken as part of this assistance comprise an important part of the evaluation of the LIP.

During her last two visits to Bangladesh, the consultant also met and interviewed participants in the CA/NGO project to collect information for the evaluation of that activity. She also attended the initial workshop discussion of the TIE intervention and the final workshop of the

MDA intervention during two of her consultancy visits to Bangladesh. USAID/Dhaka staff who had been involved with both projects were interviewed. Numerous documents about both projects were reviewed in Bangladesh and Boston. See Annexes 1, 2, and 3 for a more comprehensive review of the methodology, lists of persons contacted, and documents reviewed, respectively.

At the request of the evaluation consultant, the FPMD Asia Regional Director met with key LIP staff during her visit to Bangladesh in April 1995 to obtain feedback on the consultant's technical assistance activities with the LIP project staff. Results of that discussion are presented in an appended memorandum (see Annex 4).

This report follows the framework established by the FPMD Evaluation Division for end-of-project country evaluations. It presents, in summary form, the activities under each FPMD intervention in Bangladesh. It then reviews the findings and impact of these activities in the context of or from the perspective of the client (in this case, partner organizations) as well as from the perspective of the national program. A conclusions and lessons learned section summarizes these findings in terms of the longer term effect of FPMD's interventions in Bangladesh on implementation of the national program. Recommendations are also made about future directions in management development in Bangladesh.

IV. FINDINGS: THE LOCAL INITIATIVES PROGRAM

A. Impact of LIP on the Partner Organization

LIP's partner organization is the GOB national family planning program at the grassroots level and the communities in which it operates. The LIP has developed a high level of support and local commitment for thana-level family planning management teams. It has introduced management skills in planning, implementation, and monitoring, as well as innovative management methodologies, such as ELCO mapping. Local management teams formed and trained under the auspices of LIP are strengthening overall community participation in program activities and fostering greater accountability for program performance. Communities are being encouraged to take control of their local family planning program and are backing this commitment with financial contributions for local program implementation.

1. Impact on the Thana Family Planning Management Team, Including Community Leaders

During a three-day LIP Program Review Workshop held in Dhaka in late 1994, 72 participants representing community leaders and district and thana level family planning officials and providers from eight thanas participated in focus group discussions. All participants were from thanas which had participated in the LIP for less than two years.

These discussions were designed to solicit ideas and opinions from the participants on various program components and strategies. Two sets of eight focus groups were held on a single day. The first grouped teams by the thanas they represented. The second grouped participants by position so that all community leaders from the eight thanas, all service providers (Medical Officers and Family Welfare Visitors), and all administrators were together in focus groups. Facilitators and rapporteurs for these focus groups were LIP staff and a few NGO and GOB staff who were trained in focus group methodology by an FPMD consultant (the present evaluator). The focus group exercise was implemented by LIP staff and a full report of the findings was prepared and produced by the Bangladesh subcontractor for LIP. (Ghani and Huber 1994)

Issues discussed by these focus groups included:

- **the role of community volunteers in the delivery of family planning services,**
- **changes in and expectations of the roles and responsibilities of various program participants,**
- **changes in status of the participants due to their involvement with LIP,**
- **the impact of the LIP strategy and systems on service delivery and expansion in their areas,**
- **application of aspects of the LIP strategy to other health or development activities in their areas, and**
- **issues related to the sustainability of LIP activities.**

A number of interesting conclusions can be reached based on these focus group discussions with members from the eight thana teams. First, it is clear that almost all of the participants recognize the useful services that are being provided by the female community volunteers. It has also been realized that much of the credit for the high levels of family planning acceptance and use in the LIP areas can be attributed to the involvement of these volunteers. This recognition led to many suggestions for giving social recognition and opportunities for economic betterment to this group of workers to ensure their continued involvement in the program.

While recognizing the effectiveness of the LIP approach as a means for community participation, most of the participants wanted support from their district level supervisors to strengthen the program activities at the local level. A majority also acknowledged that after the LIP was introduced in their areas, the family planning program was revitalized. They commented particularly on the effective partnership and

team spirit which has been forged at the field level between the government workers and the community. However, with less than two years of experience of the LIP, these participants had difficulty visualizing and/or articulating the conditions and indicators for the sustainability of program activities in the long run.

LIP has encouraged coordination and cooperation among the various officials and community leaders responsible for family planning program implementation. It has also inspired them to undertake their expected responsibilities with greater intensity and has added a few new responsibilities for some. Most feel their status within the community has been enhanced by participation in the LIP, and many have applied the strategy and/or systems learned in LIP to other developmental activities in their communities. For example, the LIP record-keeping system has been applied in non-LIP areas of several thanas, and traditional birth attendants have been trained to perform the activities of LIP volunteers in non-LIP areas.

Insights gained from these focus group discussions on program sustainability have already been used to direct a staff workshop discussion on the elements and components of thana level program sustainability and in planning for graduation of some of the thanas which have participated in the LIP for a number of years. Information gathered about the present role of community volunteers and perceptions about the volunteers' sustained involvement with LIP activities were used to shape a more detailed study on the dynamics of the involvement of this group (see Section IV.D). Views expressed by participants in respect of the district level officers' roles will assist in devising future strategies related to encouraging greater participation of this group of government employees in the family planning program.

2. Impact on Local Service Providers

Improved management skills, teamwork, and the introduction of community volunteers to assist with service delivery have been landmark contributions of the LIP to enhanced services at the community level. The addition of female community volunteers, who provide family planning information and supplies to their immediate neighbors, has enhanced the capacity of the Family Welfare Assistants (FWA). FWAs are now better able to cover their assigned work areas and provide improved services to clients needing special attention, such as those needing referrals for clinical methods, those with side effects, those whose husbands or mothers-in-law need extra information about the benefits of family planning.

The FWAs, who are the lowest level paid staff of the national program, have become supervisors of the volunteers under their charge through the innovations introduced by the LIP. FWAs working in LIP areas have received special training, both to meet the challenges of their new roles as supervisors as well as to enhance other skills which the government training program does not have time to cover. For example, in a series of

recent training workshops for LIP FWAs, subjects covered included community participation and the use of volunteers; how to strengthen the organization of satellite clinics; delivery of services by the outreach workers; the use of data from their FWA registers to target clients with special needs and to analyze the impact of service delivery; and aspects of quality of care that can be addressed by the FWA.

The 552 FWAs who attended these recent workshops in January and April 1995, completed self-administered written questionnaires to determine their perceptions of and changes in roles and responsibilities and to determine their grasp of the management tasks for which they are responsible and for which they have been trained by LIP. These women were all serving in thanas which had been participating in the LIP for four or more years and which had reported contraceptive prevalence rates (CPR) of greater than 60 percent.

LIP staff managed the data collection at the workshops and analyzed the results. Findings revealed that more than 90 percent of the FWAs had been in their current post for more than 4 years and nearly 90 percent had some form of basic or specialized training since the introduction of the LIP program in their areas. More than three-quarters (77 percent) of these had attended training sponsored by LIP as well as courses sponsored by the GOB and non-governmental organizations. Only 15 percent of the respondents had ever worked with volunteers prior to the introduction of the LIP.

The FWAs were asked to rank improvements in certain management skills using a five-point scale. More than 90 percent of all respondents indicated their skills in the four management areas presented—planning, supervision/monitoring, data analysis, and reporting—had improved moderately (midpoint on the five-point scale) to significantly since the introduction of the LIP.

This survey also revealed specifics about how FWAs do their work as a way of assessing their improved management skills. For example, they were asked about how often they meet formally and informally with volunteers and what transpires at those meetings. Ninety-five percent of the FWAs indicated that volunteers come to them for assistance as needed—a sign of a very good supervisor-supervisee relationship. Responses to questions about the FWAs' relationships with the Family Welfare Visitor (FWV) also indicate a good relationship with these important clinical service providers upon whom the FWAs depend to provide services to clients referred for clinical methods.

Other questions were related to their record keeping and reporting responsibilities and their understanding and use of their client registers. Their responses revealed a good grasp of data regarding the eligible couples in their catchment areas, how many had dropped out and the reasons for these dropouts.

More than 90 percent reported involvement in the organization and implementation of satellite clinics in their areas. Most also reported regular attendance at the meetings of the union level community family planning committees as well as organizing meetings of the committees in their own unions. Comments about the agendas of these meetings organized by FWAs indicate a good grasp of the roles and responsibilities of these committees and the role of the FWA in relation to them. Nearly all indicated the importance of the community's cooperation and assistance in their improved performance under the LIP.

B. Impact of LIP on Service Delivery and Contraceptive Use

Household surveys undertaken by a local consulting firm, based on a design developed by LIP with technical assistance from FPMD, verified the impact of LIP's approach on contraceptive use. Four LIP thanas, one from each of the four administrative divisions of the country, were selected to participate in a study to verify client records and for household surveys of contraceptive prevalence undertaken in 1993. One of the four was a pilot thana for the study and the other three were the actual study thanas. These three thanas had participated in the LIP for two to five years at the time of the study.

The LIP household survey findings revealed a contraceptive prevalence rate (CPR) in 1993 for the three LIP areas which averaged 66 percent for use of modern methods in these widely different geographic areas (Huber and Sayeed 1994). This finding compares favorably with the national CPR from the 1993-1994 Demographic and Health Survey (DHS), collected at approximately the same time, of 36 percent (Mitra et al. 1994). The LIP survey also revealed exceptionally high levels of contraceptive use among women with no children and those with one or two children (18 and 66 percent, respectively) compared with the levels of prevalence among these groups (9 and 36 percent, respectively) in the national 1993 DHS.

Another significant finding from the LIP survey is that 87 percent of respondents reported having had contact with a family planning worker in the *three months* prior to the survey. This also compares very favorably with the 1993 DHS finding that only 38 percent of eligible women country-wide had been visited by a field worker within the past *six months*. These findings have since been duplicated by microsurveys conducted by LIP in five additional areas in 1994-95. Data from these surveys indicate an average CPR of 64 and a visitation rate during the previous three-months of 95 percent (Sayeed, Uddin and Huber 1995). The following table provides more detailed information about the findings of the two LIP surveys and the DHS.

**Comparative Findings
LIP Household Surveys and
Bangladesh Demographic and Health Survey**

Contraceptive Prevalence (Modern Methods)	LIP Survey 1993	LIP Survey 1994	DHS 1993/94
All Women	65.7	63.7	36.2
Women with 0 children	17.5	9.8	9.0
Women with 1-2 children	65.8	61.1	36.1
Women with 3-4 children	73.2	79.3	{ 43.3
Women with 5+ children	70.5	76.6	
Visitation Rate ^(a)	87.1	95.2	38.0

^(a) Visitation rate is a contact with a family planning field worker:
 - In the 3 months prior to the survey for LIP
 - In the 6 months prior to the DHS

Sources: Huber and Sayeed 1994; Mitra et al. 1994; Sayeed, Uddin and Huber 1995

The LIP surveys also assisted in documenting the important role LIP has played in improving and enhancing clinic-based services provided by the GOB through both Family Welfare Centers (FWC) at the union level and satellite clinics held periodically even closer to where clients live. Three-fifths and one-third of the women surveyed in the 1993 study had attended FWCs and satellite clinics, respectively. These findings varied slightly in the 1994 study which was undertaken in a different area of the country. The second survey found fewer women (54 percent) had visited a FWC while more (nearly two-thirds) had visited a satellite clinic for services. While geographic and other considerations may have influenced these rates of clinic visitation, LIP appears to be having a continued impact on the use of local clinic services. The DHS found that 26 percent of women surveyed had visited a satellite clinic. It is important to remember, in regard to these variations in approach and outcome, that a major feature of the LIP is that each thana develops its own unique action plan. Therefore, the emphasis placed on targeting special groups of women or the focus on promoting services provided at satellite clinics and/or FWCs may differ from thana to thana.

A more recent activity of the LIP will presumably have further impact on service delivery. This is the introduction of contraceptive injections at the doorstep of clients. This concept, developed by the International Centre for Diarrheal Disease Research, Bangladesh (ICDDR,B), was proposed for pilot testing in 16 LIP thanas with four thanas participating in

the first stage. These four have now had nearly two years of experience; however, results of the first year of experience only were available for this evaluation. During the first year, the overall contraceptive prevalence in the four pilot thanas increased from 59 to 65 percent. Over the same time period the injectable share of method mix increased from 11 to 15.2 percent in these areas. Issues raised in the first year experience seminar included the need for improved screening, counseling, maintenance of infection control, management of side effects and referrals. All of these issues have been addressed by refresher training and they will continue to be monitored.

One of the objectives of this intervention is to enhance service delivery by both encouraging pill users to shift to longer term methods and encouraging increased use of clinic services. After the successful introduction of the injectable as one long term method which can be delivered in the community, efforts will be made to then wean these clients to use the convenient satellite clinics and FWCs for the delivery of this and other long term methods including IUDs, NORPLANT and sterilization. This should ultimately reduce the burden of service delivery at the community level.

C. Impact of LIP on the National Program

In addition to the impact of LIP's management interventions on management skills and on contraceptive prevalence noted above, the project has also made several significant contributions to government policy. LIP is helping the GOB convert project actions into policy. For example, in 1994 the Ministry of Local Government ordered that all thanas, not just those participating in LIP, must allocate at least ten percent of local government budget resources, other than family planning resources, to support local family planning activities. Also, the National Steering Committee for Implementation of Nine (family planning) Challenge Areas has adopted LIP guidelines for family planning committees at the district, thana, and union levels for nationwide use.

More recently, in early 1995, the GOB decided to adopt as national policy several recommendations developed at LIP workshops. Workshop guidelines on improving data analysis and use will enable FWAs throughout Bangladesh to make more effective use of their service data to improve counseling, follow-up, and participation rates. New policies on quality of care, adopted at these workshops, will use improved training, written guidelines, referrals, and record monitoring to improve service delivery. The dissemination and implementation of these recommendations by the GOB will ensure that the lessons learned in the LIP serve to benefit the entire national program.

When questioned by the evaluator about the policy impact of the LIP, several high level government officials made very positive comments about the program. One officer commented that LIP has fostered "...community participation. It has achieved community support in the true sense of the word." He went on to say:

In general the GOB family planning program is manned by people who lack professionalism. Modern [management] techniques need to be adopted. The Management Information System needs to be addressed. An environment to use technology needs to be created and/or improved. The LIP is addressing these needs.

This particular official made a field visit to several LIP project sites. He specifically requested to see poorly performing areas of LIP. A translation of the summary remarks of his report submitted to government in Bengali following this trip is appended. (See Annex 5). The comments of this high level official speak for themselves and serve to highlight the importance that key policy makers place on the impact of this project.

Another official, the Director General of the Family Planning Directorate, stated "LIP is very important. National replication [of the program] is desirable." This same individual noted that the attitudes of his field officers to the LIP is very supportive because the program enhances and improves their performance. This is documented by the fact that officers and community leaders in the non-LIP areas are now requesting that his office provide them with assistance in implementing a similar program.

D. Impact of LIP on the Status of Women

The status of women in Bangladesh, a traditional Muslim society, is generally rated among the lowest in the developing world. An internal evaluation initiative undertaken by LIP led to some important conclusions about the impact of this project on a particular group of women who work with the LIP—the female community volunteers of whom there are about 25,000 at present.

Background data were collected in 1993 for about 7,150 LIP volunteers representing more than 80 percent of the total number of volunteers who were participating in the LIP at that time. These data revealed that 88 percent were married, 93 percent were housewives (had no other employment besides being a LIP volunteer), 71 percent were either illiterate or had only primary education, and 75 percent of those who were married were using contraception.

In an initiative designed by LIP to obtain more information about these volunteers, ten focus group discussions with a total of 116 female community volunteers were undertaken in late 1994 and early 1995. These discussions were facilitated by selected LIP staff. LIP staff also translated the discussions into English and undertook the analysis of the data. The focus groups were drawn from two unions in each of five thanas randomly selected from a list of thanas which had been in the LIP for more than three years and which had a CPR of > 60 percent. The report of these focus group discussions with volunteers is being finalized in Bangladesh. However, preliminary findings indicate that participation in the LIP has been a life-changing activity for nearly all of these women.

A number of interesting conclusions drawn from these preliminary findings of the focus group discussions with LIP volunteers are summarized below:

- The limited investment (in time and cost) in the training for LIP volunteers seems to have greatly enhanced their knowledge. Many volunteers noted changes in personal behavior indicating their own internalization of lessons learned. Also, they are modeling appropriate health and family planning behavior in their communities.
- Volunteers see themselves as multipurpose workers promoting integrated FP/MCH messages and encouraging use of services at government health facilities and satellite clinics.
- Volunteers feel they are contributing to enhanced social service at the community level. All echoed the opinions of other government workers about a critical feature of their participation—that they are reducing the workload of the FWAs. They also note their contribution to increased accessibility to services, both at the household level and through assisting with organizing satellite clinics and referring and accompanying clients to the satellite clinics and Family Welfare Centers for clinical MCH/FP services.
- The volunteers have devised a number of effective special approaches to different types of community members.
- Volunteers get a great deal of satisfaction from their participation in the LIP. While they feel their status is increased due to their involvement in the program, they would appreciate any additional efforts that can be made to enhance their skills and income generating potential.
- An enhanced sense of status and empowerment among LIP volunteers is the primary theme of these focus group discussions. LIP appears to have created a powerful force in the deployment of these volunteers who are making a major contribution to the national FP/MCH program while at the same time revolutionizing the lives of the individual women.

Specific examples of incidents illustrating these perceptions about the change in status of these female volunteers are presented in greater detail in Box 1. In addition, Annex 6 contains a selection of quotations translated from the focus group discussions with volunteers.

Box 1: Examples of Incidents and Quotations Illustrating the Changes in Status of LIP Volunteers

Examples of incidents recorded below come from the focus group discussions with LIP volunteers in late 1994/early 1995 and illustrate specific areas of changed status.

Changes in Personal Status within the Family

A considerable segment of the discussion in each group concentrated on changes in the personal status of the volunteers, both in the eyes of their families and in the community. Comments of volunteers regarding their status in the family revolved primarily around the attitudes of husbands and, to a lesser extent, those of parents or in-laws. Status and honor in the family seem to have improved considerably for these volunteers. For example, one volunteer said "... our family members are in favor of our involvement. My husband also is helping me, although he was completely against my participation in the initial days. Now, he says 'yes, you may go to work for the society. Since the Prime Minister is a lady, I think you can do it, too.'"

Another volunteer told of her father's initial objection to her participation in LIP saying "why should girls go out of the house to do these kinds of things?" Now, however, he has changed his attitude as a result of the daughter going to a meeting (probably a political rally) at the district headquarters where she was presented with flowers as an honored guest and met a sister of the Prime Minister. The father now says to any detractors "no! no! it is good (that my daughter participates in LIP). Now my daughter can go to the places much higher than those to which I can go!"

The increased freedom to leave the house and move about the community are also a significant indicator of change in the lives of these women. For example, one participant stated "if we had not become part of the LIP, we would have been passing time as housewives confined within our houses. We used to feel constrained from mixing with others." Others pointed out that the increased knowledge about health and family planning would not have been possible if the volunteers were still confined to their houses. One asked bluntly "do you think I could come here (for the focus group discussion and to work for LIP) if my mother-in-law did not allow me to come?" Another volunteer told of her mother-in-law's supportive statement: "how (daughter-in-law), because of you I have learned many good things."

Changes in Status in the Community

The discussions related to changed status in the community are largely reflective of traditional cultural expectations of women in the Bangladesh society and significant changes occurring among these women. For example, one volunteer noted that all her neighbors, elderly persons in the community, elected chairmen and members of the Union Parishad (UP): "everybody now appreciates us. Even the (Islamic) religious leaders appreciate us." Another stated "now even the housewives of rich families call us, inquire about us, ask us to visit them and

share their problems. They also receive contraceptives from us. They say it is really good we are around with this service." Another said that the husbands of other women come to her for advice about contraception saying "as you have become a 'doctor', you know better than us about those things." This open mixing between women of different social status and between men and women who are not married to each other or otherwise related would be considered unusual in traditional village circumstances.

The references above about coming out of the house and moving about the community also represent a significant change in behavior for village women who in the past lacked mobility due to cultural constraints and practices. Specific examples reflect changes in these expectations. For instance, one volunteer reported that before coming to the focus group meeting, her husband said "please take your food and go to attend the meeting." "So," she said, "I took the food which my husband was supposed to take before going to his work." (Traditionally, in Bangladeshi culture, the wife always eats what is left after her husband and other family members have eaten.)

Changes in Status in Relation to GOB Officials and Staff

Other important changes noted relate to relations between the volunteers and government officials, including the staff of the GOB health and family planning program. One volunteer said "previously we were very timid and had no courage. Now we can talk to anybody and can work for the government." Another said "previously we could never dare to enter the hospital. Now we can step in comfortably and the staff know us. They say please come in. They know we are their workers."

Another stated "previously we were not known to anybody, now many important persons know us including the chairman and members" (of the UP). One said "previously nobody in the hospital knew us. Now they know us and when we visit they tell us to have a seat (an unusual invitation to a poorly educated woman visiting a government facility in Bangladesh) and give preference to the clients whom we refer. They also inquire about our well being."

Changes in culture and social status are both noted in the following statement by one volunteer who said "do you think we could ever meet you (before)? Do you think the daughters and housewives of the countryside could ever sit on a chair in front of the gentlemen who come from the city? Now we can talk to the people who come from different parts of the country or come from abroad. We have reached a higher level (status) beyond where we ever were before."

E. Impact of LIP on Skill Development of Local Contractor Staff

A number of management skills were developed or enhanced among staff of the local Bangladeshi subcontractor for the LIP project. Program staff have honed skills in program development and implementation, team building, training, project monitoring and evaluation, and consultation. Several specific efforts, undertaken by FPMD at the request of the local subcontractor, are worthy of note.

Staff were coached in the implementation of specific monitoring and evaluation tasks. In particular, all program staff participated in a workshop on how to conduct focus groups. These skills were then tested with the implementation of focus group discussions with thana teams attending the program review workshop in early 1994 reported above in Section IV.A.1. These were the first focus group discussions undertaken by the local subcontractor. They can be considered a success, both in the skills developed among LIP staff and in the information obtained from the participants. These skills have been and will continue to be fruitfully utilized to carry out more extensive studies, as well as in future evaluation exercises.

Other staff development activities included a review of the use of data for decision making. In particular, staff were assisted in examining the use of method mix information to monitor and target specific project activities at the thana and union level. Method mix data are now being put to use by LIP for ongoing monitoring and rapid assessment activities as well as for planning new activities and setting objectives with thana teams.

FPMD has assisted and coached LIP staff to become consultants in several exciting South-to-South exchanges. An example of one such effort is presented in Box 2. The LIP project has also attracted the attention of public and NGO program officials from numerous other countries. Staff of LIP have become quite adept at planning for and hosting visiting delegations from donors and study tours from such countries as Ethiopia, South Africa and Kenya.

Box 2: LIP Staff Transfer Simple Mapping Data Collection Technology to Other Countries in South-to-South Exchanges

In April 1994, a LIP Senior Program Officer provided technical assistance to the Family Planning Association of Kenya (FPAK) in ELCO mapping. This consultancy was requested by FPAK based on interest generated by their reading of the *Family Planning Manager* issue about using maps to improve services and was coordinated by FPMD/Boston. A follow up visit in May 1995 was undertaken to review FPAK's progress in introducing this management methodology among community based distribution (CBD) agents and their supervisors, as well as to provide further assistance in the use of ELCO maps in management information systems. In preparation for this assignment, LIP was assisted by FPMD in preparing a training module on ELCO mapping and guidelines on ELCO map implementation and monitoring systems, drawing upon LIP's experience in Bangladesh as well as the FPAK's experience to date in introducing ELCO mapping. This training module and manual will serve as a useful resource material for "exporting" this innovative management tool to other countries.

The second example comes from Nepal. Another LIP Senior Program Officer traveled to Nepal in May 1995 to provide assistance to the Family Planning Association of Nepal (FPAN) in support of its efforts to introduce ELCO mapping in one district. This assignment was an outgrowth of FPAN participants' attendance at the Management Sciences for Health (MSH) course, "Managing for Quality" conducted in Bangkok in May and November 1994. In addition to helping FPAN staff assess progress in the pilot introduction of ELCO mapping and planning for expansion of the use of the method to other districts, the consultancy provided an opportunity to share LIP's lessons learned in management development in a decentralized setting and in the use of female outreach workers and community volunteers. These are both issues with which the FPAN is currently grappling. The Ministry of Health in Turkey has also expressed interest to FPMD in the transfer of the ELCO mapping technology.

V. FINDINGS: COOPERATIVE AGENCY/NON-GOVERNMENTAL ORGANIZATION PROJECT

In the course of interviewing several dozen CA/NGO project participants and USAID/Dhaka staff about the results of this project, several unanticipated findings were reported in addition to those noted in the sections immediately below. These are presented in a box at the end of this section.

A. Promoting Sustainability through Management Development Assessments

This activity built on the results of previous work undertaken by FPMD to assist the CAs in addressing the sustainability of NGOs they support.³ Beginning in June 1993 FPMD provided technical assistance to strengthen the capability and skills of the CAs in identifying the technical support needed to promote institutional sustainability of the NGOs. This was achieved through the development, field-testing, and implementation of a management development assessment (MDA) methodology.

The MDA methodology was developed in a highly participatory fashion, with close collaboration between FPMD technical staff and the five participating CAs. In developing the

³In 1992, FPMD assisted the CAs in developing their current cooperative agreement amendments. The process introduced QES as the common strategic objective for the CA/NGO program. The concept of sustainability in this strategy includes programmatic, institutional and financial sustainability.

MDA tool and process, FPMD technical staff used FPMD's framework for organizational development and a set of management indicators similar to those developed by FPMD in collaboration with the EVALUATION Project (Bertrand, Magnani and Knowles 1994). With assistance from FPMD, the CAs adapted the framework and indicators to fit the Bangladeshi context and the situation of their NGOs. The methodology is unique in that the assessment is designed to be rapid and it emphasizes the analysis and application of data, not merely the collection of data.

Of the three CA/NGO interventions, this one was judged by the participants to have been the most successful in terms of its usefulness. The CAs feel that they have internalized the MDA process and that it is the most comprehensive and complete of the three interventions. CA staff interviewed for this evaluation mentioned a number of positive observations about the MDA process including:

- The MDA represents a more scientific and objective way to measure the level of development of our NGOs. We all could say which NGOs were more developed before, but these feelings were subjective.
- Our project officers have now learned to give negative feedback to NGOs in a positive light. They now have become consultants.
- Our program officers now monitor program impact rather than just the subproject activities.
- NGO officers appreciate the feedback they've received on the MDA. They took special interest in their weaknesses. They may not have looked at the whole organizational picture before. The process of interviewing them (for the MDA) caused them to think! It caused them to visualize the future—their vision was enhanced.
- Partnerships with NGOs have been significantly enhanced.
- Greater understanding has been created between executive committees and staff of the NGOs as a result of working on the MDA. They now sit together to discuss plans and work of the NGO and its various projects.

The fact that the MDA was designed as a manual system which allows for rapid, on-the-spot feedback to NGOs was felt to be a very important feature. This makes the process more participatory and transparent to the NGOs. Also, this fact has probably been an important selling point for the process, especially in comparison with comments about the lack of understanding and perhaps also a lack of transparency regarding the MIS intervention (see Section V.C. below). The MDA is felt to have heightened the awareness of those NGOs which had not focused on institutional sustainability before. However, it has had an even broader impact on those NGOs which had given a degree of attention to sustainability before the introduction of the MDA.

Two of the CAs, AVSC and FPAB, do not provide support to NGOs in the same way the other CAs do. However, both organizations were very pleased with the flexibility shown by the FPMD consultant team in working with them to adapt the MDA to their special situation and needs. AVSC, which primarily assists the public sector, worked with the MDA team to devise ways in which the MDA could be used to assess a public sector or NGO clinic's or hospital's capabilities prior to AVSC assistance. In this way, the adapted MDA became a screening or needs assessment tool to determine the areas of technical assistance required of AVSC.

FPAB does not support NGOs at all; rather, it is an NGO itself. However, FPAB tested some of the MDA indicators with its branches. FPAB also expressed a special need related to assessing the capabilities of its branches within Bangladesh. As part of a worldwide IPPF effort to devolve greater responsibility for decision-making to the local branches of its affiliates, FPAB staff expressed the opinion that the MDA could be adapted, with additional assistance from FPMD, to determine which responsibilities its individual branches are prepared to and capable of taking over from the headquarters.

A Program Officer of one CA indicated that the "MDA (experience) makes me feel so ambitious; I feel I could do consulting on the MDA process." However, most CA directors and program staff commented that their program officers are largely generalists who have strong project management skills. More technical assistance will be needed to convert program officers to consultants capable of providing technical assistance in institutional development and the other specialized areas of need identified by the MDA to NGOs.

Two CAs mentioned that the MDA process does not address program sustainability, i.e., the maintenance of reasonable levels of contraceptive prevalence and an appropriate method mix. These two CAs are undertaking studies of their former project areas which since have been handed over to the GOB program to assess this aspect of sustainability.⁴

Since its development in Bangladesh, FPMD has successfully adapted the MDA methodology for use in El Salvador, Brazil, Colombia, Peru, Mexico and Turkey. FPMD is currently writing a handbook on MDA which will be reviewed by a group of international reviewers, printed and widely disseminated.

⁴Programmatic sustainability is covered by the CA/NGO QES management information system (MIS) described below. While the MDA and the MIS were designed to serve different purposes, their integration would address this issue and round out the comprehensiveness of the MDA. This could be the subject for future technical assistance as noted in Section VI of this report.

B. Training Impact Evaluation

Under the second CA/NGO scope of work, FPMD provided technical assistance in training impact evaluation (TIE). Some of the CAs assisted in this intervention provide training; others consume training for the field workers and managers of NGOs they support. The aim of this assistance was to equip the CAs with the skills necessary to ensure that training contributes directly to the strategic goals of QES. In addition to the five CAs noted in the introductory section of this report, Concerned Women for Family Planning (CWFP), a local NGO which provides much of the training of NGO field staff, also participated in this intervention. As with the MDA, the TIE methodology was developed in collaboration with the CAs. The approach emphasized practicality; collaboration among CAs; skill building in the development, refinement and application of instruments and analysis of results; and ownership.

TIE has helped to link training and program staff in most of the CAs. This is a critical and positive development because the program staff are most often responsible for recruitment and/or identification of trainees as well as having the responsibility for post-training follow up and evaluation. This intervention was seen as being a mutually supportive activity as the program staff are now equipped to provide feedback to the training staff based on field observations and follow up of trainees.

It appears that the mechanism of using an external CA not involved as a provider or consumer of NGO training in Bangladesh to provide this TIE technical assistance was very useful. One training organization explained that for at least two years prior to this intervention, a subcommittee on training of the Bangladesh NGO Coordinating Committee (NGOCC)—a coordinating group of USAID-funded CAs working in the NGO sector and selected local NGOs—had floundered in the development of a plan for operationalizing the recommendations of an external consultant to enhance training or otherwise assist program staff to increase their understanding of training. The TIE participants were able to successfully develop such a plan for training of program staff, and the NGOCC training subcommittee will become an umbrella for implementation of this plan.

A number of respondents commented on the positive process used in the TIE. For example, about half way through the TIE intervention, the MSH consultants realized that some of the training staff were not fully participating in deliberations and in the TIE process due to a language barrier. The decision to switch all interactive interventions (workshops, etc.) to Bengali as the medium of communication was much appreciated and highly lauded by all participants. All interviewees noted a significant increase in participation as a result.

Several of the participating CAs also commented positively on the use of the team approach in implementing the TIE. This mixing of trainers and program staff from different organizations was said to enhance the understanding and communications between these two categories of staff. It also appeared to some to have improved communications among the participating organizations themselves.

The MSH consultants provided a workshop on training skills for selected trainers during their final visit to Bangladesh. This intervention was highly regarded by those who participated, and more of this type of assistance was requested for the future.

Some specific comments related to the TIE intervention are as follows:

- TIE was a great learning experience for us because it created an awareness of examining the impact or influence of training issues and institutional issues and the differences between the two during training follow up and a recognition that the two issues must be addressed differently.
- TIE is an ideal process. It will be important now to transfer the learnings to the program staff. This will be done through the action plans developed (with technical assistance of the consultants) at the last workshop.
- Before the TIE intervention, training was routine. No one thought about it.
- TIE will help us in doing all evaluation in a more systematic way.

The MSH consultants provided a selection of training materials in conjunction with the TIE intervention. All participants commented favorably on these materials and had various plans to introduce them to other staff and to use them in their ongoing programs. Several indicated that some of the materials would be more useful if translated into Bengali. Several respondents also commented favorably about the FPMD publications—*The Family Planning Manager* and the *Family Planning Manager's Handbook*—and their usefulness both in training and to assist program staff.

Future plans, based on the TIE intervention, include training other units or staff to utilize the TIE process. For example, FPAB plans to train its Evaluation Unit in the process and to train its own program trainers to use the TIE process in assessing their various training interventions. PF plans to use regular quarterly program staff meetings to discuss program needs for training encountered during program staff field visits.

Several of the CAs expressed a concern about the institutionalization of the TIE process. They feel the time was too short to ensure that the process is firmly established. Several called for an evaluation of TIE after a year or so of use. Others suggested the need for more advice and technical assistance in all types of training, not just management training, and it was suggested that this training be implemented under the auspices of one highly professional training agency. There is need, especially, for more advanced in-country management training. TAF requested additional assistance with how to administer and evaluate its support to NGOs which provide training for their own staff.

In early 1994 and again in 1995, the FPMD technical consultants made presentations about the TIE in the U.S. to the USAID CAs who participate in the Ad Hoc Working Group on Training

Evaluation. FPMD is currently writing a handbook on TIE which will be translated into Bengali by AVSC/Bangladesh for the CA community.

C. Management Information System for QES

Under the third scope of work, FPMD provided technical assistance (TA) for the development of a general NGO program QES management information system (MIS). The goal of this intervention was to establish a common analytic framework for key QES indicators to measure program achievement of the CAs' individual portfolios and of the combined CA programs for use by USAID/Dhaka. The CAs pointed out the difference between the new QES MIS and the MDA as follows: the MIS is designed to address and measure the impact and *programmatic sustainability* of their family planning subprojects with NGOs, whereas the MDA is designed to address the *organizational sustainability* of the NGOs with which they work.

Of the three CA/NGO interventions, this one was judged by the CAs themselves to have the most limited value. There may be two reasons for this assessment. One is that the MIS consultant team had not yet made its final visit at the time of this data collection, and neither had the CAs produced the first tangible outputs from this intervention. The activity therefore felt incomplete to many of the respondents at the time they were interviewed for this evaluation. The second is that some of the CAs felt the process followed by the MIS team was less than fully participatory in comparison with the process followed in the other two interventions. Some CAs felt that they were not as much a part of the process as with the MDA and TIE. For example, the pilot testing of the MIS indicators was done by TAF alone so the MIS staff of the other CAs did not learn this step of the process through first-hand experience. Also, they noted that the consultants worked more with the CA MIS staff individually on this task rather than with the whole group, including organizational chiefs, as was the case with the MDA and TIE interventions.

There is a general feeling among the CA community that this intervention was driven by USAID. Prior to the introduction of the QES strategy, each of the CAs had its own information system. The CAs felt these systems adequately met their individual needs for data and thus questioned the need to revise their systems. Some had also worked individually on the development of QES indicators. However, with the introduction of the consolidated QES strategy, USAID realized that neither they nor the CAs had developed standardized, measurable indicators for QES and that these would be needed to truly assess the status of this project across the CAs working on the strategy. USAID concedes that their need for standard project assessment measures created some conflict among the CAs but that the need for consolidated, comparative data took precedence over this concern.

USAID staff felt the MSH consultant team did an exceptional job of following the MIS scope of work and pulling together this complex task. However, they expressed some concern about whether the MIS developed was too complex for CA staff and whether staff had a full comprehension of the system and could apply it with ease. In particular, they were doubtful

about whether the CAs would be able to retrieve data, produce output, and use the output for decision making. Also, USAID questioned whether there might be a gap in the general understanding of the MIS intervention between the MIS officers and the heads of the CAs. According to the MIS team, however, many of these concerns were addressed and alleviated by the end of their final visit. USAID staff participated in the wrap-up MIS workshop in which the CAs made individual presentations of the MIS findings of their individual subprojects and acknowledged the ease of using the system.

Frustration was expressed by USAID, the other CAs, and the MIS consultants with the lack of priority attention given by Pathfinder to the development of quality indicators, which they had agreed to do. Due to this delay, implementation of the entire MIS was delayed. Pathfinder staff, on the other hand, shared the concerns expressed by USAID staff that the system developed by the MIS consultants for the sustainability and expansion indicators was perhaps too sophisticated for Bangladesh. In particular, they expressed concern about the computer skills required and capability of the CA staff to utilize the system developed for monitoring and measuring sustainability and expansion of the NGOs. These concerns lead to the further concern about whether the MIS will be institutionalized if CA staff are unable to fully understand and use the system.

The MIS consultants were commended by the other CAs for developing an excellent manual so that the system and the software can be easily managed by the CA MIS staff. This finding contradicts the concerns of Pathfinder and USAID regarding the sophistication and complexity of the system. Most CAs also felt the involvement of their MIS staff in the development of the system and the involvement of these staff as well as program officers in its application has led to a good understanding of the system among these staff. The program staff, in particular, have been well prepared to orient the NGOs to the new QES indicators.

The CAs also expressed general satisfaction with the development of a new semi-annual report format for use in reporting the USAID. This has streamlined what was formerly a very cumbersome process. However, standardization of this format was felt to be possible only for information commonly collected by all the CAs. That is, all CAs do not collect the same information about their subprojects. For example, the existence of a reserve fund was included in the system as an indicator of financial sustainability. However, FPAB noted that they follow the IPPF finance and budget system which does not have provision for a reserve fund and requires that any income generated is rolled over into the following year's budget. So this measure is not easily applied in their situation. Both FPAB and AVSC noted they have simply adopted those indicators which are applicable to their individual situations and deleted the others from the MIS as applied to their programs, with the help of the MIS team.

Some CAs noted that they have better organizational MIS back-up from their headquarters or regional offices (AVSC and Pathfinder) than do the others (TAF, FPAB and FPSTC). Thus organizational trouble-shooting for the MIS will be more accessible to those CAs with this back up.

While every effort was made to develop a system and indicators that incorporated data already collected by the CAs, extra data is required in some cases. However, most CAs agreed that this is not a large extra burden. A greater concern expressed by some is that the large numbers of NGOs and subprojects of some CAs means they must maintain an exceptionally large MIS database. Care will need to be taken with data entry to ensure errors do not occur due to these large numbers.

Since the evaluation consultant's final visit to Bangladesh during which the above information about the MIS intervention was collected, the MIS consultants made a final visit. The purpose of the final visit was to address any issues or areas of confusion to ensure that all the CAs had a similar level of understanding. In addition, a final wrap-up meeting was held with the CAs to review accomplishments of the MIS work and to look ahead to the use of the tools developed. The CAs also presented their experience and results of the first run of data collection using the sustainability and expansion indicators. A report on the final MIS visit summarizes the major observations of this technical assistance which include:

- Effective indicators and reports can be important tools for the CAs to measure project accomplishments, determine priority areas for attention, and provide feedback to grantee NGOs.
- QES indicators can be used in developing the framework for future NGO sub-project proposals and sustainability plans.
- NGOs tended to score lowest in the area of financial sustainability and highest in institutional/managerial sustainability.
- All CAs plan to provide feedback to the sub-projects on their overall sustainability and quality of their services, and to orient project staff to read and understand the NGO feedback report.
- Careful attention to the quality of data is critical for producing reliable indicators that can be used for drawing reliable conclusions and, ultimately, for management. (Fishstein, Roberts and Watt 1995)

A binder of all QES/MIS materials has been prepared by the technical team and provided to all the CAs for guidance in continued use of the system. This binder now contains all of the materials about expansion and sustainability developed by the MIS team. The quality materials will be added when they are finalized by Pathfinder.

Box 3: Examples of Unanticipated Outcomes of the CA/NGO Project

- **When Program Officers went to provide feedback on the MDA, they found some changes had already been made by the NGOs. For example, the MDA found that one NGO had six other program activities in addition to family planning, but all the other activities were "jumbled together" with no clear demarcation. By six months after the MDA, the POs found all six activities had been organized and the operation was more systematic—officers had been assigned responsibility for separate activities and separate rooms were designated for each activity.**
- **NGO committee members who are also members of other NGOs want to transfer/apply the MDA to these other NGOs. For example, an officer of one NGO which participated in the MDA is a school headmaster who plans to apply the MDA to assess his school.**
- **One CA claimed its entire role has changed as a result of the MDA. Their planning system has been revised; the system for evaluation, in particular, was modified by the MDA. They now plan to undertake annual evaluations of subprojects using the MDA as a guide for the process.**
- **NGOs have become more conscious of their role in sustainability as a result of the MDA process. One chairman said "no one ever asked questions about our role and mission before."**
- **Trainers from Concerned Women for Family Planning (CWFP) recently completed a contraceptive technology update workshop organized especially for them at their request by AVSC International. CWFP staff indicated they felt more comfortable requesting this workshop after getting to know AVSC staff better as a result of participating with them in the TIE intervention.**
- **The workshop on training methods conducted by the TIE consultants was very useful and the skills taught were used very soon thereafter by PF staff to train program and other staff.**
- **The CAs developed a better understanding of the importance and complexity of group interaction and cross-CA cooperation and collaboration.**
- **The CAs acquired an in-depth knowledge of how to develop data collection tools and how to collect data as well as a better understanding of the importance of data collection instruments, protocols and pilot tests.**

VI. CONCLUSIONS AND LESSONS LEARNED

The LIP and CA/NGO Project represent two different approaches to management development of local institutions in support of GOB goals and priorities. These approaches or models were endorsed in the report of the USAID mid-term evaluation of FPMD as follows:

The potential sustainability and replicability of this [LIP] model must be exploited by FPMD. Documentation developed during the course of this project demonstrates the impact which management interventions can have when fully implemented in a comprehensive top-to-bottom fashion from upper management down to the service delivery level (Trayfors et al. 1994, 33).

Moreover, the evaluation team endorsed FPMD's approach to working with NGOs in Bangladesh through management development and technical assistance to the CAs and selected lead, national level NGOs. One of the team's recommendations was that FPMD exploit "opportunities for 'multiplier' subprojects such as the CA/NGO Project in Bangladesh" (Trayfors et al. 1994, 39). Indeed, FPMD's contribution of the QES framework for USAID/Dhaka's NGO sector strategy has recently been endorsed through its inclusion in the Request for Application for the worldwide follow on project to the current FPMD contract.

In addition to the QES framework, FPMD introduced an operational definition of sustainability which is widely employed by USAID/Dhaka and its grantees. Sustainability involves three related elements:

- increased availability of high-quality services (programmatic sustainability);
- increased financial independence (financial sustainability); and
- adaptability (institutional sustainability).

A. Lessons Learned from LIP

Lessons learned from the LIP experience to date include the following:

- Developing management skills and building a family planning team at the community level through training, technical assistance, and small grants helps to increase service delivery performance.
- The use of female volunteers to supplement the outreach efforts of paid GOB staff can be effectively managed to minimize costs. The use of community volunteers enhances program ownership and facilitates the expansion of service access in addition to elevating the role of female FWAs from community based distributors to supervisors.

- **Demonstrating the impact of innovations such as community contributions to local family planning efforts and training local level providers to give attention to improved quality services can have a broad impact on the national program through policy change.**
- **The involvement of the vary large cadre of female village volunteers in the LIP has been a life changing event in their lives as well as having a considerable impact on local level family planning performance, notwithstanding their relatively low level of literacy and lack of previous employment outside the home.**
- **Skill development of a group of local program staff of the LIP subcontractor has enabled this program to have an impact beyond the borders of Bangladesh through South-to-South exchanges wherein LIP staff provide technical assistance to other programs outside Bangladesh and where visitors from other programs come to Bangladesh to observe the implementation of the LIP project firsthand.**

The USAID mid-term evaluation of FPMD stated that

Credit for the success of this [LIP] program goes in large part to the long term commitment and support of USAID/Dhaka, the BDG [Government of Bangladesh], and FPMD/MSH, Boston. The superb implementation of program activities can be credited to TAI, led by Abu Sayeed, Program Director, whose strong and visionary leadership has allowed this program to develop from infancy to its current 'young adult' status. As this program expands to other parts of Bangladesh, and moves toward programmatic sustainability, the continued commitment and support of all parties will be crucial. (Trayfors et al. 1994, 17)

Findings of this evaluation would echo this statement and the major recommendation is as follows:

Recommendation **The LIP experience in Bangladesh has been one of the most fruitful of all FPMD interventions. It should be allowed to continue, and the next phase should focus on sustaining the gains made during previous stages of the project and moving those long participating thanas toward program graduation.**

B. **Lessons Learned from the CA/NGO Project**

According to FPMD and the CAs' own assessment, the CAs have absorbed and are using the TA offered under the three components of this project to varying degrees, influenced by organizational priorities, staff capabilities, available resources, and workload. It is too early to fully assess the lessons learned from these interventions. However, it is not too soon to recommend all possible support for the institutionalization of these processes and for further

organizational development to support the evolution of the CAs from their past role of funding and monitoring NGO activities to serving as a technical resource to support their NGOs' individual family planning performance goals, institutional sustainability, and national family planning goals.

Recommendations for future technical assistance in CA organizational development include:

- Integration of the MIS and MDA to ensure the comprehensive measurement of all aspects of NGO sustainability.
- Integration of MDA, TIE, and MIS tools and techniques into routine management operations such as annual workplans for CAs and for relevant NGOs, review/revision of training plans and curricula, and monitoring and supervisory visits.
- Development of a mandate and workplan for the NGOCC Subcommittee on Training as the institutional "residence" for the cross-organizational TIE process and review of the current membership of this subcommittee to ensure adequate CA representation and participation of CA and NGO staff who are actively engaged in training.
- Development of strategies for decentralization of training offered by CAs and NGOs including on-the-job training and organizing training programs at the divisional (regional) level.
- Examination of any current division of MIS and program functions within CAs along donor and/or subproject lines; synthesize these systems to reduce duplication of effort while meeting donor reporting requirements.
- Strengthening coordination and communication between CA program and MIS staff in the review and use of data collected from NGOs for routine program monitoring and other management tasks.
- Assessment and identification of critical points of weakness in data quality at all CA and NGO levels and recommendation of strategies to address these weaknesses.
- Development of a strategic plan for the TAF MIS Unit. (Requested specifically by TAF).

Professional staff development has occurred as a direct result of FPMD's work with the CAs and CWFP. These organizations are felt to have a more profound appreciation and increased understanding of their staff's strengths and weaknesses in carrying out their current

responsibilities and contributing to the QES goals. FPMD's technical assistance to the CAs has enhanced staff management skills and capacities through a highly participatory approach to the development and introduction of tools, techniques and approaches for carrying out the CAs' respective workplans and supporting the management development of their NGOs. These staff capabilities should continue to be developed.

Suggested areas for future technical assistance in professional staff development indicated by this evaluation include:

- strengthening of CA staff's analytical skills in such areas as the use of data for program management, monitoring, strategic NGO portfolio management, and revision of training plans and curricula.
- transfer of skills in data analysis and use to the NGO level.
- further training in the "consultative approach." While CA program staff have the skills needed for routine NGO monitoring tasks, they readily admit their skills in giving technical assistance in management development such as providing action-oriented feedback on results of MDA and TIE are nascent.
- further orientation to and capacity building in strategic planning, cost analysis, human resources management, and financial management. Some of the CAs have started to operationalize their plans for providing technical assistance to NGOs to address weaknesses identified by the MDAs. It may not be reasonable to expect that the CAs will rapidly develop the technical capacity to address all of their NGOs' needs. At a minimum, the CAs would benefit from further assistance in identifying appropriate approaches to addressing NGO needs and securing technical resources for NGO management development.
- offer an advanced management training course for senior CA program staff and for NGO Project Directors and Executive Committee members in Bengali. (A specific request from TAF).
- offer an advanced training of trainers course in Bengali, including a separate course on curriculum development.
- technical assistance in doing training needs assessments, planning of training and in assuring that the training curricula developed and the technical assistance interventions planned address the changing status and role of women (A specific request from CWFP).

Recommendations In addition to the above specific recommendations and suggestions for continued CA/NGO activities, an external evaluation of the three interventions should be planned after 2-3 years of application to determine their degree of institutionalization.

Furthermore, specific requests were made through the evaluation consultant for assistance with the selection and translation of management materials into Bengali.

As a whole, these recommendations constitute a long-term plan for management development of the CAs and selected NGOs in Bangladesh over a period of several years. Some of these recommendations may not be appropriate for selected CAs. For example, TAF has already begun to integrate MDA into its management operations and is seeking outside technical assistance in cost analysis. Pathfinder has begun to address NGO weaknesses through various approaches, with some assistance from MSH in developing curricula, e.g., observations study tours, workshops, "peer coaching" among NGOs. And some of these recommendations may be beyond the scope of USAID's current plans for support of the CAs and current funding levels. Nevertheless, work under the CA/NGO Project has yielded a significant degree of enthusiasm and commitment to both organizational and professional staff development on the part of the CAs. Any future work should consolidate and institutionalize, if possible, what has been accomplished to date and support the CAs as they respond to their own assessed needs and priority needs of their NGOs.

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ANNEX 1
METHODOLOGY

This evaluation was carried out by a consultant to FPMD who made several technical assistance visits to Bangladesh to work with staff of the Local Initiatives Program (LIP), one of the FPMD project activities, prior to undertaking this evaluation. She assisted LIP staff in developing their monitoring and evaluation skills. Research and other studies undertaken as part of this assistance, as well as previous trip reports regarding this assistance, comprise an important part of the evaluation of the LIP.

During her last two visits to Bangladesh, the consultant also met and interviewed more than 30 participants in the cooperating agency/non-governmental organization (CA/NGO) project to collect information for the evaluation of that activity. An interview guide, which is attached to this annex, was used for these interviews. She attended the initial workshop discussion of the training impact evaluation (TIE) intervention and the final workshop of the Management Development Assessment (MDA) intervention during two of her consultancy visits to Bangladesh. She also interviewed six staff of U.S. Agency for International Development in Dhaka who had been involved with both projects. Numerous documents about both projects were reviewed in Bangladesh and Boston.

At the request of the evaluation consultant, the Asia Regional Director for the FPMD project met with key LIP staff during her visit to Bangladesh in April 1995 to obtain feedback on the consultant's technical assistance activities with the LIP project staff. Results of that discussion are appended to the evaluation report.

This report follows the framework established by the FPMD Evaluation Division for end-of-project country evaluations. It presents, in summary form, the activities under each FPMD intervention in Bangladesh. It then reviews the findings and impact of these activities in the context of or from the perspective of the client (in this case, partner organizations) as well as from the perspective of the national program. A conclusions and lessons learned section summarizes these findings in terms of the longer term effect of FPMD's interventions in Bangladesh on implementation of the national program. Recommendations are also made about future directions in management development in Bangladesh.

**FPMD/Bangladesh
Interview Guide for CA/NGO Evaluation**

[REVISED-MARCH 1995]

Generic Questions (to be asked about all three components)

What is the "end point" of this FPMD intervention? How will you/your CA know when no further TA is required from FPMD?

What has the CA/NGO activity meant to your CA? What does your organization do differently now or what is it likely to do differently in the future as opposed to before the CA/NGO intervention?

Are you/is your CA making greater use of information in management decisions than before FPMD technical assistance? Can you give some concrete examples of ways information is being used in institutional/strategic decisions affecting your client NGOs, relations with USAID, relations with the Government of Bangladesh, and/or relations with other CAs?

Was this technical assistance from FPMD a good idea? Do you have any comments about what could/should have been done differently?

Specific Questions for MDA Participants

How do you define sustainability within the context of the CA/NGO project? What does your CA think about its role in promoting sustainability among your NGOs? How does the MDA process affect your approach to promoting sustainability?

What is the role of your CA in motivating and assisting the NGOs to be managerially sustainable organizations and providers of family planning services? How does the use of the MDA framework assist in this process? Is this role different now from before the MDA activities?

What personal/organizational skills have been strengthened as a result of your participation in the MDA activities? Has the MDA intervention increased your understanding and use of indicators to assist you in your work with the NGOs? If so, how?

Are the plans you developed during the November consultancy to follow through on the MDA findings still feasible and practical? Have you revised the plans or developed them further since then?

Are there any examples of NGOs which have proceeded to take action based on their MDAs independent of technical assistance from the CA or other external interventions?

Specific Questions for MIS Participants

How do you understand sustainability and expansion based on your involvement with the CA/NGO project? How does this understanding apply to the NGOs with whom your organization works?

Has the development of a standardized MIS to measure QES achievement indicators compromised or enhanced, in any way, your own internal organizational needs for data collection, analysis and reporting? If so, how?

In what ways, if any, has the MIS intervention and the development of MIS indicators improved relationships, communication and a joint understanding of purpose within your organization?

What management interventions have occurred or do you anticipate will occur as a result of the MIS intervention?

Specific Questions for TIE Participants

What is your understanding of the uses of the Training Impact Evaluation? Can you describe/discuss your understanding?

What personal/organizational/training skills have been strengthened as a result of your participation in the TIE activities?

Are the various participating organizations (training institutions and users of training) interacting differently now with regard to training activities in comparison with before the TIE intervention? If so, how?

How is your organization using the findings of the TIE process?

Did you receive materials from the TIE consultants? Are these materials being used? If so, how and by whom? Where are the materials kept?

ANNEX 2
PERSONS INTERVIEWED

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AVSC INTERNATIONAL

A. Jamail Faisal	Country Representative
Golam Nasiruddin	Program Officer (MIS and Monitoring)

Concerned Women for Family Planning

Mufaweza Khan	Executive Director
Rokeya Sultana	Deputy Executive Director
Nargis Sultana	Director of Training

Family Planning Association of Bangladesh

Ershadul Huq	Assistant Director
Kazi Anisur Rahman	Secretary General
Mizanur Rahman	Director General (Acting)
A.K. Mujtaba Sadique	Deputy Director (USAID Projects)
Md. Abdus Salam	Senior Program Officer

Family Planning Services and Training Center

Md. Rafique Ahmed	Computer Programmer
Anwarul Islam	Assistant Chief Executive (Training)
Md. Ismail	Program Officer
Lulu Bilkis Khanom	Program Officer (MIS)
Abdur Rouf	Chief Executive
Sayeed Uzaman	Program Officer

Pathfinder International

Rifat Akhter	Asst. Program Officer
Md. Kamral Ahsan	Asst. Program Officer (MIS)
Ferdousi Begum	Asst. Program Officer (Medical)
Shamsia Begum	Program Officer
Md. Mustafizza Rahman Bhuiyan	Program Officer
Farhad Chowdhury	Program Officer
Saiful Islam	Program Manager
Taslim Uddin Khan	Program Officer (MIS)
Shabnam Shanaz	Program Officer (Medical)
A.H. Nowsher Uddin	Program Officer

The Asia Foundation

Wahiduzzaman Chowdhury
Suresh Chandra Dutta
Shamima Hasan
Shaheed Mahbub Hussain
Nazrul Islam
Kirsten Lundeen

Program Officer
Senior Program Officer (Policy/Eval)
Deputy Director
Senior Program Officer (MIS)
Senior Program Officer (Training)
Population Program Manager

Local Initiatives Program

(Huber Trip Reports of November 1993, February/March 1994, and November 1994 contain names of contacts for those technical assistance interventions).

Abu Sayeed
A.K.M. Ahmedul Ghani
Farid Uddin

Project Director
Senior Program Specialist
Senior Program Officer

Government of Bangladesh

Ministry of Planning-
Safiur Rahman

Secretary, Implementation, Monitoring and
Evaluation Division

Family Planning Directorate-
Khairuzzaman Chowdhury

Director General

U.S. Agency for International Development/Office of Population and Health

Quasem Bhuyan
Rob Cunnane
Louisa Gomes
Richard Greene
Chuck Lerhman
David Piet

NGO Coordinator
Population Officer
Project Management Specialist
Deputy Director
Population Officer
Director

ANNEX 3

LIST OF BANGLADESH-RELATED DOCUMENTS REVIEWED

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ANNEX 4

**MEMORANDUM REGARDING EVALUATION TECHNICAL ASSISTANCE
PROVIDED TO THE LOCAL INITIATIVES PROGRAM**

MEMORANDUM

TO: Sallie Craig Huber
FROM: Alison Ellis
SUBJ: Discussion with LIP staff on TA in evaluation
DATE: 25 April 1995

I met with Mr. Ghani, Farid, Kabir and Sayeed on 23 April to discuss LIP's experience over the past 2 years working with you on evaluation-related activities, per our discussion in Boston. These LIP staff found the experience very positive, their individual and the project's needs and expectations having been met, for the following reasons:

- your background in Bangladesh, prior and thorough knowledge of the national program, and linkages/contacts with key leaders in the public and NGO sectors contributed greatly to the collaborative relationship. This facilitated discussions/work in that staff did not have to spend time explaining/orienting you to local conditions, constraints, and issues. It meant that work could be tackled immediately, and permitted a consistently practical and realistic approach to the tasks at hand. Moreover, your knowledge of other country programs brought an important, broader view and informed the work with respect to experiences in other countries.
- your personal style and rapport with staff were very much appreciated. Staff felt that you immediately integrated with them as well as heard their needs.
- your technical assistance approach was appropriate. You didn't do the work for staff, rather staff learned by doing. They felt that you provided the basic insights and technically sound approaches, and worked with staff to build their capacity to implement the various methodologies being developed. Sayeed's goal was to build staff capacity within LIP in various evaluation-related methodologies. Your approach consistently supported this goal, and staff in the LIP "Evaluation Unit", notably Mr. Ghani and Farid, believe that they now have this capacity.
- the staff development exercises you conducted contributed to increasing all LIP staff knowledge and skills, and provided a good model for LIP staff to pursue similar staff development activities.

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We also talked about evaluation-related needs during the next phase of the program. There were a lot of ideas generated around the table, and I would advise an exercise to develop a plan. Sayeed and I hope that you will be available in July when he and Kabir are in Boston to discuss future strategy. In the meantime, however, staff defined future needs in terms of:

- continued process evaluation through use of the internal monitoring system, however this monitoring system should be reviewed and updated so that thana- and district-level managers are taking on more of the routine supervision burden.
- continued application of the rapid assessment methodology, with periodic household verification studies.
- selected operations research activities, for example, to explore the feasibility/impact of interventions to sustain the motivation of volunteers, such as small-scale "enterprise" projects.
- application of the MDA methodology to selected thanas as a means to determine their level of maturity, and perhaps linking MDA with subsequent OR to assess the effectiveness of interventions. This idea will be explored/discussed further in Boston this summer.
- continued documentation of the outcomes of special studies (e.g., household surveys, FGDs, OR, etc.) for the purposes of: 1) developing case studies which could be used for LIP training purposes and other training purposes; 2) use by and enrichment of the program; 3) validation of the program's impact; and 4) dissemination within and outside Bangladesh.

There is some preliminary discussion of formally establishing an Evaluation Unit within LIP during the next phase of the project. Concerned staff have some ideas re its role and function and relationship to program staff, but this needs to be explored and further defined in the future.

In sum, LIP staff have greatly valued their relationship and work with you, as have I! There is work to look forward to in the future. I hope that this relationship will continue under FPMDII.

cc: Sayeed
Walter
Catherine

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ANNEX 5

EXCERPTS FROM THE TRIP REPORT OF MR. SAFIUR RAHMAN

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**Excerpts from the Trip Report on the visits made to three LIP thanas
of three districts under Sylhet Division
by Mr. Saflur Rahman, Secretary, IMED, Ministry of Planning**

FOREWORD: Mr. Saflur Rahman—Secretary, Implementation, Monitoring and Evaluation Division (IMED), Ministry of Planning, Government of the People's Republic of Bangladesh—visited Bahubal thana of Hobiganj, Moulvibazar Sadar thana of Moulvibazar and Balaganj thana of Sylhet district during December 17-19, 1994, to observe the field level implementation of LIP activities. He was accompanied by Mr. Abu Sayeed, Program Director and Mr. AKM Ahmedul Ghani, Sr. Program Specialist of FPMD/Dhaka. During his visits, Mr. Rahman met with the thana team members, community leaders, local elites BDG-FP field staff and the LIP volunteers in all three thanas.

On return from the trip, Mr. Rahman submitted a trip report to the Government written in Bangla. The following is the English version of the abridged excerpts from this report.

CONCLUDING REMARKS:

A. The most remarkable aspect of the FP program under LIP in Putijuri and Bhadeswar unions of Bahubal thana is participation of the local community in FP-MCH activities. I would not have been able to measure the accomplishments of Bahubal thana had I not made this field visit. The accomplishment in terms of voluntary participation in FP activities by the local community, especially by the women, in these two unions of Bahubal thana is unprecedented. In this respect, the following important aspects should be considered:

First, Hobiganj district, and particularly Bahubal thana, is generally a conservative area. In such a locality, excellent organizational capability, sincere efforts and able leadership were instrumental in motivating women volunteers to work for FP, ignoring the social barriers and cultural superstition. Given such inspiring leadership, one can justifiably realize the high potential of LIP in strengthening BDG's FP-MCH program.

Second, upon discussion with the female volunteers and BDG-FP field staff, it was apparent to me that these people have a clear understanding of the relevance, importance and usefulness of the Local Initiatives Program. They are taking part in the program activities not for any monetary benefits, but as a social responsibility.

Third, the volunteers and BDG-FP staff have a clear understanding about health, sanitation, nutrition and environmental issues, in addition to their knowledge of contraceptive methods. They have also been able to contribute a little bit towards making the local women aware of these issues. They are also taking part in tree plantation and in eradication of illiteracy. After their deployment as LIP volunteers, most of them have also learned how to write their own names. It is quite a remarkable achievement.

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C. The progress that has been made so far under LIP in a conservative area like Balaganj thana can be termed as remarkable. However, there is a need to strengthen community participation in program implementation. Balaganj is indeed a conservative thana, and strengthening of program activities is very much required to remove the existing sociocultural and other obstacles to FP-MCH

In this connection, I would like to mention here that there exists some lack of understanding among some of the concerned officials and local level leaders about the aim, objectives and implementation procedures of LIP; this needs to be removed. It is also necessary to strengthen the extent of community participation. The TNO and TFPO need to be more attentive in this respect. FPM/Dhaka should also take effective steps towards strengthening LIP activities in the thana.

B. After observing the program activities in Mouvibazar Sadar thana, it appears to me that considerable progress has been made with respect to program implementation in recent years, compared to the past. In this thana, both the FP and the health field workers are working together and this has created a congenial working environment. The LIP volunteers are aware of their role and responsibilities and they are eager and interested to work for the program. The support of the local leaders is more forthcoming. The number of FP acceptors has also increased. These are indicative of positive contributions of LIP. These have been possible because of the support and cooperation of the concerned officials and staff, UP chairmen and members as well as the local level leaders.

The impression that I got from any observation of implementation of FP activities in the two LIP unions of Bahubal thana is that the extent of people's enthusiasm and revamping of FP activities are not of temporal nature. These will be sustained, because the opportunities that the illiterate and poor rural women have received through working in the program activities have made them feel something special and different from other women. They have been able to acquire special regard and respect from their family members, relatives and the neighbors. As a result, they are taking part in the program activities with voluntary zeal and utmost interest. I am confident that they will continue to involve themselves in the future, provided they get proper leadership and required assistance.

Sixth, from Bahubal experience, it is clear that even without formal education, dissemination of knowledge on health, nutrition and environmental issues is possible through the illiterate rural women.

Fifth, Bahubal thana represents a good example of how the thana level BDO officials, people's representatives, local elites, field staff and the volunteers are working in a coordinated manner. In this respect, the personal initiatives, sincerity and spontaneous leadership of the Thana Nirbahi Officer as well as the able managerial capability of the Thana Family Planning Officers have played a significant role.

Fourth, the two Union Parishad chairmen, members, religious leaders and local elites have made a positive contribution to LIP implementation, particularly in motivating the rural women to work for the program. In a conservative place like Bahubal, this in itself is one of the successes of the program.

program. For this, the cooperation and support of the local leaders is needed. FPMD should closely oversee program implementation in the thana.

RECOMMENDATIONS:

1. Through deployment of female volunteers under LIP, considerable progress has been made to enlist support of the grass-roots-level community, especially of the women, in FP-MCH program implementation. As a result, the social acceptability of the program has increased. Sociocultural and religious barriers to the program have mostly been removed or neutralized. Awareness about FP among the ELCOs and their eagerness about accepting contraceptive methods has increased. Experience from Bahubal thana and some other LIP areas of Bangladesh bears testimony to this. As such, there is an urgent need to involve women at various stages of FP-MCH program implementation. Social acceptability of the program and availability and quality of FP services will greatly increase if proper management of FWCS, organization and management of Satellite Clinics, and participation of rural women elites are ensured.

2. FPMD is providing technical and financial assistance to implement the Local Initiatives Program. While visiting field-level activities, it was quite clear to me that the professional knowledge and experience as well as the organizational capability of FPMD/Dhaka staff is of high quality. The strategy and the implementation procedures of LIP will be of great help in expanding the field level program activities. As a result of deployment of volunteers, the communication and contact rate between the ELCOs and workers has shown manifold increase compared to earlier times. This is the right step towards expanding the program activities without employing new field workers. Easy availability of services and enhancing the quality of care has been made possible under this program. In view of the above, it is recommended that LIP coverage be gradually expanded to other thanas of the country.

3. It is also recommended that the officials involved with LIP implementation e.g., TNO, TFPO and MO/MCH-FP not be transferred away for at least two years. This is because, if the trained officials are transferred, program implementation is adversely affected as the new, untrained replacements are not aware of the strategy of program implementation. If a transfer is at all needed, the official can be transferred to another LIP thana.

4. It is necessary to strengthen the field level IEM activities. In this respect, the technical capability and assistance from FPMD can play an important role. For grass-roots-level workers and the volunteers, leaflets, posters and booklets prepared using easy language can be sent for their use. It is also necessary to show films (of 45 minutes to 1 hour duration) to the field workers and the volunteers on Satellite Clinics and issues relating to nutrition, general health and MCH care.

5. Success of LIP is to a great extent dependent on sustaining volunteers' interest and dedication to the program activities. This is of vital importance. Arrangements are to be made for providing special privileges and honor to the volunteers.

First, skill development training and easy loans for volunteers' self-employment can be arranged for them. For this, a complementary project can be taken up for the volunteers, for imparting skills development training and easy loans.

Second, the volunteers who have been working for a long time, or their wards with required educational background, can be considered for employment as field workers under the Directorate of Family Planning and the Directorate of Health Services on priority basis.

Third, efforts can be made to provide part-time employment opportunities to the volunteers under various governmental, semi-governmental and non-governmental organizations.

Fourth, the volunteers may be given priority in distribution of agricultural loans. Besides these, other encouraging arrangements of similar nature may be considered for the volunteers.

6. It is also important to ensure that the amount of contribution from the thana fund is released without any delay. The Government directive in this regard should be sent to all concerned.

**Sd/ Illegible
(Safiur Rahman)
Secretary, IMED**

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ANNEX 6

**SELECTED QUOTATIONS FROM FOCUS GROUP DISCUSSIONS
WITH LIP VOLUNTEERS**

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Nobody in the family opposes us. Our position in the family is now much better. In the initial days, when we came out of the houses to work for family planning, people used to criticize us, whereas now they appreciate us by saying that "they are doing something good."

Our husbands also have started taking lots of interest in our work. However, we believe a little better financial support for us could make them much more interested and supportive.

Even though we are not much financially benefitted, we feel that our social status is being uplifted as a result of our involvement in LIP.

Our husbands are also cooperating now. We could have been able to avoid having more children if we had ben in touch with this program (earlier).

Our importance in the family is being uplifted; others care more and take our views in deciding anything now.

We are more respected in the family. Our husbands do not oppose us doing this (working for LIP). Rather they suggest that we do it which is why we can work as volunteers. Otherwise, we could never have been able to do this.

Situation has changed so much that if we do not go to visit someone for a few more days than usual, they send someone to enquire what happened to us. And when we visit, they offer us cakes and cookies.

Now everyone in the community knows us and gives us importance including our husbands and mothers-in-law. My husband took a loan from someone to meet the expenses of our daughter's schooling. Our importance in the family has been uplifted. Others care more about us and take our views in deciding everything.

Our friends and peers show us respect. They say "you are working for the society. You are doing something respectable. Why don't you take me to do the work you are doing."

Nobody in my family is unhappy due to my work with LIP. I told my husband that I want to do this. He allowed me. Furthermore, I take his help to motivate those to whom I cannot talk about family planning.

Husbands and others think that it would not be wise to initiate a quarrel with us (the volunteers) because now we can easily congregate lots of people and we are known to many people including government officers.

Quality of our lives is much better developed now. We are doing quite a lot of things--handicrafts and other things. We could do this only because we are no longer confined within our houses.

The clients (of FP/MCH) appreciate us by saying "you are doing a good thing by coming to us. Previously it was difficult to procure these contraceptives. This is really good that you are coming to us." They are giving us lots of importance nowadays.

Once my mother-in-law asked me to have one more son. I told her that I should try to gain some property rather than having more sons. I should only have two children and improve our situation. Then, maybe my children will be able to have larger families.

Previously we used to arrange marriages of our daughters when they were about 12-14 years old. Now we are not doing that because we know there is a law about age of marriage. Girls must reach about age 18. Now we have realized that at the age of 12 girls are not supposed to understand anything about what their husbands want and need. By the age of 18 or 20 they understand life's realities better, they know how to raise their children better, how to help their husbands, how to take care of their mother-in-law. If they marry at 12 they become mothers at a very early state when they can neither maintain their health nor properly take care of their children. Now this thing is not happening anymore, most of the families are conscious.

Our sisters-in-law and peers like our work. Sometimes they say, you got a job doing something good. Why don't you take us with you. Sometimes they criticize us but we don't worry about that. Once someone criticized me but afterwards she had to come to seek help and ask for contraceptives. Finally she understood her mistake (in criticizing me). Others who understand well say "look these ladies are going out of their house, learning lots of useful things, and coming across many people. They have learned how to talk nicely with others thus becoming different. They have gained a different identity in society."

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