

PN-AAW-108

47572

BANGLADESH NEEDS ASSESSMENT  
FPMT PROJECT

Fatima Alauddin  
Peggy Curlin  
A.N.M. Sayeed  
Anthony Schwarzwaldner (Team Leader)  
June 30, 1986

## TABLE OF CONTENTS

	<u>PAGE</u>
I. EXECUTIVE SUMMARY	1
II. DESCRIPTION OF THE ASSESSMENT	2
III. COUNTRY PROFILE	2
A. Economic and Social Indicators of Development	2
1. Background	2
2. Economics	3
3. Politics and Government	3
4. Cultural and Religious Characteristics	3
5. Social Characteristics	4
6. Health Characteristics	4
B. History and Current Status of Family Planning	5
1. Policies and Organization	5
2. Donor Support for Family Planning Services	7
3. Training for Family Planning	8
IV. SUMMARY OF DONOR PROGRAMS AND EXISTING ACTIVITIES	9
A. Overview	9
B. Third Five Year Plan	9
C. Training Activities	10
V. FAMILY PLANNING ORGANIZATIONS	11
A. Government of Bangladesh	11
1. Ministry of Health and Family Planning	11
2. Other GOB Organizations	12
3. The Role of <u>Upazila</u> Chairmen	13
B. Non-Governmental Organizations (NGOs)	14
1. Overview	14
2. Relationship to USAID	14
3. Characteristics of NGOs in Family Planning	15
4. Similarities in Management Structure and Function	15
5. Decision Making	16
6. Planning	16
7. Community Participation	16
8. Support Systems	16
9. Human Resource Development and Management	16
10. Financial Management	17
C. Conclusions	17

TABLE OF CONTENTS (Con't)

	<u>PAGE</u>
VI. TRAINING INSTITUTES/NEEDS ASSESSMENT	18
A. Summary of Interviews	18
B. Assessment of Priority Needs	19
1. Management Training for Program Officers	19
2. An NGC Training Institute	22
VII. STRATEGIES FOR TRAINING AND TECHNICAL ASSISTANCE	25
VIII. RECOMMENDATIONS	28

APPENDICES

A. Principal Persons Interviewed	29
B. Bangladesh Country Data	32
C. NGOs in Bangladesh by <u>Upazila</u>	34
D. Organogram - MOH Organization of Health and Family Planning Program at District and Below	39
E. Current Scope of Project Sites, Client Services and Annual Budgets -- Seven Selected NGOs	41
F. Detailed Description of Selected Management Training Institutes	42
G. Focus Group on The Role of Program Officers in Family Planning NGOs	49
H. Budget for Initial Program Officers' Training	51
I. Summary Budget - Proposed Training Institute	52
J. Summary of Total Costs - Proposed Training Institute	55
K. Proposed Bangladesh Work Plan for FPMT	58

## ACRONYMS

ADB	Asian Development Bank
BAVS	Bangladesh Association for Voluntary Sterilization
BFPA	Bangladesh Family Planning Association
BMDC	Bangladesh Management Development Center
BPMI	Bangladesh Project Management Institute
BRAC	Bangladesh Rural Advancement Committee
CA	Cooperating Agency
CBD	Community Based Distribution
CBR	Crude Birth Rate
CDR	Crude Death Rate
CHCP	Community Health Care Project
CPMR	Center for Population Management and Research
CPR	Contraceptive Prevalence Rate
CWFP	Concerned Women for Family Planning
DC	District Commissioner
DG	Director General
EPI	Expanded Program for Immunization
FP	Family Planning
FPA	Family Planning Assistant
FPIA	Family Planning International Assistance
FPMT	Family Planning Management Training Project
FPSTC	Family Planning Service and Training Center
FPV	Family Planning Visitors
FRG	Federal Republic of Germany
FWVTI	Family Welfare Visitor Training Institute
GDP	Gross Domestic Product
GOB	Government of Bangladesh
GNP	Gross National Product
ICOMP	International Committee on Management of Population Projects
IMR	Infant Mortality Rate
MOHFP	Ministry of Health and Family Planning
MOHPC	Ministry of Health and Population Control
MOSW	Ministry of Social Welfare
MCH	Maternal-Child Health
MMR	Maternal Mortality Rate
NCPC	National Council for Population Control
NGO	Non-Governmental Organization
NIPORT	National Institute for Population Research and Training
NIPSOM	National Institute of Preventive and Social Medicine
RTC	Regional Training Centre
SMP	Social Marketing Project
TAF	The Asia Foundation
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TPF	The Pathfinder Fund
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UHFPD	Upazila Health and Family Planning Officer
UNFPA	United National Family Planning Program
USAID	United States Agency for International Development

## I. EXECUTIVE SUMMARY

Bangladesh is making some headway in coping with the monumental problems caused by the absolute size of its population (estimated at 101 million) and its high rate of growth (2.5% per year). Increasing the contraceptive prevalence rate (CPR) from current levels of around 25% to the next plateau (around 40%) will depend heavily on improved management. Thus, management training has been emphasized by several donors (most notably The World Bank and UNFPA) in their future programs. In spite of the emphasis of other donors, the Needs Assessment Team concluded that the Family Planning Management Training Project (FPMT) can make a unique contribution in Bangladesh.

The Team was able to identify more opportunities to work with Non Governmental Organizations (NGOs) than with the Government of Bangladesh (GOB). It is clear that the NGO sector will play an increasingly important role in the GOB's strategy for expanding family planning services. The FPMT project could be involved from the beginning with the establishment of an NGO management training institute designed to strengthen NGO responsiveness to the new demands. The need for such an institute was strongly expressed by virtually all members of the NGO community. With bilateral funding from USAID/Dhaka and a possible buy-in to this project, a management training institute could be established, building upon Bangladesh's unique experience with NGOs in family planning, to help NGOs respond to future demands on their management capacities. This process can begin with FPMT conducting a course for NGO program officers who are responsible for supporting the growth of NGOs.

Work with the GOB is constrained mainly due to the provision of large scale assistance from the Federal Republic of Germany (FRG) to the government's apex family planning training institute, the National Institute for Population Research and Training (NIPORT). Under the terms of the agreement, NIPORT is expected to have minimal involvement with other expatriate organizations. One aspect of the GOB program which merits further examination is its current efforts at decentralization to an administrative unit called the upazila (there are 495 in the country). Each upazila is directed by an elected chairman who plays a pivotal role in all development-oriented undertakings. The success of the GOB's family planning programs will be greatly influenced by the upazila chairmen and appropriate training is likely to be critical in this regard.

The Team strongly believes that Bangladesh should be a concentration country during the life of the FPMT project.

## II. DESCRIPTION OF THE ASSESSMENT

The assessment was conducted between May 16 and May 30, 1986. Discussions were held with over 50 individuals from the public and private sector. The team visited five GOB organizations, five GOB and private sector training institutes, 11 NGOs and six international agencies. Appendix A contains a list of principal persons interviewed. Hopefully the assessment conveys some sense of the magnitude of the challenge which lies ahead in the management of Bangladesh's family planning projects.

Of particular note is the variety of organizations which are already undertaking activities relevant to the FPMT project. The myriad number of organizations and the high levels of donor funding already available or planned posed a design challenge. In developing its final recommendations, the Team has been particularly attentive to the need not to duplicate efforts already underway or planned. The findings have resulted in the development of a strategic framework which accomplishes that objective and suggests a number of time-phased interventions which will permit the FPMT project, in collaboration with USAID/Dhaka buy-ins, to make a meaningful contribution to the efforts in Bangladesh.

On May 29th, the Team's tentative recommendations were presented to USAID/Dhaka at a meeting with the Director and representatives of the Program Office and the Office of Health and Population.

## III. COUNTRY PROFILE

### A. Economic and Social Indicators of Development

#### 1. Background

Bangladesh is predominantly a level plain, consisting mainly of the Ganges-Brahmaputra delta with its many rivers, creeks, and swampy lands. The plain extends over most of the country in such a way that some sites 100 miles from sea are still less than thirty feet above sea level. The average slope in the delta area is less than five inches per mile. The total area of Bangladesh is estimated to be 55,126 square miles, of which nearly twenty percent is forest, rivers, canals, and roads. It is bounded by India on three sides -- east, north and west. There is also a small boundary with Burma in the southeast and to the south lies the Bay of Bengal. The only significant elevations are in Sylhet and the Chittagong Hill Tracts.

Bangladesh is the world's eighth and Asia's fifth most populous country with a population density exceeding 1,700 persons per square mile. Dhaka, the capital city, was founded in 1608.

## 2. Economics

Per capita GNP is estimated at around \$140, up from approximately \$80 in the early 1970s. The absolute increase in per capita Gross National Product (GNP) has been accompanied with much improvement in the distribution of wealth, however.

Agriculture will always be the backbone of the economy, accounting for more than 60 percent of the Gross Domestic Product (GDP) with rice and jute being the dominant crops. Approximately 15 percent of the cultivable land is used for crops other than rice and jute such as tea, sugarcane, oilseeds, fruits, vegetables, wheat, potatoes, tobacco, cotton and fodder. In recent years, there has been a marked increase in wheat production. Historically Bangladesh has been a food deficit country. Although two rice crops in a year are possible in the area of flooding, yields have been among the lowest in the world. However, recent improvements in policies and good weather have permitted the GOB to build up stocks of approximately one million tons of rice.

In recent years, Bangladesh has seen the rapid growth of service industries in response to the increased demands of an expanding urban middle class. Industry accounts for less than 12 percent of the GDP and is dominated by jute processing, which contributes a third of the value added by all manufacturing. Other industries include cotton, steel, garments and pharmaceuticals.

Between 1970 and 1982 the average rate of inflation was between 15-18% per year. Total unemployment is officially recorded at about 12.5% of the workforce, but underemployment is much greater.

## 3. Politics and Government

In March 1982, Lt. General H.M. Ershad came to power in a military coup. His Government has given special emphasis on the decentralization of administration with the upazila chairmen playing a pivotal role. Special emphasis is also being placed on the restoration of democracy. On May 7, 1986 parliamentary elections were held with several political parties participating in the election. Among them the Government's Jatio-party and the Awami League captured the highest and second highest place in the election poll. A presidential election is planned for the end of this year when it is expected that leadership will be transferred to a civilian government.

## 4. Cultural and Religious Characteristics

Islam, the country's major religion is practiced by about 87% of the population. Hinduism accounts for approximately 12% with Christianity and Buddhism claiming a small number of followers. All three religions think of child bearing as a duty and place a high

value on having children. For example, in both Muslim and Hindu tradition the mother's role as a parent is more valued in society than the father's.

However, family planning has been widely accepted as a subject for open discussion. Even the leading moulas are now supporting family planning on the ground that Islam means total planning, total development and total enhancement of the quality and frontiers of human knowledge.

## 5. Social Characteristics

Bangladesh has four general universities, one engineering university, one agriculture university, 623 general colleges, four engineering colleges, ten medical colleges, ten teacher's training colleges, 22 law colleges, 17 politechnique colleges, 8,960 high schools, 43,937 primary schools and 2,864 madrasha. However, in spite of this infrastructure, adult literacy rates were estimated in 1981 as follows:

Both sex	29.2%
Male	39.7%
Female	18.8%.

According to a report on the status of women, "Without education and confined to a domestic role, women remain under the support, protection, and control of an adult male all her life - first her father, then her husband, finally her son.... Husband-wife age differences of almost ten years at marriage also place women in a subordinate position relative to men. And the system of purdha regulates many aspects of womens' everyday life, including mobility. Though the system offers women little opportunities, it confers on them status as a protected group."

Employment opportunities for women are therefore limited. For example, in 1951 and 1961 only 7.7% and 15.1% of all females were part of the workforce. Recent years have seen an increase in female employment in Bangladesh, especially with the development of the garment industry. However, studies are not yet available which address the relationship between a woman's role and status and her reproductive behaviour.

## 6. Health Characteristics

The infant mortality rate in Bangladesh is one of the highest in the world, constituting about one fifth of all deaths. Estimates of infant mortality are between 130-140 per 1,000 live births. Life expectancy at birth is estimated at:

54.8 (National)  
55.3 (Male)  
54.4 (Female).

The child mortality rate (ages 1-4) was estimated at 19 per 1,000 in 1982. Data on maternal mortality are scarce with the most widely cited estimates coming from Matlab. In 1967 and 1970 the Maternal Mortality Rates (MMR) at Matlab were estimated at 7.7 and 5.7 per thousand live births, respectively. Recent data from two localized studies (Tangail and Jamalpur) estimated the MMR at around six per 1,000 live births for 1982-1983.

The major causes of death in Bangladesh are: cholera, smallpox, diarrhea/dysentery, tuberculosis, malaria, measles, worms, infection, tetanus, diphtheria, pertussis, poliomyelitis, leprosy and pneumonia. Bangladesh's demographic profile is estimated as follows:

Total Population	= 101.0 million
Crude birth rate/000	= 40.5
Crude death rate/000	= 15.5
Rate of natural population increase	= 2.5%
Total Fertility rate	= 5.4
Contraceptive prevalence rate	= 26-28%
Migration rate	= last available estimate is the 1961 census.

Bangladesh's population more than doubled between 1951 (42 million) and 1981 (90 million). Current World Bank estimates predict a population of 141 million by the year 2000 and a stationary population of 310 million.

Appendix B contains the country data prepared by the World Bank in connection with its Staff Appraisal Report on the Third Population and Family Health Project.

## B. History and Current Status of Family Planning

### 1. Policies and Organization

The movement for responsible parenthood started in an organized way in Bangladesh in 1953, when the East Pakistan Family Planning Association was founded as a voluntary social service organization. During 1960-65 the government introduced a family planning program

through urban hospitals and the Academy of Rural Development at Comilla. Between 1965 and 1975, the Governments of East Pakistan and then Bangladesh introduced expanded programs using part-time male and female workers and dais at the grass root level and clinics in urban areas. However, the program did not show dramatic results until the mid-'70s (e.g., in 1970 the CPR was estimated at about 4%). Expansion of NGOs has coincided with, and contributed to broader acceptance of family planning since the mid-'70s. In many areas the government and the NGOs work together successfully.

In the Third Five Year Plan Period (1985-90) the government intends to continue its efforts for effective implementation of the national population program with greater emphasis on:

- Increased utilization of existing service delivery systems;
- Expanded coverage of priority Maternal-Child Health (MCH) services (e.g., EPI, ORS, and safe delivery practices);
- Strengthening of manpower development and training;
- Extended coverage of multi-sectoral activities, particularly womens' programs;
- Extensive need responsive IE&C activities;
- Greater involvement of NGOs;
- Close and sustained supportive supervision, systematic record keeping, and reporting/monitoring of program performance; and
- Testing innovative measures for their wider application by 1990.

The National Council of Population Control (NCPC) is headed by the President. It provides policy guidelines and directives, approves programs, designs strategies and measures results. The NCPC is assisted by an Executive Committee headed by the Ministry of Health and Family Planning (MOHFP). The Secretary, External Relations Division, Secretary, Finance and concerned members of the Planning Commission are its members. The Secretary, Health and Family Planning, is its member secretary. The responsibility of this committee is to ensure implementation of the NCPC decisions and recommend additional measures to improve program performance.

An Upazila Family Planning Committee has been constituted with the Upazila Family Planning Officer (UFPO) as member secretary. The committee is chaired by the chairman of the upazila parishad and has concerned officials and elected representative as members. The committee is expected to give direction to the implementation of the family planning program in the upazila within the decentralized framework now set up by the GOB.

The government has a target of reducing the present population growth rate of 2.4% to 1.8% by 1990. To reach this target, the CPR will have to be raised from the present level of 26% to 40% by 1990 and the number of continuous users from 5.0 million to 8.2 million.

Bangladesh has experienced an extraordinary growth in the role of NGOs and now has more than 180 engaged in health, family planning and MCH activities. NGOs have been essentially urban-based efforts. However, in recent years the government has encouraged expansion in rural areas where, in some cases, NGOs have worked alongside government workers or have taken over many of their responsibilities. NGOs have been categorized as: (a) those which are national in scope (having at least ten branches or projects), (b) those working in a particular area or locality having at least ten workers and (c) foreign voluntary organizations. NGOs provide the following services:

- Clinical Services
- CBD (both community and clinic-based)
- MCH-EPI and Nutrition
- Integrated programs
- Training, especially of field workers and supervisors
- Research and evaluation
- Innovative approaches with emphasis on income generation
- Social marketing.

Appendix C contains a list of most NGOs now active in Bangladesh.

Apart from the MOHFP, which has the main responsibility for implementing the nation-wide, family planning program, major development ministries are also engaged in family planning activities.

The key ministries are: Planning, Local Government, Education, Agriculture, Information and Broadcasting, Labor and Social Welfare, Cultural and Religious Affairs, Womens' Affairs and Youth. (Section V discusses in more detail the specific programs carried out by each ministry).

## 2. Donor Support for Family Planning Services

Family planning has consistently received high priority from virtually all major donors. Ever since the GOB adopted a policy of actively pursuing explicit family planning goals, the donors have been eager to provide funding. Thus, the last decade has seen a steep increase in the level of external support with even greater increases planned for the coming years.

The exponential growth of NGOs has provided an additional impetus for external funding. This has been from either public sector donors or from foreign NGOs using their own resources. Section IV discusses these trends in more detail.

### 3. Training for Family Planning

Training institutes concerned with family planning can be divided into three categories: (a) governmental institutes concentrating solely on family planning and health; (b) service delivery oriented NGOs; and (c) broad-based management institutes which have incorporated family planning into their curriculum.

Major family planning service training institutions in the public sectors are NIPORT; eight model clinics in medical colleges; 12 Family Welfare Visitors Training Institutes (FWVTIS); and 20 Regional Training Centres (RTCs). Programs are also being organized by the National Institute of Preventive and Social Medicine (NIPSOM); the Paramedic Institute; the College of Nursing; the Institute of Public Health and Nutrition and Medical Assistant Schools.

NIPORT was initially established in 1976 as a management training institute for training of mid-level program managers of the then Ministry of Health and Population Control (MOHPC). Demographic, social and bio-medical research units were subsequently added to the Institute in 1979. In 1980, the responsibility for planning, organizing and implementing the paramedical training through 12 FWVTIS located in District headquarters, and the training of all field workers of Health and Population Control through 20 RTCs, were entrusted to NIPORT.

The training activities of NIPORT include: training and re-training of mid-level supervisory and managerial personnel, both medical and non-medical; training and retraining of field workers through the 20 RTCs, training of dais on motivation and service delivery; preservice and refresher's training for paramedics and FWVS; specialized technical training for medical personnel faculty; training program for updating knowledge and skill in training methodology; orientation program for formal and informal community leaders; and also for multi-sectoral and NGO workers. NIPORT has ten regular training staff at present.

Several major NGOs are providing training to different categories of workers. None of these organizations was established to serve as training institutes, but now offer training services to members of their own organization as well as the staff of others involved in family planning activities. The main organizations are Concerned Women for Family Planning (CWFP) for field workers, Family Planning and Service Training Center (FPSTC) for field managers and the Bangladesh Association for Voluntary Sterilization (BAVS) for field clinical workers.

In Bangladesh there are a large number of training institutes. Several, such as the Center for Population Management and Research (CPMR) are associated directly with Dhaka University. Others, such as the Bangladesh Management Development Center (BMDC) operate as for-profit organizations while others, such as the Bangladesh Project Management Institute (BPMI), function as non-profits with an extensive number of professionals as affiliated members. While the community is a large one, none has had training of family planning managers as a major part of their mandate. Section VI and Appendix F discusses several institutes in more detail.

#### IV. SUMMARY OF DONOR PROGRAMS AND EXISTING ACTIVITIES

##### A. Overview

Funding for family planning programs has increased rapidly. For example, between 1974/75 and 1983/84 the overall budget of the MOHFP (and its predecessor agencies) rose from the equivalent of \$18.3 million in 1974/75 to \$73.8 million in 1979/80, to \$118.8 million in 1983/84. This meant an average annual increase in real terms of about 4.75% in the last five year period. During that period, spending on family planning grew faster than spending on health, now making up over 36% of the ministry's budget as opposed to 33% in 1978/79. By the end of the last plan period, the GOB had doubled its contribution to family planning through its allocations to the revenue budget which by the end of the period was 12% of total costs. This showed a strong and continued commitment to family planning.

Foreign donors finance virtually all of the government's development budget. During the Second Five Year Plan, foreign aid for family planning and MCH combined totaled about \$285 million, with \$135 million being provided by AID; \$100 million from the co-financers of the World Bank's Second Population Project; \$30 million from UNFPA; and \$10 million each from West Germany and UNICEF.

##### B. Third Five Year Plan

The GOB's Third Plan (1985-90) has grown out of the experiences of the last ten years. Its demographic goals are more realistic than in the earlier two Plans and constitute the first phase of a three-phase approach which will present a difficult challenge even with its scaled down approach. The subsequent phases are: (a) to reach replacement fertility by the year 2000 or as soon thereafter as possible, and (b) then to achieve zero population growth.

The FP/MCH strategy has also been modified and now emphasizes MCH which was missing in the implementation plans for the First and Second plans. Specifically, the Government has come to accept the

premises that (a) assured survival of children is a critical factor in planning families; (b) improvement in the range and quality of services offered will promote better relationships between health workers and clients; and (c) the combined effect of these influences should lead to increased CPRs and reductions in fertility.

The demographic goal of the Third Plan is to increase the CPR from the current level of 24-26% to 38-40% in 1990. The demographic change expected to be achieved through this increase would be a 17% decline in the Total Fertility Rate (TFR), from the present level of 5.8 to 4.8 in 1990, a reduction of the Crude Birth Rate (CBR) from about 39 in 1984-85 to 32 in 1989-90, and in the Crude Death Rate (CDR) from 15.2 in 1984-85 to 13.1 in 1989-90. The TFR change would be close to the performance of 11 developing countries, including Colombia and Thailand, which experienced particularly rapid fertility decline after World War II. In those countries, fertility fell by a roughly constant amount of 0.2 per year.

The GOB's MCH goals are focused on the unacceptably high levels of infant and maternal mortality. The goals are to reduce the Infant Mortality Rate (IMR) by about 24%, or from the current estimated level of 132/1,000 live births to less than 100/1,000 by 1990. The goal for reduction of the MMR is from around 6 to 4 per 1,000 live births by 1990.

The strategy to achieve these goals would focus on at least seven areas: (a) improved service delivery; (b) contraceptive mix; (c) MCH interventions; (d) redesign of the FP/MCH communications strategy; (e) strengthening of women's programs; (f) increased support to NGOs; and (g) innovative activities.

As was the case during the Second Five Year Plan, foreign donors will provide the resources for virtually all of the development budget. The World Bank's Population and Family Health III project alone plans to provide \$177.5 million through 1992 as follows: I.D.A. (\$72.0); Australia (\$7.2); Canada (\$23.5); Federal Republic of Germany (\$28.7); Great Britain (\$10.4); Netherlands (\$6.1) and Norway (\$23.6). Some of the bilateral donors participating in the World Bank project are expected to provide additional funds outside that framework. At an indicative level of \$25.0 million per year, AID would provide \$175.0 million over the same period. Other major donors will be UNFPA, FPIA and the Asian Development Bank (ADB).

### C. Training Activities

Training is integrated into many of the programs listed above. It is difficult to obtain accurate estimates of planned expenditures for training; however, there are two major new efforts which will be beginning shortly. Under its new project, the World Bank has allocated roughly \$15 million to NIPORT, the GOB's apex training

institute for family planning related training. NIPORT is responsible for: (a) carrying out management, worker and trainer training; and (b) planning, supervising, contracting out and evaluating training activities undertaken by a network of subsidiary and independent training institutions in Bangladesh. In addition, the Bank's project will support training for Medical Assistants at a Medical Assistants Training School, in-service training for doctors at the NIPSOM and for Traditional Birth Attendants (TBAs).

The UNFPA plans to begin this year a three year training project which is part of a regional effort. It will provide training at all levels of responsibility to: (a) seven major NGOs; (b) some smaller NGOs; and (c) FPSTC. The project will involve NIPORT as the responsible GOB agency, the International Committee for the Management of Population Project (ICOMP) as the executing agency and CPMR as the main subcontractor. The Bangladesh activity is part of a regional program which will receive general backstopping from ICOMP. The three year program for Bangladesh is estimated at \$433,000.

As a result of a recent initiative by The Pathfinder Fund (TPF), an NGO Training Coordination Council has been established. To date, it has concentrated on field personnel with three organizations being responsible for most of the training for council member organizations. They are: FPSTC -- managers and supervisors of field projects; BAVS -- technical personnel; and CWFP -- field workers. In addition, a number of NGOs conduct their own training, which is almost always oriented toward field workers. For a partial list of NGOs which do their own training with the approximate size of their total staff see Appendix E.

Time did not permit visiting each NGO and assessing their training programs, although training devoted to middle level senior managers is minimal. However, NGOs visited consistently told the Team that they began training programs out of necessity, due to the lack of an institute which offered training relevant to NGOs' concerns and methods of operation. They express varying degrees of confidence regarding their own field worker training and serious concern about their ability to adequately provide for the training of their middle and senior level managers.

## V. FAMILY PLANNING ORGANIZATIONS

### A. Government of Bangladesh

#### 1. Ministry of Health and Family Planning (MOHFP)

The MOHFP is responsible for development, coordination and implementation of the national family planning and MCH program. It consists of two wings -- Health and Family Planning. The Family Planning wing is responsible for MCH and family planning programs;

the Health wing for all other health services. At present, health and family planning services are separated at the central and district level. Each of the 64 district offices is staffed with a Civil Surgeon and a Deputy Director/Family Planning. The two services are functionally integrated at the upazila level under the Upazila Health and Family Planning Officer (UHFPO), who belongs administratively to the Health wing. There are 464 upazilas within the districts, 4,365 unions within the upazilas and three wards within each of the unions. Organizational charts of the MOHFP at the national, district and upazila level are shown as Appendix D. The present structure, with health and family planning services separated from central to district levels and integrated at the upazila, union and ward levels results from the fifth reorganization of the Ministry to have taken place during the course of the First and Second Five Year Plan.

## 2. Other GOB Organizations

At least nine other GOB ministries conduct programs which have family planning content. Their main family planning programs are summarized below.

Ministry	Main Programs
Planning	Preparation of population plan documents; demographic studies and research; external evaluations of family planning programs; census; and collection of vital data.
Local Government, Rural Development and Cooperatives	1,900 women's production oriented Cooperatives.
Education	Population education curricula and instructional materials which have been introduced into grades 4 and 6.
Agriculture	Integrating family planning and nutrition education into the work of the agriculture extension agents.
Information and Broadcasting	IEC programs through Radio Bangladesh, TV, and mass media agencies.

Ministry	Main Programs
Labor and Welfare	760 rural mothers' centres and 8 labor welfare centers; developing a new program for industries and plantation labourers.
Cultural and Religious Affairs	Education of religious leaders through the Islamic Foundation.
Women's Affairs	40 women's vocational training centers.
Youth	Training and information emphasizing the importance of delayed marriage.

### 3. The Role of Upazila Chairmen

In 1982 the GOB began a new approach to decentralizing many government responsibilities. The thana was replaced by the creation of a new administrative unit called the upazila. Over a period of approximately two years, 464 upazilas were established, laying the groundwork for election in March, 1985 of a Chairman in each upazila.

The Chairmen now play the dominant role in development at the local level for several reasons. First, they have been afforded the rank of District Commissioner (DC). Traditionally, the DC has been the senior-most government officer in the rural areas, serving at the district rather than upazila level. Second, they report directly to the Office of the President and can completely bypass normal bureaucratic processes. Third, they receive a budget allocation directly from the central government to be expended on transferred subjects, which include all development functions, (only activities such as police, military, postal services, etc., are not transferred subjects). To encourage local participation in the development process, funds can be spent within certain general guidelines on activities deemed to be of high priority by the local population. Fourth, they exercise supervisory and payroll responsibilities over government officials working at the upazila level.

Decentralization to the upazila level is a bold step and conceptually a very attractive approach. However, it is not clear how this will affect the Government's family planning programs. Elected officials are most likely to show considerable interest in tangible projects (e.g., roads or irrigation canals) or services which show immediate results (e.g., food for work or curative health). Unfortunately,

current arrangements offer few political incentives for chairmen to take a proactive position in family planning. Although family planning has been identified as the nation's highest priority, only 7.5% of the funds transferred to upazila chairmen will be allocated to social services, including health and social welfare as well as family planning. There is some concern that chairmen committed to family planning will encounter budgetary limitations while others will pay only "lip-service."

## B. Non-Governmental Organizations (NGOs)

### 1. Overview

The NGOs working in family planning have flourished in the last ten years. As recently as 1975 most of the organizations interviewed, except BFPA, were operational in only one site. Today, NGOs are said to be responsible for 31% of the national CPR. With expansion, the NGOs can make even a greater contribution since many NGO project areas record CPRs around 45%. The NGOs have had a great impact on the GOB program. Examples are: (a) the utilization of female field workers first pioneered by the NGOs, (b) the introduction of simplified, field oriented record systems and (c) the training of physicians and the promotion of quality surgical services. Because Dhaka is the seat of government and the major NGOs are Dhaka based, there is frequent and productive interaction with the MOHFP. Ministry officials are relatively frequent visitors to NGO project sites.

All of the seven NGOs interviewed can be characterized as innovatively meeting the needs of Bangladesh's urban population. They now cover most the the 81 municipalities and several are active in rural areas. In comparison with other countries, Bangladesh NGOs play an effective role in the national program and are key to both the quantity and the quality of services provided.

It is because of their success that they have been given the mandate by the GOB to expand their operation into rural areas. This expected expansion may require that NGOs add 10,000 rural field workers, doubling the number now employed in mainly urban settings. Rapid expansion, then, presents the greatest challenge to an effective management system built up by NGOs over the past ten years.

### 2. Relationship to USAID

The NGOs have historically been encouraged and promoted by USAID/Dhaka. Since 1978 the Mission has had a population advisor responsible for NGO activities. USAID funds several NGOs directly (e.g., BFPA, FPSTC and BAVS) while other funding goes through Cooperating Agencies (CAs) (e.g., TAF, TPF, and FPIA) to their country offices in Dhaka. USAID actively participates on NGO Councils and Boards

and has collaboratively helped many NGOs to become viable and productive institutions. The Team knows of no other country where USAID has played such a supportive role in the development of the NGO sector. In 1985-86, approximately one third of Mission population resources went to NGOs, one-third to the Social Marketing Project (SMP; also registered as an NGO) and one-third to the GOB.

### 3. Characteristics of NGOs in Family Planning

For the purposes of this report, seven NGOs were interviewed and assessed for their management training needs. Appendix E provides background information on each of the NGOs.

Four of them, CWFPP, FPSTC, BFPA and Community Health Care Project (CHCP), provide outreach services in family planning with some clinical services. All four provide some MCH services and three provide women's income generation, literacy or other development services. Together they have approximately 2,400 full-time staff members with a client coverage of 500,000 current family planning users. Their total 1986-87 budgets are approximately \$3.0 million.

BAVS offers surgical contraception and training, utilizing a staff of 1,200 full-time and 600 part-time workers. Their client coverage is 60,000 with an 1986-87 budget estimated at \$1.2 million. Two agencies, Swanivar and the Islamic Foundation Mission Committee provide IE&C in family planning to client groups totalling over 1.7 million and focus on MCH, community development and literacy services.

Although agencies vary as to their goals, all are aware that family planning is of highest priority. Only the Islamic Mission is unlikely to deliver services directly in the near future. The Ministry of Religious Affairs provides funds for the Mission to educate Mulanas and other religious leaders on the Koranic implications of family planning and deliver IE&C through its 14 health facilities.

### 4. Similarities in Management Structure and Function

Based on the Team's interviews, a number of similarities can be identified regarding the management structure and functions of NGOs. For example, all organizations:

- Are headed by the founder or a founding member.
- Have a similar management structure: board of directors, director, deputy director(s), program officer(s) and field staff.
- Provide training, for staff development, or in three cases, for other NGO staff.

- Provide funding and TA support to branches or sub-projects.
- Receive, analyze and feedback information to sub-projects.

All NGOs interviewed are user-oriented and thus share a similar concern for the well being of the client. The directors are in frequent contact with clients at the field level and seem in touch with current information from the field. They are unusually aware of the advantages of a good MIS and use comparative data on prevalence as an operational tool. All had charts or graphs showing current acceptors by family planning methods.

#### 5. Decision Making

The organizations vary in the decision making process, some being highly participatory while others are highly centralized. Few organizations have strong deputies, and managers are aware of the need to build up the second tier.

#### 6. Planning

Yearly planning has been institutionalized as a requirement of the donors. The short-term planning process seems very detailed and there are direct links between planning and implementation. Projects are target oriented and can give an up-to-the-minute comparison of targets and achievements.

#### 7. Community Participation

It is difficult in Bangladesh to define the community. An extended family system prevails and, except for political reasons, the community leaders have little real influence. Family planning organizations have played a key role in encouraging women's groups which have recently begun to organize in cooperatives or around income-generating activities. NGOs act as a catalyst at the community level, but are somewhat directional in identifying needs and designing responses to them for local groups. All express an interest in learning more techniques in community participation.

#### 8. Support Systems

A recent innovation in the contraceptive supply system has greatly aided the flow of contraceptives to NGOs. The FPAB serves as the supplier for both urban and rural-based NGOs.

#### 9. Human Resource Development and Management

Most personnel are recruited from non-professional positions or from professions unrelated to family planning or health. Organizations have developed their own methods for training and staff

development, which have worked well given the relatively slow expansion of the NGOs. CWFP has taken a leading role for training NGO field workers and FPSTC has provided for field supervisors. Supervision in NGOs follows a prescribed model of one supervisor to four field workers. Pathfinder funded projects are experimenting with a higher worker to supervisor ratio. However, the expected expansion of NGOs will put great strains on the existing models of human resource development and management and new approaches will be needed.

#### 10. Financial Management

Financial planning is a collaborative process between donors and grantees. Donors also play an active part in financial management, suggesting accounting and bookkeeping procedures and monitoring of expenditures. There is seemingly little attention to cost effectiveness analysis by donors or grantees, although Bangladesh programs are, for the most part, highly cost effective because of low overhead expenses and salaries and a high volume of services.

#### C. Conclusions

FPMT can play a critical role in helping senior managers plan and execute expansion while retaining the current level of quality of services. The following training interventions would be helpful in this regard:

##### For GOB and NGOs

- Courses for senior level managers in strategic planning.
- Seminars for upazila chairmen to enhance management skills and strengthen commitment to NGO and GOB family planning goals.
- Multi-sectorial workshops to assist GOB upazila officials and NGOs to plan together for upazila development strategies.

##### For the NGOs

- Transition Planning - developing second level management.
- Training of new and existing Program Officers who will seek out and develop expansion opportunities in rural areas.
- Workshops for project managers whose projects have expanded.

- Team building workshops with various levels in the organization to develop a team management approach to the issues of span of control and decentralization.
- Training of trainers and curriculum development workshops for training staff who will train new recruits.
- Seminars for field workers and future leaders who could play an expanded role at the upazila level.
- Follow-up to trainees and technical assistance to organizations as they implement expansion plans.
- Internship programs in large NGOs for university graduates.
- Study tour/internships for CBD managers from other developing countries, especially Africa.

## VI. TRAINING INSTITUTES/NEEDS ASSESSMENT

### A. Summary of Interviews

Training opportunities for managers of family planning programs is limited in Bangladesh. For the purposes of this review only those institutions currently providing senior level management training were reviewed. They, however, represent a broad range of administrative structures; government, semi-government, university based and private. The review was aimed at determining: (a) the opportunities for collaboration with FPMT; (b) the current coverage of management training needs; and (c) the potential for increasing this coverage in the future. Appendix F contains a detailed description of the institutes now providing senior level management training.

No further assistance is needed by NIPORT. The absorptive capacity, given past experience, is likely to be overburdened with the World Bank resources, and the nature of the agreement precludes any other TA or financial assistance. The Director General (DG) of NIPORT, however, did request that management training materials and resources be compiled by the FPMT Project to supplement the library. As funding will be available from other sources, the team suggests that a bibliography of general management and family planning management materials be compiled. This list would prove useful to several of the training institutions who wish to strengthen up a management training resource center in the future. Of the three other training institutions reviewed, BPMI holds the most promise for future collaboration. Its seeming flexibility and its network of trainers might provide an institutional framework for FPMT training activities.

## B. Assessment of Priority Needs

Three CAs, funded by the S&Ts Bureau's Office of Population -- TAF, TFP and FPIA -- have established country offices in Bangladesh and play a major role in the NGO network. As each of these organizations has supported local, regional and international training for Bangladeshis, interviews were conducted to ascertain their views on management training needs. There was broad agreement on the highest priority needs for both the short and long term.

### 1. Management Training for Program Officers

All of the intermediary agencies interviewed expressed the need for management training for their current Program Officers and indicated that future program expansion will require recruitment of additional staff at this level and hence more training. Representatives from seven NGOs also concurred in this judgement through participation in a focus group discussion on the role of the program officer. Appendix G describes the focus group process. The rationales given for training Program Officers were:

- They are senior managers who are critical to the success of family planning projects;
- Program officers are the interface between sub-grant making agencies and family planning subprojects;
- Trained, experienced recruits are unavailable except from other agencies engendering unreasonable competition among the NGOs to hire the same people;
- No training exists which would provide the needed skills for this position; and
- Expansion of the NGO responsibilities for service delivery at the upazila level will increase the work load of current Program Officers and increase the demand for new hires.

As programs expand with the emphasis on decentralization, the only alternative to upgrading skills through training is to lower the qualification standards and recruit inexperienced project staff.

The implications for the family planning program if this were to happen would be serious. The Program Officer is critical, not only to the expansion process, which has been encouraged by the GOB, but for assuring that AID standards for quality and voluntariness of services delivered by NGOs are met. The Program Officer's role in the national program is especially important to maintain the growth and development of a strong private sector program, and if the training of GOB officers does not accelerate dramatically, the NGOs may be called upon to play an even greater role in training counterparts to the Program Officer in the MOHFP.

Program Officers play a critical role in developing, implementing, monitoring and evaluating subprojects or expansion of projects in the current NGO program. The GOB has no exact counterpart to the Program Officer, but many of the same functions are carried out by the UHFPO. A new Program Officer position will be added to the MOHFP coordination unit which manages subvention funds (set-aside funds for NGO). The person undertaking this responsibility would be an ideal candidate for training as well.

Program Officers are in the second or third level of management in the organizations interviewed.

<u>NGOs</u>	<u>Intermediary Agencies</u>
Director	Country Representative
Deputy Director	Senior Program officer
Program Officer	Program Officers.

Their function is to:

- Identify targets of opportunity for subproject development.
- Develop projects with upazila level, NGOs or other district level organizations.
- Write the project document for submission to the Country Representative of donor agencies.
- Set up a MIS at the project site.
- Assist the Project Manager on recruiting, hiring and staff development.
- Conduct on-the-job training and resolve problems as they arise.
- Monitor the program and financial records of the organization.
- Keep projects on target by providing feedback to senior management staff and boards.
- Coordinate with GOB officials and other NGOs, especially at the upazila level.
- Represent their agencies to GOB officials and donors on site visits.
- Report on the progress of subprojects.
- Recommend remedial actions or expansion of the subprojects.

No training is available for this level worker through the management institutes nor by NGO organizations themselves. The TPF, recognizing the needs of their officers, designed a five day training program conducted by an outside consultant and attended by other agencies on just one aspect of their job -- project proposal preparation. Fourteen Program Officers attended and the overall evaluation showed their interest and enthusiasm for developing skills in this functional area of their jobs.

A training intervention by FPMT would fill an important management training need in family planning programs. An in-country training program of two to three weeks duration could focus on:

- Technical skills in contraceptive technology, project preparation, report writing and evaluation methodology.
- Process skills in participatory project development, training (one-on-one, team training of sub-project staff), grant negotiation, conflict resolution and coordination.
- Planning and management skills in assessing needs, work planning, problem solving, program analysis, financial management and personnel policies.

Senior managers should also take part in sessions on role clarification, goal setting, and team building. Senior program managers, many of whom have been promoted through the program office ranks would benefit from participatory team training by sharing their experience while also gaining an appreciation of the Program Officer's expanded role.

The FMPT project should plan to provide two appropriate staff members to implement the program in January with the active participation in the planning process of members of the Needs Assessment Team. Dr. Joan Newton, an American living in Bangladesh currently consulting with TPF and the NGO training coordination council, should also be consulted.

The initial training program should be designed as a pilot project for training to be conducted on an ongoing basis. The Needs Assessment Team estimates that the target group for training exceeds 150, with many smaller agencies not in the sample. With tested materials the program can be institutionalized under a larger project designed to address the management needs of senior level management. The program should be evaluated post training to determine the effectiveness on actual field performance. The coordination unit of the GOB should also be encouraged to send its Program Officers, as the interaction with GOB and the NGOs at this level would be profitable. The total cost of conducting the first Program Officers' training course is estimated at about \$63,000. Appendix H contains a detailed estimate.

## 2. An NGO Training Institute

Representatives of the CAs also stated that the need for training of NGO personnel began exceeding the resources of the agencies in the late 1970s when training was undertaken on a regular basis in Bangkok. The Bangkok training has not fully met the needs of Bangladeshi participants and feedback has been mixed. The Thai model is not replicable in the more conservative countries, although the systems of management are applicable in a generic sense and some concern has been expressed about the administration of the program. Donors expressed the need to develop a local institution which could provide training for Bangladeshi senior managers and several expressed concern that no local training institute was capable of meeting the managers' needs because:

- Most existing institutes are academically oriented with no field orientation.
- Management trainers do not understand the focus of the program (family planning management).
- Training is not adapted to the needs and levels of trainees.
- The training is not experiential based.
- Participatory training is understood to mean only group discussion and films.

The donor representatives who are Bangladeshis or have had a decade or more experience in Bangladesh recommended that a family planning management training institute should be established to respond to the unique requirements of NGOs. The institute should:

- Have a well equipped and maintained facility.
- Include domiciliary facilities, as many of the trainees are women.
- Elevate the importance of management training.
- Increase the awareness of policy makers that management training is important.
- Have full time staff who have management rather than academic experience.
- Have the ability to develop local case studies on family planning management problems.

The donors could not identify an institute which had or could develop the capacity to conduct experiential, problem oriented training for senior managers. They could, however, identify both targets for training and training needs of the target groups.

Targets for Training	Training Needs
Senior Managers	Strategic, long-range planning Financial management Community participation.
Deputy or Upper Middle-Level Managers	Technical management skills and procedures.  Policies Roles and goal clarification Community participation.
Program Officers	Contraceptive technology/clinical standards  Technical Writing  Community Participation  Project development and proposal writing  Roles and goal clarification.
Boards	Roles and goal clarification Volunteer effectiveness.

Donors cautioned that NGOs should not be encouraged to undertake an expanded training role beyond the focus of their existing training as it would divert the service delivery component of NGO programs.

The NGOs with which the idea was discussed also concurred in the judgement that a new institute is required. Thus, after discussions with the USAID the Team prepared, at USAID's request, some initial ideas about such an institute. The statement of its Goals and Purposes is as follows:

### Goals

To meet the demand for a high quality training environment for senior NGO managers hired to direct family planning projects in various urban and rural settings and hence make a major contribution to Bangladesh's overall goals of fertility reduction.

## Purposes

1. To provide a quality environment, staffed with qualified, resident instructors conversant with the latest teaching techniques, equipped with modern teaching aids and devices and operating with the basic amenities required for conducting a training course which maximizes the learning processes and minimizes inconvenience and distraction of the participants.
2. To provide technical assistance to the existing family planning training institutes to identify their management needs.
3. To develop and implement training curricula tailored to the specific needs of the individual participants as well as to the general needs of the family planning program in Bangladesh using qualified resource persons recruited locally and/or obtained from abroad.
4. To offer comprehensive courses including subject matter covering key management areas: (a) grant researching and writing, (b) grant negotiation, (c) budgeting, (d) phased project implementation, (e) personnel management (practices, policies), (f) project monitoring, (g) project evaluation, (h) project reporting, and (i) incorporating "lessons learned" in follow-on activities.

The team was also asked by the USAID to prepare some cost estimates for the institute. Our planning assumed: (a) an all-Bangladeshi permanent staff, (b) an institute run on private sector, for-profit principles (although it is difficult to estimate when the institute might break-even) and (c) housing the institute in rented space rather than constructing a new facility.

Appendix I contains a detailed first year and summary five year budget for the institute's operations above. These costs are estimated at about \$280,000 in the first year and about \$1.4 million over five years. Finally, a total project including participant travel and per diem (about \$2.1 million) and technical assistance to be provided through the FPMT project (\$750,000) was costed at slightly more than \$4.2 million over five years. Appendix J contains these estimates.

The Team supports the concept of a new training institute dedicated explicitly to the needs of the NGOs. This would not only respond to a serious need within the country but would also build upon Bangladesh's exceptional experience with NGOs and provide the basis of a Regional Training Center. Should the USAID decide to proceed with an overall project along the lines outlined above, the FPMT Project, consistent with its objective of institution building, could be the source of continued technical assistance to the new institute.

In addition, the USAID gave tentative consideration to possible implementation/oversight mechanisms for the full project as outlined above, should it be undertaken. A contract would have to be set with a Bangladeshi firm to manage the institute once it was in place. However, prior to that time arrangements would have to be made to oversee the creation of the institute (e.g., renovations to rental space, purchase and installation of equipment and supplies, etc.). Three options were considered:

- Direct oversight by the USAID;
- Contract with a Bangladeshi firm; and
- Through a buy-in, request the FPMT project to perform the necessary services by, among other things, hiring a resident advisor.

The Team believes the third option offers the best opportunity to ensure quality and consistent oversight during the start-up period.

## VII. Strategies for Training and Technical Assistance

As Section IV. showed, there are many activities already underway in family planning management training and even more planned to begin during the duration of the FPMT project. Thus, the resources which FPMT can provide will comprise a small portion of the total available to the GOB and NGOs. However, by concentrating on the management needs of middle and upper level personnel, FPMT brings a fresh perspective to the overall training picture. In addition to the funding considerations, the Team identified two major trends which were important in shaping a strategy.

First, the GOB is encouraging NGOs to expand their programs, especially to the rural areas. As NGOs grew, the government limited their involvement to the urban and peri-urban areas of Dhaka and the district capitals. Today, the contribution which NGOs can make to expanding the cost effective delivery of quality services is widely recognized. Thus, recently the GOB has been very receptive to a major expansion of NGO coverage. While generally viewed as a positive change, the realistic limits to NGO growth should be understood.

Management will be the most important constraint. For example, such expansion implies a considerable increase in training needs at all levels: field workers, field supervisors, technical personnel, program officers, program managers, accountants and senior managers. NGOs will need to develop new management styles, delegating authority to field managers which heretofore was held in one office. New systems of record keeping and project monitoring responsibilities and a decentralized mode will need to be developed. These tasks take on a high degree of urgency since expectations are high that the astonishing record of growth over the last decade can be repeated.

Second, the GOB is actively implementing a policy of decentralization. The government has eliminated one layer of the prior organizational hierarchy (the 64 former subdistricts are now the districts) and focuses most of its attention on the upazila. There are 495 upazilas in Bangladesh which roughly coincide with thanas in the former system.

A major change is that upazila chairmen are now elected and report directly to the Office of the President. They have been afforded the rank of District Commissioner who has been, since colonial times, the senior government administrator in the countryside. Upazila chairmen were elected for the first time in May 1985.

Many administrative details associated with decentralization to the upazila are still being worked out. However, the intention is for the chairmen to receive funds directly from the central government, to be programmed within sub-allocation guidelines for all activities categorized as "transferred subjects." This includes family planning as well as all other major development activities (e.g., roads, food for work, drainage ditches). Apparently, government field workers such as the family planning visitors (FPV) and family planning assistants (FPA) will come under the direct supervision of the upazila chairmen.

For the effort to succeed many of the chairmen will need to improve their general management skills. To ensure that the emphasis on family planning is not diluted as the chairmen undertake their wide range of responsibilities, specific training on managing such a program within the framework of decentralization will be required.

At least four broad options could be considered for possible program concentration. They are:

Option 1: Decide not to make Bangladesh a long term concentration country for the project. This would recognize the magnitude of resources already planned for management training, the coverage which will be given to most problem areas and the potential difficulty of finding an appropriate niche for the project.

Option 2: Concentrate on NGOs only. This would be based on the high level of public sector funding just starting through the World Bank and questions of NIPORT's absorptive capacity. A subset of this option would consider whether to work with the most established NGOs, concentrate on a group of second echelon organizations which have demonstrated capacity for growth, or both.

Option 3: Identify for exclusive concentration no more than three program areas (e.g., financial oversight, self-sufficiency, logistics) or even more precisely defined issues (e.g., delegating authority, moving clients into the market system for their supplies, improving government-NGO collaboration and coordination).

Option 4: Follow a target of opportunity approach. Aggregate funding for family planning management training may be more than adequate over the next several years; however, there will be gaps which could best be filled through access to the skills within The FPMT consortium. Thus, a potentially large return could be realized from limited resources by working with and improving what is already planned.

The Team felt that Option 1 was not realistic. Several interesting opportunities have been identified which respond to needs which will be, at best, only partially met without FPMT resources. Thus, there are some clearly defined tasks which would respond to newly emerging management training needs. By the same token, Option 3 wasn't considered viable in the near term. Perhaps, as opportunities are more fully developed, several areas will be identified for major concentration. However, they were not readily obvious during the visit.

Thus, given the conditions outlined above, the Team favors predominant emphasis on both the most established and second echelon NGOs while retaining a target of opportunity approach which would permit a broad response to needs as they evolve.

These considerations led to the development of an overall strategy framework which involves time phased interventions by FPMT over the life of its project as follows:

#### STRATEGY FRAMEWORK-BANGLADESH

##### IMMEDIATE

##### Helping NGO Expansion to the Rural Areas

- Management Training for Program Managers
- Strengthening second echelon NGOs through technical assistance, training and internships.

##### Assisting the USAID in Project Paper Preparation for an NGO Management Training Institute

##### MEDIUM-TERM

##### Developing Regional NGO Management Training Capacity

- Free-standing, privately managed institute dedicated solely to NGO needs.

## LONG-TERM

### Working on the Management Aspects of Decentralization to the Upazilas

- Management training for upazila chairmen
- Specific management issues regarding family planning administration.

### Responding to specific GOB needs

- Curriculum development especially related to upazila management issues.

This framework was discussed with USAID/Dhaka at the Team's debriefing on May 29, 1986. The discussion was, of course, an initial introduction to the concept but we believe the USAID found the proposal to be an attractive one.

## VIII. Recommendations

The Team feels that, although many training activities are underway or planned, Bangladesh offers many opportunities for the FPMT project to make a meaningful contribution. Therefore, we recommend that Bangladesh should be a concentration country during the life of the project.

The strategic framework developed in Section VII. should be the basis for additional collaboration between the project, the GOB, the NGOs and the USAID. Early concurrence should be sought from the organizations and individuals most affected by the proposals.

On the assumption that agreement can be reached on how to proceed, the Team prepared a workplan which is shown at Appendix K. We recommend that this be the basis for future project planning unless it is modified during further discussions.

## APPENDICES

A. Principal Persons Interviewed	29
B. Bangladesh Country Data	32
C. NGOs in Bangladesh by <u>Upazila</u>	34
D. Organogram - MOH Organization of Health and Family Planning Program at District and Below	39
E. Current Scope of Project Sites, Client Services and Annual Budgets -- Seven Selected NGOs	41
F. Detailed Description of Selected Management Training Institutes	42
G. Focus Group on The Role of Program Officers in Family Planning NGOs	49
H. Budget for Initial Program Officers' Training	51
I. Summary Budget - Proposed Training Institute	52
J. Summary of Total Costs - Proposed Training Institute	55
K. Proposed Bangladesh Work Plan for FPMT	58

APPENDIX A

PRINCIPAL PERSONS INTERVIEWED

GOVERNMENT OF BANGLADESH

Ministry of Health and Family Planning

Mr. Aminul Islam, Additional Secretary

Mr. Md. Azizul Karim, Deputy Chief, FP wing

Mr. Mostafa Jamal, Deputy Secretary (Coordination)

Col. Md. Abdul Latif Mallik, Director General for Implementation

Planning Commission

Dr. M.A. Mabud, Planning Officer, Population Sector

Minister of Finance

Dr. Sayeed-uz-zaman, Finance Advisor to the President

Ministry of Social Welfare and Women's Affairs

Mr. Kabiruddin Sarker, Director Social Welfare

Cabinet Division

Mr. Anis-uz-Zaman Khan, Additional Secretary

TRAINING INSTITUTES

Government of Bangladesh

National Institute of Population Research and Training

Dr. S. Waliullah, Director General

Mr. Rafiq-uz-zaman, Director, Training

Ms. Mahnur Rahman, Senior Instructor Training Unit

Family Planning Services and Training Centre

Mr. Abdur Rouf, Chief Executive

Mr. Milou Bikash Pal, Deputy Chief Executive

Mr. Liaquat Ali Khan, Associate Program officer

Mr. Mohammed Ismail, Associate Program officer

Non-Governmental

Center for Population Research and Management, Dhaka University

Dr. Rahim B. Talukdar, Director Institute of Business Administration

Bangladesh Management Development Centre

Mr. A.I. Chowdhury, Director General

Mr. Mustafa Kamal, Senior Management Councillor

APPENDIX A (continued)

Non-Governmental (continued)

Bangladesh Project Management Institute  
Dr. Mokbal Ahmed Khan, Secretary General

NON-GOVERNMENT ORGANIZATIONS

Bangladesh Family Planning Association  
Mr. Alamgir Kabir, President  
Mr. Mozammul Huq, Executive Director  
Mr. Mizan Rahman, Deputy Executive Director

Bangladesh Rural Advancement Committee  
Mr. Fazle Abed, Executive Director

Bangladesh Women's Health Coalition  
Ms. Sandra Kabir, Executive Director  
Ms. Bonnie Kay, Consultant

The Asia Foundation  
Mr. Geoff Taylor, Chief Population Officer

Bangladesh Association for Voluntary Sterilization  
Dr. Azizur Rahman, President  
Dr. A.B. Choudhury, Deputy Executive Director

The Pathfinder Fund  
Dr. Mohammad Alauddin, Director  
Mr. Habibur Rahman, Program Manager  
Mr. Earl Anthes, Consultant

Concerned Women for Family Planning  
Ms. Mufawza Khan, Executive Director  
Ms. Rokeya Sultana, Director, Training

Contraceptive Social Marketing Program  
Mr. Robert Ciszewski, Outgoing Country Representative  
Mr. Philip Hughes, New Country Representative

Community Health Care Project  
Mr. Ranjit Barua, Deputy Director

Swanivar  
Mr. Minuddin Ahmad, Acting Director

Mission of the Islamic Foundation  
Dr. Amanur Rahman Khan, Director

APPENDIX A (continued)

INTERNATIONAL AGENCIES

U.S.Embassy

Hon. Howard Schaffer, Ambassador

USAID/Dhaka

Mr. John Westley, Mission Director

Ms. Bonnie Pounds, Deputy Director

Ms. Suzanne Olds, Chief Health and Population

Ms. Sharon Epstein, Deputy Chief, Health and Population

Ms. Sigred Anderson, Coordinator NGO Activities, Health & Population

Ms. David Korten, Regional Consultant

World Bank

Mr. Faruque Ahmed, Program Officer

British High Commission

Mr. Stephen Chard, First Secretary, O.D.A.

Family Planning International Assistance

Ms. Mary Mc Govern, Regional Director, Asia & Pacific

Mr. Abdul Hashem, Associate Regional Director

Mr. Peter Foley, Associate Regional Director

U.N. Fund for Population Activities

Mr. Erik Palstra, Programme Officer

Mr. Tahera Ahmed, Programme Officer

APPENDIX B

BANGLADESH  
COUNTRY DATA

Page 1 of 2

	BANGLADESH - SOCIAL INDICATORS DATA SHEET				
	BANGLADESH			REFERENCE GROUPS (WEIGHTED AVERAGES)	
	1990 <sup>(a)</sup>	1970 <sup>(b)</sup>	LATEST RECENT ESTIMATE <sup>(c)</sup>	LOW INCOME ASIA & PACIFIC	MIDDLE INCOME ASIA & PACIFIC
AREA (THOUSAND SQ. KM)					
TOTAL	144.0	144.0	144.0	.	.
AGRICULTURAL	94.6	97.0	97.0	.	.
GDP PER CAPITA (US\$)	..	..	130.0	27.3	101.1
ENERGY CONSUMPTION PER CAPITA (KILOGRAMS OF OIL EQUIVALENT)	..	20.0	35.0	285.7	506.4
POPULATION AND VITAL STATISTICS					
POPULATION, MID-YEAR (THOUSANDS)	53491.0	68117.0	95497.0	.	.
URBAN POPULATION (% OF TOTAL)	5.2	7.6	17.0	22.3	35.9
POPULATION PROJECTIONS					
POPULATION IN YEAR 2000 (MILL)			141.1	.	.
STATIONARY POPULATION (MILL)			310.0	.	.
POPULATION MOMENTUM			1.9	.	.
POPULATION DENSITY					
PER SQ. KM.	371.5	473.0	663.2	173.6	306.9
PER SQ. KM. AGRIC. LAND	365.3	702.3	955.3	353.3	1591.2
POPULATION AGE STRUCTURE (%)					
0-14 YRS	44.2	46.2	43.6	36.3	36.2
15-64 YRS	52.3	51.1	53.6	59.6	57.7
65 AND ABOVE	3.1	2.6	2.6	4.3	3.5
POPULATION GROWTH RATE (%)					
TOTAL	1.9	2.4	2.6	2.0	2.3
URBAN	3.7	6.2	6.2	4.1	6.1
CRUDE BIRTH RATE (PER THOUS)	46.8	48.0	41.5	27.3	30.1
CRUDE DEATH RATE (PER THOUS)	22.3	20.9	15.7	10.2	9.4
GROSS REPRODUCTION RATE	3.4	3.4	3.1	1.7	1.9
FAMILY PLANNING					
ACCEPTORS, ANNUAL (THOUS)	..	373.0	1807.0 /c	.	.
USERS (% OF MARRIED WOMEN)	..	..	25.0 /d	49.4	56.3
FOOD AND NUTRITION					
INDEX OF FOOD PROD. PER CAPITA (1969-71=100)	106.0	101.0	94.0	116.6	124.4
PER CAPITA SUPPLY OF					
CALORIES (% OF REQUIREMENTS)	63.0	90.0	83.0	106.3	113.7
PROTEINS (GRAMS PER DAY)	43.0	45.0	42.0	60.1	60.3
OF WHICH ANIMAL AND PULSE	9.0	9.0	7.0 /e	14.4	14.1
CHILD (AGES 1-4) DEATH RATE	25.4	22.6	19.0	7.3	7.2
HEALTH					
LIFE EXPECT. AT BIRTH (YEARS)	63.3	64.9	69.6	60.3	60.6
INFANT MORT. RATE (PER THOUS)	159.0	150.0	132.0	89.2	64.9
ACCESS TO SAFE WATER (IPOP)					
TOTAL	..	43.0	38.0 /c	44.2	46.0
URBAN	..	13.0	26.0 /c	77.2	57.6
RURAL	..	47.0	40.0 /c	34.6	37.1
ACCESS TO EXCRETA DISPOSAL (% OF POPULATION)					
TOTAL	..	6.0	3.0 /c	7.8	30.1
URBAN	..	..	21.0 /c	28.8	52.9
RURAL	..	..	1.0 /c	5.3	44.7
POPULATION PER PHYSICIAN	..	8430.0	7810.0	3318.0	7731.7
POP. PER NURSING PERSON	..	76810.0	22570.0	4690.7	2664.8
POP. PER HOSPITAL BED					
TOTAL	..	7020.0 /f	6690.0	1039.2	1112.1
URBAN	..	810.0 /f	800.0 /g	279.1	651.6
RURAL	..	..	23470.0 /g	6028.2	2596.9
ADMISSIONS PER HOSPITAL BED	..	..	..	32.3	41.1
HOUSING					
AVERAGE SIZE OF HOUSEHOLD					
TOTAL	..	5.9 /h	5.8 /c	..	..
URBAN	..	6.1 /h	6.1 /c	..	..
RURAL	..	5.9 /h	5.8 /c	..	..
AVERAGE NO. OF PERSONS/ROOM					
TOTAL	..	..	..	..	..
URBAN	..	..	..	..	..
RURAL	..	..	..	..	..
PERCENTAGE OF DWELLINGS WITH ELECT.					
TOTAL	..	..	7.3 /c	..	..
URBAN	..	..	..	..	..
RURAL	..	..	..	..	..

APPENDIX B (continued)

**BANGLADESH**  
**COUNTRY DATA**

Page 2 of 2

BANGLADESH		- SOCIAL INDICATORS DATA SHEET			
BANGLADESH		MOST RECENT ESTIMATE /b		REFERENCE GROUPS (WEIGHTED AVERAGES) /a	
1980 /b	1970 /b			LOW INCOME ASIA & PACIFIC	MIDDLE INCOME ASIA & PACIFIC
<b>EDUCATION</b>					
ADJUSTED ENROLLMENT RATIOS					
PRIMARY: TOTAL	47.0	52.0	70.0	92.5	100.7
MALE	56.0	68.0	68.0	105.5	104.0
FEMALE	26.0	34.0	51.0	79.3	97.2
SECONDARY: TOTAL	8.0	15.0	15.0	31.3	47.6
MALE	14.0	29.0	24.0	40.8	50.6
FEMALE	1.0	8.0	6.0	21.9	44.8
VOCATIONAL (% OF SECONDARY)	1.0	0.4	14.3	3.3	18.4
PUPIL-TEACHER RATIO					
PRIMARY	..	43.0	53.0 /d	38.0	30.4
SECONDARY	..	26.0	21.0 /e	17.4	22.2
<b>CONSUMPTION</b>					
PASSENGER CARS/THOUSAND POP	..	0.4	0.4 /e	0.9	10.1
RADIO RECEIVERS/THOUSAND POP	..	..	8.1	129.3	172.9
TV RECEIVERS/THOUSAND POP	..	..	0.9	19.8	58.5
NEWSPAPER ("DAILY GENERAL INTEREST") CIRCULATION PER THOUSAND POPULATION	..	..	3.8	25.7	65.3
CINEMA ANNUAL ATTENDANCE/CAPITA	..	..	..	6.0	3.4
<b>LABOR FORCE</b>					
TOTAL LABOR FORCE (THOUS)	19252.0	23611.0	33542.0	..	..
FEMALE (PERCENT)	15.2	14.6	17.8	33.2	33.6
AGRICULTURE (PERCENT)	87.0	86.0	74.0 /e	69.6	52.2
INDUSTRY (PERCENT)	3.0	3.0	11.0 /e	15.8	17.9
PARTICIPATION RATE (PERCENT)					
TOTAL	36.0	34.7	35.1	41.9	38.9
MALE	58.7	55.9	56.3	53.6	50.8
FEMALE	11.4	11.9	12.8	29.1	26.8
ECONOMIC DEPENDENCY RATIO					
	1.3	1.4	1.3	1.0	1.1
<b>INCOME DISTRIBUTION</b>					
PERCENT OF PRIVATE INCOME RECEIVED BY					
HIGHEST 5% OF HOUSEHOLDS	18.3 /g	..	..	..	..
HIGHEST 20% OF HOUSEHOLDS	44.5 /g	44.1 /h	..	..	48.0
LOWEST 20% OF HOUSEHOLDS	5.9 /g	8.7 /h	..	..	9.4
LOWEST 40% OF HOUSEHOLDS	17.9 /g	19.6 /h	..	..	15.5
<b>POVERTY TARGET GROUPS</b>					
ESTIMATED ABSOLUTE POVERTY INCOME LEVEL (US\$ PER CAPITA)					
URBAN	..	..	139.0 /e	133.9	..
RURAL	..	..	111.0 /e	111.6	151.9
ESTIMATED RELATIVE POVERTY INCOME LEVEL (US\$ PER CAPITA)					
URBAN	..	..	..	..	177.9
RURAL	..	..	..	51.7	164.7
ESTIMATED POP. BELOW ABSOLUTE POVERTY INCOME LEVEL (%)					
URBAN	..	..	86.0 /e	43.8	23.5
RURAL	..	..	86.0 /e	51.7	37.8

.. NOT AVAILABLE  
. NOT APPLICABLE

NOTES

/a The group averages for each indicator are population-weighted arithmetic means. Coverage of countries among the indicators depends on availability of data and is not uniform.

/b Unless otherwise noted, "Data for 1960" refer to any year between 1959 and 1961; "Data for 1970" between 1969 and 1971; and data for "Most Recent Estimate" between 1981 and 1983.

/c 1980; /d 1984; /e 1977; /f 1973; /g 1963; /h 1967; /i 1972.

JUNE, 1985

# NGOs IN BANGLADESH

## BY UPAZILA

### NGO LEGEND

- AODAB** Association of Development Agencies in Bangladesh.
- AB** Austrian Baidhi.
- ABC** Assistance for Blind Children.
- ABPL** Aho do Pan, Public Library.
- AMSB** Agrata Memorial Society of Bangladesh.
- APUSKS** Amrigo Pali Unnayan Samaj Kalyan Samitha.
- ANOC** Annesu Bunan Chari.
- AMI** Anjuman Ahadul Islam.
- ASA** Association for Social Advancement.
- AF** Asia Foundation.
- AAFLI** Ashrafmusa Fine Labour Institute.
- ABU** Association of Bangladesh-USA.
- AVA** Vaidi Pragati Sangstha.
- AY** Al-Anamul Islamia.
- SACE** Bangladesh Association of Community Education.
- SAM** Training for All Men-Internationals.
- SASW** Bangladesh Academy for Social Welfare.
- SACIM** Bangladesh Association for the Study & Institute of General Medicine.
- SAMH** Bangladesh Association for Mental Hygiene.
- SARONAN**
- SAMANAN** Bangladesh Association for Mental & Neurological Health.
- SASWAP** Bangladesh-Swedish Agricultural Project.
- SAVS** Bangladesh Association for Voluntary Service.
- SCCV** Bangladesh Council for Child Welfare.
- SDSC** Bangladesh Development Service Centre.
- SKAIPS** Bangladesh Kalyan Mohila Purnadanan Samitha.
- SIA** Bangladesh Institute of Agriculture.
- SLM-D** Bangladesh Lutheran Mission Denmark.
- SLM-N** Bangladesh Lutheran Mission, Norwegian.
- SMA** Bangladesh Medical Association.
- SM-USA** Bangladesh Mission-USA.
- SMS** Bangladesh Mohila Samity.
- SMSB** Bangladesh National Society for the Blind.
- SMSWVO** Bangladesh National Blind Women's Welfare Organisation.
- SRCS** Bangladesh Red Cross Society.
- SEHR** Bangladesh Society for the Enforcement of Human Rights.
- BWHC** Bangladesh Women's Health Coalition.
- BWRWP** Bangladesh Women's Rehabilitation and Welfare Foundation.
- ES** Eshita Shesha.
- SOS** Sosial Development Society.
- BRAC** Bangladesh Rural Advancement Committee.
- SVS** Bangladesh Voluntary Service.
- SPVS** Service for Volunteer Service.
- CANTAS**-Bangladesh.
- CARE** Cooperative for American Relief Everywhere.
- CRWC** Christian Reformed World Relief Committee.
- CUSO** Canadian Universities Services Overseas.
- CMCP** Christian Health Care Project.
- CHRA** Community Health Research Association.
- CIDA** Canadian International Development Agency.
- CRESNET**
- CWFPF** Concerned Women's Family Planning Project.
- CUNS** Chabi Udraman Naban Shangan.
- CAMS** Comilla Jumanabadi Mohila Sangstha-Mosha Mah.
- CMES** Centre for Mass Education in Science.
- CWPPFW** Chittagong Women Working for Family Planning & Welfare.
- CONCERN**
- CDL** Community Development Library.
- CP** Comilla Proshna.
- CCDB** Christian Commission for Development in Bangladesh.
- CDRR** The Just Work.
- DAB** Diabetes Association of Bangladesh.
- DIPSHIRA**
- DBLM** Danish Bangladesh Leprosy Mission.
- FPA** Family Planning Association.
- FC** Friends for the Children.
- FAVH** Fellowship for the Advancement of the Visually Handicapped.
- FPBTC** Family Planning Services and Training Centre.
- FTWHL** For Those Who Have Less.
- FIVOB** Friends in Village Development.
- GUP** Gono Unnayan Prastha.
- GEP** Gono Unnayan Mass Education Programme.
- GUA** Gono Unnayan Academy.
- GRUP** Gono Unnayan Parishad.
- HEED** Health, Education and Economic Development.
- IUCW** International Union for Child Welfare.
- IP-INTER-PANES**
- IVS** International Voluntary Service.
- JTS** Jato Taron Shangan.
- JCP** Jato Church Parishad.
- JC** Jagran Chari.
- KARIKA**
- MIDAS** Micro-Industrial Development Assistance Society.
- MAWTS** Micro Agricultural Workshops & Training School.
- MSS** Manogram Janshangeha Samikshak Samity.
- MCC** Mahanisa Central Committee.
- MBASK** Mahanisa Bichaba-O-Anesh Sista Kalyan Kendra.
- MS** Moard Samal.
- MJS** Mahanisa Jato Shangan.
- MSS** Mahanisa Shatva Sangstha.
- MLAA** Mahanisa Legal Aid Association.
- NRVAB** National Rural Youth Assembly of Bangladesh.
- NCYMCA** National Council of YMCA of Bangladesh.
- NCFB** National Christian Fellowship of Bangladesh.
- NGDA** National Games for Disabled Association.
- NATAB** National Anti-Tuberculosis Association of Bangladesh.
- NLC** New Life Centre.
- NK** Netai Kori.
- OISCA** OISCA-IQB(Japan).
- OXFAM**
- PHDS** Pathargata Health Development Society.
- PIACT** Programme for Introduction of Appropriate Contraceptive Technology.
- PSKS** Paleshvara Sankar Kalyan Samity.
- PROVA** Progressive Rural Organisation for Voluntary Activities.
- PEOM** People's Education & Organisation Non-formal.
- PHOD** Poor and Handicapped Development Organisation.
- PC** Pioneer's Club.
- PQK** Pali Gono Unnayan Kendra.
- PF** Pathinder Fund.
- PUK** Pali Unnayan Kendra.
- PUS** Pali Unnayan Sangha.
- PPS** Presbyterian Fellowship in Bangladesh.
- PSKPS** Progress for Social Kalyan and Family Planning Society.
- PPS** Pali Pragati Sangstha (AVA).
- PROSHIRA** Proshana Shiksha Pal.
- PPD** Programme for People's Development.
- RB** Rouda Baran.
- RORS** Rajshahi Durgam Rehabilitation Service.
- ROHCF** Rural Development and Health Centre Foundation.
- RAI** Rabat-Al-Islam-Al-Islam.
- RIK** Resource Integration Centre.
- RCSD** Rural Communication Society for the Blind.
- RDA** Rural Development Academy.
- SCP (UK)** Save the Children Fund (UK).
- SCP(USA)** Save the Children Fund (USA).
- SIMRC** Society for the Care and Education of Mentally Retarded Children.
- SS** Saha Sangstha.
- SSKS** Sankar Sankar Kalyan Samity.
- SMBB** Sosial Mission Norwegian Board, Health Prom.
- SCI** Service Civil International-Bangladesh (Antarisk Beshanant Shesha Sangstha).
- SCI** Service Civil International-B.
- SEDP** Social Economic Development Programme.
- SAP** South Asia Partnership.
- SAWS** Seven-day Adventist World Service.
- SGS** Southern Gono Unnayan Samity.
- SIDA** Swedish International Development Agency.
- SMS** Sankar Mohila Samity.
- SM** Shaka Neer.
- SDC** Social Development Centre.
- SA** Sankar Samy.
- SKP** Sankar Kalyan Parishad.
- SFM** Swedish Free Mission.
- SDUW** Suli Development for Underprivileged Women.
- SOB** SOI Children's Village International in Bangladesh.
- SOVA** Social Organisation for Voluntary Activities.
- SD** Swadesh in Denmark.
- SSS** Shantok Samity Sangha.
- SIB** Social and Institutional Soar-Bashal Mission.
- SNBP** Saptagram Nari Swamini Parishad.
- SU** Sham Unnayan.
- SYWC** Shantin Youth's Welfare Council.
- TDH (S)** Tere-Oes-Homes (Switzerland).
- TARD** Technical Assistance for Rural Development.
- TDH (N)** Tere-Oes-Homes (New Zealand).
- US** Utara Sangha.
- UTD** United Towns Organisation.
- UCGP** Underprivileged Children's Education Programme.
- USC (C)** Universal Service Committee of Canada (U.S. Canada).
- UPAY** United Progress of Agricultural Yield.
- VERC** Village Education Resource Centre.
- VDC** Village Development Centre.
- VHSS** Voluntary Health Services Society.
- VOR** Voluntary Organisation of the World.
- WV** World Vision of Bangladesh.
- WVA** Women's Voluntary Association.
- WIF** Worldwide International Fellowship.
- WMLP** World Mission Prayer League Coma-Hatari.
- WW** Women for Women.
- WVCA** Young Women's Christian Association of Bangladesh.

NORTHWEST

RAJSHAHI DISTRICT

- 01 PIPROJ NE. ROVS. USC (Commo.)
- 02 PIPROJ ROVS. SAP
- 03 MITHAPUR CANTAS. RA. ROVS. ITO
- 04 RAJSHAHI SADAR ADAR. BAYS. BLM. IFA. ROVS.

NETAGAN DISTRICT

- 05 KADPIA CANTAS. MFC
- 06 NETAGAN BAYS. IFTIC. ROVS.
- 07 KADPIA ROVS.
- 08 D'NAR PRISHMA. ROVS.
- 09 D'NAR ROVS.

LALMONIRHAT DISTRICT

- 10 LALMONIRHAT ROVS. MC. SC/MAC
- 11 KADPIA MC. ROVS.
- 12 KADPIA ROVS.
- 13 KADPIA MC. ROVS.

KURIGRAM DISTRICT

- 14 ULIPUR BAYS. ADIC. ROVS. SAP. IOM (Commo.)
- 15 KURIGRAM ROVS. IOM (Commo.)
- 16 KURIGRAM ROVS.
- 17 KURIGRAM MC. ROVS.
- 18 KURIGRAM ROVS. MC. SAP. IOM (Commo.)
- 19 KURIGRAM ROVS. IOM (Commo.)
- 20 KURIGRAM ROVS. IOM (Commo.)
- 21 KURIGRAM IOM (Commo.)

BAIKUNTH DISTRICT

- 22 BAIKUNTH ROVS. ROVS. SAP
- 23 BAIKUNTH BAYS. IFTIC. ROVS.

RAJSHAH DISTRICT

- 24 RAJSHAH CDOB. BAYS.
- 25 RAJSHAH SAP. USC (Commo.)
- 26 RAJSHAH ADAR. BAYS. C/PPA. IFA. IFTIC. ITR. MC.
- 27 RAJSHAH CDOB.
- 28 RAJSHAH CANTAS.
- 29 RAJSHAH ASA. CANTAS. CHCP. MC. IYMA.
- 30 RAJSHAH SA.
- 31 RAJSHAH CANTAS. CHCP. ITR.
- 32 RAJSHAH MC.

NAIAD DISTRICT

- 33 NAIAD IUCW
- 34 NAIAD BAYS. IFTIC.
- 35 NAIAD GUP. SAP
- 36 NAIAD BRAC. CANTAS.
- 37 NAIAD MC.

NAIAD DISTRICT

- 38 NAIAD PROVA
- 39 NAIAD IFTIC. IYMA.
- 40 NAIAD MCC.

SHARADIA DISTRICT

- 41 SHARADIA ITR. USC (Commo.)
- 42 SHARADIA BAYS. IUCW.
- 43 SHARADIA BAYS. IFTIC. PROSHMA.
- 44 SHARADIA ASA. PPO. SAP
- 45 SHARADIA ASA.

PAUNA DISTRICT

- 46 PAUNA ITR. CDOB.
- 47 PAUNA CANTAS. CHCP. CDOB. S/RS.
- 48 PAUNA BAYS. BRAC. IFTIC. NAIAD. IYMA.
- 49 PAUNA ITR.
- 50 PAUNA BRAC. CANTAS. BAYS.
- 51 PAUNA MCYMA. SA.
- 52 PAUNA BRAC. CANTAS. CDOB.

THAKURGAON DISTRICT

- 53 THAKURGAON USC (Commo.)
- 54 THAKURGAON ROVS.
- 55 THAKURGAON USC (Commo.)

PANCHAGARH DISTRICT

- 56 PANCHAGARH USC (Commo.)
- 57 PANCHAGARH ROVS.
- 58 PANCHAGARH IUCW. BAYSAP. ROVS.
- 59 PANCHAGARH ROVS. USC (Commo.)

DHAKA DISTRICT

- 60 DHAKA BAYS. ITR. IYMA.
- 61 DHAKA ADAR. BAYS. CANTAS. IFTIC. IYMA.
- 62 DHAKA MC. ROVS. USC (Commo.)
- 63 DHAKA USC (Commo.)
- 64 DHAKA BAYSAP.
- 65 DHAKA CANTAS. DIPSHMA. USC (Commo.)
- 66 DHAKA USC (Commo.)
- 67 DHAKA CANTAS.

JOYPURHAT DISTRICT

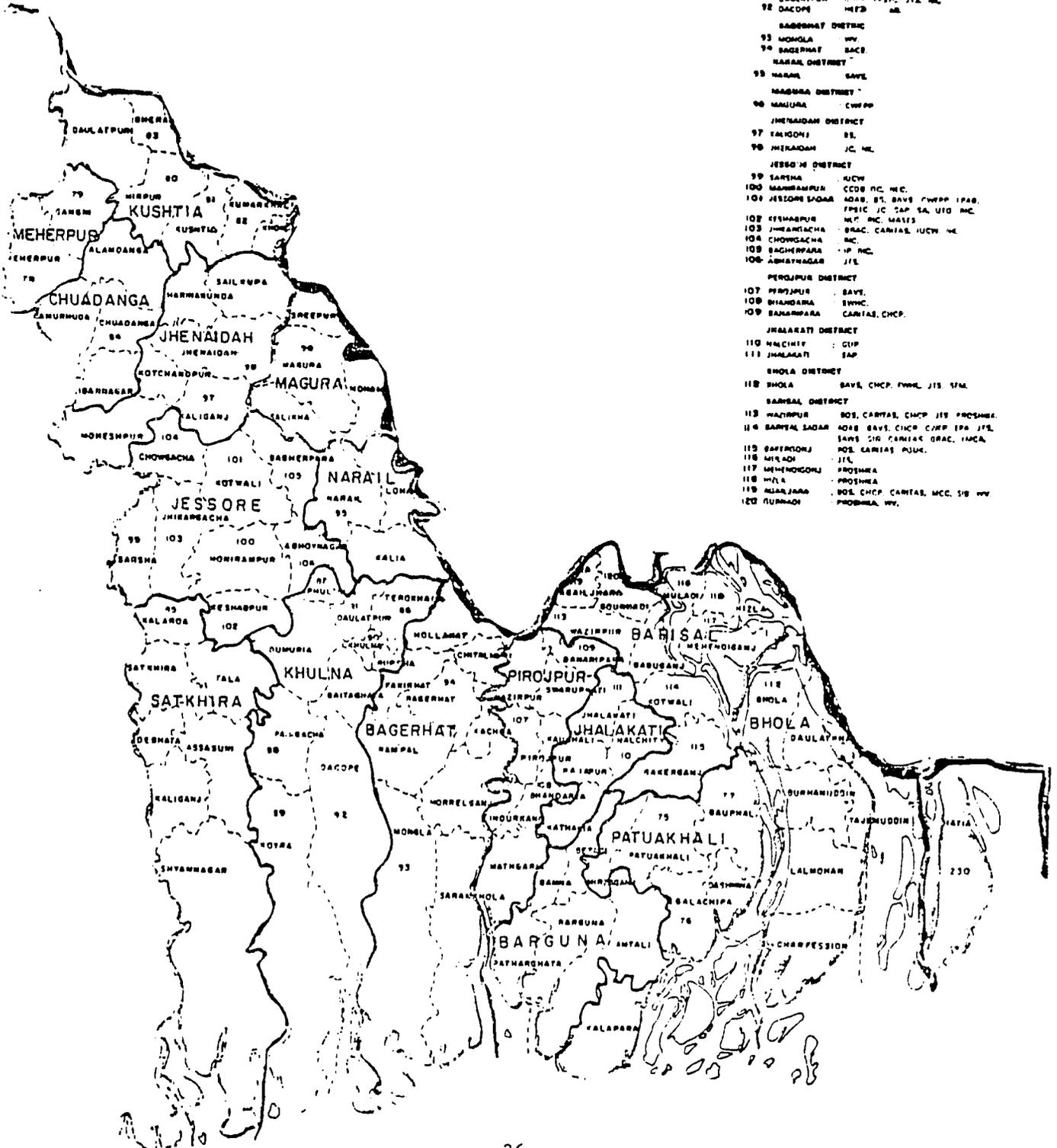
- 68 JOYPURHAT CHCP.
- 69 JOYPURHAT BAYS. CHCP. MC. USC (Commo.)
- 70 JOYPURHAT BAYS. CHCP.

BOGRA DISTRICT

- 71 BOGRA IUCW. PROSHMA.
- 72 BOGRA AR.
- 73 BOGRA RAM. CTR. CANTAS. MC. NAIAD.
- 74 BOGRA SAMAN. MC. PROSHMA. USC.
- 75 BOGRA ADAR. BAYS. CHCP. MC. IYMA.



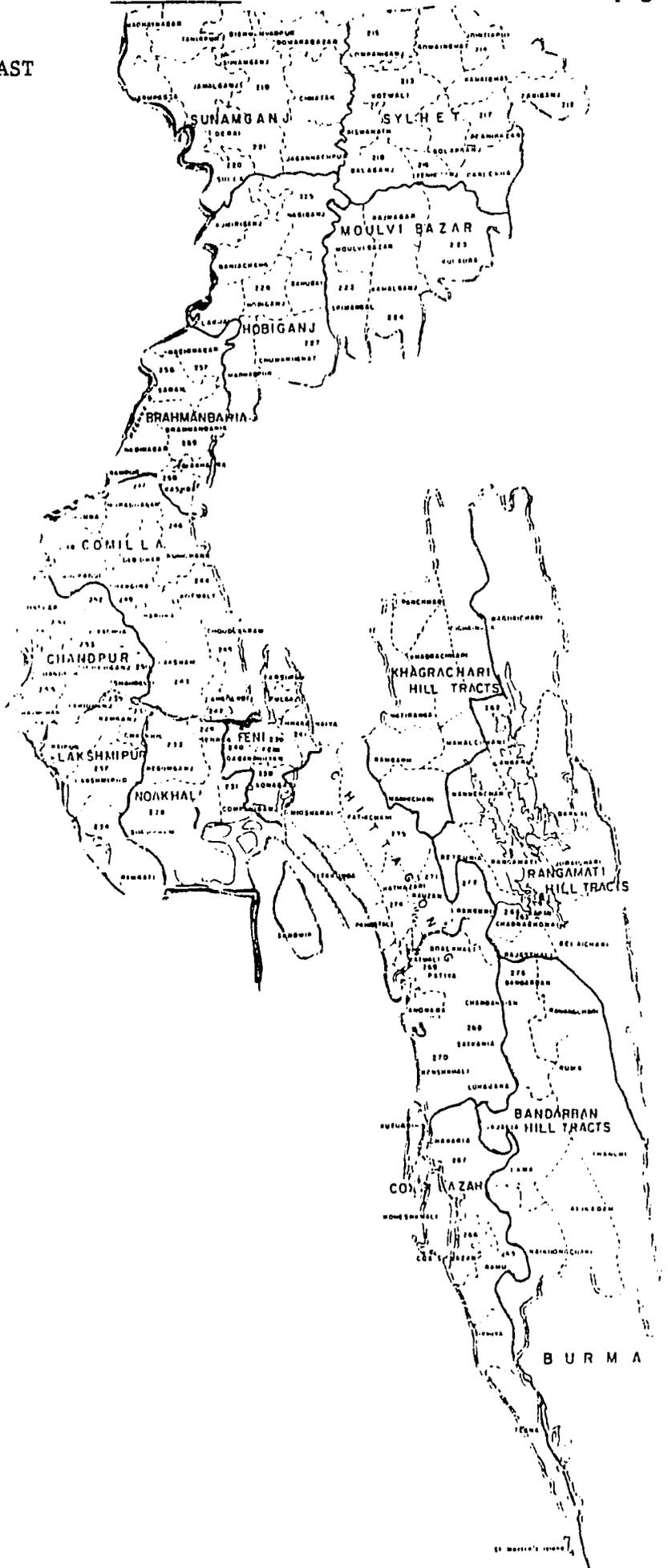
SOUTH/SOUTHWEST



- PATUAKHALI DISTRICT
- 75 PATUAKHALI ASA CANTAS IPA IPSC JIS
- 76 TALASHA ASA SCI B. VDC.
- 77 BAUPHAL MYS HICW. VDC.
- MEHERPUR DISTRICT
- 78 MEHERPUR IP CWP CANTAS SOVA
- 79 TANIM PIAZ.
- KUSTIA DISTRICT
- 80 KUSTIA JIS MCC
- 81 KUSTIA RAVI FAVI FSTIC MAWIS. USC (FWARD)
- 82 PINARHAI JIS MC
- 83 BHARARA SIA
- CHUADANGA DISTRICT
- 84 CHUADANGA MCC CHCP
- SATENRA DISTRICT
- 85 SALARA SPAC. UCFP
- SHUKLA DISTRICT
- 86 IERKHADA CHCP JIS TOB
- 87 PHULALA JIS
- 88 FANTINACHA HAYAS
- 89 SITRA HIAS
- 90 PHULNA HATAS. ICP (IP). MCC.
- 91 DALAIPUR CHCP FSTIC JIS. MC
- 92 DACOPE HED. M.
- BAGERHAT DISTRICT
- 93 MONOLA WY
- 94 BAGERHAT BACB
- BARSA DISTRICT
- 95 BARSA SAVE
- MAGURA DISTRICT
- 96 MAGURA CWPFP
- JHENAIIDAH DISTRICT
- 97 JHENAIIDAH BS
- 98 JHENAIIDAH JC. MC
- JESSORE DISTRICT
- 99 SARSHA HICW
- 100 MANSAMPUR CCOB MC. MC.
- 101 JESSORE SAGAR AGAB. ST. SAWS CWPFP IPAB. FSTIC JC SAP SA. UTO MC. MC. MC. SAWS
- 102 KESHAPUR BRAC. CANTAS. UCHW. MC.
- 103 JHENAIIDAH BRAC. CANTAS. UCHW. MC.
- 104 CHOWGACHA MC.
- 105 BAGHERPARA IP. MC.
- 106 ABHAYNAGAR JIS
- PIROJPUR DISTRICT
- 107 PIROJPUR SAWS
- 108 BHANDARA SWHC
- 109 BANARIPARA CANTAS. CHCP.
- JHALAKATI DISTRICT
- 110 JHALAKATI CUP
- 111 JHALAKATI SAP
- SHOLA DISTRICT
- 112 SHOLA SAWS. CHCP. FVWL. JIS. SIM.
- BARisal DISTRICT
- 113 HAZIRPUR SOI. CANTAS. CHCP JIS PROSHEA
- 114 BARTAL SAGAR AGAB. SAWS. CHCP. CHCP IPA JIS. SAWS. CIG. CANTAS. BRAC. HACA.
- 115 BAFERONJI MOI. CANTAS. PUK.
- 116 MIRAD JIS
- 117 MEMENOHUJ PROSHEA
- 118 MOLA PROSHEA
- 119 BHALJAN SOI. CHCP. CANTAS. MCC. SB. WY
- 120 PURNADY PROSHEA. WY.

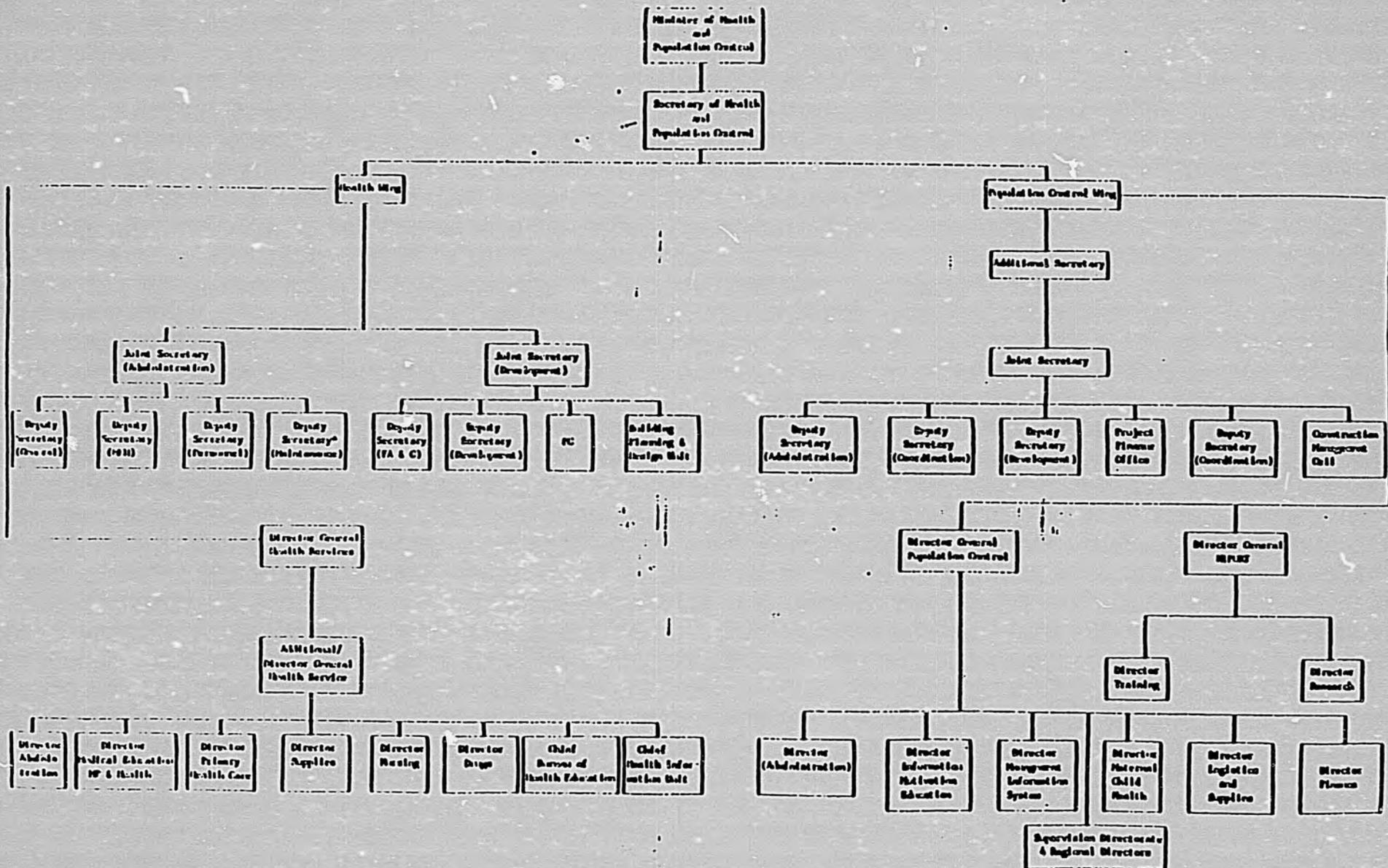


EAST



- SYLHET DISTRICT
- 218 LAMSONJ JTS.
- 219 KOTWALI BANG. BANG. CHMP. PWD. SAMP
- 216 JONTHAPUR CONCTRS.
- 215 SOLAPOUR JTS.
- 214 TENCHEKONGI W.
- 217 BANHALAR WCV.
- 210 BALMONGI JTS.
- MOULVI BAZAR DISTRICT
- 219 BANARSONJ BRAC. BANG. W.
- 220 BULLA BRAC.
- 221 DEHAM BVE. COL. S.A.P.
- MOULVI BAZAR DISTRICT
- 222 JANTHONGAL AAPL. CP.
- 223 PULAKA CANTAS.
- 224 KAKALGONJ HVV. W.
- HOBIGANJ DISTRICT
- 225 HOBIGONJ WCV. JTS.
- 226 HOBIGONJ W.
- 227 CHANDRANAGAR JTS.
- HOBBIGANJ DISTRICT
- 228 BHUGAAN BANGAL. BANG. WCV. S. MCC.
- 229 BIRBAR OL. MCC.
- 230 HARIYA OL. PROSILA.
- 231 COMARANGONJ OL.
- 232 CHAITHUL MCC.
- 233 BOUNGONJ OL.
- LAKSHMIPUR DISTRICT
- 234 BANGALAI COL. OL. PROSILA MCC. W.
- 235 BANARSON MCC.
- 236 LAKSHMIPUR MCC.
- 237 LAKSHMIPUR PPTC. OL. MCC.
- NOAKHAL DISTRICT
- 238 SONAGANJ OL.
- 239 FENI PPTC. JTS. MCC. W.
- 240 BANARSONJANJAN OL. MCC.
- 241 CHAGALHATA OL.
- COMILLA DISTRICT (S)
- 242 BANHALAT MCC. MC.
- 243 LAKSAM CP. MCC.
- 244 COMILLA SAQAR BANG. BRAC. CANTAS. SAMP. W.
- 245 CHOLCHAGRAM MCC.
- 246 BUNCHHAR MCC.
- COMILLA DISTRICT (N)
- 247 MURAGHAR MCC.
- 248 BANDELAN CP. MCC.
- 249 CHANDONJ BANANER. W.
- CHANDPUR DISTRICT
- 250 BHARASATI BACT.
- 251 MATLAB BACT. JTS.
- 252 CAZMUN CP. JTS.
- 253 HALISONJ WCV. MCC. W.
- 254 HEMERAR S.A.P.
- 255 CHANDPUR JDC. BANG.
- BRANBARANGA DISTRICT
- 256 BANG. JTS.
- 257 BANBARANGA PROSILA. SC. USA.
- 258 KATA BHW. JTS.
- 259 BRANBARANGA BANG. CHMP. JTS. MCYMA. S.A.
- 260 BANBARANGA PROSILA.
- 261 BANBARANGA JTS.
- BANDARAN DISTRICT
- 262 BANBARANGA B.A.
- 263 CAPTAI B.A.
- 264 BANBARANGA CHMP. JTS.
- COB'S BAZAR DISTRICT
- 265 BANBARANGA B.A.
- 266 COB'S BAZAR BANG. PPTC.
- 267 CHAGARA CANTAS. WCV.
- CHITTAGONG DISTRICT (PART)
- 268 BANBARANGA UTB.
- 269 BANBARANGA UPAY.
- 270 BANBARANGA W.
- CHITTAGONG DISTRICT (N)
- 271 BANBARANGA CANTAS. CP. WASH. W.
- 272 BANBARANGA BACT. CANTAS. SC. USA.
- 273 KOTWALI BANG. CANTAS. CONCTRS. CHMP.
- 274 BANBARANGA JTS. NATAS. PWD. SAMP.
- 275 BANBARANGA PPTC.
- 276 BANBARANGA S.A.P.
- 277 BANBARANGA WCV. CANTAS.
- BANDARAN DISTRICT
- 278 BANBARANGA CANTAS. COB.





## CURRENT SCOPE OF PROJECT SITES, CLIENT SERVICES AND ANNUAL BUDGET

SEVEN SELECTED NGOS

	Number of Project Sites	Number of Staff	Number of Senior Mgmt.	Number of Proj. Officers	Client Coverage		Total Budget	
					Date	Number	Date	Amount
BFPA	20	500	12-15	40	1985	412,708	1986	\$1,900,000
CWFP	19	500	6-8	30-35	03/1986	57,059	3/1986 -87	\$395,000
FPSTC	54	1200	9	54	as of 4/1986	167,000	8/1986 - 2/88	\$1,500,000
Swanivar	135	200	4	2-3	IE&C Only	860,000	1985 - 86	\$166,666
BAVS	40	1800	5	6	1985	60,000	1987	\$1,200,000
CHCP	18	185	5	3	1985	32,000	1986	\$400,000
Islamic Mission	14	206	2	14	1983-86	906,216	1986 -89	\$500,000

## APPENDIX F

### DETAILED DESCRIPTION OF SELECTED MANAGEMENT TRAINING INSTITUTES

#### A. Bangladesh Management Development Centre (BMDC)

BMDC was established in 1961 to provide human resource development training for managers of different levels and in different sectors of the economy. BMDC is the only specialized institution providing in-service training. It also provides research and organizational consultancy services.

BMDC has a faculty of 60 and offers 120 separate courses per year. The training is on a fee-for-service basis with its major client being the public sector (GOB). The BMDC has also conducted some training for NGOs and has had contracts with UNIDA and USAID. It offers two diploma programs.

Two courses are offered in Health and Population Services Management Primary Health Care, and motivating people towards family planning.

##### 1. BMDC Faculty

Faculty of the BMDC hold degrees in engineering, MPA, MBA, marketing agriculture and human resource development. The Director General is appointed by the GOB. The Senior training advisor had a degree in management education from Manchester University and was knowledgeable about participative methodology and curriculum development. BMDC strives to maintain a 50/50 ratio of content to process in its programs. One faculty member is assigned to each program, but technical and administrative services are available.

##### 2. BMDC Resources for Training

An excellent management library is maintained on site with several current management journals available. The library is open to the public with a 200 taka security fee in advance. It has an impressive range of materials maintained in an acceptable standard. AV equipment is available including video equipment.

##### 3. Facilities

BMDC is conveniently located in a residential area. The facilities resemble government offices and are not impressive either for cleanliness or efficiency. However, resident facilities are available. Training rooms were set up conference style and furniture would allow little flexibility in room arrangement.

##### 4. Fee Structure

The fee structure for BMDC training is based on 50% fee-for-service and 50% GOB.

APPENDIX F (continued)5. Conclusions

The drawback of BMDC to this project is the semi-governmental nature of the organization. The structure would not allow for minimum flexibility, i.e., bringing in outside trainers, nor would the project be able to specify a coordinator for its activities. While the project could hire consultants/trainers from BMDC, the current structure would limit its use as a potential management training site. Other trainers and managers should be encouraged to use the library facilities of BMDC.

B. National Institute for Population Research and Training (NIPORT)

NIPORT was developed by the GOB to serve as a training institution for the MOHFP. In 1977 a middle level management training for thana level workers and training for lady family planning visitors was initiated. In the Third Five Year Plan NIPORT has been given the responsibility for seven regional training centers, as well as the training unit in Dhaka. An estimated 55,000 field workers are to be trained during this period, with specialized management training being added for district and UHFPOs.

1. NIPORT Faculty

There are ten training staff in the Dhaka training unit. Their backgrounds are in medicine, business and social work. None of them has a training background. They are posted to NIPORT from the MOHFP where they held administrative posts. In the period 1986-90, 23 new trainers will be added to the training staff and are likely to be appointed by MOHFP.

2. NIPORT Resources for Training

Since 1981 the UNFPA has provided extensive technical assistance to NIPORT, including an on-site consultant training team to develop the training capacity of the institution. Most recently, in 1985, the western consortium has provided technical assistance and a consultant, Paul Mico, to assist with curriculum development. The outcome of Mr. Mico's consultancy has resulted in the transfer of curriculum development methodology and the development of 19 different curricula by individuals or teams of NIPORT trainers. The one completed curriculum for management training for UHFPOs follows these guidelines:

1. Training Plan
  - Introduction
  - Context
  - Methods.

APPENDIX F (continued)

## 2. Modules

- Introduction
- Specific needs to be met
- Objectives
- Learning knowledge
- Sessions to be conducted
- Collaboration of other trainers/resources persons
- Evaluation
- Specific resources (handouts, AV, etc.)
- Specific references (bibliography).

## 3. Session Plans

- Introduction
- Specific training objectives
- Methods
- Training skills needed to cover the context
- Implementation Schedule.

No Session plans have yet been developed, but the course outline, at least for the one completed curriculum is detailed and well designed.

3. Facilities

NIPORT has its administrative offices in one section of Dhaka while the training unit is quartered in a residential facility several miles away. The administrative offices include a small library and an auditorium. The training unit has adequate space to conduct several training programs at once and a hostel on the third floor of the building. Furniture was requisitioned several months ago, but has not as yet arrived. The facility had not had water for over a month.

NIPORT has a small library at their administrative headquarters but it is not accessible to the trainees. It is quartered in another building several miles away.

4. Conclusions

NIPORT has been beset by chronic implementation problems in the past. The governing body of NIPORT, MOHFP officials, has not succeeded in coordinating basic inner ministerial arrangements so that equipment, supplies, personnel and financial resources are available to the agency. The staff morale is low and frustrations high. Staff identified the following as bottlenecks to implementing training at this institution.

- Lack of administrative and financial autonomy;
- Shortage of faculty;
- Dependence on government officers as resources persons;

APPENDIX F (continued)

- Lack of training materials, equipment and a suitable environment for training; and
- Need for a field practice area for family planning workers.

In 1985-86, the per diem for UHFPOs coming from rural upazila was unattainable so that, of 419 officers for whom the training was designed, only 14 were trained in one three week program.

The German Government (GTZ), under the World Bank Project, will donate \$15 million to upgrade NIPORT. A team of three resident advisors will be appointed to the organization. The team leader Dr. Haifa, arrives in June. As a condition precedent, NIPORT has agreed to accept no other donor funding.

### C. Centre for Population Management and Research (CPMR)

CPMR was established in 1979 as a part of Business Administration (IBA) at the Dhaka University. It has no permanent staff but is headed by a faculty Chairman. Training programs in family planning management are conducted at the request of the GOB and NGOs. USAID has contracted CPMR to conduct management training for women in the Ministry of Social Welfare (MOSW). Three modules were developed to be interspersed with on-the-job practice, but only one module was presented because of MOSW failure to release funding. CPMR offers training assistance to NIPORT and has been named the subcontractor under the UNFPA project to train senior family planning managers. This project, "Improvement of the Management Capacities of NGOs working in FP Projects," is a three year project designed to provide a) management training for the top seven NGOs; b) management training and technical assistance for smaller NGOs; and c) institution building for FPSTC. ICOMP will be the executing agency and NIPORT will be the implementing agency. The three-year project aims to provide three-day to two-week training programs and refresher courses to 190 managers. The start-up date has been delayed because of bureaucratic difficulties, but is estimated by CPMR to begin in the fourth quarter of 1986. The first nine months of the project will be devoted to needs assessment.

#### 1. CPMR Faculty

Almost 100% of IBA faculty have business or economic degrees. Only the Chairman of CPMR has a Ph.D. in Health Financing and CPMR prefers to use faculty trainers, but occasionally brings in GOB officials.

#### 2. CPMR Training Methods

The basic orientation of the faculty is to "lift up people and open their perspective." The methodology is primarily lecture with group discussion and films. The faculty feel that because it is university based it should retain a high standard of conceptual learning.

APPENDIX F (continued)3. Facilities

CPMR is in the university and has dedicated rooms in the IBA building. An extensive business library is available and there are training rooms. It is not clear if these rooms are available at all times or if they are utilized by students as well as trainers. AV equipment is available through IBA, but CPMR has little equipment of its own.

4. Fee Structure

Budgeting of programs is on a cost plus basis with the university receiving a 20% overhead rate on total costs.

5. Recommendations for FPMT Projects

CPMR is a university project that approaches training from an academic perspective. CPMR prefers a half day training schedule because of regular classes and faculty/teaching responsibilities. The management training project with ICOMP, NIPORT, and UNFPA is research oriented (a nine month feasibility study seems to be the primary activity). A total of 21 weeks of training, including five and one half weeks of refresher training, will be conducted in three years. FPSTC staff will be the major beneficiaries of the training programs.

CPMR might provide evaluation training and services to the project, but it would be difficult to coordinate outside technical resources in the university setting. CPMR's past problems with channeling funds through the GOB may also preclude its being a collaborating agency to this project.

D. Bangladesh Project Management Institution (BPMI)

BPMI was founded in 1980 as a non-project management training and research institution registered under the MOSW. BPMI is a membership organization of senior managers and trainers in Bangladesh. It currently has a membership of 405 who pay monthly dues to the organization. An Advisory Board of eight Senior Government officials and private sector managers is chaired by the current Bangladeshi Ambassador to the U.S., Mr. Obaidullah Khan. A 24 member Executive Committee is elected to serve two year terms. Five full time staff call upon a rostered group of consultants to provide especially designed training and consultancy on research projects. Consultants may be hired full or part time. The institution is set up on a fee-for-service basis and is at this time self-supporting. They have contract work with FPIA and the Ford Foundation and have designed evaluation and training for CWF and FPSTC.

APPENDIX F (continued)1. BPMI Faculty

The organization is a spin-off of BMDC and many of the staff, Advisory Board and consultants, are ex-faculty of BMDC or retired GOB officials. The Secretary, Mr. Mokbul Khan, is a full time staff member. He holds a Ph.D. in Management Planning.

2. BPMI Training Methods

The commitment to participative methodology was stated, but there was a feeling that participative methods worked best at the Senior Advisory Board. Consultants are ex-faculty of BMDC or retired GOB officials. The Secretary, Mr. Mokbul Khan, is a full time staff member. He holds a Ph.D. in Management Planning. Junior level training (mid-level) was estimated to be between 60% and 40% film and field visits. Senior level management training was established at 40% lecture and 60% group discussion.

The evaluation methodology employs three indicators: 1) participant reaction, 2) learning, and 3) impact. Impact evaluation is carried out post-training by assessing on the job improvement and results. BPMI also provides courses for their members in training methods and conducts training of trainers (TOT).

3. Facilities and Budget

BPMI is located in a residential neighborhood in a small house. There is one training room. A very small library is available. They have little AV equipment or their own. Because of the cramped space, they utilize armed chairs without using tables. Their maximum capacity is about 20. The 1985-86 revenue was approximately \$50,000 with expected revenue in 1986-87 of over \$100,000.

4. Resource Network

BPMI rosters its members by skill and skill level. The skill level is determined by the consultant's academic achievement, background experience, and the organization's experience with the consultant as a trainer. There are periodic meetings of the members, and two branches exists outside Dhaka. Resumes are available of all members at the Dhaka office.

5. Problems

The problems identified by the staff were lack of commitment by NGOs to training and the lack of a GOB training budget.

APPENDIX F (continued)6. Conclusions

BPMI was recommended by NGO groups who had used their services. The organizational structure is more flexible than most institutions. They would welcome cotraining or outside consultants to augment or build their own training capacity, and they have both access to and impact on other trainers through their membership. Their research capacity is unknown, but contractors such as the Ford Foundation could be contacted after the in-progress research on oral rehydration salts utilization is completed. The Secretary seemed fully confident of his authority to commit BPMI to projects and the Executive Committee serves only to confirm his decisions. Because the network members share in the organizations revenues, the Executive Committee would be likely to approve new projects.

## APPENDIX G

### FOCUS GROUP ON THE ROLE OF PROGRAM OFFICERS

#### IN FAMILY PLANNING NGOS

In order to identify the training needs of Program Officers, a one and one half hour focus group session was conducted with 14 Program Officers from Pathfinder, BFPA, TAF and FSTC. The leader used structured, open-ended questions to elicit current job responsibilities, competency and confidence factors, communication skills, skill gaps, if any, perceived training needs and the career motivation of this target group.

#### Job Responsibilities

The participants could clearly state what they perceived as their job responsibilities. They listed project development, assessment, evaluation of project performance, feedback and coordination, using prepared monitoring checklists and data verification as their primary tasks. They also listed medical technical training and field worker training as their responsibilities. Leading questions also elicited workshop/conference arrangements, coordination with other NGOs and GOB and representing projects to outsiders as part of their jobs. Only one listed working with the community through mothers' clubs, as an activity. In answer to indirect questions participants stated that dealing with various ministries, introducing change, negotiating agreement with subproject directors, and holding group meeting were important activities. They agreed that financial monitoring was also part of their monitoring of subprojects but felt this was not their primary responsibility.

In general, the responsibilities were field oriented, and almost all of the responsibilities listed were activities that took place on field visits. The only activity listed that was office based was report writing. Even though the participants were involved in a project proposal writing workshop, this was not listed as one of their responsibilities.

#### Competency and Confidence Factors

The participants clearly felt most confident with monitoring tasks. Greater detail was elicited when describing monitoring responsibilities, and monitoring activities were listed as most enjoyable. They also listed new project development, negotiating projects and giving feedback as competencies they possess. In an indirect question about subproject improvement, they listed motivation of project staff, involvement of village leaders and training of field workers to be problem areas. This would indicate some lack of confidence to deal with these problems. Participants listed skills they would like to improve as training, proposal writing, problem analysis, analyzing data and evaluation.

APPENDIX G (continued)Communication Style

Program Officers were conscious of the importance of effective communications with project personnel. They felt comfortable with giving negative feedback and negotiating with grantees and describe their relationship to project staff as friendly. They felt responsibility to enforce donor regulations and to make the staff "understand" the regulations. They described their style as diplomatic and sought to put things "nicely". They communicate with the project directors one-on-one, but as a regular part of a monitoring visit they hold a group meeting with all project staff. They have some interaction with Board members, upazila chairmen, relevant GOB officials and with outsiders who visit their organizations. The level of English in the group was high and all participants expressed themselves articulately, although one group member tended to dominate, and the women spoke out less until drawn out.

Skill Gap

The participants were asked to identify skills they wished to develop. They identified computer and management skills, but could not specify which management skills they most needed. Indirect questions identified analytical skills, community participation, training, report writing and the ability to deal with technical family planning issues as needing improvement.

Career Motivation

The consensus of the group was that a successful career achievement would be working for USAID. The second most desirable career would be working on an UN agency. Only one participant had ever thought of starting his own NGO (to deliver family planning and MCH Services).

APPENDIX H

BUDGET FOR INITIAL PROGRAM OFFICERS' TRAINING

<u>Salaries and Wages</u>		
FMPT curriculum committee 6 days x 2 x 200	US\$	2,400
Trainers 2 trainers x 1 and 1/2 p/m x 200		12,000
Secretarial 1 x 1 and 1/2 p/m x 66		<u>1,962</u>
		16,362
<u>Fringe</u>		
at 39% of S & W		6,381
<u>Travel &amp; Per diem</u>		
a. Travel	\$ 2900 x 2	5,800
b. Per diem	\$ 88 x 2 x 21	<u>3,696</u>
		9,496
<u>Workshop Costs</u>		
a. Facilities & Administrative Support 21 x \$150		3,150
b. Materials/Supplies 30 part x 200		6,000
c. Transportation 21 days x 30		630
<u>Other Direct Costs</u>		
a. Supplies		500
b. Communication		1,000
c. Copying/printing		<u>1,000</u>
		2500
Indirect costs at 115% of S & W		18,816
Estimated Total Costs	US\$	63,335

APPENDIX I

SUMMARY BUDGET - PROPOSED TRAINING INSTITUTE (TK. 0000) c\*

	1	2	3	4	5	Total	(%000)
Salaries	4,242.0	4,666.2	5,132.8	5,646.1	6,210.7	25,897.8	863.3
Fringe Benefits	579.2	637.1	700.8	770.9	848.0	3,536.0	117.9
Consultants	450.0	562.5	703.2	878.9	1,098.6	3,693.2	123.1
Staff Travel & Per Diem a*	390.8	410.3	434.0	455.6	478.4	2,169.1	72.3
Equipment, Supplies & Maintenance	2,000.0	200.0	200.0	400.0	1,200.0	4,000.0	133.3
Other Direct Costs	702.0	772.2	849.4	934.4	1,027.8	3,985.8	132.9
<b>Total</b>	<b>8,364.0</b>	<b>7,248.3</b>	<b>8,020.2</b>	<b>9,085.9</b>	<b>10,863.5</b>	<b>43,581.9</b>	
\$ US	228.8	236.6	262.3	292.9	332.1		1,452.7 b*

a\* Participant travel and per diem costs not included as they are not a cost to the institute.

b\* All conversions from Tk. made at 30:1

c\* Purchase of vehicles not included

Detailed First Year Budget-  
Proposed Training Institute  
(Tk. 000)

Salaries

Executive Director @ Tk. 50,000/mo	600.0
Program Coordinator @ Tk. 20,000/mo	240.0
Training Coordinator @ Tk. 20,000/mo	240.0
4 Trainers @ Tk.16,500/mo	792.0
Finance & Admin. Coordinator @ Tk.20,000/mo	240.0
8 Sr. Support staff @ Tk.10,000/mo	960.0
15 Jr. Support staff @ Tk.6,500/mo	1,170.0
	<hr/> 4,242.0

Fringe Benefits

Provident Fund @ 10% of salary	424.2
Medical Allowance @Tk. 5000/yr x 31	155.0
	<hr/> 579.0

Local Consultants

75 person days for preparation of course material @ Tk. 3,000/day	225.0
75 person days for presentations at courses @Tk. 3,000/day	225.0
	<hr/> 450.0

Staff Travel & Per Diem

Staff Travel	
i. Local - Tk.10,000/mo	120.0
ii. Follow up - Tk.20,000/mo	240.0
iii. Resource Persons - Tk.50 (in Dhaka)x75	3.8
Per Diem 60 days/yr @ Tk.450/day	27.0
	<hr/> 390.8

Equipment and Supplies 2,000.0

Illustrative list attached - detailed costing required

Other Direct Costs

Rent of facility including hostel @ Tk. 30,000/mo. 360.0

Printing, xeroxing @ Tk.15,000/mo 180.0

Utilities @ Tk. 10,000/mo 120.0

Audit and legal fees 42.0

-----  
702.0

Total 8,364

Illustrative Equipment List

<u>Qty</u>	<u>Item</u>
1	Video System
1	16 mm. Projector
1	Overhead Projector
1	16 mm. Slide Projector
2	Xerox machines
2	Typewriters
4	IBM PC x T Computers
1	Interim System
2	Split Type Air Conditioners
	Office Furniture
	Misc. (fans, water coolers etc)

APPENDIX J  
SUMMARY OF TOTAL COSTS-  
PROPOSED TRAINING INSTITUTE

<u>Item/Year</u>						
Institute	228.8	236.6	262.3	292.9	332.1	1,452.7
Participant Travel & Perdiem	127.4	257.8	511.5	571.5	571.5	2,098.9
FPHT T.A - All aspects of proposal a*	65.0	150.0	165.0	180.0	190.0	750.0
	420.4	644.4	938.8	1,044.4	1,093.6	4,201.5

a\* Rough estimates requiring review in U.S.

Participant Travel/P.D. Costs - Not a cost to the institute list essential to overall project success

Year 1

Assume 75 training days, 2/3 of participants from Dhaka 1/3 from outside.

Travel

180 participants x Tk. 100 18.0

90 participants x Tk. 1000/RT 90.0

Per Diem

180 x Tk.50 x 75 675.0

90 x Tk. 450 x 75 3,037.5

-----  
3,820.5

Year 2

Assume 115 training days, 360 participants, 2/3 from Dhaka 1/3 from outside.

Travel

240 x Tk. 100 24.0

120 x Tk. 1000 RT 120.0

Per Diem

240 x Tk.50 x 115 1,380.0

120 x Tk. 450 x 115 6,210.0

-----  
7,734.0

Years 3-5

Assume 150 training days, 450 participants, 2/3 from Dhaka 1/3 outside.

Travel

300 x Tk. 150 x 3 yrs. 135.0

150 x Tk. 1500 x 3 yrs. 675.0

Per Diem

300 x Tk. 100 x 150 x 3 yrs 13,500.0

150 x Tk. 550 x 150 x 3 yrs. 37,125.0

-----  
51,435.0

