

PD-ABE-663

**VISIT TO BANGLADESH TO DEVELOP
THE EVALUATION PLAN FOR THE
UPAZILA INITIATIVES PROJECT**

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

The purpose of this visit was to develop the methodology for a verification study of CPR performance in the Upazila Initiatives Project (UIP) sites and to develop the overall UIP evaluation plan. The visit was made by Dr. Jaime Benavente, Director, and Barbara Seligman, Senior Analyst, Evaluation Unit, FPMD, from January 15 - February 10, 1992.

The Upazila Initiatives Project (UIP) was launched in May 1987 to strengthen the Government of Bangladesh's (BDG's) efforts to offer high quality and sustainable family planning services at the local level. UIP was designed to serve the Government of Bangladesh's policy of decentralization. As result, UIP has as its overarching goal the decentralization of management responsibilities within the national family planning program. UIP aims to achieve this goal through an innovative package of observational-study tours to observe models of local family planning management approaches, carefully tailored training and team-building exercises, financial support for local family planning initiatives (annual Action Plans), and technical assistance to implement the Action Plans.

The UIP evaluation plan provides a framework for analyzing the project's performance in achieving its goal of decentralized management of family planning activities. Decentralized management is expected to contribute to the expansion of high quality family planning services. The plan is organized into four areas that correspond to those identified in the evaluation guidelines presented in PIL no.33 (see Annex I). They include: verification of contraceptive prevalence rates (CPR) in the UIP sites; assessment of community management of family planning activities; and assessment of implementation of Action Plans; and assessment of the observational study tour (OST). For each area, the evaluation plan identifies components, objectives, expected results, indicators and sources of information for the indicators. The components and objectives were identified by FPMD/Dhaka and Boston staff, and describe the current operationalization of the UIP. Expected results and indicators for measuring their accomplishment are derived from the objectives.

The evaluation plan provides the basis for defining measurable indicators of organizational and demographic change associated with the UIP. The next step in the development of the evaluation plan is to design and test the data collection instruments that will be used to establish baseline estimates for the indicators. Collection of the baseline information is anticipated to begin during the next visit of FPMD's Evaluation Unit staff, tentatively scheduled for the summer of 1992. Once baseline estimates have been established for the UIP indicators following the framework presented in the evaluation plan, it is expected that they will be updated at approximately 18 month intervals. Analysis of changes occurring in the indicators over the course of the project may be undertaken by FPMD's Evaluation Unit¹. The baseline and subsequent reports will be available for analysis by an external evaluation team.

¹. FPMD has held discussions with the Office of Population's EVALUATION project about possible collaboration in analyzing data collected under the UIP evaluation plan.

Because it will not be possible to reconstruct estimates for many of the indicators for earlier points in time, the evaluation plan presented here is intended as a framework for measuring and analyzing progress towards meeting UIP objectives as they are defined in PIL no.33. Several major changes have occurred in the BDG administration since the PIL was prepared. Recently, the upazila chairman position as well as that of the upazila parishad council have been abolished. The upazila chairman's duties have reverted to the local government officer, the UNO. This change has eliminated a major player in the original concept of the local family planning management team. Moreover, the change has the potential to effect project requirements of local contributions to support Action Plan implementation. The evaluation plan will need to respond to any such changes as they occur to the extent that they affect the ability of the UIP to achieve its original goals.

1. Verification of Contraceptive Prevalence Rates (CPR) in the UIP Area

The CPR verification study will satisfy three principal objectives. It will:

- (1) define accurate baseline measures of the contraceptive prevalence rate at the union level;
- (2) provide a sound basis for evaluating changes in contraceptive prevalence and continuation rates, and in method mix in the UIP area;
- (3) in collaboration with the BDG, analyze possible sources of error affecting data quality and use results to clarify concepts and develop operational definitions for contraceptive acceptors, drop-outs, and eligible couples (ELCOs). Because UIP uses the BDG's family planning (FP) management information system (MIS) for its reporting, any enhancements that are made to the instructions for recording and consolidating as result of the UIP study have the potential to benefit the national system as well.

Baseline CPR measures will be derived from data maintained in the Family Welfare Assistant (FWA) register and, therefore, will not directly correspond to population-based estimates. Verification of CPR rates derived from the FWA register will permit reliable cross-sectional comparison of UIP unions. Correction factors developed from the study are likely to have application outside the project area, possibly providing a basis for accurately comparing project performance with unions outside of the project area.

CPR verification will require some primary data collection to verify responses in the FWA register, but will be far less data demanding and costly than an independent data collection effort (for example, a population-based survey). A primary advantage of the study is that it will allow some investigation of the possible sources of error occurring at the lowest levels of the national FP MIS. Findings from the study are, therefore, likely to contribute to recommendations for the enhancement of the national system, which is the system used by the UIP for reporting on performance in the project area.

2. Assessment of Impact of Community Management of Family Planning Activities

UIP uses community development strategies to promote family planning. By building community commitment to family planning through the empowerment of local leaders and volunteers, including elected officials, UIP has mobilized local resources to reinforce the government family planning system at the local level. The evaluation plan treats four dimensions of UIP's community level impact:

- (a) the underlying strategy for achieving impact through community management of family planning activities;
- (b) human resource development;
- (c) the role of women; and
- (d) volunteers' performance.

For each of these dimensions the evaluation plan identifies key components, their respective objectives, expected results, and indicators of the achievement of the expected results.

3. Assessment of Implementation

The community level impact assessment focuses on UIP design and the extent to which the design is operational. This section addresses specific implementation issues organized under four dimensions:

- (a) Support Activities;
- (b) Financing;
- (c) Performance; and
- (d) Technical Assistance.

4. Assessment of the Observational Study Tour (OST) and In-Country Study Tour (IST)

The PIL calls for an evaluation of the effectiveness of the OST and IST. In the first phase of the UIP, OSTs were conducted in Indonesia. During the second phase of the UIP, the IST was introduced as a means of furthering overall project sustainability. As called for under the UIP design, the IST will eventually replace the OST. As designed, the OSTs were to serve several major purposes: to introduce the concept of and to demonstrate practical approaches to community management of family planning activities; to introduce the concept of the Action Plan as the major vehicle for promoting community level management; and to secure high level support for the UIP within the BDG. The richness of the OST experience calls for an evaluation

approach that permits a contextual analysis. Therefore, evaluation of the OST is perhaps best addressed through a qualitative case-study approach.

II. INTRODUCTION

The purpose of this visit was to develop the evaluation plan for the Upazila Initiative Project (UIP). The visit was made by Dr. Jaime Benavente, Director, and Barbara Seligman, Senior Analyst, Evaluation Unit, FPMD, from January 15 - February 10, 1992.

During the visit Dr. Benavente and Ms. Seligman visited UIP sites in Chuddogram and Shahrasti, and a non-UIP Family Welfare Center (FWC) also in Comilla District. The field visits provided the evaluation team with an improved understanding of the UIP, particularly with respect to possible sources of error affecting the reporting of contraceptive prevalence rates (CPR) in the project area. The team worked closely with technical staff from FPMD/Dhaka. The evaluation plan that was developed is the product of a collaborative effort between FPMD/Boston and FPMD/Dhaka.

Implementation of the evaluation plan will require collection of baseline data for measurement of the impact and process indicators that have been identified. Data collection is expected to begin in the summer of 1992 and be completed by December 1992. Further refinement of the evaluation plan and design and testing of data collection instruments will begin immediately upon the evaluation team's return to Boston. The spirit of collaboration between FPMD/Boston and FPMD/Dhaka that characterized the development of the UIP evaluation plan will be sustained by modern telecommunications.

III. BACKGROUND

The Upazila Initiatives Project (UIP) was launched in May 1987 to strengthen the Government of Bangladesh's (BDG's) efforts to offer high quality and sustainable family planning services at the local level. UIP was designed to serve the Government of Bangladesh's policy of decentralization. As result, UIP has as its overarching goal the decentralization of management responsibilities within the national family planning program. UIP aims to achieve this goal through an innovative package of observational-study tours to observe models of local family planning management approaches, carefully tailored training and team-building exercises, financial support for local family planning initiatives (annual Action Plans), and technical assistance to implement the Action Plans.

As illustrated by Figure 1, the UIP is designed to reinforce the BDG's family planning system. Under the UIP, management teams are organized at the upazila, union and ward levels. At each of these levels the management team takes on responsibility for designing, planning and monitoring implementation of local family planning activities. Figure 1 also describes the composition of the management teams at each of the different levels.

The current project implementation letter (PIL no. 33; see Annex I) for the UIP calls for a

midterm external evaluation. In preparation for the evaluation, FPMD/Boston is working with FPMD/Dhaka to help define process and impact indicators for the UIP. The UIP evaluation plan discussed below was produced jointly by a team consisting of FPMD/Boston's Evaluation Unit and program officers from FPMD/Dhaka. The team made field visits to two UIP unions where they interviewed members of local management teams, government family planning service providers, Family Welfare Visitors (FWVs) and Family Welfare Assistants (FWAs), and volunteers. The evaluation plan represents a fully collaborative effort between FPMD/Boston and FPMD/Dhaka.

Background for UIP Evaluation Plan. The UIP evaluation plan provides a framework for analyzing the project's performance in achieving its goal of decentralized management of family planning activities. Decentralized management is expected to contribute to the expansion of high quality family planning services. The plan is organized into four areas that correspond to those identified in the evaluation guidelines presented in PIL no.33. They include: verification of contraceptive prevalence rates (CPR)² in the UIP area; assessment of impact of community management of family planning activities; and assessment of implementation at the upazila and union levels; and assessment of the observational study tours (OST). For each area, the evaluation plan identifies components, objectives, expected results, indicators and sources of information for the indicators. The components and objectives were identified by FPMD/Dhaka and Boston staff, and reflect the current approaches to operationalize the UIP. Expected results and indicators for measuring their accomplishment are derived from the objectives³.

The evaluation plan provides the basis for defining measurable indicators of organizational and demographic change associated with the UIP. The next step in the development of the evaluation plan is to design and test the data collection instruments that will be used to establish baseline estimates for the indicators. Design activities are presently underway in Boston, and will be continued in collaboration with FPMD/Dhaka. Collection of the baseline information is anticipated to begin during the next visit of FPMD's Evaluation Unit staff, tentatively scheduled for the summer of 1992. Data collection protocols will be developed by the Evaluation Unit staff as result of pilot tests scheduled to take place during their next visit. Once baseline estimates have been established for the UIP indicators following the framework presented in the evaluation plan, it is expected that they will be updated at approximately 18 month intervals. Analysis of changes occurring in the indicators over the course of the project may be undertaken by FPMD's Evaluation Unit, ideally in collaboration with colleagues from the Carolina Population Center, the contractor for USAID Office of Population's new EVALUATION project. The baseline and subsequent reports will be available for analysis by an external evaluation team.

². Recently CPR has been redefined as contraceptive acceptance rates (CAR). However, because the reporting forms used by the Government of Bangladesh and by the UIP refer to CPR, we maintain consistency in this report by referring to CPR.

³. A more detailed discussion of the development and design of the evaluation plan is presented in Annex II.

Because it will not be possible to reconstruct estimates for many of the indicators for earlier points in time, the evaluation plan presented here is intended as a framework for measuring and analyzing progress towards meeting UIP objectives as they are defined in PIL no.33. Several major changes have occurred in the BDG administration since the PIL was prepared. Recently, the upazila chairman position as well as that of the upazila parishad council have been abolished. The upazila chairman's duties have reverted to the local government officer, the UNO. This change has eliminated a major player in the original concept of the local family planning management team. Moreover, the change has the potential to effect project requirements of local contributions to support Action Plan implementation. The evaluation plan will need to respond to any such changes as they occur to the extent that they affect the ability of the UIP to achieve its original goals.

Collection of baseline data for the UIP evaluation is scheduled to begin in the summer of 1992 and to be completed by December 1992. The FPMD/Boston evaluation team plans to return in for 4-6 week visit to assist in the implementation of fieldwork for the CPR verification study. Design of the study, which will be a collaborative effort between FPMD/Boston and FPMD/Dhaka, will be finalized during February and March. The final design will consider the structure of the UIP monitoring system that has been in operation since September 1990 (see Helfenbein Trip Report, August 1990 for a detailed description of the UIP monitoring system) and will ensure that there is compatibility between the evaluation and monitoring systems.

Description of Reporting of CPR in the UIP. As illustrated in Figure 2, this section describes the reporting of CPR in the UIP area and identifies potential sources of error arising during both recording and processing that exist within the system. Information regarding the distribution of contraceptives is collected by the Family Welfare Assistant (FWA) in every ward. The FWA obtains information from the volunteers she supervises. The FWA helps the volunteer prepare an ELCO map based on the clients recorded in her register. The volunteers are responsible for distributing contraceptives to the users (ELCOS) and for keeping track contraceptive continuation, discontinuation and complaints. All of this information is updated in the FWA Register.

The FWA register provides the basis for the Monthly Performance Report which is submitted monthly by the FWA to the Family Planning Assistant (FPA). This report, MIS Form-1 (blue) summarizes the service production of all the volunteers who are supervised by the FWA. It includes information on: the number of eligible couples (ELCOs) in the unit; number of ELCOs visited; number of contraceptive acceptors and continuing users by method; MCH services provided; number of live births; number of deaths of infants, during delivery, and the total number of deaths; and contraceptive stock. The FWA uses the information on the number of acceptors (MIS-1 form describes them as "users") and the total number of ELCOS to estimate a contraceptive prevalence rate (CPR) for the unit.

Because information needs to be transferred from the FWA register to the MIS form, many opportunities exist for introducing recording errors into the MIS-1 form. CPR, the total number of deaths and the balance of contraceptive stock are produced using information recorded on this

form. Values for these measures appear for the first time in the MIS-1 form. Computational errors may occur in preparing these measures.

At the unit level, the Family Welfare Visitor (FWV) records information concerning the services she has delivered during the month. The form is submitted to the Family Planning Assistant (FPA) who aggregates all service delivery information for the union. While the FWV submits her report to the FPA, she is not supervised by him.

The FWV records information in MIS Form-3 (yellow), also known as the Monthly Performance Report of the FWV. The information used to produce this monthly report comes from the FWV's daily report of activities. MIS Form-3 includes information on: prenatal, postnatal, and MCH visits and services by level of attention⁴; deliveries; total number of children and total number of persons over 5 years receiving care by age group and by level of the attention; family planning services provided by method, type of user (new acceptor, continuing user, removal or follow-up) and level of the attention; total number of ORS packets distributed by level of attention; number of ELCOS motivated for FP by level of the attention; number of high risk pregnancies referred by level of the attention; number of trained TBAs by level of the attention; number of deliveries attended by TBAs by level of the attention.

At this level of the reporting system, data recording (the transfer of data from the daily record to the MIS Form-3) constitutes the most important potential source of error. Data processing, which is limited to the totaling (addition) of services provided at the different levels of attention, has minor importance as a potential source of error.

At the union level, the FPA prepares MIS Form 2 (pink) and submits it to the UFPO each month. This form aggregates information on family planning and other service delivery production from MIS forms 1 and 3. MIS Form 2 includes the following information for the union: total number of ELCOs and contraceptive acceptors by method and type of user; total users in the month (includes acceptors and continuing users); total number of live births and deaths for infants, occurring during delivery and total number; MCH services provided; and contraceptives distributed, received and current stock. On this form, the FPA computes CPR for the union by dividing the total number of users by the total number of ELCOs. At this level, the opportunities for introducing error into the reports increases sharply. First, the FPA must aggregate information coming from two different and potentially redundant information sources (MIS Forms 1 and 3). Secondly, the FPA is at risk of introducing computational errors as he is required to calculate a number of rates, including (and most important for UIP) CPR.

⁴. Level of attention refers to either a stable clinic, satellite clinic, or home service delivery point.

Figure 1

**GOVERNMENT OF BANGLADESH/MINISTRY OF HEALTH AND FAMILY WELFARE:
ORGANIZATION IN UIP AREAS**

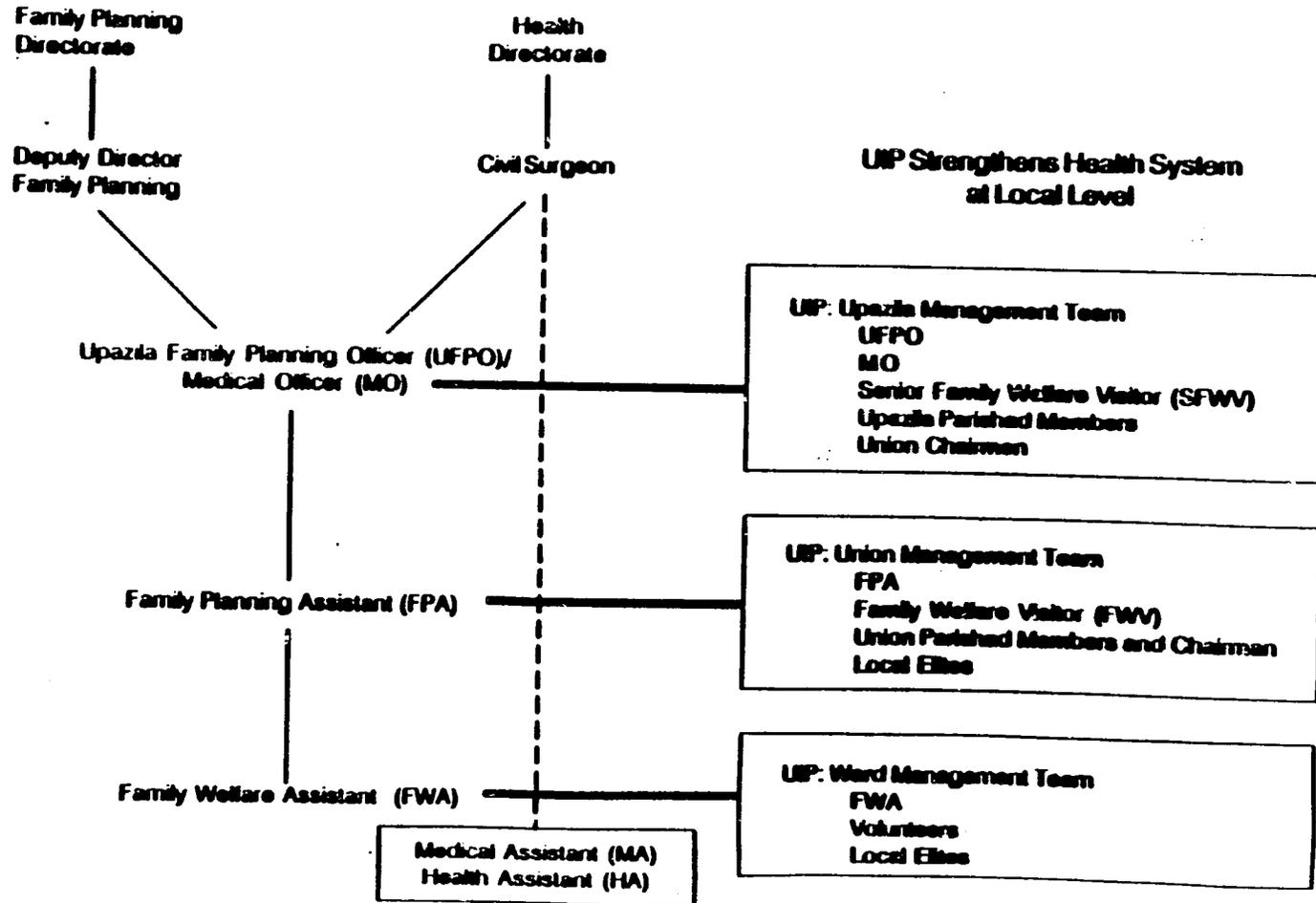
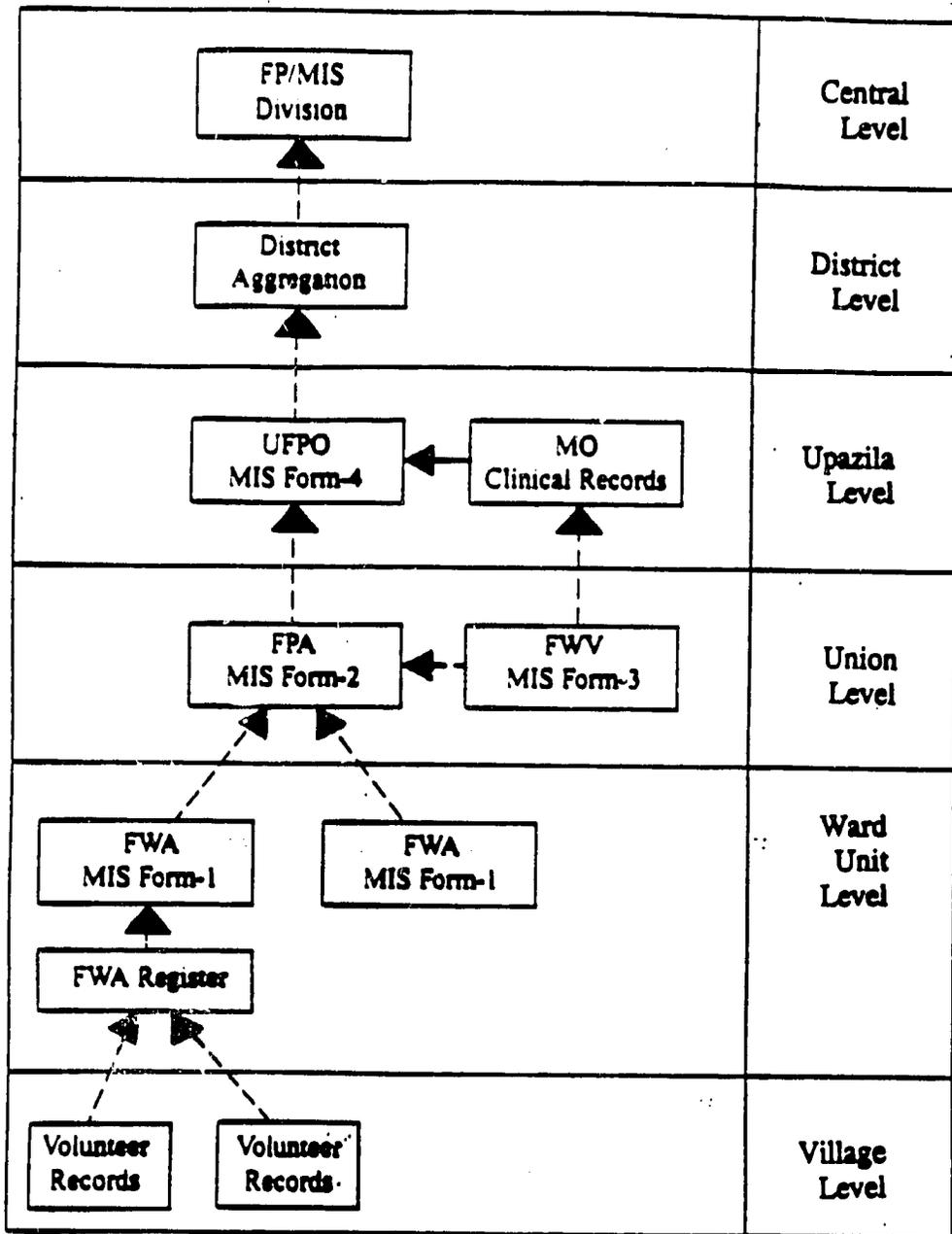


Figure 2

FP Information Production and Flow



IV. EVALUATION PLAN

The evaluation plan developed during this visit covers to the four evaluation areas described above: verification of contraceptive prevalence rates (CPR)⁵ in the UIP area; assessment of impact of community management of family planning activities; and assessment of implementation at the upazila and union levels; and assessment of the observational study tour (OST). A brief discussion of the evaluation plan for each area follows below:

A. Verification of CPR in the UIP Area

The CPR verification study will satisfy three principal objectives. It will:

- (1) define accurate baseline measures of the contraceptive prevalence rate at the union level;
- (2) provide a sound basis for evaluating changes in contraceptive prevalence and continuation rates, and in method mix in the UIP area;
- (3) in collaboration with the BDG, analyze possible sources of error affecting data quality and use results to clarify concepts and develop operational definitions for contraceptive acceptors, drop-outs, and eligible couples (ELCOs). Because UIP uses the BDG's family planning (FP) management information system (MIS) for its reporting, any enhancements that are made to the instructions for recording and consolidating as result of the UIP study have the potential to benefit the national system as well.

The first objective of the proposed CPR study is to assess the accuracy of the CPRs reported by the UIP MIS and to use findings from this assessment to estimate relatively unbiased contraceptive prevalence rates for the UIP areas by using information produced by the BDG's family planning management information system (FP MIS) at the local level. Study results will also help identify the conditions needed to improve the reporting of family planning services at the union and unit levels within the UIP area. FPMD recommends that the study focus first on identifying and controlling the different sources of error at the local (union) level, thereby creating the conditions necessary for estimating valid rates. Once this has been done, FPMD may examine the validity of the rates using an existing external data source. A recent analysis of contraceptive rates for the Indonesian Family Planning Program (Chernichovsky *et al.*, 1991) may serve as a model for examining the external validity of the re-estimated rates.

FPMD's evaluation team considered the possibility of establishing a baseline CPR in the project area by using a population-based survey. There are several reasons why the team recommends not taking this approach. First, the costs of a survey that would allow accurate estimation of

⁵. Recently CPR has been redefined as contraceptive acceptance rates (CAR). However, because the reporting forms used by the Government of Bangladesh and by the UIP refer to CPR, we maintain consistency in this report by referring to CPR.

contraceptive prevalence rates in the UIP sites would likely be prohibitive. Second, even if resource constraints were not an issue, use of a survey to establish the CPR baseline would do little to improve the quality of the data that are being produced by the FP MIS to monitor program performance. Finally, as mentioned, wide recognition of the data quality problems associated with the estimates currently produced by the FP MIS suggests that priority first be given to the detection and correction of the sources of error. Second priority may then be given to considering the external validity of the re-estimated rates in order to determine the accuracy of the re-estimation methodology for upgrading the BDG's FP MIS.

Baseline CPR measures will be derived from data maintained in the FWA register and, therefore, will not directly correspond to population-based estimates. Verification of CPR rates derived from the FWA register will permit reliable cross-sectional comparison of UIP unions. Correction factors developed from the study may have application outside the project area, possibly providing a basis for accurately comparing project performance with unions outside of the project area.

CPR verification will require some primary data collection to verify responses in the FWA register, but will be far less data demanding and costly than an independent data collection effort (for example, a population-based survey). A primary advantage of the study is that it will allow some investigation of the sources of error occurring at the lowest levels of the national family planning management information system (MIS). Findings from the study are, therefore, likely to contribute to recommendations for the enhancement of the national system which is the system used by the UIP for reporting on performance in the project area.

The study will help develop definitions and guidelines for upgrading the quality of data collection in the UIP area. In this regard, some analysis of differences in the quality of recording that have occurred since the initiation of the UIP in the union will be undertaken.

Study design and methodology. The focus of the verification study will be the FWA register. At this time it is anticipated that the study will draw on a sample of 32 FWA registers, corresponding to 32 wards in 16 unions and representing about 18,000 ELCOs. The study will be carried out in seven steps, which are described below:

- (1) The first step of the study will be to evaluate the uniqueness of ELCO numbers within the FWA register and across different registers within the same union.
- (2) The second step will review the internal consistency of the entries in the FWA register, or the correspondence between individual and summary records.
- (3) The third step will be to verify the recorded current use status of a subsample of ELCOs at a fixed point in time. For IUD and sterilization users, current use status will be verified by clinical service records documenting either provision of the service or follow-up services for the method. For injection and oral contraceptive users, current use status will be verified according to the record of resupply in the FWA register in accordance with service delivery protocols;

volunteer ELCO maps and interviews; and/or user interviews.

(4) The fourth step will be to estimate method specific prevalence rates and to compare them with those reported in the FWA register.

(5) The fifth step will be to make necessary adjustments in method specific use rates.

(6) The sixth step will be to estimate CPR based on verified clinical and oral contraceptive method use⁶.

(7) The seventh step will be to verify the denominator for the CPR. The study will define an ELCO as a married woman of reproductive age, 15-49, (MWRA) who was visited by a volunteer (and in non-UIP areas, by a FWA) at least one time during the six months prior to a reference date set for the baseline study. Since the number of ELCOs changes annually, a census of ELCOs may be undertaken in a subsample in order to better assess the completeness of the FWA register. Comparison of the census and the FWA register will provide the basis for adjustment of ELCO counts in the UIP area.

B. Assessment of Impact of Community Management of Family Planning Activities

UIP uses community development strategies to promote family planning. By building community commitment to family planning through the empowerment of local leaders and volunteers, including elected officials, UIP has mobilized local resources to reinforce the government family planning system at the local level. The evaluation plan treats four dimensions of UIP's community level impact:

(a) the underlying strategy for achieving impact through community management of family planning activities;

(b) human resource development;

(c) the role of women; and

(d) volunteers' performance.

For each of these dimensions the evaluation plan identifies key components, their respective

⁶. In selected unions where condom use accounts for a significant share of reported contraceptive use, a sample of condom acceptors will be reinterviewed to determine the extent to which distributed condoms were and are being used for contraceptive purposes. These reinterviews will provide the basis for more accurately estimating actual use among condom acceptors in the UIP area. Using these condom use adjustments, the study will estimate total CPR in all the unions included in the sample.

objectives, expected results, and indicators of the achievement of the expected results.

Underlying Strategy

The first component of the strategy underlying the UIP's approach to decentralizing family planning services through community level management posits that a partnership between the public sector family planning program and local leaders will lead to a more acceptable and effective delivery of family planning services. Although the original design of the UIP emphasized the role of the upazila level management team, experience indicates that the union level management teams have proven to play an especially important role in the management of community-based service delivery activities. Organization and empowerment of management teams at the upazila, union and unit levels, accomplished through study tours, training, team building exercises, preparation of annual action plans, and technical assistance, are the mechanisms through which UIP seeks to build a community/government partnership. Local management teams representing local leaders and health care providers reinforce the government FP program through the deployment of volunteers and the revival of local management committees in planning and overseeing family planning activities. UIP seeks to redefine (and to better define) service delivery roles for the public sector program. Preliminary indicators of the impact of community level management of family planning activities concern management team (upazila level) involvement in action plan (AP) preparation, and monitoring and supervision of AP implementation. Indicators of strengthened government structure should help determine the extent to which UIP is helping government workers do their jobs better. They address the planning and frequency of supervisory visits and local activities carried out by volunteers, FWAs, FPAs and UFPOs.

The second component of UIP's strategy assumes that local management of FP activities is most effective when it is placed in the hands of important members of the community. This component is specifically focused on the union level management teams (see Figure 1) which have assumed the central role in project strategy, particularly since the position of upazila parishad chairman was abolished. Indicators of union level performance help determine how active the local management teams are in managing community FP initiatives.

Increased community involvement in local family planning activities is expected to enhance the performance of the BDG FP program by making more effective use of FWAs. Indicators that these objectives have been met address expansion of FP/MCH services in the community, including coverage of ELCOs who traditionally have not been visited by BDG Family Planning (FP) fieldworkers, (i.e. newlyweds, low parity couples) and effectiveness in recruiting and deploying volunteers.

A third component of the UIP strategy is the mobilization of local financial resources to support community FP activities. Building local support for FP should help ensure the financial sustainability of these local initiatives. However, with the abolishment of the upazila chairman position, local control over resources has been reduced dramatically. Rethinking of the UIP strategy for achieving financial sustainability may be required.

The technical sustainability of management teams to plan and implement local activities is the fourth component of the UIP strategy for community level impact. Indicators of performance in this area assess local competence in planning, budgeting, and monitoring community activities.

The fifth and final component concerns local management of the action plan (AP) process. The evaluation plan attempts to determine the degree to which local management teams are owners of their APs and exercise decision-making authority over local FP activities. The indicators are intended to help determine the degree to which the union level management teams function independently of external technical assistance.

Human Resource Development

UIP is expected to have a positive impact within the community on the level of knowledge about the benefits of family planning, as well as of the advantages and side-effects associated with particular contraceptive methods. Local leaders' and family planning providers' commitment to and awareness of family planning is increased through the IST/OST and preparation of the local AP. Volunteers benefit from formal and on-the-job training in FP counseling. Indicators that UIP is achieving significant results in this area measure the level of knowledge about both the community and individual benefits of FP and about specific contraceptive methods. Because government family planning workers also benefit from the UIP awareness-raising efforts, indicators of their knowledge about managing side-effects are also included in the evaluation plan.

Engaging communities in the design and implementation of FP services is expected to increase the legitimacy or acceptability of FP at the local level. Use of volunteers, all of whom are current contraceptive users, who are trusted by the relatives and neighbors they counsel about FP draws on the paramount importance of kinship relations in shaping village dynamics in traditional Bangladesh society. This approach is expected to change attitudes towards family planning on the part of both men and women in the community as well as FP providers. The proposed indicators attempt to measure key attitudinal changes in the community.

Role of Women

The mobilization of nearly 4,000 female volunteers and the transformation of the role of the female FWA from that of provider to supervisor in the UIP sites has focused interest on the role of women as a major component of UIP in improving program performance. As members of local management teams⁷ and as volunteers, women play an active role in community FP initiatives under UIP. The UIP experience is expected to contribute to changing norms regarding the role of women in community development activities. Indicators that these changes are taking place examine female participation in union and unit FP management committees,

⁷. Local women elites and women members of the union parishad are invited to be members of the union and unit FP management teams.

female volunteers' involvement in organizing local FP events, and female involvement in non-FP community activities.

UIP serves to enhance the legitimacy of women's role in promoting and providing FP/MCH services within the community. The principal indicator of this change is the acceptance and approval of the volunteer's role as FP counselor by her family members and community leaders. The volunteers themselves are also expected to gain awareness of how the involvement of women in local management of activities targeted at women contributes to expanded and more effective contraceptive use in the community.

UIP offers village women unique opportunities for education, voluntarism and leadership. As volunteers, women have access to the training and knowledge that equip them to take on the role of a family planning educator. In recognition of their efforts, UIP offers volunteers the opportunity to participate in income-generating activities, for example, homestead-gardening. These activities stand to further improve women's status by improving their nutritional status and increasing their access to resources. UIP also offers women, that is, FWAs and FWVs, unique opportunities to function as local managers of FP activities. Under the UIP, FWAs assume a supervisory role in their unit. This increased responsibility combined with a more reasonable workload is expected to enhance the performance of the FWA.

The project equips local women with the necessary skills to take advantage of the opportunities it makes available to them. Indicators measure the extent to which volunteers are educated and trained, and women BDG FP fieldworkers are prepared for supervisory roles.

Volunteers' Performance

Volunteer performance is key to the success of the UIP. Volunteers offer a low cost, locally available resource that can be effectively mobilized to expand the accessibility and acceptability (or legitimacy) of family planning in the community. Evaluation of this dimension of UIP focuses on the volunteer effectiveness, indicated by: regularity of contact with local ELCOs to discuss FP/MCH matters, and by actual service provided (i.e., supply, resupply, referral and follow-up services).

UIP volunteers work directly with the BDG FP program. They meet regularly with the FWA and FWV at unit management meetings, where they are invited to suggest activities and report on the FP status of their ELCOs. Encouraging volunteer initiative, particularly on the part of uneducated village women, is one of the major contributions of UIP. Indicators of project achievement in this area examine the extent of volunteer involvement in management of local FP events.

C. Assessment of Implementation

The community level impact assessment focuses on UIP design and the extent to which the design is operational. This section addresses specific implementation issues organized under four

dimensions:

- (1) Support Activities;
- (2) Financing;
- (3) Performance; and
- (4) Technical Assistance.

A detailed description of the components, objectives, expected results and indicators is presented in Annex I.

Support Activities

As defined here, support activities include logistics and supplies and monitoring, especially for feedback purposes. UIP aims to improve local level family planning operations by strengthening management at the upazila, union and unit levels. At the same time, UIP has created a new channel for distribution, the volunteer, which requires regular supply of contraceptives, educational and promotional materials, and recording instruments. The proposed indicators help determine how well the operations system is working in getting adequate supplies of various types to the FWA and to the volunteers.

Effective monitoring permits improvement in the quality of service by identifying problems close to the point of service delivery, where they can be more easily corrected. Experience suggests that effective monitoring occurs when there are established mechanisms for reviewing implementation and identifying and managing crises. Indicators that UIP unions have strengthened their capacity in this area include: existence of monitoring plan; regularity with which volunteers receive feedback from FWAs, FWAs receive feedback from Family Planning Assistants (FPAs), and FPAs receive feedback from Upazila Family Planning Officers (UFPOs).

Financing

Under the UIP FPMD provides a grant to each union to partly cover the costs of implementing its Action Plan. A condition for receiving the grant requires that the Upazila contribute at least ten percent of the Action Plan budget. The requirement for managing the grant and for contributing local resources is aimed at strengthening local management capabilities. Strengthened management systems along with increased financial stakes in local family planning activities are expected to support increased financial accountability and responsibility for local activities. This dimension of implementation is principally concerned with local management of funds. Well managed funds are expected to be available to support activities as scheduled, to be reprogrammed in response to changes in the AP implementation (for example, cancellation

of a scheduled event due to bad weather)⁸. Indicators of financial accountability consider how clearly responsibility for managing the funds is designated and the soundness of financial accounts and the timeliness of financial reports.

Performance

This dimension covers the core of UIP implementation. It includes four components: (1) effectiveness of training in creating local management capacity; (2) diffusion of UIP experience (within upazilas); (3) project expansion to new upazilas; and (4) graduation of upazilas from the UIP.

The effectiveness of UIP training in developing local management capacity assesses the capacity of union management team members to effectively plan and monitor local FP activities, and to ensure that FP services are provided according to acceptable standards of quality. Indicators consider the specific skills of the management team members.

Successful implementation of UIP can be evaluated in terms of how well the project succeeds in its expansion to new areas. Expansion may occur within upazilas with upazila management teams taking the initiative to launch UIP-inspired activities in non-participating unions. As required by the PIL, gradual expansion of UIP to a total of 150 upazila is scheduled to take place over the life of project. The indicators presented in Annex I will need to be further developed so as to take into account the extent to which project expansion benefits from lessons learned from UIP experience.

Graduation from FPMD/UIP is defined in terms of reduced need for technical assistance in planning and implementing community FP activities and decreased reliance on FPMD for financial support of local activities⁹. At this time, graduation will be indicated by evidence of community-organized FP activities.

Technical Assistance

As part of its project management role, FPMD provides technical assistance to facilitate technology transfer through the OSTs/ISTs and to support project implementation. The technology transferred by UIP is the skills to design, plan, monitor and implement local family planning activities. As these skills are effectively transferred, the need for external technical assistance is expected to diminish. In supporting project implementation, FPMD ensures that planned activities are implemented. Like technology transfer, this component of technical assistance is seen to be a short-term intervention that will require diminishing resources as local

⁸. Funds can only be reprogrammed for use within a union. The upazila management team is not allowed to reappropriate funds from one union to another.

⁹. UIP's limited experience in and changing strategies with respect to graduating upazila are constraints affecting evaluation of this component.

management teams develop and become confident in using their planning and management skills.

The final component, leveraging UIP investments, relates to the sustainability of project experience. As stated in the PIL, FPMD is required to fully document and analyze UIP experience so that the conditions for cost-effective replication of project successes are defined. Vast resources have been invested in UIP and, as result, much has been learned about developing local capacity to support community initiatives for family planning in Bangladesh. Making this knowledge accessible to other donors, intermediaries, and government policy makers will help ensure that UIP contributes to advancing the state of knowledge about organized population programs.

D. Assessment of the OST

Under the first phase of UIP, FPMD sent local management teams to Indonesia on an OST to observe firsthand and practical examples of local management of family planning activities. The local management teams' observations and ideas inspired by the Indonesian experience were incorporated into the Action Plans that they developed for implementation in their home communities. The OST continues under the second phase of UIP, but on a smaller scale.

ISTs were formally introduced under phase two of UIP, and are expected to replace gradually the OSTs. The IST, which is less expensive than the OST, builds on the growing body of successful experience in decentralizing management of family planning activities that has been gained by the UIP. Both the OST and the IST serve a common objective of transferring local management skills. The OST, which offered high level officials the opportunity to travel overseas along with representatives from local management teams, was intended to secure support for the concept of local management and Action Plan implementation.

The PIL calls for an evaluation of the effectiveness of the OST and IST. In the first phase of the UIP, OSTs were conducted in Indonesia. During the second phase of the UIP, the IST was introduced as a means of furthering overall project sustainability. As called for under the UIP design, the IST will eventually replace the OST. As designed, the OSTs were to serve several major purposes: to introduce the concept of and to demonstrate practical approaches to community management of family planning activities; to introduce the concept of the Action Plan as the major vehicle for promoting community level management; and to secure high level support for the UIP within the BDG. The richness of the OST experience calls for an evaluation approach that permits a contextual analysis. Therefore, evaluation of the OST is perhaps best addressed through a qualitative case-study approach.

At present the evaluation team is still trying to determine how best to fit this evaluation area into the conceptual framework proposed here. Discussions on this matter will be continued with USAID/Dhaka and FPMD, both its Boston and Dhaka offices. During the summer visit the evaluation team hopes to complete this area of the evaluation. The team recommends, however, that a case study approach may be most suited to taking into account both the technology transfer and political support aspects of the OST.

V. OTHER ACTIVITIES

The evaluation team met with USAID to review objectives of the visit and the UIP program in general. At this meeting USAID/Dhaka requested that the team make a brief assessment of the national family planning management information system (MIS). Our findings are summarized in a separate memorandum.

The team also met with the Director General for Family Planning, Mr. Nazmul Haq, and the Deputy Director for MIS in the DFP, Mr. Tofayel Ahmed, to discuss the structure of the national family planning MIS. Additional meetings were held with USAID/OP&H/REM, Pathfinder Fund International, and John Snow, Inc. The team conducted a field visit to two UIP sites in Chuddogram and Shahrasti and to a non-UIP project site in Sadar. During the UIP site visits we met with UIP participants at the upazila, union and unit levels. Information collected during the field visits provided the basis for the proposed CPR verification study and for the assessment of the national FP MIS.

VI. NEXT STEPS

Collection of baseline data for the UIP evaluation is scheduled to begin in the summer of 1992 and to be completed by December 1992. The FPMD/Boston evaluation team proposes that their next visit be used to test data collection instruments and design for the CPR verification study and for the assessments of the impact of community management of family planning activities. The team will supervise collection of baseline data for the assessments. Over the interim, operationalization and refinement of the evaluation plan will continue through a collaborative effort between FPMD/Boston and FPMD/Dhaka.

ANNEX I

PIL 33 EVALUATION AREAS

The evaluation will have an extensive external mid-term evaluation during the summer of 1993.

The evaluation will focus on assessing the effectiveness of the UIP in improving the availability of high quality family planning services at the local level.

Specifically, the evaluation will examine:

- (a) Whether the concept of Indonesia OSTs as a mechanism to improve FP services is still valid.
- (b) Contraceptive prevalence and method mix changes in participating upazilas.
- (c) Continued interest and commitment to FP among study tour participants.
- (d) Role of women participants in the UIP (numbers and types trained), and development of any special projects involving women leaders of volunteers.
- (e) Improvements in upazila, union, ward and village level organizations to promote family planning.
- (f) BDG capacities to monitor and fund the action plans.
- (g) Level of upazila financing and other contributions to the action plans.
- (h) Performance in implementing action plans of the teams which did and did not go to Indonesia.
- (i) Continued relevance of the Indonesia experience for Bangladesh.
- (j) Validity of the support activities in promoting effective implementation of the action plans.
- (k) effectiveness of the technical and logistical support activities of the prime contractor and the local sub-contractor.

A final evaluation may be scheduled in Spring 1995.

ANNEX II

UIP EVALUATION PLAN: ASSESSMENTS OF IMPACT OF COMMUNITY MANAGEMENT LEVEL OF FAMILY PLANNING ACTIVITIES AND IMPLEMENTATION

The evaluation plan presented below outlines a strategy for developing appropriate indicators for evaluating UIP's impact on community management of family planning activities and the quality of its implementation. The framework developed here follows that used in the logical framework ("logframe") in that the objective is equivalent to the sum of the expected results. The content of the framework was developed primarily by the program officers of FPMD/Dhaka with guidance from the Evaluation Unit staff. FPMD began by identifying the main components of the UIP (which closely follow project objectives in the PIL). For each component, the program officers and evaluation team defined specific objectives and expected results.

I. Indicators for Assessing Impact of Community Management of Family Planning Activities

1. Indicators for Assessing UIP Strategy

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Partnership between FP program and local leaders.	Organize management teams (MT at Upazila level). Strengthen service delivery capabilities of government structure at the local level (union and below).	MT does local planning. MT continuously monitors activities. Services delivery roles are redefined in view of the multi-provider approach.	<p>1. Nature of MT participation in AP:</p> <ul style="list-style-type: none"> a) MT leads AP preparation. b) MT shares responsibility in AP preparation. c) MT provides some input to AP preparation. d) No participation. <p>2. (a) MT (represented by UFPO) has means to determine whether activities are being implemented as planned. (Y/N)</p> <p>(b) MT (represented by UFPO) has instruments to determine whether activities are being implemented on schedule. (Y/N)</p> <p>(c) Member of MT has visited union in the</p> <ul style="list-style-type: none"> 1. last month 2. last two months 3. last three months 4. hasn't visited in more than three months <p>3. Percentage of satellite clinics held on schedule according to AP within the last month.</p> <p>4. FPA has plan for supervising FMAs. (Y/N) If (Y), percentage of supervisory events that take place according to plan.</p> <p>5. Percentage of volunteers who have had a supervisory visit with the FMA in the last month.</p>	<p>UIP field monitoring reports (TAI).</p> <p>Minutes of MT meetings.</p> <p>Direct observation at selected upazila sites (mix of OST and IST upazilas and AP years).</p> <p>UFPO interviews.</p> <p>FPA interviews.</p> <p>UIP field monitoring reports (TAI).</p> <p>FPA interviews. FPA records.</p> <p>Minutes of unit MT meetings. Volunteer interviews.</p>

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COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
<p>Community participation in management of local FP activities.</p>	<p>Organize FP union management teams (UMTs).</p> <p>Involve community in service expansion.</p>	<p>UMT supervises operation at local level (union).</p> <p>UMT aware of schedule of activities for the next two months.</p> <p>UMT has instruments for monitoring implementation of AP at union level.</p> <p>Increase awareness and openness to FP use by traditionally unlikely ELCOs (low parity couples, newlyweds).</p> <p>Recruitment, training and deployment of volunteers.</p>	<p>6. Number of visits made to volunteers or FIAs by a local leader in the last two months to:</p> <ul style="list-style-type: none"> a) solve a specific problem in providing services, or to b) support a volunteer or FIA in providing services (for example, approaching reluctant ELCOs). <p>7. Number of community members participating in the last monthly UMT meeting.</p> <p>8. Number of monthly UMT meetings (union level) in which a family planning service delivery problem was identified over the last year.</p> <p>9. Number of problem cases identified in #3 that were followed-up.</p> <p>10. Number of traditionally unlikely ELCOs (e.g. newlyweds, low parity couples) visited during the last month.</p> <p>11. Number of traditionally unlikely ELCOs (e.g. newlyweds, low parity couples) provided with some kind of FP/MCH service by volunteer over the last month.</p> <p>12. According to the AP for the union;</p> <ul style="list-style-type: none"> a) volunteers recruited as percentage of total required b) deployed volunteers as a percentage of recruited volunteers c) percentage of volunteers who dropped out of UIP over last year. 	<p>FIA/Vol interviews.</p> <p>Upazila Management Team meeting minutes.</p> <p>Upazila Management Team meeting minutes.</p> <p>Upazila Management Team meeting minutes.</p> <p>Interviews with newlyweds, low parity couples.</p> <p>Interviews with newlyweds, low parity couples.</p>

¹ FP services provided by volunteers include resupply of oral contraceptives, condom supply, referral for clinical methods and initial supply of oral contraceptives, IEC/motivation, counseling.

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COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Local financial contribution for implementing AP. Generation of APs and ability to implement APs with local resources.	Increase financial sustainability of local FP activities. Facilitate development of skills for local planning and programming.	Increase local contribution ² to cover costs of implementation (from 8% to 30%). Local (union) MT designs APs considering available resources and local needs, and sets realistic targets. Present AP is based on prior AP experience. Local MT implementation satisfies AP objectives.	13. Percentage of AP implementation budget covered from local contributions. 14. Percentage of unions in project able to implement all proposed activities within budget (adequate financial resources available over LOP). 15. Percentage of unions that carried out formal needs assessments before preparing APs. 16. Percentage of unions where annual CPR increase was greater than ten percent points (this should identify incidence of inflation/poor record keeping). 17. Evidence ³ that prior AP results have been analyzed and unfinished activities are included in the new AP or have been dropped with explanation. 18. Number of project progress reviews undertaken by the UMT over the last year.	UIP field monitoring records (MIS and narrative report)/field records. UIP MIS, financial records/field records. UIP MIS and narrative reports. UIP upazila performance reports/UIP MIS. UIP MIS, narrative reports. UIP records, UIP MIS.
Local management of AP process (upazila and union levels).	Local ownership. Local management teams acquire primary decision-making authority.	Capacity to revise AP without significant participation of FPMD. Ability to manage TA requests (with respect to timing and level of effort).	19. Evidence of revision to AP arising from changes (positive or negative) in the environment. 20. Nature of TA visits: a) TA is provided in response to UMT requests/needs. b) TA is provided according to FPMD schedule without consideration for UMT needs.	UIP MIS, narrative reports. UIP records/ field monitoring reports; interviews with Union Management Teams (UMTs) in selected unions.

² Local contribution presently comes from upazila revenue, which was previously controlled by the Upazila Parishad Chairman, and is now under the authority of the UMO.

³ Acceptable evidence may be defined as either (1) minutes of meetings or correspondence showing analysis of results that would have been produced by a needs assessment or evaluation; or (2) information produced by a monitoring system that documents what happens to those activities that were planned but not implemented during the year covered by the AP.

2. Indicators for Human Resources Development

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCE
Knowledge about FP.	Improve knowledge about FP methods of supply, benefits, usage, side effects, and sources of supply throughout the community (i.e. among users, leaders, and providers).	Users are able to select the best method for them, considering their relative risks and benefits.	21. Percentage of users who can identify risks and benefits associated with the method that they are currently using.	User interviews.
		Local leaders who are members of UMT become more aware of benefits of FP and acquire knowledge of contraceptive risks and benefits, side-effects and sources of supply.	22. Percentage of UMT local leaders who can: • describe population and reproductive health benefits of FP; • describe the risks and benefits of oral contraceptives, injectables, and IUDs; • identify sources of supply for key methods ⁴ .	UMT local leader interviews.
		Volunteers have accurate information and skills to motivate and serve users and potential users.	23. Percentage volunteers who can describe compelling reasons to use FP.	Volunteer interviews.
			24. Percentage of volunteers who can accurately identify the principal side-effects for oral contraceptives, injectables and IUDs.	Volunteer interviews.
		FMA's have adequate info and skills to train and supervise volunteers, and to provide services and manage emergencies.	25. Percentage of FMAs who can describe the social, economic and environmental benefits of reduced population growth.	FMA interviews.
		FWs have adequate skills to provide clinical FP services.	26. Percentage of FMAs who know how to manage side effects for supply methods.	FMA interviews.
		FPA's have adequate skills to manage FP service delivery at union level.	27. Percentage of FMAs who know how to manage referrals for clinical methods. 28. Percentage of FWs who know how to manage side effects for clinical methods. 29. Percentage of FPAs who can describe the social, economic and environmental benefits of reduced population growth. social.	

⁴ The three contraceptive methods, oral contraceptives, injectables and IUDs, are provided at the unit and union levels, where the UIP has its most direct impact on service accessibility and quality of care.

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2. Indicators for Human Resources Development

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCE
<p>Knowledge about FP.</p>	<p>Improve knowledge about FP methods of supply, benefits, usage, side effects, and sources of supply throughout the community (i.e. among users, leaders, and providers).</p>	<p>Users are able to select the best method for them, considering their relative risks and benefits.</p> <p>Local leaders who are members of UNT become more aware of benefits of FP and acquire knowledge of contraceptive risks and benefits, side-effects and sources of supply.</p> <p>Volunteers have accurate information and skills to motivate and serve users and potential users.</p> <p>FIMAs have adequate info and skills to train and supervise volunteers, and to provide services and manage emergencies.</p> <p>FIWs have adequate skills to provide clinical FP services.</p> <p>FPAs have adequate skills to manage FP service delivery at union level.</p>	<p>21. Percentage of users who can identify risks and benefits associated with the method that they are currently using.</p> <p>22. Percentage of UNT local leaders who can: • describe population and reproductive health benefits of FP; • describe the risks and benefits of oral contraceptives, injectables, and IUDs; • identify sources of supply for key methods.</p> <p>23. Percentage volunteers who can describe compelling reasons to use FP.</p> <p>24. Percentage of volunteers who can accurately identify the principal side-effects for oral contraceptives, injectables and IUDs.</p> <p>25. Percentage of FIMAs who can describe the social, economic and environmental benefits of reduced population growth.</p> <p>26. Percentage of FIMAs who know how to manage side effects for supply methods.</p> <p>27. Percentage of FIMAs who know how to manage referrals for clinical methods.</p> <p>28. Percentage of FIWs who know how to manage side effects for clinical methods.</p> <p>29. Percentage of FPAs who can describe the social, economic and environmental benefits of reduced population growth.</p>	<p>User interviews.</p> <p>UNT local leader interviews.</p> <p>Volunteer interviews.</p> <p>Volunteer interviews.</p> <p>FMA interviews.</p> <p>FMA interviews.</p>

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⁴ The three contraceptive methods, oral contraceptives, injectables and IUDs, are provided at the unit and union levels, where the UIP has its most direct impact on service accessibility and quality of care.

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COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCE
Attitudes regarding FP.	Create a favorable environment for use of FP.	Users, local leaders and providers are convinced of the legitimacy and acceptability of FP use for members of their community.	<p>30. Percentage of women using family planning with the full knowledge and consent of their husbands.</p> <p>31. Evidence that local leaders and male health workers believe that vasectomy is an acceptable method of FP.</p> <p>32. Number of local religious leaders who do not support FP for use by members of their communities.</p>	<p>Interviews with users and their husbands.</p> <p>Interviews with local leaders and male health workers.</p> <p>Interviews with religious leaders.</p>

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3. Indicators for Role of Women

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Monas regarding role of women in community initiatives.	Expand role for women in the design and implementation of community development activities.	Women manage local service delivery and educational activities.	<p>33. Number of events organized by FMAs and FWs during the last two months.</p> <p>34. Number of community fp events organized by volunteers over the last two months.</p> <p>35. Number of women who attended the last meeting of the union or unit committee.</p> <p>36. Number of women who attended an educational event in the union in the last two months.</p>	<p>UIP MIS.</p> <p>UIP MIS.</p> <p>Union or unit FP management committee minutes.</p> <p>Interviews with women.</p>
Awareness about role of women in promoting FP and Health programs.	Increase awareness about legitimacy of women's participation in designing and implementing FP/MCH programs.	Widespread acceptance of women's involvement in FP/MCH activities within the community.	<p>37. Percentage of female volunteers who face opposition from either family members or community leaders regarding their roles as UIP volunteers.</p> <p>38. Percentage of female members of UMI who have faced opposition in assuming leadership or management roles in organizing community level fp activities.</p>	<p>Volunteer interviews.</p> <p>Interviews with female members of UMIs.</p>
Opportunity expansion.	Increase opportunities for women through FP programs (employment, education, leadership).	<p>Women are engaged as volunteers.</p> <p>Participating women have access to income generation activities.</p>	<p>39. Percentage of volunteers who are women.</p> <p>40. Percentage of UIP unions offering vols access to income-generating activities for women.</p> <p>41. In unions where vols have access, percentage of female volunteers involved in income generation activities.</p>	<p>UIP MIS.</p> <p>UIP MIS/narrative records/APs.</p> <p>UIP MIS.</p>
Skills development.	Train women in service delivery and program management.	<p>Women volunteers have acquired skills to provide FP/MCH education and services.</p> <p>Female FMA/FWs have skills to supervise volunteers and manage referrals.</p>	<p>42. Number of women volunteers who receive on-the-job training to provide FP/MCH counseling and services.</p> <p>43. Number of FMAs/FWs retrained to supervise volunteers during LOP.</p> <p>44. Number of FMAs/FWs retrained to manage referrals during LOP.</p>	<p>UIP MIS; Union and unit management team records.</p> <p>UIP MIS; Union management team records.</p> <p>UIP MIS; union management team records.</p>

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4. Indicators for Volunteers' Performance

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
<p>Delivery of FP services in the community.</p>	<p>Make FP services more widely available through local channels.</p>	<p>Expanded and improved distribution of FP methods, (supply of condoms and pills).</p> <p>Appropriate counseling, referral, and follow-up for clinical methods services in place.</p>	<p>45. Percentage of ELCOs visited by a volunteer during last month.</p> <p>46. Percentage of ELCOs who were supplied or resupplied for contraceptives at a volunteers home.</p> <p>47. Referrals as percentage of volunteer visits over the last month.</p> <p>48. Follow-ups as percentage of volunteer referrals over the last month.</p>	<p>Vol/FMA records; ELCO interviews.</p> <p>Vol/FMA records; ELCO interviews.</p> <p>Vol/FMA records; ELCO interviews.</p> <p>VOL/FMA records; ELCO interviews.</p>
<p>Reinforce the BDC's health system (FMA and FMV).</p>	<p>Develop a team work approach between volunteers and health workers.</p>	<p>Volunteers take initiative under supervision of FP/MCN workers.</p> <p>Volunteers contribute to local planning through their interaction with community leaders and health workers.</p>	<p>49. Percentage of UIP unions that have organized an EPI camp or satellite clinic in the last two months.</p> <p>50. In those unions, percentage of volunteers who participated in the organization of an EPI camp or satellite clinic in the last two months.</p> <p>51. Percentage of volunteers who attended FMA meeting during the last month to plan their monthly activities.</p> <p>52. Percentage of all volunteers in the unit who are aware of topics discussed during last union/unit meeting.</p>	<p>UIP MIS.</p> <p>FMV register.</p> <p>FMA records (meeting minutes).</p> <p>Vol interviews.</p>

II. Indicators for Assessing Implementation

1. Indicators for Support Activities

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Logistics/Supply.	Ensure that volunteers and fieldworkers have adequate supplies to expand FP services (by strengthening upazila management).	Volunteers and fieldworkers have adequate supplies to meet their performance objectives.	<p>53. Percentage of volunteers who have adequate contraceptive stock (ocs and condoms) by brand to resupply 80 percent of users among their ELCOs.</p> <p>54. Percentage of volunteers who ran out of contraceptive supplies in the last two months.</p> <p>55. Percentage of FMAs who ran out of contraceptive supplies (ocs and condoms) in the last two months.</p> <p>56. Percentage of FMAs resupplied on schedule by UFPO over last four months.</p> <p>57. Percentage of volunteers who have basic recording materials.</p>	<p>FMA records; Vol interviews.</p> <p>FMA records; Vol interviews.</p> <p>FMA register; FMA interviews.</p> <p>AP monitoring reports/UIP MIS.</p> <p>Vol interviews.</p>
Monitoring, particularly for feedback purposes.	Establish mechanisms for reviewing and improving implementation and for managing crises.	<p>Every union explicitly includes monitoring in its AP.</p> <p>Mechanisms for communicating feedback from FMA to volunteers, and from FPAs to FMA/FWs are established.</p>	<p>58. Percentage of unions with a specific monitoring plan.</p> <p>59. Percentage of volunteers who have received feedback on their performance from the FMA over the last month.</p> <p>60. Percentage of FMAs who have received feedback on their performance from the FPA over the last two months.</p> <p>61. Percentage of FPAs who have received feedback on performance in their union from the UFPO during the last two months.</p>	<p>Action Plan.</p> <p>UIP field monitoring reports; unit management team minutes; vol interviews.</p> <p>UIP field monitoring reports; minutes of monthly meetings organized by FPA; FMA interviews.</p> <p>UIP field monitoring reports; union management team meeting minutes; FPA interviews.</p>

2. Indicators for Financing

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
<p>Management of funds.</p>	<p>Maximize the use of local and external resources.</p>	<p>Resources are made available on a timely basis to support planned activities.</p> <p>NT has authority to reprogram funds appropriated to support union level activities (for use in the same union).</p> <p>NT is accountable for use of all UIP funds at the local level.</p>	<p>62. Expenditures as percentage of planned disbursements over last year.</p> <p>63. Percentage of unions in which reprogramming of funds has taken place.</p> <p>64. Percentage of NTs with financial records in acceptable condition for external audit.</p> <p>65. Percentage of acceptable financial reports submitted on schedule.</p>	<p>UIP MIS.</p> <p>UIP field monitoring reports; union/upazila management team minutes.</p> <p>UIP MIS.</p> <p>UIP MIS.</p>

3. Indicators for Performance

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COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Effectiveness of training to build local level management (upazila/union levels).	Improve local management capacity through training in planning, monitoring and FP service delivery.	<p>MT members are able to:</p> <ul style="list-style-type: none"> • plan by objective, • monitor and provide feed-back on plan implementation - secure appropriate quality of services and • manage referral and follow up services • improve performance by using production targets by level 	<p>66. Each UZ/Union MT has at least one member who is capable of leading the preparation of a AP, including setting targets.</p> <p>67. Each UZ/Union MT has at least one member who is capable of managing and using program information to enhance implementation.</p> <p>68. Each UZ/Union MT has at least one member who can lead or initiate efforts to improve quality of FP service.</p> <p>69. Each UZ/Union MT has at least one member who can set and revise production targets to improve performance.</p>	<p>Upazila/union management team observation; interviews.</p>
Expansion of project experience through internal diffusion (within upazilas).	Encourage diffusion of UIP experience to non-participating unions.	Diffusion of specific elements of UIP experience occurs over LOP.	70. Evidence of specific UIP experience exists in half of non-participating unions within UIP upazilas.	Minutes of union management team meetings/FPA monthly meetings from non-project unions within UIP upazilas; site visits.
Program expansion (new upazilas).	Expand UIP to new upazilas according to PIL.	UIP activities are initiated in 150 upazilas.	71. Number of upazilas with UIP activities.	UIP MIS.
Graduation from FPM.	Ability to continue UIP strategy after FPM phase-out with limited technical and financial resources.	UIP strategy survives phase-out of FPM assistance.	72. Percentage of graduated UIP unions with organized local FP activities.	Minutes of union management team meetings/FPA monthly meetings from graduated UIP unions; site visits.

4. Indicators for T.A.

COMPONENT	OBJECTIVES	EXPECTED RESULTS	INDICATORS	DATA SOURCES
Technology transfer.	Make available skills and know how for local MTs to design and implement local FP activities.	Technical roles are carried out by local MTs.	73. Percentage of unions only requiring ad hoc technical assistance.	
Support for project implementation.	Provide support for project implementation during the interim until technology is transferred.	All APs are implemented.	74. Percentage of APs with at least 80 percent of planned activities fully implemented.	
Leveraging of results.	Analyze and document UIP results to define conditions for cost effective replication of project successes.	On going documentation and analysis of project experience.	75. Extent to which the design requirements for successful replication of UIP experience are found in project documents.	

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ANNEX III
PERSONS CONTACTED

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