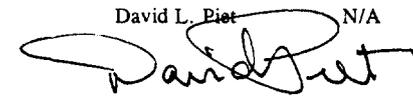
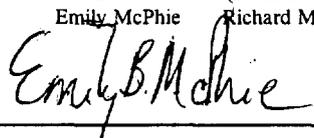


PD-ABM-521

A.I.D. EVALUATION SUMMARY PART I
(BEFORE FILLING UP THE FORM READ THE ATTACHED INSTRUCTIONS)

A. REPORTING A.I.D. UNIT (Mission or AID/W Office) (ES #)	B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN? <input checked="" type="radio"/> yes slipped ad hoc	C. EVALUATION TIMING interim <input checked="" type="radio"/> final ex post other			
D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project (s) or program(s) evaluated; if not applicable, list title and data of the evaluation report)					
Project # 388-0071	Project/Program Title Family Planning and Health Services Project (FPHSP)	First PROAG or equivalent (FY) 1987	Most recent PACD 8/97	Planned LOP Cost ('000) 300,0000	Amount Obligated to Date ('000) 253,000

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR Action(s) Required	Name of Officer responsible for Action	Date Action to be completed
1. USAID should proceed with the design of a follow-on assistance package to continue support to the National Family Planning and Maternal Child Health (FP/MCH) program in Bangladesh.	Richard Greene	9/96
2. After the completion of an independent study of full programmatic costs and impact, USAID/B should seriously examine the rate of Local Initiatives Program (LIP) expansion. USAID/B should assess Technical Assistance, Incorporated's (TAI's) capability for self-decentralization at Dhaka headquarters.	Chuck Lerman	6/96
3. FPLM/Dhaka should provide basic logistics assistance and training to selected national-level family planning NGOs to improve the stock situation in the sector.	Chuck Lerman	12/95
4. GOB and FPLM/Dhaka should develop alternative strategies and options for the Directorate of Family Planning (DFP) for making the contraceptive logistics system sustainable (both institutional and financial).	Chuck Lerman	7/96
5. Strengthening the disease surveillance system and further developing program monitoring tools (such as the lot quality assurance methodology) in order to improve the quality and coverage in the urban areas.	Zareen Khair	12/96

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION			
mo <u>4</u> day <u>13</u> year <u>95</u>			
G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:			
Typed Name	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer
Signature	David L. Piet	N/A	Emily McPhie
Date			Mission or AID/W Office Director
10/5/95			Richard M. Brown 
			

6. Actively follow up and support the activities of the Interministerial Urban Primary Health Care (PHC) Coordinating Committee to assure that needed new directives on implementing urban health care systems are formulated and disseminated to strengthen and bring the necessary support for the development of city and municipal health authorities.	Zareen Khair	12/96
7. USAID/B, Social Marketing Company (SMC), and Population Services International (PSI) should begin now to establish a transition strategy for the remainder of the present project period and the early phase of the follow-on project.	Zareen Khair	10/95
8. The determination regarding SMC's eligibility as a direct recipient should be made as soon as possible.	Zareen Khair	9/96
9. SMC should strengthen its training programs as well as its training monitoring activities to enhance their efficiency and effectiveness.	Zareen Khair	9/96
10. CAs should accelerate the distribution of infection prevention, quality assurance, and clinic waste disposal manuals, IUD kits, and portable sterilizers if permitted under current agreements.	Rob Cunnane	4/96
11. By December 1996, in line with the written agreement between the NGOs and USAID/B, each NGO should have a long-term sustainability plan. Implementation of their sustainability plans should be a criterion for participation in the next project.	Rob Cunnane	1/97
12. USAID/B should encourage the GOB to chair a donors meeting in 1995 and develop a plan that identifies funding sources (and gaps) to meet the program's contraceptive requirements after 1996-97.	Chuck Lerman	9/96
13. USAID/B should continue to develop technical research capabilities, both in key GOB and private sector agencies, through supporting training and collaborative activities (between USAID/B, U.S. contractors, and Bangladeshi institutions) that transfer appropriate technologies and develop appropriate technical skills.	Ali Noor	12/96
14. USAID/B should continue to give high priority to supporting dissemination of research and analytical findings to policy makers.	Ali Noor	4/96
15. The implementation plan of the National FP/MCH Information, Education and Communication (IEC) strategy should be reformulated to support a more comprehensive and integrated FP/MCH effort, especially where there are now obvious opportunities and programmatic links (e.g., immunization and postpartum family planning, breastfeeding and child spacing, permanent methods and maternal health, etc.)	Zareen Khair	4/96
16. USAID/B should devote major attention to the evaluation of the cost-effectiveness of the Jiggasha program in the next two years to determine if it improves effectiveness/efficiency of work by the Family Welfare Assistants (FWAs).	Zareen Khair	12/96

H. EVALUATION ABSTRACT

EXECUTIVE SUMMARY

The USAID/Bangladesh (USAID/B) Family Planning and Health Services Project (FPHSP) (August 31, 1987 through August 30, 1997) provides \$300 million in population and health assistance. It is one of the world's largest USAID population and health programs with major elements in the following areas: NGO family planning/maternal child health service delivery, social marketing, immunization, public sector delivery of family planning services, and research. Overall, its multi-dimensional support to the Bangladesh national program has contributed significantly to the success of that program, especially through strengthening the private sector.

The evaluation was conducted by a team of five persons contracted under the USAID/W POPTECH Project. The team was supplemented by three USAID/W staff of the Global Bureau, two staff of the Ministry of Health and Family Welfare, and one expert seconded from the FPHSP. The purposes of this evaluation were to assess project progress to date and make recommendations for refinement during the final two years. By and large, the project has achieved or exceeded its goals and objectives. In collaboration with GOB as well as other donors and local organizations, it has been a major factor in the tremendous expansion of population and health services in Bangladesh. Further, it demonstrates clearly that USAID's leadership in the population and health services arena can do much to stimulate national program growth. While the team recommends no substantial changes in direction, the remaining period of the project offers an opportunity to take advantage of significant changes underway in the socioeconomic environment, strengthen the focus on service quality, increase attention to stimulating the use of long-term methods, and gradually move toward a more manageable structure for the follow-on project.

I. EVALUATION COSTS 1. Evaluation Team Name	Affiliation	Contract Number <u>OR</u> TDY Person Days	Contract Cost <u>OR</u> TDY Cost (US\$)	Source of Funds
Dr. Fred Pinkham, Team Leader Dr. Henry Mosley Ms. Eve Epstein Dr. James Kocher Dr. Liliane Metz Krencker Dr. John Crowley Ms. Keys McManus Ms. Susan Ross Mr. Syed Shamim Ahsan Mr. D.K. Nath Ms. Rokshana Begum	POPTECH POPTECH POPTECH POPTECH POPTECH USAID/W USAID/W USAID/W ICDDR,B MOHFW MOHFW	CCP-3024-00-C-00-3011-00 same same same same 14 24 18	185,000(TOTAL) same same same same 5400 6600 6150	FPHSP FPHSP FPHSP FPHSP FPHSP USAID/W USAID/W USAID/W
2. Mission/Office Professional Staff Person-Days (estimate) <u>45</u>		3. Borrower/Grantee Professional Staff Person, Days (estimate) <u>40</u>		

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluator and Methodology used
- Findings and conclusions (relate to Questions)
- Principal Recommendations
- Lessons learned

Mission or Office USAID/Bangladesh

Date this summary prepared 6/23/95

Title and Date of Full Evaluation Report The Bangladesh Family Planning and Health Services Project (388-0071) Evaluation Report

EXECUTIVE SUMMARY

The USAID/Bangladesh Family Planning and Health Services Project (July 3, 1987 through August 30, 1997) provides \$300 million in population and health assistance. It is one of the world's largest USAID population and health programs with major elements in the following areas: NGO family planning/maternal child health service delivery, social marketing, immunization, public sector delivery of family planning services, and research. It's purpose is to improve access to and use of high-quality, efficient, sustainable family planning and maternal and child health services. Overall, its multi-dimensional support to the Bangladesh national program has contributed significantly to the success of that program, especially through strengthening the private sector.

The evaluation was conducted by a team of five persons contracted under the USAID/W POPTECH Project. The team was supplemented by three USAID/W staff of the Global Bureau, two staff of the Ministry of Health and Family Welfare, and one expert seconded from the FPHSP. The purposes of this evaluation were to assess project progress to date and make recommendations for refinement during the final two years. By and large, the project has achieved or exceeded its goals and objectives. In collaboration with GOB as well as other donors and local organizations, it has been a major factor in the tremendous expansion of population and health services in Bangladesh. Further, it demonstrates clearly that USAID's leadership in the population and health services arena can do much to stimulate national program growth. While the team recommends no substantial changes in direction, the remaining period of the project offers an opportunity to take advantage of significant changes underway in the socioeconomic environment, strengthen the focus on service quality, increase attention to stimulating the use of long-term methods, and gradually move toward a more manageable structure for the follow-on project.

(1) Local Initiatives Program (LIP)

USAID's investment in the innovative LIP is very sound. Designed to improve the capacity of local officials to manage family planning services, it has achieved the objective and fostered community ownership of and responsibility for FP/MCH services. LIP now covers about 15 percent of the country, with 103 thana teams (the end-of-project target) reaching a population of 10.23 million with 1.78 million eligible couples in 501 unions. There are 25,000 volunteer women providing doorstep health/family planning information and contraceptives as well as encouraging women to attend satellite clinics for clinical methods and the Expanded Program of Immunization (EPI). Other field personnel associated with LIP are government staff.

The 1993 Contraceptive Prevalence Rate (CPR) for modern methods in LIP areas was 58 percent, compared to the national average of 36 percent, and rose to 62 percent in 1994. LIP areas also had a higher prevalence for clinical methods in 1994 (23 percent compared to the national average of 17 percent). Visits by government workers are more frequent in LIP areas than in other areas, with 87 percent of clients visited within the last six months compared to the national average of 38 percent.

(2) Logistics Management

Improvements in supply management have contributed to the impressive increase in contraceptive prevalence. The project has trained more than 11,000 family planning workers, supervisors, and storekeepers in the principles of logistics management. It has designed and implemented with the Directorate of Family Planning (DFP) an automated logistics information system with 90 percent of the 467 thanas reporting logistics data monthly. Rates of contraceptive stockouts at the thana level declined dramatically from 23 percent in 1989 to under five percent by 1994. During the same period, there was a significant rise in the quality and types of contraceptives distributed.

Institutionalization of logistics management within the DFP has been slow, with system maintenance still heavily dependent on the large FPLM/Dhaka staff. Efficiency is another issue. While the system has minimized stockouts, it needs to become more efficient if it is to handle the anticipated increased volume of contraceptives in the future and it is to become sustainable by the GOB. Also, a 1994 survey of contraceptive stocks in the NGO program revealed that stockouts were common, especially for injectables (over 30 percent) and IUDs (25 percent). The latter is particularly noteworthy, given the fact that the GOB's principal goal is to increase clinical use.

For the next five years, priority attention is needed to transferring the logistics information system to the MOHFW and providing logistics assistance and training to the NGOs.

(3) Municipal Immunization

Between 1988 and 1992, the level of immunization for both urban infants and urban mothers increased from under 25 percent to over 80 percent. This project has been instrumental in bringing together the MOHFW and the Ministry of Local Government, Rural Development and Cooperatives (MLGRDC) to form the interministerial Urban Primary Health Care (PHC) Coordinating Committee, with far-reaching consequences both for urban health systems and for effectively integrating health and family planning activities at the local level.

The urban EPI program covers the four major cities (Dhaka, Rajshahi, Khulna and Chittagong) and 84 out of 133 municipalities with a combined population of 22 million, or 20 percent of the national population. Urban areas have little health infrastructure. The urban EPI program has successfully pulled together multiple disparate resources to set up fixed and outreach EPI centers. These have included GOB hospitals, municipal and private clinics, and NGO hospitals, clinics, and dispensaries. Critical to the program's success has been the close collaboration between the MOHFW's National EPI, the ICDDR,B Urban FP/MCH Extension Project, the MLGRDC, municipal governments, UNICEF, and various NGOs. Under a cost sharing partnership between UNICEF and the USAID-funded BASICS project, there are nine Bangladeshi Urban Operations Officers located in four divisions. These staff are beginning to involve city and municipal administrations successfully in coordinating and managing the EPI program.

Priorities for the final two years include strengthening the disease surveillance system, further developing program monitoring tools, strengthening the capacities of Ministry and local authorities to manage services, and supporting the Urban PHC Coordinating Committee.

Component II, Social Marketing Company (SMC)

SMC is the world's largest social marketing company. In 1994, it accounted for nearly 1.9 million couple years of protection (CYP). USAID began its social marketing support for family planning in Bangladesh in 1974; Oral Rehydration Salts (ORS) were added in 1983. In 1990, the social marketing project became the Social Marketing Company, a non-profit private limited Bangladeshi company. Until 1993, USAID-supplied all SMC's condoms and continues to provide a single oral contraceptive (OC). Aside from a small stock of USAID-supplied ORS, SMC has always purchased ORS on the local market. SMC has attracted two new donors of contraceptives, with the European Union (EU) now providing condoms and British Overseas Development Agency (ODA) providing one OC. In addition, UNFPA is planning to contribute a condom manufacturing plant.

SMC demonstrated impressive progress between 1984 and 1994; annual condom sales rose from 115 million to almost 151 million, OC sales rose from 2.1 million to 11.6 million; revenue increased from 17.6 million taka to 164.4 million taka; the number of stockists rose from 3,500 to 8,000 and the number of retail outlets from 20,000 to 84,500 and operating cost recovery rose from 21 percent to 92 percent (less contraceptives).

SMC has already achieved or exceeded its end-of-project goals with respect to CYP, condom sales, and ORS sales. Its OC sales, currently at 12 million (with a 1997 target of 17.5 million) have been adversely affected by changes in USAID's OC supplies (causing brand changes) and USAID/Washington's decision to reduce its commodity support from three brands to one. Total cost recovery, targeted at 42 percent in 1997, is now 35 percent. SMC has recently received permission from the GOB to market injectables and is evaluating the feasibility and appropriateness of doing so. SMC is on track with respect to training Regional Medical Practitioners (25,000 trained to date), but far behind in its training of pharmacists and school children.

SMC has had continuous resident Cooperative Agreement (CA) support and CA-channeled funding for over 20 years. Serious efforts towards organizational and administrative sustainability did not begin until the formation of the private company in 1991. The final two years of the project offer an opportunity to transition to a direct USAID-SMC assistance instrument, if SMC meets the technical qualifications, and to reformulate the nature and type of external assistance USAID should provide to SMC.

Component III: NGOs

USAID has made a sound investment in supporting the NGOs. They have been key innovators in pushing this program forward and influencing national policy. They have also served as catalysts to improve the quality of care at government sites and have convinced the government of the efficiency of targeting newlyweds and low parity couples.

The NGO component has established a private sector delivery system through its network of 115 NGOs providing FP/MCH services at 322 delivery sites in all six divisions. The NGOs provide approximately 17 percent of the country's overall FP services. It is estimated that in 1994 the NGOs served 1.7 million users.

This component is implemented through four cooperative agreements (three with U.S. groups) and a separate agreement with Family Planning Services Training Center (FPSTC). All the CAs have modern method CPRs that are significantly higher than the national level of 36 percent. Although clinical methods are a higher proportion of all modern methods nationwide than they are in the NGO program, between 1993 and 1994 clinical methods at NGO programs increased slightly. At the national level, these methods declined slightly between 1991 and 1994.

This component has been instrumental in expanding coverage in three ways: (1) access to services for underserved groups; (2) expansion at existing service sites; and (3) geographic expansion to new areas. In terms of quality, all CAs and many NGOs have increased the number of qualified doctors on staff to monitor quality, and there are many well-trained Family Welfare Visitors (FWVs) in the system. Most NGOs have met training targets. Also, there is limited use of indicators to monitor quality, and existing clinical standards, although manuals have yet to be adopted and implemented widely. Both financial and institutional sustainability have been relatively slow.

During the remaining project period, priority areas for attention are developing strategic plans for sustainable high-quality, cost-effective service by CAs/NGOs, improving the quality monitoring system, and accelerating the phase down of broad-scale doorstep delivery through use of depots, satellite clinics, and -- in high prevalence areas -- selective visitation patterns targeting underserved high risk groups.

Component IV: Support Services

Research, Evaluation and Monitoring (REM)

USAID/B has made a substantial investment in the use of applied research to help guide program implementation. REM services, provided through a variety of CAs and local institutions, have resulted in a number of significant studies that have contributed to the success of the National Program. These include the Contraceptive Prevalence Survey (CPS)/Demographic Health Survey (DHS) surveys to document the demographic impact of the national program, research in collaboration with local institutions to bring affordable service delivery innovations into government programs and to test organizational and service delivery structures in urban areas, a cost-benefit analysis of the national family planning program showing that program expenditures are an excellent financial investment for the government. In addition, this component has engaged in awareness-raising and advocacy activities.

REM services have involved a range of technical assistance and training/capacity-building activities for government and private organizations, but the need remains for increased technical capacity-building in both sectors. This assistance should emphasize the development of GOB institutions as "consumers" of REM services and private institutions as the "suppliers" of those services. Also, the imperative remains to take the best advantage of USAID-supported REM activities as well as the FP Future Challenges Committees, working groups, and policy/decision-making authorities. Of particular importance in the near term is supporting operations research (OR) related to management improvement, quality of care, and sustainability.

Information, Education, and Communication (IEC)

Initially, this activity was focused on providing technical assistance to the MOHFW Information, Education and Motivation (IEM) Unit, its contractors, NGOs and other agencies. Because of the lack of a comprehensive national IEM strategy and slow implementation of activities programmed for the IEM Unit, the project was reformulated in 1992 to increase support to CAs with emphasis on extending a promising rural communication program (Jiggasha), expanding training and production of IEC materials, sponsoring national workshops for policy makers, and communications and media research.

The activity has resulted in some impressive achievements. Since 1993, Jiggasha has extended to eight thanas, with 3,051 Jiggasha centers serving about 295,000 eligible couples. The Generic Curriculum for Interpersonal Communication and Counseling Training, the Fieldworkers Guide, and the Method Specific Booklet represent examples of inter-organizational collaboration in producing training and IEC materials. Workshops have provided 72 Bangladeshis with advanced training in communication, while other groups have participated in workshops on message development and media relations. The CA has produced radio and TV spots, folk songs, a short feature film, and a 25-episode radio drama in support of FP/MCH. The production of the National FP/MCH IEC Strategy: 1993-2000 is a significant achievement involving 41 key players from government, NGOs, the private sector, and donors, but it addresses predominantly FP issues and has little MCH content.

Two key issues merit attention during the remaining project period. The first is IEC coordination. Efforts to date have been unsuccessful in integration MCH and FP in a comprehensive IEC strategy. The second is greater capacity development in the IEM Unit. This capacity is now limited to development and production of basic in-house print and audiovisual IEC materials.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary, always attach copy of full evaluation report, even if one was submitted earlier)

The Bangladesh Family Planning and Health Services Project
(388-0071)
Evaluation Report

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

Mission Comments: In general, the staff of the USAID Office of Population and Health (OPH) feels that the evaluation was conducted in a professional manner and that the findings, conclusions, and recommendations were appropriate and sound. OPH staff believes that a few of the recommendations were either too general or overly ambitious in nature or not supported by relevant conclusions and findings. In addition, the report contained no section on lessons learned. In general, OPH feels that the level of consultation between team members and Mission and host country representatives was good.

The Mission carefully reviewed the approximately 47 recommendations of the team and selected the highest priority (and achievable) ones to monitor in this report.

Grantee Comments: The representatives of the MOHFW who had contact with the evaluation team felt that the evaluation was well done. However, they shared USAID's feeling that some of the recommendations were either too general or ambitious in nature. The MOHFW believes, as does USAID, that the evaluation has been a very useful exercise.