

**WORKPLAN:
SUPPORT OF THE
LOCAL INITIATIVES PROGRAM (LIP)
ACTIVITIES WITH
USAID/BANGLADESH FUNDS
29 August 1997 - 28 February 1998**

September 1997

**FAMILY PLANNING MANAGEMENT DEVELOPMENT
Management Sciences for Health**

**Cooperative Agreement No.: CCP-A-00-95-00000-02
Activity Code No.: A0300 BANLP**

Introduction

The Local Initiatives Program is currently supported with USAID/Dhaka field support and OYBT funds to FPMD/MSH. A balance in these funds is available as of 30 August 1997, the termination date of the current USAID bilateral (FPHSP), due to the Mission's postponement or cancellation of planned LIP activities in anticipation of the new bilateral, the NIPHP. Preliminary FPMD/MSH financial records indicate that as of 31 August, a balance of \$894,151.89 in USAID/Dhaka FY96 field support funds and OYBT funds is available with FPMD/MSH.

In March 1997, USAID/Dhaka OPH staff stated that available funds could continue to be used by FPMD/MSH beyond 30 August to support operational costs of LIP implementation as well as to fund external technical assistance in support of in-country LIP program activities. On 22 June 1997 USAID/Dhaka wrote that it concurred to the contents of FPMD's proposed workplan for in-country activities and international technical assistance.

This workplan presents LIP activities during the period 29 August 1997 - 28 February 1998. This period represents a six-month cost extension of MSH's contract with TAI for continued implementation of a limited set of LIP activities. Available USAID/Dhaka funds will be used to provide bridge funding and limited external TA to the LIP, until such time as Government of Japan funds are available to support LIP operational and select programmatic costs. Planned activities and expected achievements are organized according to the relevant NIPHP Intermediate Results. A Gantt chart is provided which describes the time frame for implementation of bridge funding activities as well as for travel by international staff. There are no plans for any procurement of restricted goods or equipment in excess of \$5,000. An evaluation plan and a budget are also included. The workplan was reviewed and endorsed by USAID/Dhaka, as advised to FPMD in an e-mail from Chuck Lerman dated 24 September 1997.

The FPMD Cooperative Agreement is subject to annual work planning and budgeting. The FPMD annual workplan and budget for October 1997-September 1998 is currently being refined and finalized for submission to USAID/Washington as of the preparation of this LIP workplan document. The LIP subproject is part of this workplanning/budgeting process, and so is still under discussion. FPMD prepares an annual workplan and semi-annual reports to USAID/Washington. Semi-annual reports on expenditures are provided to USAID Missions through the Cooperating Agencies Cost Report (CACR). The following workplan and illustrative budget is our attempt to respond to the Mission's request outside of the usual planning and reporting requirements.

Workplan Description

Intermediate Result 1: Use of high-impact family health services in target populations increased.

- LIP will cost extend the Action Plans for its existing 92 Thanas (567 Unions) programs for six months. During this period a total of 12 Thana (76 Unions) programs will be

phased-out. Of these 12 Thanas, 9 Thanas reached maturity and CAR increased to an average of 70%. Expansion in 3 Thanas is not possible due to the presence of FP NGOs. Funding will be provided only for the costs of volunteers' transportation for monthly supervision meetings, FP-MCH committee meetings, and limited Thana supplies. The Thana grants will be made in single, pro-rated tranche disbursements, subject to DFP approval.

- All Action Plans (and/or revisions to Action Plans) will continue to be developed in Bangla in order to expand their use by Thana teams, improve implementation, and assure involvement of service providers. Method mix will also continue to be incorporated into Action Plans so that Thana teams have a better understanding of changes and trends over time.
- Each Thana program will be visited three times by LIP staff during the cost extension period. The first visit will be conducted to review the previous period's implementation status and to develop the cost-extension Action Plan. A second visit will be conducted for routine monitoring, and a third visit conducted during the last month of the bridge funding period to: monitor the performance of Thana teams in achieving Action Plan objectives; follow-up the FWAs who were trained in analyzing FWA registers to assess the impact of training and subsequent changes in performance; track changes in method mix and CAR; and for reconciliation of small grants and close-out of LIP activities under USAID funding. LIP staff will also visit the 12 phased-out Thana programs at least once during the six month program period to monitor their progress in the absence of Action Plan funding.
- During the extension period, a total of 36 internal audit visits will be conducted to ensure compliance with LIP accounting procedures and grants management agreements.
- LIP will implement 12 Planning and Implementation Workshops for second year Thana programs trained at MTPs 12, 13 and 14.
- Community groups and approximately 32,000 female community volunteers will be mobilized to participate in promoting FP/MCH activities in 92 Thanas and 567 Unions.
- MSH will provide three international consultants to facilitate and participate in the development of a strategic plan for the LIP covering 1998-2002. This plan will assist the LIP in addressing the priorities of HAPP-5 and of the NIPHP, especially the LIP's role in expanding the essential service package at the Thana level and below. The strategy will likewise address the minimum management packages and TA interventions required to offer the essential service package at different levels, (e.g., training of service providers, development of curricula, training protocols, reporting requirements, supervision system, referral system, management of service delivery points, etc.) During a 3-4 day retreat, LIP staff will assess the LIP's accomplishments to date, its mission, goals and activities in

light of the changing primary health care service delivery environment within Bangladesh, and identify priority strategic directions for continued or new activities. Among the potential activities are ones initiated during the later years of the program or postponed, including: transfer of technology from high to low performing Thanas, including further development of Thana level management development resources; introduction of Thana-wide Action Plans, particularly in those geographic areas where NGOs are no longer or less active due to lack of funding; and strengthening of FWCs. The draft strategic plan will be presented to representatives of the BDG, USAID/Dhaka, and NIPHP partners for comment and feedback, and to assure appropriate linkages with NIPHP partners. Following the finalization of the strategic plan, LIP staff will develop an operational plan.

Expected achievements:

- ▶ Coverage: Total population: 12.2 million; ELCOs: 2.1 million; acceptors: 1.37 million; CPR 65%.
- ▶ Ongoing Thana programs successfully closed-out for USAID funding and program costs shifted over to BDG funding.
- ▶ Average CPR in the majority of Thana programs will continue to be 65%.
- ▶ Contraceptive method mix is improved in favor of clinical methods.
- ▶ Percentage of low parity couples (2 or less) using contraception increases.
- ▶ LIP strategic plan covering 1998-2002 finalized and approved by BDG.

Intermediate Result 2: Capabilities of individuals, families and communities to protect and provide for their own health.

Not applicable.

Intermediate Result 3: Quality of information, services and products improved and customer satisfaction improved.

- LIP will expand, through the Directorate of FP, the performance-oriented supervision and monitoring system currently being pilot tested by 24 district and Thana managers in LIP areas. It is hoped that the performance-based supervisory approach will be adopted by the MOH&FW for national replication. Subject to the approval of the MOH&FW and in collaboration with the Directorate of Family Planning, LIP will introduce the supervision and monitoring instrument it developed during 1996-97 in 10 Thanas and 10 districts. In order to strengthen the DFP's capacity to provide systematic and timely feedback on supervision and monitoring reports it receives from the field in these pilot areas, LIP will provide TA to the DFP to establish and implement the appropriate structures, systems, and protocols.

Expected achievements:

- ▶ Pilot test of the performance-oriented supervision and monitoring system expanded to an additional 10 Thanas and 10 districts.
- ▶ DFP is actively planning for the establishment of a unit responsible for national replication and management of the supervision system.
- ▶ LIP will continue to analyze and track method mix through review of routine data collected and will provide feedback to Thana programs. Changes in method mix will be tracked during monitoring visits.

Intermediate Result 4: Local service delivery organizations strengthened and support systems for the high impact family health services improved.

Not applicable.

Intermediate Result 5: Sustainability of family health services and support systems improved.

- To address the issue of sustaining the motivation and involvement of female community volunteers, LIP will engage a local consultant(s) to work with LIP staff to develop a long-term strategy, including the identification of opportunities to link volunteers with local-level micro-credit and other social and economic development programs, and facilitating the establishment of such linkages at the central level;
- LIP will conduct a final evaluation of the “Contraceptive Pricing Intervention” in collaboration with the ICDDR,B. In collaboration with the MOH&FW, LIP/ICDDR,B will develop a mechanism for use of the revenue generated under the “Contraceptive Pricing Intervention”.

Expected achievements:

- ▶ Long-term strategy for the sustainability of the female community volunteers developed.
- ▶ Results of the pilot test of cost recovery documented and disseminated to BDG and NIPHP partners.
- ▶ LIP will continue to require the 10% contribution from the Thana Development Fund toward Action Plan implementation as matching small grants funds. LIP will continue efforts to increase the minimum required contribution.

IMPLEMENTATION PLAN: 29 AUGUST 1997 - 28 FEBRUARY 1998

IR/Major activity	Sep	Oct	Nov	Dec	Jan	Feb	Int'l Travel
IR 1: ■ Develop cost extension Action Plans ■ Monitor Thana programs/close-out of small grants ■ Conduct internal audits ■ Conduct Planning and Implementation workshops ■ Outreach work by community volunteers ■ Analyze changes in method mix/CAR ■ Develop/finalize strategic plan	X	X					Helfenbein: 1 week Ellis and Huber: 2 weeks
	X	X			X	X	
	X	X	X	X	X	X	
	X	X	X	X			
	X	X	X	X	X	X	
	X	X	X	X	X	X	
	X	X	X	X	X	X	
IR 2: Not applicable							
IR 3: ■ Expand performance-oriented supervision/monitoring pilot test	X	X	X	X	X	X	
IR 4: Not applicable							
IR 5: ■ Develop sustainability plan for community volunteers ■ Evaluate Contraceptive Pricing Intervention; disseminate final report			X	X	X		
				X		X	
Other activities: ■ Prepare final report						X	

Evaluation Plan

LIP's progress in accomplishing planned activities and attaining expected outcomes will be documented in a final report of no more than 10 pages in length. The report will highlight significant achievements and problems encountered in the implementation of activities. To the extent possible, the report will address relevant NIPHP indicators for those Intermediate Results which LIP program activities address. These IR indicators may include:

IR1: average modern method CPR in Thana programs; contraceptive method mix; and percentage of low parity couples using contraception.

IR3: number of service sites which have appropriate personnel, equipment, supplies and facilities, as indicated in the pilot performance-oriented supervision program in 34 districts/Thanas.

IR5: Amount of revenue generated through pilot contraceptive pricing program; any changes in utilization rates of static sites in study Unions, and proportion of FP clients who receive services from other than doorstep delivery.

The draft final report will be submitted to the FPMD Regional Director for Asia/Near East for review by mid-February. It will be finalized and disseminated to the BDG, USAID/W, USAID/Dhaka, and NIPHP partners by mid-March 1998.

Illustrative Budget: 29 August 1997 - 28 February 1998

Technical assistance	\$ 28,274.56
Travel/per diem	18,891.09
Participant training	0
Subcontracts	670,200.00*
Equipment	0
Other direct costs	27,225.00
Regional support	13,129.83
Allocable cost factor @18%	136,389.68
Total	\$894,110.16

* Figure includes reimbursement due TAI for July and August 1997 expenses.