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**DEVELOPMENT OF STRATEGIC  
INITIATIVES FOR FAMILY PLANNING  
NGOS IN BANGLADESH**

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**FAMILY PLANNING MANAGEMENT DEVELOPMENT**

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## **I. Executive Summary**

Despite successes, major breakthroughs in CPR and effective use of modern methods are still needed to meet Bangladesh's demographic challenge. NGOs play a significant role in the Bangladesh national family planning program, contributing a quarter of the total contraceptive use of modern methods, currently 34%. Having pioneered many of the components of the present family planning delivery system, they can play a major role in the next five years to help achieve required levels of CPR and effective use of modern methods.

USAID which has been providing support to the NGOs since 1981 via grants administered by 3 cooperating agencies and two national local organizations is now preparing its support program for the next critical five year period. It requested technical assistance from the Family Planning Management Development Project and the Office of Population to assist the OPH to finalize the draft CA/NGO strategy, develop streamlined program management procedures and mechanisms for improving managerial capacity of the CA/NGOs, and provide guidance to the CA/NGOs in drafting the Scope of Work of the Cooperative Agreements.

The consultant team spent three weeks in collaboration with the Office of Population and Health (OPH) and CAs/NGOs on the aforementioned principal components of the Scope of Work. The team produced the following key recommendations aimed at strengthening the overall CA/NGO program and OPH programmatic support to this sector.

1) The NGO Strategy for the next five years needs to concentrate on three initiatives: improving quality, expanding coverage and strengthening sustainability of demand. These three strategic initiatives should guide OPH in its approach to managing the NGO component of its population program, and should underlie the planning and implementation of the CA/NGO programs. With regard to sustainability OPH should place its emphasis on the sustainability of the national program and view institutional sustainability as building blocks toward that end.

2) OPH management approach should focus on strategic review, monitoring and reporting rather than attempt to duplicate the operational monitoring delegated to the CAs via the cooperative agreement. Strategic management of the CA/NGO program requires the following system components:

- A Portfolio based review process.
- Monitoring by critical information that specifically relates to the NGO strategic goals.
- Selective supervision aimed at gaining critical and "deep" knowledge about the role, functioning and impact of the NGO programs and their relationship to the government program.

- Long term rather than annual planning and approval for NGO projects.

- Increased contact with individual CAs and NGOs in the latter venues, both in Headquarters and in the field.

3) Streamlining CA/NGO procedures should be part of a larger system which allocates roles and tasks of OPH personnel in support of strategic goals and initiatives. OPH should review its task and role structure to ensure the following hierarchy of mutually supportive and reinforcing roles and tasks: Policy, Action Operations, Sector Resource Support, and Trend Analysis.

4) Continued Technical assistance should be provided to introduce and ensure appropriate implementation of the strategic monitoring process. Technical assistance should be provided as well to the CA/NGOs to develop a common approach to managing by strategic portfolio and link the NGO processes to the USAID monitoring systems.

6) The CA/NGOs should engage in a strategic planning exercise in order to determine what structural and systems changes are needed to plan and implement programs consistent with the strategic goals and to support the NGO grantees to plan and manage strategically so that their programs can effectively support the national family planning program.

The team worked with the CAs (Pathfinder International, The Asia Foundation and AVSC) and the two National Organizations (Family Planning Association of Bangladesh and the Family Planning Service and Training Center) to review and reformulate their cooperative agreements in light of the recommended strategic initiatives.

## **II. Background**

Family planning first started in Bangladesh in 1953 as an NGO activity, with the Government becoming involved about a decade later. Today, there are 500 national and local level NGOs working in FP/MCH, which contribute about one quarter of the total modern method CPR of approximately 34%.

USAID first began assistance to the NGOs in 1981, initially through AID/W grants and contracts, and later through Mission agreements with Cooperating Agencies (CAs). There are currently three international and two national CAs, for a total of five: 1) Association for Voluntary Surgical Contraception (AVSC), 2) The Asia Foundation (TAF), 3) Pathfinder International (PI), 4) Family Planning Association of Bangladesh (FPAB), and 5) Family Planning Services and Training Center (FPSTC). Under the terms of their Cooperative Agreements, the CAs provide subgrants and technical assistance to local NGOs, who then provide family planning services through community based field workers and some clinics. These USAID-supported NGOs currently number 115, working at 265 sites throughout rural and urban Bangladesh.

The CAs/NGOs have not only shown a strong capacity to contribute to the national program and overall CPR, but have also developed and implemented effective and innovative approaches for service delivery which have been replicated by the government. The NGOs developed the model for the home visiting based service delivery system which is now the foundation of the national program, the information system for tracking eligible couples in a field worker's assigned area, and the illustrated Field Workers Service Guide. Coordination with the Government program around issues such as area demarcation, and coordination among the NGOs themselves to reduce duplication and improve program impact are continuing issues and challenges.

In early 1992, USAID's Office of Population and Health (OPH) began preparing an amendment to its Family Planning and Health Services Project, extending its PACD to 1997. As part of this project extension, the Cooperative Agreements with the CAs needed to be amended. OPH took this as an opportunity to review CA/NGO programs and its own approach to managing this component of its population program, and to develop future program approaches for the extension period.

Technical assistance was requested from the FPMD project in support of this effort. A team was assembled consisting of Keys MacManus of the Office of Population's Regional Coordination Division (Team Leader); Sara Seims, Saul Helfenbein, and Peg Hume, all core staff of the FPMD Project; and Abu Sayeed of TAI, a FPMD subcontractor in Bangladesh. The consultation took place from 15 February to 5 March 1992.

### **III. Purpose/Scope of Work**

The consultants were asked to undertake the following scope of work:

- (a) Assist OPH in focussing, refining, and prioritizing the draft CA/NGO strategy, and identify and standardize appropriate terminology and definitions.
- (b) Assist OPH (and other Mission offices, as appropriate) streamline and refine the administrative procedures of project proposal formulation by CAs/NGOs, the project proposal approval process within OPH, multiple reporting requirements for CAs/NGOs, and the strengthening of administrative institutional capacity within CAs/NGOs -- in order to reduce OPH's management load, minimize administrative redundancy within OPH and other Mission offices, and devolve programmatic authority, responsibility and accountability to the CAs/NGOs.
- (c) Develop and provide written guidance to CAs on contents of their proposed five-year scopes of work that must be included in CA amendments.
- (d) With Mission (OPH, Contracts, and Controller) and CAs, draft various portions of the CA amendments.
- (e) With CAs/NGOs and OPH, participate in discussions of the NGO strategy guidance on SOW, and draft portions of CA amendments with CAs -- in order to finalize necessary AID documentation.
- (f) Prepare (i) a written draft of refined and prioritized NGO strategy based on current draft strategy; (ii) written draft guidance to CAs in preparing their SOWs; (iii) written drafts of various portions of CA amendments; (iv) written draft of recommended streamlined and standardized administrative procedures for all parties (CAs/NGOs and OPH) to follow.

### **IV. Activities**

Over a period of three weeks, the team had numerous meetings with USAID OPH staff and staff of the five CAs in Dhaka. The team visited selected NGOs in Comilla and Sylhet Districts and interviewed program managers and field workers. A roundtable discussion was held in Dhaka with representatives of other NGOs. Additional meetings were held with the USAID Contracts Officer, the JSI Logistics Advisor, and the ODA representative responsible for NGO activities.

The team worked on three major components of the SOW: 1) refining the conceptual framework and strategic initiatives for the overall NGO program, 2) working with the CAs to finalize the amendments to their Cooperative Agreements based on the major strategic

initiatives, and 3) developing management procedures for OPH and the CAs/NGOs in line with the strategic initiatives and conceptual framework outlined in the refined NGO strategy.

Annex I contains the major documents provided by the team to the OPH. Annex II provides a list of contacts. A detailed agenda for the three weeks is included in Annex III.

## **V. Findings/Recommendations**

The team concurs with the Mission's view that the family planning program in Bangladesh, and, in particular, the role of the CAs/NGOs in the national program, is at a critical juncture. The NGO sector now contributes about one quarter to the country's overall CPR of 34% (modern methods). To play their role effectively in the next stage in the development of the national program the NGOs will have the dual task of introducing improved management practices and new approaches to service delivery in order to improve the quality of family planning services, increase coverage, and strengthen sustainability of demand.

It is the recommendation of the team that these three strategic initiatives -- quality, coverage, and sustainability -- must guide the NGO program over the next five years. These initiatives were discussed with the CAs and built into the amendments to the Cooperative Agreements. The initiatives also served as the foundation for the team's recommendations for streamlined management procedures.

The following sections provide in more detail the team's activities and recommendations. Activities and recommendations reflect the Scope of Work but are organized for the purposes of this report in a order which more effectively articulates the results of this consultation. The sections discuss the teams' activities in a) refining the individual CA cooperative agreements, b) refining the NGO strategy through identification of strengths and weaknesses of the CA/NGO program and prioritizing the strategic initiatives of quality, coverage, and sustainability which should guide the NGO strategy during the next five years, c) the management approaches which OPH should follow within the context of these strategic initiatives, d) USAID's relationship to the CA/NGO program and how the role of OPH might evolve over time, and e) requirements for initiating streamlined proposal review, monitoring, and reporting procedures.

The proposed Strategic Project Review Form, as well as a number of short papers produced for the USAID Mission during this assignment, are included as Annexes to this report.

### **A. Refining the Individual Cooperative Agreement Documents**

The team worked extensively with the four CAs (Pathfinder International, AVSC, The Asia Foundation, and the Family Planning Association of Bangladesh) and with the Family Planning Service and Training Service Center to refine each cooperative agreement document and PIL (in the case of FPSTC). Lengthy discussions were held with program directors and

project officers in order to get at the critical elements of each CAs program, develop good working relations and effective communication, and build mutual confidence and trust in order to accomplish the revision as quickly as possible. The review process followed the steps indicated below:

1. Review of current draft of the CA to identify the strategies of the CAs and assist staff in articulating them as clearly as possible. Team members rewrote sections for the CA or worked closely with the CA personnel on revising the document.
2. Identification of programmatic innovations, new service delivery strategies, and mechanisms for closer integration with government services.
3. Delineation of expected evolution of the program over time.
4. Reorganization of the program activities in relation to strategic initiatives of improving quality, increasing coverage, and strengthening sustainability.
5. Reorganization of the CA document for purposes of clarity, coherence and conciseness.

The team provided the CAs and FPSTC with written guidance for finalizing the next draft of their cooperative agreements.

## **B. Refining and Prioritizing the NGO Strategy**

### **Overview of the CA/NGO Program: Strengths and Weaknesses**

The family planning NGOs provide Bangladesh with a richness of experience, dedication, and skills without which the overall national goal of quality improvement, service expansion, and promotion of sustainable services cannot be achieved.

Currently about one quarter of couples using modern methods are served by the CA/NGO program. The NGOs contribute greatly to the availability of family planning in Bangladesh and to the overall modern method CPR which is now around 32 percent. In fact, the 8 percentage point increase in CPR which has been experienced during the last two years occurred at the same time as FP field visits also expanded greatly -- a mode of delivery pioneered by the NGOs.

On the following pages the team highlights areas of special strengths and weaknesses of the CA/NGO program.

## **Strengths**

1. The CA/NGOs together provide a well balanced "package" of interventions. While each CA funds NGOs to expand service delivery at the community level, they each fill special niches which allow them to make a particular contribution to the overall program. For example, PI has special expertise in quality assurance and pays special attention to young, low parity couples. FPAB has a relative strength in providing employment based services and IEC; TAF has considerable expertise in training and management; FPSTC has the responsibility for liaison with Government; and AVSC has a clearly defined niche in the provision of long-term methods.

The team considers these areas of special expertise to be highly appropriate and supportive of the overall goal of quality, expansion, and sustainability of family planning. In addition, the fact that there is so much openness and collaboration among the CAs (another strength) enables these areas of expertise to be shared by all.

2. The CA/NGO program has a great deal of credibility with the BDG. This relationship is one of the keys to the success of the Bangladesh program. Hitherto, the NGOs have mainly supplemented the national program, working in underserved areas. Now as government services rapidly expands, the NGOs will need to think more strategically about how they can most effectively complement the national program. Strategic linkages between the NGOs and the national program can be built on the solid relationships already established.

Some areas of collaboration are progressing more smoothly than others. The CAs have made particularly good progress in helping government officials at several levels better understand the importance of family planning. This has been accomplished by workshops and other less formal means of communication. More progress needs to be made in integrating NGO/BDG family planning activities at the field level when and as the government services take over areas being served by the NGOs. For example, NGOs could provide volunteers who could be supervised by government FWAs, a model tried successfully in Bangladesh. Other models need to be explored as quality, expansion, and sustainability of the CA/NGO programs and the national program will depend on the ability of the NGOs to develop and implement imaginative mechanisms for collaborating with government services.

3. The CA/NGOs show a real willingness to innovate. Many of the strategic ideas for change expressed in recent OPH documents (e.g., Doe et al, "Potentially Great Ideas for our FP CA/NGOs," July 1991) have been enthusiastically adopted by these organizations. In particular, the CA/NGOs

are speeding up the adoption of door-to-door delivery of injectables, the introduction of depot holders and factory based services, are eager to include suitable levels of MCH services and have embraced USAID's commitment to greater efficiencies. This commitment to change appears to have taken place with little of the defensiveness common to organizations which can no longer do business as usual.

4. Over the years the CA/NGOs have developed a cadre of trained women field workers, supervisors and managers who not only have proven their worth as motivators and providers of family planning services, but have also shown themselves to be important change agents. These women, who now number in the thousands, have set precedents for leaving the home and playing a respected leadership role in the community. This "empowerment" of women would not have taken place without the leadership of the CA/NGOs.

#### **Weaknesses**

1. NGO programs face problems common to the national program as well as problems which are unique stemming from their own limitations. While improvements in CPR have been dramatic, the majority of clients use temporary methods and duration of use is low. For example, half of all users of oral contraceptives discontinue after 13 months. IUD acceptors, who often wish to have no more children, also discontinue use after a relatively short period of time and in many instances do not immediately switch to other methods.

The CA/NGOs must continue to place emphasis on quality of care (analogous to after-sales service) and to develop programs which concentrate on client satisfaction and correct method usage as well as service expansion.

2. Many NGOs depend on government services for more effective methods as they do not have sufficient clinical facilities. However, the system for referring appropriate clients for more effective methods (such as VSC) is weak. Survey data indicate that in many instances these referrals are just not made.(need citation). The BDG clinical infrastructure often cannot meet the referral requirements of the NGOs. The efficacy of the NGO and government programs are interdependent particularly in the promotion of more effective contraceptive methods. Donors who work with both must ensure complementarily of development efforts.

3. While the CAs/NGOs are willing to innovate, they need a framework in which to do so. As mentioned earlier, USAID's role in stimulating innovation has been much appreciated and should continue. The CAs recognize that the Bangladesh family planning program is at a key stage of evolution and have

expressed a strong desire to strengthen their capacities to meet the changing needs of the program. However, the CAs and the two major NGOs lack a clearly defined strategic plan and the necessary management systems to implement the plan to serve as the basis for innovation. The team therefore recommends that the CA/NGOs undertake a strategic planning exercise to enable them to more clearly define their role in increasing quality, coverage, and sustainability and identify as a result the changes needed in their internal structure and management systems to enable them to implement the plan.

4. While there is no hard evidence, the team believes it to be highly unlikely that some of the NGOs are not performing up to standard and probably should not continue to receive support. The team recommends that the CAs develop objective criteria to determine under what circumstances NGOs warrant continued funding and to apply this criteria even if it would result in painful decisions.

In conclusion, the team congratulates the Mission on the depth and scope of the CA/NGO program. The CA portfolio is strong and balanced and each organization has a key role to play, including the FPAB which the team strongly recommends USAID continue to fund. The team refers USAID to the package of small reports/memos which provide details on these comments and recommendations.

### **Strategic Initiatives**

Building upon preliminary documents drafted by USAID staff, and reinforced by many discussions within the CA/NGO community, the team identified the following 3 strategic initiatives as key to building on strengths and reducing weaknesses in order to move the CA/NGO program forward over the next 5 years: quality, coverage, and sustainability. These are also key to further developing the overall national program.

1. **Quality:** Improving the quality of service delivery is important to attract and even more critically to retain family planning users. Current studies (need citations) indicate high dropout rates, for reasons which are inadequately understood. But it is only in maintaining users that programs can make real progress toward higher CPRs and ultimately lower fertility rates. Quality embraces such issues as motivational techniques, continuing availability of supplies, and a reliable referral system for clinical methods. The CA/NGO program must give increased attention to these issues over the next 5 years, coordinating with and reinforcing the government system wherever appropriate.

2. **Coverage:** Expanding coverage through more intensive and efficient service delivery mechanisms will be necessary to reach the currently underserved and to raise CPR to a new higher plateau. NGOs are well suited to this role, with

their experience and history of effective, flexible, and innovative service delivery. They will be challenged to pursue mechanisms beyond the home visiting model that they pioneered, to further explore use of depot holders, for example, in an effort to increase the ELCO/field worker ratio and thus reach more potential clients. Another important challenge in expanding coverage will be finding appropriate mechanisms to develop programs in areas which are remote or still resistant to family planning.

3. Sustainability: With regard to sustainability, the team urges USAID to place its emphasis on sustainability of the national program and to see institutional and financial sustainability as building blocks toward that end. Not all NGOs should be expected to survive in the long run, only those that are able to offer something beyond that offered by the government at a competitive cost/price. The primary goal should be programmatic sustainability, or sustainability of demand within the population, as evidenced by users taking the initiative to seek services. To this end, USAID's efforts should be channeled toward monitoring the contributions of individual NGOs toward building and sustaining demand. Operations research can play a role in identifying appropriate indicators for different levels of sustainability and in identifying mechanisms for phasing out of donor support.

We caution USAID against placing too much emphasis or too much reliability on cost-per-user as an efficiency measure. While it can be very useful in indicating increased efficiencies in a given program over the long run, it can have a dampening effect on risk taking and innovation in the short run. Overall USAID should beware of giving the CAs/NGOs a mixed message - innovate and take risks, but also reduce cost per user. Likewise, an overemphasis on cost recovery or income generation risks diverting management attention away from programmatic goals or, worse yet, turning away potential users. These issues are explored in accompanying papers.

Efforts to promote sustainability merit careful focused attention and review of experience as programs evolve. USAID should encourage operations research, the testing of different models, and the sharing of experience. Greater understanding of how institutional and financial sustainability are achieved in the Bangladeshi context is a prerequisite for promoting the sustainability of the national program.

Further, USAID has recognized that the efforts to strengthen programmatic, institutional, and financial sustainability at the NGO level will put increasing demands on the CAs. Appropriate support through training and technical assistance must be made available to the CAs in order to strengthen their abilities to guide and support their NGOs.

### **C. Developing a New Approach to Managing the CA/NGO program**

The Team reviewed current procedures employed in managing the NGO/CA program. The review examined the adequacy of current practices in light of the new NGO strategy emphasizing improving quality, increasing coverage and strengthening sustainability.

The team identified five impediments to a CA/NGO management process the removal of which will be both effective in supporting strategic goals and mutually satisfactory to OPH and CA/NGOs.

1) Too much paper: OPH personnel responsible for managing the CA/NGO program tended to review every project proposal, even when not necessary as stipulated by the Cooperative Agreement. As a result of the forces on reviewing documents very well qualified OPH staff do not have the time for supportive "in field" supervision. Compounding this problem is the tendency to review proposals for operational details which also consume considerable amounts of time. In the morass of proposals and attention to detail, the larger strategic issues in the programs cannot help but be neglected.

2) Overemphasis on details: The review process and focus on details often lead to extensive correspondence between OPH and the CAs. The use of correspondence as the main vehicle for communication lengthens the time to clarify a point or resolve issues which are raised. The focus on details and standard regulations leads to equal allocation of time to all proposals rather than selective allocation to programs which demand OPH intervention because of their strategic importance or because of problems which have consequence for the overall NGO effort in relation to the national program.

3) Duplication of responsibilities: The focus on operational details and issues regarding regulations leads OPH to duplicate monitoring responsibilities which should be under the purview of the CAs. Understandable as OPH's concern for compliance with all regulations is, the nature of the CA relationship limits the kind of monitoring and control which OPH should be exercising. OPH's role in monitoring should focus on strategic issues and ways of providing support to both the CAs and the NGOs in the field. Compliance to the regulations is part of the overall CA for which the implementing agencies are already responsible.

4) Barriers to communication: Major strategic communications with the CA/NGOs which are organized to lead to programmatic decisions tend to occur in large forums. These forums are conducive for general dissemination of information. They tend to hinder decision oriented discussions because the larger grouping cannot take into consideration the individual characteristics and needs of the CA/NGOs. These type of meetings tend to waste time, lead to

misunderstandings, and create barriers to rapid action. The result is a need to revert to more meetings and correspondence.

5) Facts rather than information: OPH in its efforts to develop a program MIS is focussing on the collection of tremendous amounts of program data. The collection of data appears to be a surrogate for being able to choose information that relates to strategic goals and the role of the NGOs in achieving the strategic goals. Without a strategic perspective, the amount of data available will always be unsatisfactory, and needless time and energy will have to be expended in augmenting data to compensate for not knowing what it is important to know.

The team believes that OPH's time can be used more efficiently and that OPH-CA/NGO communications can be more effective by focussing OPH management role and practices at the strategic level which is mandated by the nature of the cooperative agreement. The refinement of the strategic initiatives in the NGO strategy and clarifications as to OPH's appropriate monitoring role lead us to the following recommendations as to ways OPH can reduce its administrative burden and develop a more satisfactory supervisory role:

1) **Monitoring by Portfolio:** OPH needs to change from a proposal to a portfolio review process. The CA program needs to be reviewed as a coherent comprehensive exercise in light of the way it approaches the strategic goals of improving quality, increasing coverage and strengthening sustainability.

2) **Monitoring by critical information:** OPH needs only to review critical information that specifically relates to program and service delivery strategies designed to achieve the NGO strategic goals. The team has prepared an instrument which facilitates such review: a Strategic Project Review Form. This extracts the key information from the proposal and presents in a summary way highlighting the relationships between project objectives and activities and the key initiatives of the global NGO strategy. The Strategic Project Review Form identifies the information required for portfolio review, monitoring and as such provides the basis for reporting.

3) **Selective Monitoring:** OPH needs to gain critical and "deep" knowledge about the role, functioning, and impact of the NGO programs and their relationship to the government program. This can only be done through extensive field visits which are carefully chosen for their strategic importance. Effective selection can be secured by obtaining a holistic view of the NGO program through review of comprehensive portfolio of CA programs.

4) **Longterm Program approval:** A strategic approach to monitoring on the part of OPH requires a commensurate capability on the part of the CA/NGOs to plan and develop their programs in a strategic context. This demands

longterm perspectives, and plans that can be designed on a multiyear basis. The team recommends that OPH institute a multiyear planning, review and approval process. A CA portfolio should be approved for at least three years, with provision for evaluation, and subject to availability of funds on an annual basis.

5) Strengthening communication: Correspondence needs to be limited to confirmation of decisions reached via one-on-one negotiations. Group meetings need to be supplemented and complemented by increasing contact with individual CAs and NGOs in the latter venues.

#### **D. Restructuring OPH Personnel Functions in Management of the CA/NGO Program**

The above recommendations for streamlining CA/NGO procedures need to be carried out in a larger system which places emphasis on strategy and which allocates roles and tasks of OPH personnel in support of strategic goals and initiatives. Effective management of the CA/NGO program, to promote and support NGO contributions toward the program's strategic goals, entails a coherent utilization of all USAID resources in this regard, particularly personnel. The team, therefore, recommends a task structure within OPH which will ensure effective linkages between policy levels and program operations in alignment with achieving strategic goals.

The following hierarchy of mutually supportive and reinforcing roles and tasks is proposed: Policy, Action Operations, Sector Resource Support, and Trend Analysis.

##### **Policy Level**

**Goal:** This level deals with issues that relate to the national family planning program. It involves continual discussion with the GOB, Donor community, and communications with AID/W concerning the principal systems which will influence the success or failure of the family planning program.

**Content:** The critical systems requiring USAID policy dialogue at present are contraceptive logistics, delivery of more effective methods, and role of NGOs. These systems are either at a critical impasse, impeded by lack of key resources or are essential for promoting innovations needed to propel the national family planning program to its next major leap forward in contraceptive prevalence. In all three, USAID has the comparative advantage of either longterm experience, comprehensive knowledge and major supplier status.

**Focus:** 1) USAID will need to monitor the various systems carefully in order to determine which are critical candidates for intensive and thoughtful mediation by policy level discussions. 2) Policy dialogues need to be initiated

at regional as well as national levels so that implementation of important national policies are not impeded at lower decision making levels because of lack of understanding, conviction or appreciation of their importance. 3) In particular USAID has a vital role to play in the donor community because of its experience in both private and public sector activities, and the breadth of its understanding of the operations of all systems. This is a comparative advantage which makes USAID the preferred donor on the part of recipient organization and which can make USAID the mentor to the donor community.

### **Action Operations Level**

**Goal:** This level concerns mobilization of USAID resources at the program level for maximum impact on critical policy issues.

**Content:** At this level, USAID will have to provide continual guidance for program management to ensure coherent, integrated and mutually reinforcing program operations.

**Focus:** 1) USAID will have to provide in-house leadership to ensure that all components share compatible goals and that they reinforce one another not only within the context of the USAID portfolio but also in the context of the national family planning program. 2) USAID will also have to bring to bear its comparative advantages in knowledge and experience to maximize influence on program operations of other donors to achieve compatibility and mutual reinforcement of all program support for the BDG national family planning program.

### **Sector Resource Support**

**Goal:** This level involves continual monitoring of the sectors to determine how and when to nudge or impel each sector along in contributing to USAID's strategy of improving quality, expanding coverage and strengthening longterm sustainability of the national family planning program. The ability to do this will demand both breadth and depth of knowledge of the way the sectors operate in the field so as to identify in detail the possibilities for program growth and institutional development.

**Content:** USAID will have to acquire "deep knowledge" of all aspects of program operations as they actually occur in the field through intensive onsite study of and communication with all persons from managers to providers.

**Focus:** 1) USAID will require information necessary to maximize understanding of strengths, weaknesses, opportunities and threats, both in the long- and short-term in order to determine how best to use limited resources at

the program level and how to best influence policy formulation at the GOB and donor levels. 2) USAID needs to develop this capacity now because the GOB family planning program is at a turning point in the evolution of its program, and the donor community is in a similar turning point with USAID's own resource being focussed in certain areas and a multiplicity of new and inexperienced donors entering the field.

### **Trend Analysis**

**Goal:** This level will focus primarily on analyzing patterns and trends in critical systems which affect the way the sector operates and which in turn will influence the development of the family planning program.

**Content:** USAID will have to be able to identify the trends and patterns along several dimensions: geographical, service delivery systems and innovation, constraints, institutional development, etc. both in relation to overall performance of the program and to the achievement of its strategic goals.

**Focus:** USAID will need to place current trends and patterns in a longer historical perspective in order to determine ways of best managing the introduction of innovation and change and to explain how innovations in the past may have failed as well as to promote innovations where conditions have changed both in terms of demand and institutional capability.

### **E. Recommendations for Initiating Streamlined Proposal Review, Monitoring, and Reporting Procedures**

In order to promote strategic monitoring and CA portfolio management (instead of individual proposal management), the team recommends the following interventions which could be accomplished during a two-three week TDY.

#### **1. Overview of Strategic Monitoring**

- a. Hold a one-day workshop attended by the heads of the CAs and perhaps the two large NGOs as well as the NGO Division of OPH. The workshop will review the concepts of strategic monitoring and portfolio management. The revised Strategic Project Review Form will also be discussed.
- b. Provide in-depth TA to the Program Officers of the CAs to test the Strategic Project Review Form and to complete these for OPH portfolio review. It is recommended that FSN technical staff attend these work sessions.
- c. Hold plenary session with all the CAs to examine their individual portfolios, their respective role in the national program, and their major area of collaboration.

## **2. Continued Management Development Support**

Because of the substantive changes recommended in the management of USAID NGO support program, the team recommends as well limited technical assistance to both USAID and the CAs to facilitate phasing in the technical and operational innovations in managing by portfolio. Three areas for follow-up technical assistance have been identified below. Continuity should be maintained in the provision of TA to ensure that technical issues remain consistent with the strategic goals and approaches in streamlining the NGO sector management system and that the technical and operational developments occur as part of the total system. The TA areas are as follows:

a. Technical Assistance to USAID in managing by the portfolio based management system: Limited TA will be provided to work with USAID staff in reviewing the proposals as part of a portfolio, determining how to analyze the individual project proposals as a means of achieving USAID strategic goals, identifying key issues for monitoring in terms of the portfolios strengths and weaknesses, and planning a monitoring agenda following review and approval.

b. Technical Assistance to USAID and the CAs in developing portfolio-based reporting requirements to ensure compatibility among CA semi-annual reports: Limited TA will be provided to USAID and to the CAs on reporting for maximum support of USAID policy, management, sector support strategies and trend analysis requirements.

c. Technical Assistance to USAID and CAs in developing a NGO sector Management Information System: Limited TA will be provided to link on-going MIS development efforts to MIS requirements for USAID so as to facilitate the work of staff involved in policy, management, sector resource support, and trends and pattern analysis. The development of the NGO sector MIS should take place in several phases so assimilation and techniques for managing by portfolio precede efforts to standardize and computerize which might otherwise deflect attention away from strategic issues to the collection on non-contextual information.

The team feels that the streamlining procedures recommended for USAID should be accompanied by an overall plan for management development for the CAs and NGO sector:

The management by portfolio approach for USAID needs to be complemented by strategic planning exercises within the CAs and their subgrantees.

Strategic monitoring by USAID needs an analogue in the CAs' ability to provide a wider and deeper range of technical assistance to its subgrantees to plan and manage longterm programs and to think critically of the way their program presently support the sustainability of the national program and can do so more effectively over the coming years.

Finally the steps to developing a NGO sector MIS in USAID need to be paralleled in the CAs by developing more effective and compatible systems within the NGO sector. The team emphasizes that both USAID and CA MIS development initiatives should be linked functionally to the national MIS. In this way information generated at all levels can feed into critical policy level initiatives and sector management decisions that support continual improvement in family planning performance of the national program.

Timing of the interventions will be critical as well. While the team cannot recommend specific dates, it recommends that the process as a whole begin as soon as the new overall PP is finalized. An Action Plan should be developed as soon as the new CA amendments are approved.

This will provide enough time to synchronize the approval process and reschedule funding arrangements along common fiscal cycles (if appropriate) through cost or no cost extensions of individual subgrantee projects.

It will also allow all parties to continue discussions about ways to facilitate CA Headquarters' adjustment to accommodate the new system, and to undertake additional actions needed to sustain practical support for instituting the new management system.

## **VI. Conclusions**

USAID/Dhaka is poised to launch its CA/NGO program at a critical period in the evolution of the national family Planning program. The national program has achieved remarkable success with significant contribution of the NGOs. However, in order to accelerate the progress of the family planning programs so as to meet the major demographic challenge of the next 25 years, the new program needs clearly articulated strategic goals in order to determine how best to plan, innovate and utilize resources. The CA/NGO programs need to reflect these strategic objectives, and the management systems of both USAID and the CA/NGOs need to be configured to facilitate the support and achievement of these goals. We hope this consultation helped distill and articulate the strategic goals for the next five years. We hope that the work with the individual CAs help them begin to think strategically and prioritize and align their programs with the strategic goals of improving quality, increasing coverage, and strengthening sustainability. We also hope that our recommendations of streamlining OPH management procedures will similarly contribute to the use of limited but excellent personnel resources in such a way to effectively support the achievement of these strategic initiatives. Finally we hope our recommendations for enhancing the capability of the CAs to think and work strategically will contribute to further dramatic successes of the Bangladesh national family planning program.

**ANNEX I:**

**Documents Provided by the Team  
to USAID/Dhaka at Debriefing**

March 5, 1992

**TO : OPH**

**FROM : Keys MacManus and the MSH Team**

**SUBJ : Development of the CA/NGO FP Program in Bangladesh**

The team would like to express our heartfelt appreciation for the opportunity to contribute to the future direction of the CA/NGO family planning program in Bangladesh. We would particularly like to thank Brenda, Quasem and Louisa for giving unstintingly of their time, providing invaluable input and guidance, and for all the hard work they went through accessing documents and for arranging meetings and field visits.

Attached are materials which we hope will be of use to you as you continue to provide direction to the evolution of your very impressive CA/NGO program.

1. Strategic Project Review Form
2. Recommendations for streamlining CA/NGO proposal review, reporting and monitoring procedures.
3. Sustainability
4. Cost per User
5. Management development for the CAs/NGOs.
6. NGOs - The Future.
7. The Family Planning Association of Bangladesh.
8. The changing Role of Women and Family Planning.
9. Reducing RTIs as a means of Increasing MEM.
10. CA Amendments: Sample guidance examples.

**STRATEGIC PROJECT REVIEW FORM**

Please provide all the following information, check or write responses as required and write N/A for any points which are not relevant for this project.

**Project Identification:**

NGO Name:

Date of Registration:

NGO Address:

	Urban	Rural
Division		
District		
Upazila		
Union		
Municipality		
Ward		

Project Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Single Project Site : (Please fill in if Project site is different from NGO site. If this is a multiple site project, please attach addresses.)

	Urban	Rural
Division		
District		
Upazila		
Union		
Municipality		
Ward		

**Project Description**

Current Project Starting date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ ( ) New ( )  
Renewal. Date of first Funding: \_\_\_\_\_

**Overall Family Planning Service Project Goal Statement:**

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**Demographic Baseline in Project Area as of \_\_\_\_\_ (Date):**

Current Population: \_\_\_\_\_ No. ELCOs: \_\_\_\_\_ Current CPR of Modern  
Methods: \_\_\_\_\_ %  
No. of Active Users of Modern Methods: \_\_\_\_\_

**Family Planning Service Project Objectives**

**Projected Contraceptive Prevalence Rates for Modern Methods:**

Yr.1 \_\_\_\_\_ Yr.2 \_\_\_\_\_ Yr.3 \_\_\_\_\_

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**Current and Projected Modern method mix among users (As a percentage of Active Users of Modern Methods. For AVSC enter number of clients served in columns 1 & 2 for all clinical methods):**

Methods	Current Method Mix in Project Area: % of all Methods	Projected Method Mix in Project Area: % of All Methods	Current % of Each Method supplied by Project: % of Given Method	Projected % of Each Method Supplied by Project: % of Given Method
Condom				
Pill				
Injectable				
Norplant				
IUD				
Ligation				
Vasectomy				
<b>Total</b>	<b>100%</b>	<b>100%</b>		

**Project Site Characteristics (Please Check as appropriate)**

- Low Income
- Middle Income
- Demarcated for NGO
- Government Program in Operation
- Remote area/Inaccessible
- Underserved Area
- Low Performance
- High Performance
- Migrant Population
- Tribal
- Religious-Culturally Conservative Area
- Plantation-Factory
- Other Industrialized Area

**Program Description for Project Period: (Please check the appropriate project achievements and indicators . Add additional Expected Benchmarks. Please Quantify the Outputs in column 2):**

Expected Project Benchmarks by Project End Date	Detailed or Quantified Outputs

<p>( ) Improved Service Quality</p> <ul style="list-style-type: none"> <li>■ Posting of FWVs (paramedicals)</li> <li>■ Training of FWs in IEC</li> <li>■ Establishment of Clinics</li> <li>■ FW/ELCO ratio</li> <li>■ Continuation rates</li> <li>■ Clinical standards in place</li> <li>■</li> <li>■</li> </ul>	
<p>( ) Increased Coverage</p> <ul style="list-style-type: none"> <li>■ Targeted IEC activities</li> <li>■ Targeted nulliparous ELCOs</li> <li>■ Targeted 20-24 age group</li> <li>■ MCH services included</li> </ul>	
<p>( ) Program Sustainability (Demand)</p> <ul style="list-style-type: none"> <li>■ Community Involvement</li> <li>■ NGO leadership involvement</li> <li>■ Coordination with government</li> <li>■ Integration with other Development Activities</li> <li>■</li> <li>■</li> </ul>	
<p>( ) Institutional Sustainability (Managerial and Administrative)</p> <ul style="list-style-type: none"> <li>■ NGO leadership involvement</li> <li>■ Training of Supervisors and Project Director in Management</li> <li>■ Training of FWVs</li> <li>■ Audit Recommendations implemented</li> <li>■ Development of Management Guidelines and Procedures</li> <li>■ Team Training</li> <li>■ System Development</li> <li>■</li> <li>■</li> </ul>	

<input type="checkbox"/> Financial Sustainability <ul style="list-style-type: none"> <li><input type="checkbox"/> Contribution of Community Resources</li> <li><input type="checkbox"/> Introduction of Cost Saving Measures</li> <li><input type="checkbox"/> Income Generation Activities in place</li> <li><input type="checkbox"/> Financial Systems and Controls</li> <li><input type="checkbox"/> Phasing out plan</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/></li> </ul>	
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**Project Strategy**

**Emphasis target groups TO ACHIEVE OBJECTIVES (Check Most Important):**

- Non-users
- Low parity couples
- Non Clinical Method Users
- High risk pregnancies (>35 & <20 yrs)
- Males
- ELCOs with completed desired family
- Newlyweds
- Youths
- Current users by increasing satisfaction

**FP service delivery INNOVATIONS TO ACHIEVE OBJECTIVES (Check Most Important):**

- CBD-door to door injectables
- CBD-depot
- Factory-workplace
- Women Acceptor Groups
- Merging of Service Sites
- Use of Volunteers
- Integration with MCH services
- Links to Satellite Clinics
- Other Clinics
- Postpartum service delivery
- Part-time workers

**Project Personnel Requirements:**

Professional Personnel	Current Full Time	Current Part Time	Projecte d Full Time	Projecte d Part Time	Annual Sal + Ben FT range	PT range
Volunteers						
Field Workers						
Supervisors						
Paramedics						
Nurses						
Doctors						

Administrative Personnel	Current Full Time	Current Part Time	Projects d Full Time	Projects d Part Time	Annual Sal + Ben FT range	PT range
Project Director						
Deputy Director						
Office Assistant						
Accountants						
Driver						
Support Staff						

Coordination with Government Service: Please check as appropriate in the column labelled Description

Coordination Methods	Description
Meetings with FP Officers	No. of Times per year
Provision of Support to FWV/FWA	( ) Yes ( ) No
Adoption of Government MIS	( ) Yes ( ) No
Integration with Parishads	( ) Yes ( ) No
Integration with other BDG Development Activities	( ) Yes ( ) No
Referrals to Government site	( ) Yes ( ) No
Deputation FWV to NGO site	( ) Yes ( ) No
Joint Activities with Govt	( ) Yes ( ) No

Constraints to Achieving Objectives:

Likely Logistics Constraints (Please Check Appropriate Boxes)

Methods	Stockout	Full requisition Not recd	Frequent Brand changes
Pills			
Condoms			
Injectables			
IUDS			
MSR for VSC			

**Service Delivery Constraints ( Yes or No in Column 2)**

Site Change	
Frequent Turnover	
Lack of suitable candidates	
Lack of Certification of FWVs	
Insufficient Medication for RTIs and side effects	
Lack of Clinics	
Insufficient ISP funds	
Contraceptive Pricing	

**NGO Sustainability:**

**Size (Please Check):**

Single site                       Multi-site                       National

**Board Membership (Please Check):**

Number \_\_\_\_\_ Social Status:  Business  Community  Leaders  
 Professionals     Elected Leaders

Involvement in Activities:  Yes  No

Cost Sharing                       Yes                       No

**Sources of Funding (Please check):**

USAID                       ODA                       SIDA                       CIDA  
 Netherlands     Other \_\_\_\_\_

**Activities other than Family Planning (Please check):**

Education                       Agriculture                       Community Development  
 Small Business Development                       MCH                       Other Health Programs  
 Other

**Proposed Project Budget:**

Item	USAID Total	Year 1	Year 2	Year 3
Salaries				
Travel				
Training				
Equipment				
Rent				
Utilities				

**Waiver Requirements:**

**Project Cost per User** (formula for calculating cost to be determined): \_\_\_\_\_

**Standard Provisions: Standard Terms and Conditions as** \_\_\_\_\_

**Financial Manuals Provided:** ( )Yes ( )No

**Signature:**

**COOPERATING AGENCY**

\_\_\_\_\_

**DATE** \_\_\_\_\_

## **Streamlining CA/NGO Proposal Review Reporting and Monitoring Procedures**

### **1. Operational Definition:**

The Team defines streamlining in operational terms as follows: Streamlining means restructuring of procedures to:

- Create a unified system for reviewing, assessing, and monitoring the CA portfolio of subgrantee projects in the context of the improving quality, expanding coverage and ensuring sustainability.
- Coordinate USAID proposal review and approval process with CA process of developing proposals with NGO subgrantees and their reporting requirements to USAID.
- Expedite exchange of necessary information for decision making on individual subgrantee projects and overall CA portfolio.

### **2. Management Objectives for Streamlining**

In light of the PP amendment for the NGOs, the Team recommends that the streamlined procedures achieve the following management objectives:

- To enable USAID to manage its time and human resources effectively in the CA/NGO proposal review, approval and monitoring tasks.
- To focus monitoring activities on identifying patterns, trends strengths, innovations related to strategic goals, and ways of best supporting the CA/NGOs to achieve these goals.
- To facilitate the process of communication so as to obtain high quality information on the successes, problems, and field realities for in depth program analysis.

### **3. Monitoring Strategies**

The team views monitoring as one of the key elements in the streamlining of USAID NGO management procedures. It offers its perspective on the purposes and mechanisms of effective monitoring that is most compatible with the strategic initiatives of the USAID NGO PP amendment.

- The team recommends that the monitoring role of USAID be distinct and unique and rather than duplicative of operational monitoring which the CAs conduct under the terms of the cooperative agreement. USAID's appropriate monitoring role should be strategic.

- USAID's monitoring approach should be to collect high quality information through a combination of analysis of consolidated CA portfolio reports, frequent contact with the NGO subgrantee environment, and continual strategic review with the CAs and NGOs.

- Onsite visits should be the major means of monitoring project implementation and progress. The proposals and reports can provide general information about trends and patterns but they cannot replace insights into why programs work and fail that comes from first hand field experience.

#### **4. Procedures to facilitate comprehensive overview:**

Streamlined procedures will have to realize economies and benefits in several areas. The principal areas are use of available time, instruments, and reporting.

##### **a. Use of Time**

- **Proposals cover a period of at least 3 years to enable the subgrantees to develop their project proposals as much as possible from a longterm strategic perspective.** This would promote greater compatibility of subgrantee projects with the longterm strategic objectives of the cooperative agreements and the USAID NGO PP amendment.

- **Proposals should be clustered for an a one time annual review as a comprehensive portfolio.** This would not exclude exceptions for special review. For particular NGOs which special problems exceptions can be made for additional proposal reviews.

- **Proposal review should take place during a period when weather restricts USAID and CA personnel from travelling.** This could be done during May and June. USAID would reserve 1-2 weeks for each CA. The proposals would be reviewed, discussed with the CA, and approved as a portfolio. The funding cycle would be synchronized with the start of the fiscal year.

- **USAID should therefore consider all changes aimed at streamlining the proposal review, monitoring and reporting procedures as part of a larger systems-wide process.** Changing the USAID-CA timeframe will likely involve changes down the line for the CAs in their proposal planning with the NGOs and in their proposal review systems with their own Headquarters. .

##### **b. Instruments**

- **A Strategic Project Summary Review Form should be used for project review.** Committing oneself to using this form will cut down on the amount of time needed for this process and more importantly focus attention on relationship of project proposals to strategic issues. The attached Project

Review Form attached has been reviewed with USAID and CA project officers.

■ **The form could also serve as guidelines to ensure that the project proposal development process which each CA conducts with its NGO subgrantee includes a strategic perspective.** This Project Review Form should not replace the project proposal development activity which the CA engages in directly with its NGO subgrantees, as the latter is an essential component of developing NGO planning and management capabilities.

■ **A strategic oriented review form will have the following benefits:**

- It highlights the information concerning outcomes, strategies and innovations, which USAID needs to evaluate the relationship of the CA portfolio to USAID's strategic initiatives in supporting this program.

- Focussing on critical information facilitates comparisons between NGO projects in the CA's NGO projects.

- The ability to easily compare projects facilitates screening for particular proposals which are of special interest or which present special problems needing rectification or further review, and identify projects which merit special interest and field visits.

- Focussing on key critical information facilitates analysis of projects as a portfolio of each CA so that the programmatic niche of each CA can best be identified and supported.

■ **This type of Strategic Project Review Form should be carefully introduced with a field test to demonstrate its general applicability to both single site NGO proposals and multisite proposals of national NGOs.**

- For the one or two projects with multiple subprojects CAs will have to trade the cost of extra expenditure of effort in consolidating information into one form for the benefits of rapid review and approval, while USAID trades the benefits of reviewing a single short document with the big picture for the costs in losing detail about individual subactivities.

## **Reporting**

■ **The Team recommends that the Strategic Project Review Form be used as the basis for semiannual reports.** The CAs can use categories in the Project Review Form as guidelines to ensure that all essential information needed to compare proposed objectives and activities with actual performance is covered in the reporting document.

■ Ensuring commonalities and compatibility between in reporting on strategic issues as presented in the Strategic Project Review Form is first step to eventual standardization which can be lead to a NGO Project Monitoring Management Information System. Although the team would like to see this MIS instituted as quickly as possible, excessive standardization at this time could divert attention from focussing reporting on strategic issues.

■ Emphasis should be placed on reporting goals rather than on reporting formats. Eventually, further efforts can be directed to develop more standardized approaches to facilitate consolidating and analysing data with an eventual view to an automated management information system. First, however, it is important to develop the management part of the MIS.

## 5. Implementation of the Streamlined Procedures

■ The Team recommends that action be taken as soon as possible to institute the Strategic Project Review Form approach to project proposal review. This is the critical step for restructuring use of time and refocussing monitoring goals.

- This form should be tested as soon as possible for ease of use, and applicability to the subgrantee programs of the various CAs. Testing can be undertaken by ICCDR,B.

- The new system should be introduced and discussed via the forum of the NGOCC. As the introduction of change is often accompanied by an initial increase in work and anxiety in getting used to new procedures, all the parties involved (USAID, CAs, CA Headquarters and NGOs) must be convinced of the benefits to be obtained from the new systems.

- A reasonable timeframe should be established to provide opportunities for CAs to negotiate with their Hqs and to work with their NGO subgrantees to develop proposals so that they can be presented as a portfolio for review.

## 6. Conclusions

■ There will be a very steep learning curve involve in introducing and assimilating this strategic review process. In order to ensure success, mutual support and strong leadership and commitment to using time and human resources for larger strategic goals will be required to overcome the technical and operational hurdles.

## Sustainability

USAID has rightly focused its attention on developing the national family planning program, and NGO efforts are designed with this broader view in mind -- to contribute to the achievement of national family planning goals. As key contributors to the success of the national program, NGOs will direct their activities to supporting the 3 strategies of improving service quality overall, expanding coverage, and strengthening sustainability. It is to this latter point that this memo is addressed.

The sustainability to which we refer is programmatic sustainability -- sustainability of the national family planning program. Institutional and financial sustainability are key components of programmatic sustainability. (Other terms have been used to describe even more finely divided levels or aspects of sustainability.) Whereas institutional and financial sustainability are addressed at strengthening key institutions within the family planning matrix, programmatic sustainability is focused on the whole, the "big picture."

Sustainability of the national family planning program will be characterized by a sustained high level of CPR nationwide, taking all providers into account. It will be achieved through the establishment of demand for family planning services within the population. The simple demand for family planning services will keep the program going. This demand will be demonstrated by users in large numbers seeking services and commodities, in contrast to the services being brought to them. They will seek services from the government, NGOs, or the commercial sector-- wherever they can find them. They will not be dissuaded by the unavailability of a particular provider, by dissatisfaction with a particular method, or by the charging of fees. They will switch to different methods rather than dropping out of the program. They will be self-motivated, active, and continuing users. Nationally, there will be a shift in desired family size, as in Indonesia, for example, where the "small happy prosperous family" with two children is becoming the norm.

Survey data might suggest that there is already sufficient demand in Bangladesh to sustain the family planning program, and that supply is the limiting factor. In one study, 60% of women and 63% of men reported that they wanted no more children; a large number of others expressed interest in spacing. Yet other studies and anecdotal evidence suggest that the demand is still "fragile." When family planning users were asked in one survey what changes they would like to see in the family planning program, the most frequent response was "more home visiting" (23% of all responses). In Chittagong, where there are the lowest rates of home visits, there are also the lowest acceptor rates. Thus, although demand is apparently high, it has not yet taken root in the society to the point where individuals in large

numbers are taking the initiative to seek services.

Developing and sustaining demand will require a transformation in the national program from what it is today. This is the long-term view, but it has important implications for the design of programs now. The emphasis should be on building demand within the population, changing non-users to users, and users to continuing and self-motivated users. Developing supply mechanisms alone is not sufficient to produce this kind of transformation.

How to achieve programmatic sustainability, or even what configuration of providers will be appropriate to meet the future demand, is not known at present. But what is sure is that programs will need to evolve, and cannot be satisfied with the status quo. NGOs will play a vital role in this effort, taking maximum advantage of their tradition and experience of commitment, effectiveness, and flexibility to move the national program forward. They will need to expand service delivery approaches already known to be successful for several more years. At the same time they will need to develop innovations--building upon research findings -- in a continuing effort to reach those who are harder to reach. Equally important, they will need to give increased attention to service quality, in order to have users who are continuing users. This effort will require investments for some time to come.

It is in the effort to strengthen NGOs, as key contributors to the national program, that institutional and financial sustainability are critical concepts. But they must be seen as building blocks, not ends in themselves. That is, all institutions will not and should not survive. Only those NGOs that are able to offer something beyond that offered by the government at a competitive price deserve to survive.

The concepts of institutional and financial sustainability are important in describing the characteristics of organizations that will survive. They contain the elements found to be critical, and thus suggest benchmarks to guide project and organizational activities and against which to measure organizational growth and development. Institutional sustainability has to do with the strength of the institution, its base of support in the community, and the skills, capabilities, and systems that have been built into the institution to manage project activities in a changing environment. Financial sustainability has to do with the continued availability of public or private resources to provide services, and includes such issues as cost recovery and income generation. USAID support to NGOs should rightly be focused on the strengthening of these elements.

Programmatic, institutional, and financial sustainability should be viewed as a continuum. While they address different kinds of issues, the boundaries between them are blurred; they are often overlapping. Financial or in-kind contributions from the local

community, for example, would indicate progress toward both institutional and financial sustainability. More often, however, initial community interest and support is demonstrated by financial contributions only sometime later. After subprojects have achieved a degree of institutional and managerial stability, emphasis tends to shift naturally to efforts to do more for less, through cost cutting and increased efficiencies, and to ensure long-term financial support through mobilization of public and private resources.

While USAID efforts should appropriately be concerned with the full continuum of sustainability, the primary goal must continue to be programmatic. Institutional and financial sustainability are supporting goals. The risk is that an overemphasis on cost recovery or income generation will 1) divert resources and management attention away from the effort to increase and maintain users, or, worse yet, 2) turn away potential users. Thus, efforts to promote sustainability merit careful focused attention and review of experience as programs evolve. USAID should take the lead in this effort, encouraging operations research, the testing of different models, and the sharing of experience. Greater understanding of how institutional and financial sustainability are achieved in the Bangladeshi context will promote sustainability of the national program.

Further, USAID has recognized that the efforts to strengthen programmatic, institutional, and financial sustainability at the NGO level will put increasing demands on the CAs. Appropriate support through training and technical assistance must be made available to the CAs in order to strengthen their abilities to guide and support their NGOs.

## Cost-per-User

The cost-per-user measure is included to assess the cost-effectiveness of a family planning service delivery system, and as such it is seen as key if not critical management information. Presumably, as a project matures and is managed more efficiently, this cost of doing business, per client served, will decrease. It appears to be a clean and simple indicator of how well a project is doing, and is thus tempting to apply as an evaluative tool.

The Team is pleased that studies are soon to be underway to look at cost-per-user in a careful and systematic way, and encourage USAID to work closely with the consultants to plan the practical application of this tool in the field. The Team cautions USAID, however, to be aware of possible problems with this measure from a programmatic perspective. We raise two types of potential pitfalls for your consideration.

The first has to do with methodology. How the measure is calculated is not immediately obvious, but the use of different methodologies will result in measures which mean different things and are thus not useful for comparative purposes. The second issue has to do with use of the information. Even when calculations are done in a standard way, the information can be easily misinterpreted and lead to unintended management decisions.

With regard to methodology, the issue that arises is which costs are to be divided by which number of users? Since there continues to be confusion as to even what constitutes an active user, this is not insignificant. Should a client who was sterilized 3 years ago still be counted, for example? Should the cost figure be annual budgeted costs for a subproject or

2/5

actual annual expenditures? Should it include administrative costs as well as fieldworker costs? Should it also include the administrative costs of the NGO, if there are costs beyond simply project costs (as there should be if we are concerned about developing the NGO as a sustainable institution)? Should the administrative costs of the CA be included (as they probably should be if the technical assistance they provide contributes to the efficiency of the subproject)? While there are standard methodologies available for calculating this cost-per-user measure, they must be consistently applied in order for the measure to be meaningful.

The interpretation issue is equally problematic. Even when consistent methodologies are applied, we are often comparing apples and oranges. One NGO may be investing more resources in its own development than another, thus a higher cost figure, but a concomitant increase in users may not be realized until a later period. Longer term investments like staff development simply do not have immediate payoff but are among the most important if long-term programmatic sustainability is the goal. An NGO may have a larger administrative structure because it is supporting more than one project. (This is a methodological issue as well: how should the administrative costs be allocated across projects?) CAs' cost structures may vary tremendously due to administrative structure, ties with a U.S. headquarters office, visits from headquarters, etc. These issues will result in very different cost-per-user figures which may or may not have significant bearing on how efficiently a given project is managed.

Some projects may have a higher cost-per-user because they are targetting harder-to-reach ELCOs or because they are undertaking innovative activities which may contribute greatly to the overall national program, but not in the short term. It is argued, in fact, that NGOs have a responsibility to undertake these kinds of activities. But too much attention on cost-per-user, with the implications that it should be continually lower, will not encourage innovation or risk-taking. Most importantly cost per user reductions could quite easily compromise quality service. We recommend that USAID consider these issues carefully before encouraging CAs or NGOs to be guided by cost-per-user information in their programmatic decisions. It is not as "clean and simple" as it appears.

Cost-per-method-per-user is even more complicated to calculate and also to interpret because..... Again, the policy or management implications of any particular result are not obvious, since there are so many factors besides cost which have a bearing on a project's effectiveness and thus impact. Differences in continuation rates, for example, are equally important.

We would agree that in a world with perfect data cost-per-user and cost-per-method-per-user would provide information which is interesting and generally useful for comparative purposes, particularly given a long-term time horizon. But, given the problems that have been described, we encourage USAID to use these measures as simply a basis for discussion, and to seek broader input on which to base policy or management decisions.

March 4, 1992

## MANAGEMENT DEVELOPMENT FOR CAs AND NGOs

The team strongly supports USAID's decision to consolidate the IEC, research and training portfolios each under the direction of one lead CA. In order to promote other changes which will help the CAs/NGOs undertake their challenging responsibilities with a "big picture" orientation, strengthen their internal management capabilities, and improve efficiencies, we recommend the following:

### **Strategic Planning/Management Development:**

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The CAs/NGOs are a diverse group of organizations with a strong sense of their "mission". They are staffed with dedicated professionals, strongly committed to the health and welfare of their clients. Experience has shown that the most effective way to strengthen the management and leadership of these types of institutions is to focus on the development of the total organization, starting with strategic planning.

Strategic planning enables an organization to identify its own internal strengths and weaknesses and to be cognizant of the opportunities and threats in the changing environment. The team firmly believes that a good strategic plan is a vital ingredient of programmatic sustainability.

Once an organization has a strategic plan, it should then focus on how to implement it. Implementation almost always involves changes in organizational structure (how roles and responsibilities are allocated, delegation and decision making) and systems (e.g. MIS, finance, HRM).

We have found that management improvements in organizations similar to the CAs/NGOs is much more effectively promoted by a strategic planning/implementation process than by a management audit which tends to focus on problems rather than build on strengths. Further, the team believes that an effective strategic planning process is best assisted by an organization or consultant which understands the culture, norms and dynamics of these dedicated institutions, and has the technical skills needed for this management approach.

Therefore, we recommend that the services of an international organization(s) be obtained. This organization which must be experienced in assisting family planning institutions, would work closely with a local or regional organization to prepare and implement strategic plans. The organization(s) would:

- facilitate the preparation of a strategic plan for all of the CAs and the two largest NGOs.
  
- assist the CAs to understand the structural and management systems changes which would need to take place in order to implement the strategic plan, including changes in MIS, project monitoring techniques, financial planning and management, etc.

- train staff in each of the CAs to undertake the strategic planning process with the remaining NGOs and how to help the NGOs with the implementation of the plan (i.e. structure and systems changes at the NGO level).

- prepare and implement a staff development plan which would enable the CAs to help provide the TA to the NGOs to ensure long term follow-up of strategic planning results.

- provide TA as part of the follow-up of the strategic planning process, to standardize management information systems, taking into account the needs of CA headquarters as well as the government.

The above approach would have the advantage of addressing all the management concerns raised by USAID while at the same time developing the capacity within each CA to help the NGOs overcome their local level management problems.

USAID can obtain the services of the international organization(s) either by placing the resources within the budget of one of the CAs and having it prepare and issue an RFP or by a buy-in to an appropriate centrally funded project. We recommend the latter to minimize at this time additional burdens on the CAs who may not have the expertise required to develop such a comprehensive scope of work.

The team also recommends that the buy-in contractor enter into subcontracts with Bangladeshi and regional management development institutions, such as AIM based in Manila, to provide TA in the strategic planning exercises as well as in follow-up implementation activities. This would ensure the availability of local and regional resources for future TA to the NGOs as they evolve institutionally.

## NGOs - THE FUTURE

The NGOs provide Bangladesh with a richness of experience, dedication and skills without which the overall national goal of quality improvement, service expansion and promotion of sustainable services are not likely to be achieved, at least in the near future.

But what is the special role of the NGOs in the achievement of these three components of the national goal? How can the CA/NGOs best meet the challenges of the future? Several thoughts come immediately to mind. NGOs must continue to be innovative, they must strengthen their links to Government and they must improve their capacity for long range strategic planning.

### A. NGOs and Innovation:

The demand for family planning is very strong in Bangladesh. Currently over 60 percent of couples want no more children. Almost one third of couples currently use some form of modern contraceptive method - a rate of prevalence which has increased by 8 percentage points during the last two years.

The NGOs must continue to be aware of how the needs and characteristics of current and potential users are changing. To begin with, Bangladesh has shifted from primarily providing permanent methods to high parity couples to providing a diversified portfolio of methods to all couples. This shift has several implications for the NGOs. The NGOs must now place as much emphasis on quality of use (correct usage of methods and continuation rates for temporary method users), improving mechanisms to refer appropriate clients for clinical methods, and enhancing user satisfaction as they have traditionally placed on getting the number of users increased.

The NGOs have tried on a limited scale several innovations which will address the changing needs of the Bangladesh program. These include door-to-door injectable services, depot holder programs, integration of FP with MCH and other services, etc. These and other innovations must continue to be tried and evaluated. Lessons learned from successful and not so successful attempts must be fed back to the CAs, BDG and donors. Operations research should play a larger role than it has to date in quickly trying and evaluating new ways of providing services.

As the CAs increase the funding to NGOs to provide family planning in underserved and more conservative areas, a wide range of new and valuable experience will soon be amassed. This experience must again be analyzed and reported on in a timely manner so promising approaches can be exploited to the fullest.

The NGOs will also continue to address the question of quality of care by improving follow up of users of temporary methods (which currently have high drop out rates), offering clients a wider choice of methods (such as injectables), improving referral rates, and trying out innovative service delivery approaches (such as depot holders) which will allow field workers to spend more time counselling and helping clients.

#### B. NGOs and Links to Government:

Unlike the situation in many countries, the relationship between NGOs and the BDG is quite constructive. This is one of the great strengths of the Bangladesh program. Most of the time, Government views the CA/NGOs as a mechanism to help them with their own responsibilities and even though differences of opinion occur, they are generally resolved promptly and without much acrimony.

The CAs/NGOs must reinforce their efforts to help the Government program. This assistance should cover two major areas, a) feeding back information to government regarding lessons learned from NGO programs and b) reinforcing the government structures. There are many ways to accomplish this collaboration. NGO staff can support government staff. For example, NGO volunteers can work under the direction of the FWAs, and NGOs can support government family planning management structures which currently exist at the ward, union and upazila level. The CAs/NGOs can host small workshops on a regular basis to make sure Government knows about, learns from and supports promising innovations. These are just a very few examples of some of the ways the links between Government and

CAs/NGOs might be reinforced. Many of these activities are currently taking place, but the CAs/NGOs must, in the future, place even more priority of this collaboration than hithertofore.

Another issue which the CAs/NGOs will need to address is how best to take advantage of new opportunities which occur when Government becomes active in a geographic area previously demarked exclusively for an NGO and when Government requests that a CA/NGO becomes active in a different area. Currently, these geographic changes are often regarded by NGOs as negative and destructive to their programs. The CAs should perhaps take an active role in promoting ways these changes can be viewed by the NGO as opportunities and not threats.

### **C. The NGOs and Long Range Planning:**

In order for Bangladesh to achieve its national FP goals, the CAs/NGOs will need to ensure that their programs evolve, adapt and progress. Several strategic questions need to be addressed to successfully meet the goals of quality enhancements, service expansion and sustainability. These include:

- given the current resource inadequacies of the BDG system, how can the medical back-up and referral needs of clients best be met?

- how can CAs/NGOs work with BDG to overcome problems with contraceptive logistics?

■ how quickly and under what circumstances should projects with a record of steady achievement innovate?

■ what are the characteristics of NGOs which should be considered as "graduates" by the CAs?

■ how can policy blockages be removed. (For example, BDG medical policies which restrict the implementation of door-to-door injectables)?

■ how and under what circumstances should cost recovery mechanisms be put into place?

■ how to increase community moral and financial support?

The CAs/NGOs should prepare strategic plans which would not only help address these and other key issues but will bring to light related management, staff development, and organizational issues which also need to be addressed in order for their great potential to be fulfilled.

March 4, 1992

**THE FAMILY PLANNING ASSOCIATION OF BANGLADESH**

At the request of USAID, we have considered carefully the question of whether the Mission should continue to support FPAB. Our strong recommendation is that USAID should continue to fund a carefully tailored program of activities for FPAB designed specifically to support overall national FP goals of quality improvement, expansion of coverage and promotion of sustainable services.

Our reasons for this recommendation are as follows:

1. FPAB is a truly indigenous organization which has been involved in family planning for many decades. It thus has a network throughout the country and a credibility and standing which cannot at this time be replicated. FPAB is regarded as a key leader in family planning by the BDG and by the other CAs.
2. The Affiliate has a track record of highly successful programs with sustainable local organizations. This success of these programs has been documented by external evaluations. The most interesting of these programs build upon the resources of existing community organizations to provide locally managed family planning services.

3. FPAB already has a successful track record in undertaking innovative activities specified in USAID's PP amendment, such as factory based family planning. Employment based services are likely to become increasingly important for Bangladesh as women enter the labor force in ever larger numbers.

FPAB, which has more experience in this area than the other CAs, can take the lead role in sharing the lessons it has learned.

4. The IEC needs for the Bangladesh program need a lead CA to develop an IEC strategy collaboratively and then to work closely with JHU and other experts to oversee the implementation of the IEC program. FPAB's experience and skills and their lead role in the National IEC Committee make them the most highly qualified of the CAs to undertake this responsibility.

5. CA/NGO programs must have a contraceptive logistics system which is reliable. Again, FPAB has a comparative advantage in terms of proven successful experience to undertake this vital role.

6. FPAB has addressed the structural issues raised by USAID. Indeed the key issues have been dealt with already. For example, FPAB's constitution was amended in December 1989 in ways the team considers to be highly appropriate. The Executive Director was given more authority, procedures were put in place to assist with better communication between the Board and management, changes were made to limit the tenure of old time office holders. In addition, and perhaps more importantly, it was made mandatory that at least one fifth of

all Board members at the Branch level be women. Also, consistent with the Affiliate's history as a woman founded organization, in order to attract more female members, women are required to pay only half of membership fee charged to males.

The new Executive Director is a highly committed and talented individual. He has very strong management skills and one of his stated priorities is to continue to have FPAB's internal management and Board/management relationships improve.

7. It is cost effective for USAID to work with FPAB. Many of the recurring costs in terms of salaries and rent are covered by IPPF, which also offers useful management support to the Affiliate. Thus, a greater proportion of USAID investment can be directly targeted for project activities.

8. Finally, the leadership of the Affiliate is very pro-AID. It is recognized and greatly appreciated that AID was the first donor to fund the CAs, has stuck with the CAs through good times and bad and has the most enlightened attitude towards staff development and upgrading of skills of CA and NGO staff. FPAB does not need AID money to survive. In fact, not only does it receive support from London, but other bilateral donors under the World Bank umbrella NGO project are very interested in working with the Affiliate. Despite this, FPAB strongly wants to continue to work with the Americans whom they like and respect.

Conclusion: We recommend that USAID fund four BFPA activities which we believe build upon their strengths and promote national FP goals. These four areas are 1) continued support to promote family planning with local voluntary groups; 2) factory- based family planning; 3) management of the overall IEC program; and 4) taking delivery of and distributing contraceptives to CA/NGO projects.

At our request FPAB has prepared a draft proposal covering the above four areas for USAID's consideration. FPAB understands that USAID is still considering the overall question of whether to continue to work with the Affiliate at all.

March 4, 1992

**THE CHANGING ROLE OF WOMEN AND FAMILY PLANNING**

The team would like to share some thoughts with the Mission regarding the changing status of Bangladeshi women and family planning.

A recent issue of the Bangladesh Observer discussed revolutionary changes which are occurring regarding female labor force participation (FLFP). According to the article (copy attached), FLFP is increasing at almost 17 percent annually. About 10% of these women work in garment factories. Currently women constitute 15% of the total labor force, but their participation rate is increasing at a far greater rate than for men (16.9 vs 4.6).

The employment of women in the CA funded programs has documented that significant changes occur in the lives of these women as a result of job opportunities. In many instances, these women are the first in their communities to have a legitimate role outside of the house. A recent study has shown that over time, many of these women have evolved into community leaders. In all instances, they are a valuable role model for the families around them.

While the relationship between employment and fertility in Bangladesh has not been fully studied, there is convincing evidence from other countries that FLFP really does propel women towards effective contraceptive use and concomitant fertility decline. CPR

is very high among the extremely large cadre of NGO female field workers, and they in turn have proven to be highly effective promoters of FP. Acceptance rates from FPAB's factory based programs, similarly show strong demand among female workers who often lose their jobs as soon as they are known to be pregnant.

In summary, the team strongly supports USAID's role in promoting employment based services. We also request USAID to keep in mind the hidden costs in terms of losing important female role models as NGO programs move towards greater "efficiencies" such as depot holders - efficiencies which would lead to a decline in the employment of women. We urge USAID to work with the CAs/NGOs to help develop other roles for this important and well trained female cadre so that they can still serve as positive models for increasing women's contribution to National development.

We also recommend that USAID assist the CAs overcome very real impediments to expanding factory based services, notably the reluctance of employers to allow any outside group in the factory at all. This suspicion stems from their fear of labor union agitation and what appears to be a complete lack of concern over the welfare of their employees. We believe AID can play a valuable role in helping the CAs think through tactics to overcome this problem.

**ANNEX II:**  
**Organizations and Persons Contacted**

## Organizations and Persons Contacted

### USAID/Dhaka

Bill Goldman, Director, OPH  
David Piet, Deputy Director, OPH  
Brenda Dec, Director, NGO Division, OPH  
Louisa Gomez, NGO Division, OPH  
Quasem Bhuiyan, NGO Division, OPH  
Ali Noor, Evaluation Specialist, OPH  
Alvera Sweet, Contract Officer

### The Asia Foundation

Claudia J. Ford, Population Program Manager  
Project Officers

### Pathfinder International

M. Alauddin, Country Representative  
Project Officers

### Association for Voluntary Surgical Contraception

Nancy Piet-Pelon, Asia Regional Director  
Stanley Zankel, Country Director  
Dr. A.J. Faisel, Medical Officer  
Eileen McGinn, New York Office

### The Family Planning Association of Bangladesh

Mukarram H. Chowdhury, Director General  
USAID Project Officer

### Family Planning Services and Training Center

A. Rouf  
Project Officers

### Concerned Women for Family Planning

Mufaweza Khan, Director

### John Snow, Inc.

Joe Rittman, Logistics Advisor

### Johns Hopkins University

Edson Whitney

The World Bank/ODA  
Fiona Duby

ICDDR,B  
John Hagar

**ANNEX III:**  
**Schedule of Visits during Consultancy**

**Schedule of Visits during Consultancy**  
16 February - 5 March, 1992

- 16 Introductory meeting with USAID/OPH
- 17 Plenary meeting with CAs
- 18 USAID Contract Officer, OPH staff  
Pathfinder International (PI)
- 19 Family Planning Association of Bangladesh (FPAB)  
Family Planning Services and Training Center (FPSTC)  
The Asia Foundation (TAF)
- 20 Brenda Doe, OPH  
Association for Voluntary Surgical Contraception (AVSC)
- 21 Departure on field visits: Comilla (MacManus, Seims, Sayeed)  
Sylhet (Helfenbein, Hume)
- 23 Return from field visits
- 24 Follow-up meetings with AVSC, FPAB, FPSTC
- 25 Roundtable with NGO representatives  
Ali Noor, Research  
Joe Rittman, JSI  
Follow-up meeting with PI
- 26 Follow-up meetings with TAF, FPSTC  
JHU
- 27 World Bank/ODA  
Brenda Doe, OPH
- 28 Team meetings
- 29 Team meetings
- 1 Concerned Women for Family Planning (CWFP)  
Plenary meeting with OPH, CAs
- 2 Meetings with OPH
- 3 Meeting with CA Selected Project Officers

51'

NGO/CC meeting  
ICDDR,B

- 4 Team meetings
- 5 Debriefing with OPH