

DIRECTORATE OF FAMILY PLANNING
MINISTRY OF HEALTH AND FAMILY WELFARE



WORKSHOP ON OPERATIONS RESEARCH
PRIORITIES IN FAMILY PLANNING
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ASIA AND NEAR EAST OPERATIONS
RESEARCH AND TECHNICAL ASSISTANCE PROJECT
THE POPULATION COUNCIL

REPORT

WORKSHOP ON OPERATIONS RESEARCH PRIORITIES IN FAMILY PLANNING

**Directorate of Family
Planning, Bangladesh**

The Population Council

TABLE OF CONTENTS

	<u>Page</u>
Preface	1
Acknowledgements	ii
I. Executive Summary	1
II. Agenda	3
III. Proceedings	7
A Opening Ceremony	7
B Initial Presentations NIPORT, the Directorate of Family Planning, OR concepts and methods	8
C Development of research topics	9
1 Discussion format	9
2 Summary of discussions	10
3 Listing of priority topics	13
D Implementation	14
IV. An Inventory of Current Programmatic Research in Family Planning	16
V. Appendices	33
A. List of Participants	
B Suggestions for operations research, by topic area	
C. Presentations	
1 Research as Tools for Program Development· Implications for Population Research in Bangladesh	
2 Bangladesh National Family Planning Programme Goals, Elements, Problems	

FOREWORD

It gives me great pleasure to write the foreword to this report on the initiation of the Population Council Workshop in Operations Research Priorities for Family Planning on July 2-5, 1993. This Workshop was a collaborative effort between the Directorate of Family Planning, Ministry of Health and Family Welfare (MOHFP) and Asia and the Near East Operations Research and Technical Assistance (ANE OR/TA) Project, The Population Council.

The importance of Operations Research in a dynamic program like Family Planning has been acknowledged by many demographers and experienced professionals. The Population Council has once again reaffirmed their concern about the issue by arranging the Workshop on Operations Research to identify priority research areas. Professionals, administrators, concerned officials from GOB, NGOs, UN agencies and The Population Council contributed to the theme of the Workshop by way of pinpointing the issues related to the training of human resources, demand for services, quality of care, service delivery system, user satisfaction and sustainability.

The distinguished participants created an excellent environment by discussing vital issues and sharing views through group and personal interaction. I can confidently note that a number of recommendations and genuine guidelines have evolved in the workshop which will help resolve the constraints and problems being encountered by the growing Family Planning programme of Bangladesh.



Syed Ahmed
Secretary
Ministry of Health and Family Welfare

PREFACE

Operations Research looks at problems affecting the family planning supply and service delivery systems, and the search for solutions to manipulating the important variables through administrative action

Consequent upon the structural and institutional ramifications of the family planning organization, and expansion of its programmatic measures over the years, the necessity to assess and evaluate the ongoing components of family planning and MCH services to quantify their impact on the fertility trend, can hardly be overemphasized. The country's Family Planning programme is being implemented by a large number of skilled and semi-skilled, professionals and para-professionals supplemented by the myriads of national and international NGOs together with all out assistance from the donors. The aim is to bring out qualitative and quantitative improvements in programme performance. A sound research base is a sin qua non in these efforts

I am pleased to record with profound satisfaction the initiative taken by the Population Council in addressing these issues by arranging this Workshop on Operations Research. Population experts and scholars drawn from different disciplines, and luminaries from GOB and various organizations like the Population Council, URC, etc have impressed me by way of their scholarly deliberations. It is also noteworthy that the distinguished participants highlighted the future priorities in the MCH-FP area by the inclusion of Family Planning 'Plus' intervention as a means to integrate Family Planning with development activities.

I reaffirm with satisfaction the accomplishments of the Workshop and hope that concerned scholars will come forward with definite research proposals in future in order to continue the efforts in building a research base, as initiated by this Workshop



A.K M Rafiquzzaman
Director General
Directorate of Family Planning

ACKNOWLEDGMENTS

A Workshop such as this is necessarily the product of many hands and minds. I must first of all thank the participants, listed by name in Appendix V, who took time from their busy schedules to help with the difficult business of sorting out Operations Research priorities. Their presentations, formal and informal were the heart of the workshop. I particularly must acknowledge the presence and contributions of the Secretary of the Ministry of Health and Family Welfare, and other high officials of the Ministry. I also gratefully acknowledge the strong participation of NIPORT, without which this effort could have had little value. Finally, I must convey great appreciation for the support of the co-host of the Workshop, the Director General, Family Planning, MOH&FW.

Other hands attended to the mechanics of the workshop. Overall coordination was provided by an ad hoc group consisting of Mr M A Taher, Director MIS, Mr Tofayl Ahmed, Deputy Director, MIS, Mr Peter Miller, Associate, The Population Council, and Mrs Rahela Anam, Executive Secretary, The Population Council. Mrs Anam in particular worked tirelessly before and during the workshop, aided by Mr Ruhul Amin, Mr Dipak Shil, Mr Nazim Choudhury, and Mr Isaac Seroa of the Council Staff. Dr Farah Mahajabin, Assistant Director of MCH, served as Rapporteur for the workshop, and her detailed notes provide the basis of this Report.

I would also like to acknowledge the Bangladesh Rural Advancement Committee for allowing us the benefit of their excellent facilities and gracious hospitality.

Finally, I would like to express appreciation to USAID for substantial funding of this workshop through Contract No DPE-3030-C-00-0022-00 with the Asia and Near East Operations Research and Technical Assistance Project, as well as the attendance and moral support of the USAID Mission in Bangladesh.

Mr Peter C Miller
Deputy Director, Asia and Near East Operations
Research and Technical Assistance Project
The Population Council

I. EXECUTIVE SUMMARY

A workshop on Operations Research Priorities in Family Planning was held at the BRAC training facility in Rajendrapur on July 2-5, 1993, sponsored jointly by the Directorate of Family Planning of the Ministry of Health and Family Welfare and The Population Council

The following organizations were represented Ministry of Health and Family Welfare (Directorate of Family Planning, National Institute for Population Research and Training), the Implementation, Monitoring, and Evaluation Division of the Planning Commission, Bangladesh Bureau of Statistics, Bangladesh Institute for Research and Promotion of Essential Reproductive and Health Technologies, Dhaka University, Jahangirnagar University, International Center for Diarrheal Disease Research, Bangladesh (MCH/FP Extension Project), NGO Coordinating Council, United Nations Fund for Population Activities, The World Bank Resident Mission, United States Agency for International Development, Canadian International Development Agency, The Social Marketing Company, John Snow, Inc, Johns Hopkins University (Center for Communications Program, and The Population Council

Opening ceremonies were held on the evening of 2 July, with the Secretary, MOHFW, as Chief Guest On the morning of 3 July, the Secretary presiding, there were presentations on NIPORT research activities and plans, on Goals, Elements, and Problems of the national family planning program, and on operations research concepts and methods It was agreed that "Operations Research" was to be interpreted broadly to include any research of direct relevance to program decisions, but that "family planning" would be fairly strictly interpreted

The afternoon of 3 July and the whole of 4 July were spent identifying and prioritizing programmatic research topics, within eight broad categories The top priority topics, by category, were as follows

Methods and Method Mix

- 1 Factors affecting continuation rates
- 2 How to reduce loss to follow-up
- 3 User satisfaction with specific methods levels and reasons

Demand, Quality of Care, User Satisfaction

- 1 Research on quality of care, with specific priority topics
- 2 Task analysis of FWAs
- 3 Method choice of potential users

Service Delivery Systems

- 1 How to deliver fp services to newlyweds and low-parity couples
- 2 How to increase use of fp services in satellite clinics
- 3 Alternative service delivery designs for low-performing areas
- 4 Determinants of work attitudes and morale of fieldworkers

Training

- 1 Evaluation of quality of NIPORT training
- 2 Training needs assessment for specified categories of workers
3. How to improve the call-up notice system

Efficiency/Sustainability

- 1 Cost-effectiveness of home-based vs satellite clinic systems
- 2 Cost-effectiveness of BDG, NGO, and SMC programs
- 3 Cost-effectiveness of types of fieldworkers· BDG and NGO

Information, Education, Communications

- 1 Audience segmentation and development of audience profiles
- 2 IEC approaches for male and young couple participation
3. Study of gender bias in IEC

Management Information

- 1 Determination and use of program input indicators in MIS
- 2 How to improve MIS feedback to district and thana levels
- 3 How to improve the quality of MIS data

Logistics and Supply

- 1 Test privatization of the logistics transport system
2. Conduct "Product Flow Analysis"
- 3 Experiment with more decentralized systems.

Since this workshop was an ad hoc grouping, this list is not official, nor is it binding on any participant; rather, it is an expression of the consensus of this workshop

On the morning of 5 July, representatives of each of the research and donor organizations presented statements of their current activities and interests. A list of ongoing and planned research by the various agencies is given in Section IV of this report. To coordinate implementation, it was agreed that The Population Council would act as a catalyst and, under the auspices of NIPORT and the Directorate of Family Planning, bring the participants together from time to time to exchange information, to coordinate implementation of research on the priority topics, and to address new issues as they arise. After closing statements, the meeting was adjourned by the Director General for Family Planning at about 1 00 pm

II AGENDA FOR RESEARCH PRIORITIES WORKSHOP, July 2-5, 1993

July 2

5 00 pm Beginning of registration and check-in

7 30 pm Opening Ceremony

Recital from the Holy Qur'an Hafiz Abdus Shakur

Chairperson Mr A K M Rafiquzzaman, Director General,
Family Planning

Chief Guest Mr Syed Ahmed, Secretary, Ministry of
Health and Family Welfare

Special Guests

Mr B R Choudhury, Director General, National
Institute for Population Research and Training

Mr Peter Miller, Deputy Director, ANE OR/TA
Project, The Population Council

8 30 pm Dinner

July 3

Morning session Chairperson Mr Syed Ahmed, Secretary, MOHFW

8 30 - 9 00 Workshop Objectives and Plans (Mr Miller)

9 00 - 9 30 Review of NIPORT priorities list (Mr Nawab Ali)

9 30 - 10 00 The national family planning program goals,
elements, problems (Mr M A Taher)

10.00- 10 30 Discussion

10 30 - 11 00 Tea

11 00 - 12 00 Operations research concepts and methods (Mr
Miller)

12 00 - 12 30 Discussion

12 30 - 1 30 Lunch

Afternoon session. Chairperson Mr Peter Miller, Population
Council

1 30 - 3 00 Research topics Methods and Method Mix

3 00 - 3 30 Tea

3 30 - 5 00 Research topics Demand, Quality of Care, User
Satisfaction

July 4

Morning session. Chairperson Mr B R Chaudhury, NIPORT

8 30 - 10 30 Research topics Service Delivery Systems

10 30 - 11 00 Tea

11 00 - 12 00 Research topics Training

12 00 - 1 00 Lunch

Afternoon session. Chairperson. Mr. B.R. Chaudhury, NIPORT

1 00 - 2 00 Research topics Management Information
2 00 - 3 00 Research topics IEC
3 00 - 3.30 Tea
3.30 - 4.00 Research topics. Logistics and Supply
4.00 - 5.00 Research topics: Efficiency and Sustainability

July 5

Morning Session. Chairpersons Mr A K M Rafiquzzaman, DFP
Mr Nawab Ali, NIPORT

8 30 - 9:30 Prioritization of research topics
9 30 - 10.30 Presentations on current and planned research
10.30 - 11.00 Tea
11 00 - 1 00 Discussion and closing statements

1 00 - 2 00 Lunch
2 00 - Departure

RESEARCH TOPICS· DISCUSSION GUIDE

1. Methods and Method Mix (July 3, 1 30 - 3 00, Discussion Leader Dr Jahiruddin Ahmed, Resource Persons Dr Aminul Islam, Dr Haleda H Akhter)

Enhancing use of clinical methods, enhancing specific methods (IUD, injectables, sterilization), introduction of new technology (e.g , NORPLANT), method safety, non-clinical methods, male methods

2. Demand, Quality of Care, User Satisfaction (July 3, 3 30 - 5 00, Discussion Leader Dr M Alauddin, Resource Person, Mr A.K M Shamsuddin)

Nature and degree of unmet need, demand for specific methods, measurement of QC, effect of on contraceptive use, levels of user satisfaction in relation to service structure

3. Service Delivery Systems (July 4, 8 30 - 10 30, Discussion Leader Mr Najmul Huq, Resource Person Prof Barkat-e-Khuda)

Relation between fp and health, effect of enhancing reproductive health services, roles of MOHFW, NGOs, levels of service units appropriate for specific methods, personnel usage, status of facilities, supplies, personnel, satellite clinics, urban fp systems, community participation/volunteerism, demonstration projects

4. Training (July 4, 11 00 - 12 00, Discussion Leader Mr Selim Khan, Resource Person Dr Sarah Archer)

Survey of training output in relation to training needs, training needs of personnel of different types, evaluation of training quality, adequacy of selection for training and posting after training

5. Management Information (July 4, 1 00 - 2 00, Discussion Leader Mr M A Taher, Resource Person Mr J Eberle)

Quality control for the MIS, accuracy of MIS data, placement of MIS supervision team, target setting, coordination of program information needs

6. Information, Education, Communications (July 4, 2 00 - 3 00, Discussion Leader Mr M N Hossain, Resource Person Mr Shah Jahan, Mr A K M Shamsuddin)

Addressing weaknesses in client and population knowledge, IEC for special subgroups (e g , males, newlyweds), replication of Jigasha model, OR for implementation of National IEC Strategy

7. Logistics and Supply (July 4, 3.30 - 4 00; Discussion Leader Mr A Khan, Resource Person, Mr. P. Dougherty)

Quality control for logistics management; improving logistics at the peripheral level; transport; logistics system evaluation

8. Efficiency/Sustainability (July 4, 4:00 - 5 00; Discussion Leader: Mr Md. Azizul Karim; Resource Person Prof Barkat-e-Khuda)

Improving program efficiency, cost-effectiveness analysis of program components; cost-effectiveness of varying program models; use of volunteers, part-time workers; pricing/user fees

III. PROCEEDINGS

A. Opening Ceremony

Opening ceremonies began at 7 30 pm on 2 July with Dr Farah Mahajabin, Assistant Director for MCH as Program Conductor, initiated by a recitation from the Holy Qur'an by Hafiz Abdus Shakur

Mr Peter Miller, Deputy Director of the Asia and Near East Operations Research and Technical Assistance Project of The Population Council, spoke on behalf of the invited Special Guest, Dr George Cernada, who was unable to attend. Mr Miller recalled the history of Population Council involvement in Bangladesh since the early 1960s, focussing on current programs and recent developments in Operations Research. He also suggested a correction to the invitation letter: the purpose of the workshop was not to "revise" the NIPORT list of research topics -- "that is NIPORT's job" -- but to use it as a starting point for developing an updated, broad research agenda for the national program.

Mr B R Choudhury, Director General of the National Institute for Population Research and Training, spoke as Special Guest. He clarified the role of NIPORT in research, pointing out that NIPORT has implemented 13 studies in the past year, and that 5 more were in progress, with approval from NASCOPOR. However, he welcomed the participation of other agencies. The priorities identified during the present workshop are expected to be useful input for a NIPORT workshop, to be held in September, to prepare the work plan for the coming year.

Mr A K M Rafiquzzaman, Director General of Family Planning, spoke as Chairperson. He identified a number of issues of concern to the Directorate, including improving acceptance of clinical methods, determining appropriate brands of IUDs and injectables, improving continuation rates, improving quality of care generally, and more regular and timely information about rates and details of contraceptive use. He also hoped that the Workshop would lead to improved research coordination.

Prior to speaking as Chief Guest, the Secretary of MOHFW, Mr Syed Ahmed, invited others to present their views. Mr Azizul Karim, Joint Chief for Planning, emphasized two points: the need for research on program sustainability, and the importance of micro-level research to better understand both the clients and the service delivery system. Dr Aminul Islam, Director of MCH, stressed the need for MCH research on some basic topics, for example, we have little information on hemoglobin levels in the population, and we don't know how broad the health coverage is in rural areas. Mr S K Alok, UNFPA Representative, suggested the following as areas of programmatic concern: policies to improve quality of care, research on the appropriate size and level of NGO activities, privatization of selected program components, improved information flows to managers, and large-sample clinical and epidemiologic research on contraceptive

methods

The Secretary complimented the Workshop as an example of the increasing tendency of managers and researchers to work together for program improvement, rather than remaining in their separate spheres. On the principle that "uncertain justice is better than certain injustice", we need to gather information quickly and make programmatic decisions on the basis of what is available, rather than wait for ideally complete information. He noted the following issues, among others, as priorities: greater efforts to reach younger couples, measurement and determinants of reproductive health, women's roles in decision making, and management issues. The Secretary concluded that improving the family planning program and reducing fertility should be the nation's highest priority, for without success in this area, long-term solutions to the other problems facing Bangladesh are impossible.

B. Initial Presentations: NIPORT, The Directorate of Family Planning, OR Concepts and Methods

On the morning of 3 July, the Secretary presiding, the Workshop heard and discussed presentations on research at NIPORT, on the goals, elements, and problems of the national family planning program, and on operations research concepts and methods.

Mr Nawab Ali, Director of Research for NIPORT, presented a status report on NIPORT activities and a view of research as a tool for program development (partly reproduced as Appendix C 1). Research effectiveness, he said, is determined by a) problem identification, b) design and methodology, and c) mobilization of competent manpower. He cited weaknesses in the present system for determining research priorities, and called for discussion on how to improve NASCOPOR as a coordinating body. After presenting a resume of the accomplishments, current activities, and plans of NIPORT (see Section IV), Mr Nawab Ali presented 12 priority areas for research, presented in Appendix C 1. Finally, he called for improved training in research to improve research quality.

Mr M A Taher, Director of MIS, presented a paper entitled, "Bangladesh National Family Planning Programme Goals, Elements, Problems" (See Appendix 2). After a brief historical background, Mr Taher enumerated 12 strategies for integrating the program into national development. He then reminded the participants of some population targets of the Fourth Five-Year Plan, including, by 1995: reduction of the CBR from 34.5 to 30.1, reduction of the growth rate from 2.11% to 1.81%, reduction of the TFR from 4.3 to 3.4; increase of the CPR from 39% to 50%, and increase in the number of family planning users from 8.2 million to 12.3 million. Mr Taher then presented a brief description of the elements and achievements of the program, and finally gave a list of 10 priority problems which must be faced if the program is to achieve its goals.

After some discussion of these presentations and a break for tea,

Mr Miller gave a presentation from transparency slides on concepts and methods of operations research. He suggested for the purposes of the workshop that operations research be defined broadly, to include any research of direct relevance to family planning program decision making, but that family planning be narrowly construed, to include family planning itself and its immediate linkages with health. Mr Miller presented a model of interaction between researchers and managers which emphasized a continuous two-way dialogue. He then presented the five basic steps of the OR process as defined in the Fisher et al Handbook, including a list of possible types programmatic studies and methods, and reemphasizing the need for continuous involvement of managers if research is to be effectively utilized.

C. Development of Research Topics

1 Discussion format

During the afternoon of July 3rd and the whole of the 4th, participants gave their views on possible OR topics and studies. The discussion was divided into 8 sessions, each focussed on some broad aspect of program organization or concern. Each session had a Chairperson, a Discussion Leader, and one or more Resource Persons. The Discussion Leader and Resource Persons were not expected to give formal presentations, but were encouraged to make brief presentations in the topic area. The floor was then opened for discussion. Dr John Haaga, Director of the MCH/FP Extension Project of ICCDR,B, wrote down topics as suggested on four large boards at the front of the conference room to indicate topics already covered. Shortly before the close of the topic, Dr Haaga summarized the discussion, and the Discussion Leader, Resource Persons, and Chairperson gave closing remarks. Participants tended to suggest problem areas or research topics, with only occasional specific suggestions for OR studies. There was more "brainstorming" than lengthy discussion of particular topics, and no attempt during these sessions to prioritize.

During the evenings Mr Miller, Dr Haaga, and Dr M Alauddin of Pathfinder International reviewed Dr Haaga's notes and the discussion record prepared by Dr Farah Mahajabin of the MCH Directorate, and prepared somewhat edited and consolidated lists of research topics, those lists are presented as Appendix B. The following mornings (for most topic areas, the morning of the 5th), participants were requested to rate the priority of each topic as high, medium, or low. A preliminary scoring, based on the number of first priority ratings for each suggested topic, was done on the morning of the 5th by Prof M Kabir of Jahangirnagar University, Dr Ataharul Islam of Dhaka University, Dr Aye Aye Thwin of NIPORT/GTZ, and Mr Tofayl Ahmed of the MIS Directorate, and about three topics in each broad category were listed as top priority. After the workshop a more refined scoring was implemented based on all rankings, which resulted in a slightly modified list of priorities. That modified list is given in section C 3 below.

2 Summary of discussions

a. Methods and Method Mix (July 3, 1 30 - 3 00, Discussion Leader Dr Jahiruddin Ahmed, Resource Persons Dr Md Aminul Islam, Dr Haleda H Akhter)

After opening remarks by the Discussion Leader and the Resource Persons, including a substantial prepared presentation by Dr Akhter, a general discussion followed which focused on supply and demand for existing methods rather than the effectiveness and safety of the methods themselves. Several discussants stressed the need for studies on how to improve continuation rates, looking at such issues as influences of frequency and content of worker contact, provider attitudes, side effects, and informed consent procedures on continuation, reasons for discontinuation of specific methods, notably injectables, and how to improve follow-up. Other comments dealt with the demand side, including studies of user attitudes towards and satisfaction with specific methods, problems of client segmentation by method, and reasons for continued popularity of traditional methods. Suggestions for studies on method acceptance included investigating why pill use is rising while other methods are flat or declining, and the effect of variation in staffing patterns and the availability of trained staff on method acceptance and mix. There was a call for studies on the frequency of sexual intercourse, and a note on the effect of free supplies from donors on method mix.

b. Demand, Quality of Care, User Satisfaction (July 3, 3 30 - 5 00, Discussion Leader Dr M Alauddin, Resource Person, Mr A K M Shamsuddin)

After opening comments from the Discussion Leader and the Resource Person, there followed a rather free-flowing discussion on these three broadly related topics. The considerable discussion of quality of care focussed largely on two broad questions: What effect does improving quality of care have on acceptance and continuation? What can be done to improve quality of care by improving the performance of particular categories of workers? There were also calls for a Situation Analysis of quality of care, studies on consumers' perceptions of quality, and development of useful quality indicators.

Some suggestions dealt with the relation between quality and demand, including how to improve the confidence between the community and fp providers and studies of how clients interact with the various components of the program (e.g., Government, NGO, and private sector). There was also considerable discussion of the need for improved understanding of unmet demand.

c. Service Delivery Systems (July 4, 8 30 - 10 30, Discussion Leader Mr Najmul Huq, Resource Person Prof Barkat-e-Khuda)

Discussion of service delivery systems could be divided into five broad topics: strengthening of management, alternative service designs, human resources issues, community participation, and reaching particular target populations.

Management issues included how to improve management performance, including how to implement or adjust the MDU model, and case studies on how to address corruption and increase accountability. Possible studies of alternative service designs included the effect of linkage of fp with other reproductive health services on the efficiency and credibility of the fp program, how to increase fp services in satellite clinics, alternative service structures for low-performing areas, and comparison of SBA and TBA models for delivery care. Discussions on human resource utilization included studies of fieldworker morale; analysis of the potential effect on performance of encadrement of fp personnel currently on temporary status, and experimentation with new systems of rewards and punishments. Suggestions for community participation studies included how to make the FWC committees more effective, and how to improve coordination between various community workers -- FWAs, TBAs, volunteers, depot holders, etc. For specific target populations, there were calls for modifying service designs to reach urban slum populations, newlyweds and low-parity couples, and potential birth spacers, as well as a study on who uses what fp services in urban areas.

d. Training (July 4, 11 00 - 12 00, Discussion Leader Mr Selim Khan, Resource Person Dr Sarah Archer)

The Discussion Leader and the Resource Person led off with presentations of NIPORT training activities and research issues. Training research has been and remains a major focus of NIPORT activities, and substantial work in this area has already been done.

In the general discussion, one topic area was research on trainers: what are their skills, and how to improve them; and a suggestion to experiment with different models of assigning trainers, such as a variant of the US military staff college model, deputation of managers as trainers, or training internships. There were also suggestions for research on the effects of training, such as posting of trainees, effect of training on field performance, and relationship between performance in training and client satisfaction with trainees. There was substantial discussion on how to improve the call-up notice system, to find out why trainees often don't attend and what to do about it. There was also a general discussion on NIPORT management.

e. Management Information (July 4, 1 00 - 2 00, Discussion Leader Mr M A Taher, Resource Person. Mr J Eberle)

After a presentation by the Discussion Leader, the discussion focussed to a great extent on how to make the MIS more useful and relevant in management decisions. Suggestions were made on how to better utilize the information, including better feedback information, using MIS for evaluation of individual worker performance, and linking MIS information to performance planning. There was discussion of adding additional components to the MIS, such as an improved package of input indicators, and management

data (e g , financial, personnel, and logistics/supply data) There were calls for research on the quality of MIS information - particularly on fp use -- and a specific suggestion for experimenting with the use of central or division level monitors to do spot checks at various levels in the field

f. Information, Education, Communications (July 4, 2.00 - 3.00, Discussion Leader Mr. M N Hossain, Resource Person Mr Shah Jahan, Mr. A.K M Shamsuddin)

The Discussion Leader (who is Director of IEM) gave a formal presentation including a specific list of research needs in the area of IEC, the Resource Persons also made introductory remarks Between the IEM Director and the participants, a long list of specific topics was developed, which is summarized in Appendix B Suggestions fell into four broad categories (1) How to reach specific target audiences (low-performance areas in Chittagong, urban dwellers, males, newlyweds, younger and low-parity couples, field workers) (2) Understanding audiences (market segmentation, understanding "ideational change factors" in Bangladesh, studies of knowledge -- as opposed to awareness - of fp) (3) Different IEC approaches and techniques (the "enter-educate" approach, use of volunteers as promoters, use of community resources for IEC, how to change behavior, study of gender bias in IEC programs) (4) IEC for specific program aspects or products (how to promote service providers, market research on brands, packaging, etc , IEC implications of contraceptive pricing, how to build quality of care issues into IEC, IEC strategy for national population day themes)

g. Logistics and Supply (July 4, 3.30 - 4.00, Discussion Leader Mr A Khan, Resource Person, Mr P Dougherty)

A brief discussion of research issues for logistics and supply followed presentations by the Discussion leader and the Resource Person. There were a number of suggestions for experimentation with the design of the distribution system, including privatization of the logistics transport system, larger buffer stocks at various levels, more or fewer than the current 5-tier system, separate systems for contraceptives and other supplies, adequacy of existing thana storerooms, and a more generally decentralized distribution system There was a suggestion to conduct a "product flow analysis", following a sample of supplies through the system to identify bottlenecks and problems with system accountability There were suggestions to study the logistics MIS, including integration with the service MIS, and calls for assessment of logistics staff, local production capabilities, and procurement systems

h. Efficiency/Sustainability (July 4, 4.00 - 5.00, Discussion Leader Mr Md Azizul Karim, Resource Person Prof Barkat-e-Khuda)

After opening remarks by the Discussion Leader, the Resource Person gave a prepared presentation with an overview of the sustainability issue and a set of specific suggestions for OR on

program efficiency and sustainability This was followed by substantial floor discussion

Much of the discussion focussed on the need to improve program cost-effectiveness Suggestions for cost-effectiveness studies included comparison of GOB, NGO, and SMC program efficiency, cost-effectiveness of methods, cost-effectiveness of different types of fieldworkers, and cost-effectiveness of home-based vs satellite clinics It was suggested that the issue be addressed in terms of increasing productivity as well as cutting costs

There were also several ideas for studying the ability of clients to pay for services, the usefulness of cost recovery efforts, and the effect of cost recovery efforts on quality of services There was also a suggestion to study the possibility of providing pills and condoms through the private/NGO sectors only, with GOB services limited to clinical methods

3 Listing of priority topics

Methods and Method Mix

- 1 Factors affecting continuation rates In general, and with specific priority to frequency of fieldworker contact, provider attitudes, and the reasons for high injectable dropout rates
- 2 How to design management systems to reduce loss to follow-up
3. Studies of user satisfaction with specific methods levels and reasons

Demand, Quality of Care, User Satisfaction

- 1 Research on quality of care Specific priority topics included Situation Analysis of QC, effect of provider competence and interpersonal skills on IUD and sterilization acceptance, consumers' perceptions of quality, effect of QC on acceptance, development of QC indicators
- 2 Task analysis of FWAs, specifically including their perceptions of QC, and provision of side effect information
- 3 Method choice of potential users

Service Delivery Systems

- 1 Most effective ways to deliver fp to newlyweds and low-parity couples.
- 2 How to increase the use of fp services in satellite clinics.
- 3 Alternative service delivery designs for low-performing areas

- 4 Assessment of determinants of work attitudes and morale of fieldworkers

Training

- 1 Evaluation of quality of NIPORT training; specifically, assessment of the skills of the trainers
- 2 Training needs assessment, specifically for FPOs, AFPOs, and FWAs
- 3 How to improve the call-up notice system -- why don't the trainees come? (Special management issue. how to improve NIPORT management)

Efficiency/Sustainability

- 1 Cost-effectiveness of home-based vs satellite clinic delivery systems.
- 2 Comparison of cost-effectiveness of BDG, NGO, and SMC programs
- 3 Cost-effectiveness of types of fieldworkers -- full-time, part-time, volunteer

Information, Education, Communications

- 1 Research on audience segmentation and development of audience profiles for mass media
- 2 IEC approaches to promote male and young couple participation, esp , investigation of psychological variables
- 3 Study on gender bias in IEC

Management Information

- 1 Determination of which indicators of program inputs should be incorporated, and how used
- 2 How to improve MIS feedback to district and thana levels.
- 3 How to improve the quality of MIS data, specifically, look into reasons for the gap between CAR and CPR (Special management issue how to link MIS information to performance planning.)

Logistics and Supply

- 1 Test privatization of the logistics transport system
- 2 Conduct "Product Flow Analysis", i e , follow samples of supplies through the system
- 3 Experiment with more decentralized systems

D. Implementation

During the morning of July 5, the following presented statements

of current and planned research and research priorities on behalf of their organizations

Mr Nawab Ali (NIPORT)
Mr Joynal Abedin (PDEU)
Dr Halida Akhter (BIRPERHT)
Mr Shahadat Hossain (Bangladesh Bureau of Statistics)
Dr John Haaga (MCH/FP Extension Project)
Dr M Alauddin (NGO Coordinating Council)
Prof Barkat-e-Khuda (URC-Bangladesh)
Dr Lokky Wal (CIDA)
Dr Philip R S Gowers and Mr J S Kang (World Bank)
Mr David Piet and Mr Ali Noor (USAID)

It was agreed that statements of current and planned research activities should be included in the report on this workshop (see Section IV) Participants were not in position to commit their organizations to specific items on the priorities list, other than those already planned or underway, nor is the list considered in any way binding on their future plans, rather, they are expected to take it into consideration in future planning Specific new funding for these ideas is not planned, although Dr Lokky Wal announced that CIDA is planning a fund of about \$US 2 million for research to be undertaken by NGOs Substantial research funding exists, which can be used to support research on these priorities in the future There was some feeling that the Government should rely less heavily on external support for research funding

This led to discussion of follow-up of this workshop, and coordination of research It was agreed that the Population Council would act as a catalyst to improve the coordination process The participants at this workshop (approximately) will be called together from time to time for updating, information sharing, and coordination of research implementation Mr Miller will meet with the Directors General of NIPORT and Family Planning for this purpose Topics will include the nature of continued communication, coordination of research funding, and the role of NASCOPOR

After closing statements by Mr Miller, Mr Choudhury, and Mr Rafiquzzaman, the Workshop was adjourned at about 1 00 pm for lunch and departure

SECTION IV

AN INVENTORY OF CURRENT PROGRAMMATIC RESEARCH IN FAMILY PLANNING

Section IV A

NATIONAL INSTITUTE FOR POPULATION RESEARCH AND TRAINING

- 1 1 Completed MLH-FP Program Related Studies
 1. Determinants of Utilization of Satellite Clinics
 - 2 Determinants of Acceptance of Injectable Contraceptive in Bangladesh
 - 3 Efforts of Programmatic and Non-Programmatic Factors on the Variation of Contraceptive Practice and Reproductive Behaviour in Bangladesh
- 1.2 Completed Training Related Studies:
 - 1 Follow-up of FWAs Basic Training
 - 2 Evaluation of Religious Leaders Training Program on FP-MCH
- 1 3 Completed Studies on Secondary Analysis of Bangladesh Fertility Survey s Results, 1989
 1. Fertility Trends Over 15 years
 - 2 Infant and Child Mortality Levels and Trends
 - 3 Causes of Death Among Children in Bangladesh
 - 4 Health Program Inputs and Infant & Child Survival in Rural Bangladesh Evidence from BFS-1989
 - 5 Vaccine Uptake in Bangladesh An Analysis of the Expanded Program on Immunization
 - 6 Biological and Behavioural Determinants of Fertility in Bangladesh 1975-89
 7. Determinants of Low Performance in Chittagong Division
 - 8 Use of Contraception in Relation to Desire for Children
- 1 4 Completed Study Under Other Research
 - 1 Assessment of Credit Impact on Socio-economic and Reproductive Behaviour of Female Beneficiaries of Grameen Bank

- 2 ON-GOING RESEARCH STUDIES 1992-93
- 2 1 MCH/FP PROGRAM RELATED STUDY
- 1 A Study to Determine the Status of Inter-personal Communication by the FWAs During their Home Visitations
- 2. Evaluation of MCH Services and Designing Innovative Intervention for Community Involvement in MCH Services
- 2.2 TRAINING RELATED EVALUATIVE STUDIES.
- 1 Evaluation of Skills of FWVs as MCH-FP Service Providers
- 2 Evaluation of Training of Trainers (TOT) for TBA Training
- 3 Evaluation of the Logistics Management Training Program
- 3. PROPOSED STUDIES DURING 1993-94
- 3.1 Training related Research
- 1 Improvement of Field Performance on Completion of Training by Senior FWVs
- 3.2 IEM(Communication)
- 2 Development of Motivational Strategies for Males
- 3.3 MANAGEMENT AND QUALITY ASSURANCE.
- 3. Study on Factors Affecting Supervisory Process of National Family Planning Program from District Level and Below
- 4. Program Dynamics and Utilization of H&FP Facilities at Thana Level and Below
- 5. Assessment of Role of FPIs in MCH-FP Program in Bangladesh
- 3 4 WOMEN ISSUE.
- 6. Role of IEC in the Improvement of Women s Knowledge on Maternal Nutrition and MCH Service Delivery
- 3.5 MATERNAL AND CHILD HEALTH.
- 7. Study to Determine Ways to improve continuation rate of different modern methods of contraception
- 8 Demographic and Health Survey (DHS), 1993

Section IV B

POPULATION, DEVELOPMENT AND EVALUATION UNIT IMED, MINISTRY OF PLANNING

Current activities

FDEU has been mandated to conduct 22 evaluations during 1992-96. Currently, it has been working on the following 11 evaluation studies the works of which are expected to be completed by June 1994.

1. Assessment of efficiency level of supervision of FF service delivery at the district level and below.
2. Women's constraints to utilization of IUD and C/T facilities.
3. Demographic impacts of Government and Non-government sponsored women development programs.
4. Evaluation of functioning of the FW/TIs and FDCs.
5. Assessment of the reasons for declining trend in sterilization.
6. Assessment of activities of IEM and their management problems.
7. Evaluation of Functioning and Effectiveness of Satellite Clinics.
8. Needs assessment of Health and Family Planning workers as educators and communicators.
9. Assessment of the Accountability of the Family Planning Program implementors from Division to Union level.
10. Evaluation of Functioning of THCs, FWCs and FDCs.
11. Evaluation of distribution system for supplies and logistics for MCH and Family Planning Services.
12. Evaluation of management and implementation aspects of Multisectoral Population Programs.
13. A study of Fertility and reproductive health status of Adolescent Mothers.
14. Evaluation of knowledge and skills of field level workers (FWA, FFI, H, F4, M4, TBH).

- 15 An assessment of post course follow-up study of Management Training for different tiers of officers (THFFO, TFFO, MO-MCH, ADCs, ATFFOs & Sr FWs)
- 16 Identification of the success indicators of Management and Implementation aspects of Govt and Non-govt family planning programs

Besides draft evaluation reports of 5 studies have been completed which are yet to be printed

Section IV C

BANGLADESH INSTITUTE FOR RESEARCH AND PROMOTION OF ESSENTIAL
AND REPRODUCTIVE HEALTH AND TECHNOLOGIES

a. Clinical Trials:

Project Name

1. Duration and contraceptive effectiveness of lactational amenorrhoea in urban and rural communities
- 11 Timing of introducing injectables, implants, progesterone only pills and low dose OCs in postpartum women
- 111 Acceptability of a stronger latex condom
- 1v Effectiveness of different regimes of hormonal treatments for managements of bleeding problems of implants and injectables
- v Phase III trials on injectables microspheres & micro-capsules

b Operations and other research

Project Name

- 1 Assessment of client perspectives about and preferences for post-partum family planning
- 11 KAP studies of service providers and policy makers regarding post-partum contraception
- 111 Study to determine the access to removal of IUD
- 1v Community based study to determine the extent & risk factors for perinatal mortality
- v Reducing perinatal mortality
designing and testing interventions to modify risk factors

- vi Introducing and evaluating ILC strategies for utilization of services of trained TBAs
- vii Determining risk factors affecting nutrition of adolescent girls
- viii Interventions to modify risk factors affecting nutrition of adolescent girls

Section IV D

BANGLADESH BUREAU OF STATISTICS

Major Regular Activities Regarding Demographic, Health, and Nutrition Statistics:

1. Birth-Death Sample Registration System (BDSRS)

The BDSRS is an ongoing sample registration system in place since 1980 to collect, evaluate, and analyze current data on births, deaths, migrations, marriages, and selected socio-economic characteristics of the population. It operates in a stratified cluster probability sample of over 300,000 total population. It uses a dual record system for collection of vital rate information, from which it publishes various fertility and mortality rates, marriage statistics, migration indicators, general household and population characteristics, and, beginning in 1993, perceptions and practices of family planning methods.

2. Health and Demographic Survey

The Health and Demographic Survey is a nationwide household survey program to obtain data from women on health, population, and demography. It will collect data on morbidity/health status, mortality, socio-economic correlates of infant and childhood mortality, disability, immunization coverage, knowledge of health, and utilization of health services. A probability sample will include about 55,000 total households, with smaller samples for some modules. The first survey will begin in October, 1993.

3. Child Nutrition Survey

The BBS has implemented a child nutritional assessment module in conjunction with the Household Expenditure Survey three times since 1985-86. The surveys are designed to produce rural, urban, and national level statistics on the nutritional situation of children. Data collected include anthropometric data and descriptions of household level health practices, morbidity patterns, and socio-economic variables from the Household Expenditure Survey.

Section VI E

MCH/FP EXTENSION PROJECT, ICDDR,B

MCH-FP EXTENSION PROJECT
Work Plan

April 1, 1993 - March 31, 1994

Project Goal Research leads to policy changes or substantial changes in management methods or service design, supporting the FPHSP goals of increasing contraceptive prevalence, improving quality of care, and/or making the programs more sustainable

Activities relating to

substantial changes in management methods

- A1 Strengthening supervision at the thana level
- A1a Strengthening supervisory role of SFWV
- A2 Structures and functions of district and division
- A3 Use of data for local level planning
- A4 Quality assurance of MIS data
- A5 Development of MIS feedback system
- A6 Case studies of successful management improvement
- A8 Case studies of management styles
- A9 Management workshop

improving quality of care

- A7 Work motivation -- worker survey
- B2 Evaluation of FWC services
- B3 Technical guidelines for FWC/Satellite Clinic
- B4 Choice and continuation of injectables
- B5 Choice and continuation of methods
- B6 Field testing new sterilizer
- B7 Provider knowledge and attitudes about IUD
- D7 Determinants of decline in child mortality

changes in service design/ sustainability

- B1 FWAs role in MCH
- B8 Test expansion of home delivery of injectables
- C1 Assess alternate plans for future role of FWA
- C2 Cost studies
- D9 Assessing the impact of FWA visits

Other activities listed under Sections D (Surveys and Surveillance) and E (Project Management) support the above activities by producing useable data for analyses and evaluation, arranging suitable field sites for tests of interventions, and providing for research leadership and dissemination

Section IV F

WORLD BANK

BANGLADESH FOURTH POPULATION AND HEALTH PROJECT (CR 2259-BD)

STATUS OF VARIOUS BASELINE SURVEYS AND FEASIBILITY STUDIES AS OF MARCH 11, 1993

1 Survey of Health/FP facilities including their utilization

- (a) Specialized Hospitals, District Hospitals, THCs, Storage, etc

Field survey is complete Data compilation is in progress and the final report is expected by end June 1993

- (b) Union level MCH-FP infrastructure and FP storage etc

Survey is on going The final report is expected by June 1993

2 Baseline Survey for T B Leprosy

It was decided to abandon the pre-project survey, in view of the costs and time required and the need to proceed with the project activities immediately A survey will be carried out in the course of implementation of the project within the scope of the approved PP

3 Feasibility Study for Manufacturing of Condoms

The feasibility study has been completed and its report submitted to GOB for consideration

4 Health and Demographic Survey

The TOR is being forwarded to IDA for review

5 Baseline Survey and Study on School Health Program

The consultants have commenced the survey The final report is likely by June 1993

6 Comprehensive Baseline Survey of Maternal and Neonatal Health Care in 4 Districts

TAPP has been approved but no further actions underway as yet

7 Audience Survey on IEC Towards the Development of IEC Strategy

TAPP approved Study yet to be initiated

- 8 Baseline Survey and Study on Urban Health Care
A consultant is being hired to prepare the TAPP and the action plan
- 9 Baseline Survey on Health Care Quality Assurance System
TAPP is being revised The survey will be conducted in the course of implementation
- 10 Cancer Prevalence Baseline Survey
TAPP has been approved and funds already transferred to WHO Further action awaited
- 11 Pharmaceutical Plant in Khulna Division
TAPP not yet approved
- 12 Terms of Reference for the Reorganization of MOH & FW
TAPP has been approved No further action initiated
- 13 Human Resources Development Master Plan
MOHFW's comments on the draft TAPP, prepared by WHO consultant, have been sent to WHO
- 14 In-depth Review of the Three Women's Programs
MOHFW has finalized the work plan and financing arrangements with CIDA to carry out the review CIDA on behalf of GOB, has finalized the contract with a local consulting firm, namely PIACT Bangladesh, to carry out the review as per the agreed TOR The Report is expected by June 1993
- 15 Feasibility study for setting up a medical and surgical instrument plant
Proposals from consultants have been invited for the study

Section IV G

NGO COORDINATING COUNCIL

A program of operations research is being conducted by Pathfinder International on behalf of the NGO Coordinating Council, on topics of mutual interest to its members. Its current and planned activities are as follows:

A. Ongoing OR Studies

- 1 "Cost-Effectiveness of Full-time vs Part-time Workers in NGO CBD Service Delivery System"
- 2 "FP NGO Sustainability Efforts in Bangladesh"

B. Planned for Next Three Years

- 1 Effect of home vs clinic delivery of injectables on client satisfaction, continuation and project performance
- 2 Study to test alternative strategies to reduce costs in high CPR areas without reducing acceptance levels
- 3 Evaluation of efforts to increase contraceptive use among newlyweds and young, low-parity couples
- 4 Study to determine reasons for the decline in acceptance of clinical contraceptives and how to reverse it
5. Effects of male motivation efforts on (1) male attitudes towards family planning and (2) on CPR, especially male methods
- 6 Effects of adding selected MCH services on FP performance and cost
- 7 Test of alternative strategies to improve service in low performing GOB served areas
- 8 Development of Quality of Care indicators, and effect of improving Quality of Care on FP performance -- continuation, client satisfaction, and CPR
- 9 Evaluation of the quality of client-provider interactions within CA system
- 10 Investigation of ways to sustain interest of community leaders in local projects over time

Section IV H

ASIA AND NEAR EAST OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE PROJECT, THE POPULATION COUNCIL

Activities in Progress

Research

- 1 Women's Status and Family Planning in Bangladesh (Analysis of focus group data from Matlab on the effect of the family planning program on the roles and status of women)
- 2 Review of Bangladesh Policies Related to Family Planning (Analysis of the nature and origins of BDG policies in 10 selected areas)

Technical Assistance

- 1 To the NGOCC Operations Research Project
- 2 To the Urban Health and Extension Project, ICCDR,B, to set up an urban health research area project

Planned Activities

Research

- 1 An Investigation of Alternative Approaches to Contraceptive Logistics Management at the Peripheral Level (Proposal in development, expected to begin fall 1993)

Technical Assistance

- 1 To AVSC, for a situation analysis of clinical methods in Bangladesh (Proposal in development)
- 2 To the MIS unit of DFP, for improvement of data quality

Section IV I

SOCIAL MARKETING COMPANY

Studies Recently Completed

- 1 Effectiveness of Film Exposure through Mobile Film Unit (Completed March 1993)
- 2 Retail Panel Audit, 1992 (for tracking sales of retail outlets, completed March 1993)
- 3 Brand Awareness Trial and Usage Study (completed March 1993)
- 4 Magazine Retail Audit, 1993 (interview study of magazine retailers; completed June 1993)
- 5 Condom Use in Bangladesh (with FHI, various methodologies, dissemination seminar in May 1993)
- 6 Operations Research on Community Based Sales Project of SMC (follow-up study, fieldwork early 1993)

Planned Studies

- 1 Retail Store Audits (done annually, including 1993)
- 2 Consumer Panel Study (rounds twice yearly, negotiations with possible research firms in progress)
- 3 Media Exposure Study (national survey, to be conducted in 1994 and 1995)
- 4 Providers' KAP towards SMC and SMC Products (RFP due July 1993)
- 5 Study of KAP Regarding Sanitary Protection During Menstruation Practices (to be conducted in 1994)
- 6 Product Diagnostic Study (interviews with physicians, pharmacists, and users, conducted when requested by sales department)
- 7 Consumer Audit of Brand Awareness, Trial and Usage (national study, to be conducted in 1995)
- 8 Study on Reproductive Behavior and Contraceptive Use (national level exploratory study of men and women, to be conducted in 1995)
- 9 Non-practicing (of contraceptives) Couples KAP Study (qualitative methods, to be conducted in 1994)
- 10 Pretesting of all communications materials (regular activity, conducted as new communications materials are developed)

11 Exploratory studies on usage patterns of various SMC products (regular activity, conducted on request of Marketing or Sales divisions)

UNIVERSITY RESEARCH CORPORATION (BANGLADESH)

Presented at the Population Council/Directorate of Family Planning Workshop on OR July 5 1993

- 1 BACKGROUND University Research Corporation (Bangladesh) is a private registered Bangladeshi firm comprising professionals from universities and other research institutions with expertise in various fields such as demography economics, sociology anthropology, management, WID, etc
- 2 ACTIVITIES URC (B) has been and continues to be involved in
 - 2.1 Research
 - (a) Types OR, evaluation, situation analysis, cost and sustainability analyses, management audit, policy analysis, etc
 - (b) Areas
 - (i) FP/MCH -- Management, IEC, pricing, cost-effectiveness, and sustainability quality of care, MIS, particularly input-output relationships, policy review, etc
 - (ii) WID -- female education, women empowerment, etc
 - (iii) Demographic Issues
 - (iv) Rural Development and Agriculture
 - (v) Human Resources
 - 2.2 Training Training provided to FP NGO program managers on OR systems analysis various aspects of management (personnel, financial, logistics, etc) cost-effectiveness and sustainability issues, etc
 - 2.3 Workshops/Seminars Both to disseminate its own research findings such as on Contraceptive Pricing, NORPLANT, FP/MCH IEC, Female Secondary Education, etc as well as dissemination workshops to facilitate, for example, GOB/World Bank/UNFPA workshops on, say, Intersectoral Population Project, etc
- 3 COLLABORATING INSTITUTIONS/ORGANIZATIONS GOB USAID, World Bank, UNDP UNFPA, Population Council, MORAD, FHI, JHU, AVSC, AED, MSH, Pop Concern, Save The Children (USA), etc

4 ONGOING ACTIVITIES

- 4.1 Literature Review and Situation Analysis of Satellite Clinics in Bangladesh (CARF)
- 4.2 Sri Lanka Association for Voluntary Surgical Contraception (SLAVSC) Current Sustainability Efforts and the Future Direction (AVSC, ARO, Dhaka)
- 4.3 Assessment of the GOB's Experience with Implementation of the Free Education for Girls Policy (AFD/World Bank, Washington)
- 4.4 Strategies, Options, Tradeoffs, and Cost-Benefits of Alternative Tuition And Stipend Schemes (AFD/World Bank, Washington)
- 4.5 Composition, Structure and Functions of School Managing Committees and Parent-Teacher Associations (AED/World Bank, Washington)
- 4.6 Development, Fieldtesting, and Finalization of Monitoring and Evaluation instruments for the Female Secondary School Assistance Project (AED/World Bank Washington)
- 4.7 FP-MCH IFC Strategy Development (JHU)
- 4.8 Population Policy Review (Population Council, Dhaka)
- 4.9 Health Care Services Utilization and Behavioral Pattern (Save The Children, USA)
- 4.10 Impact of the Workshops with Traditional Leaders on Family Planning (Save The Children USA)
- 4.11 Health Care Behavior of the Participants and Non-Participants of Women's Saving Group Members (Save The Children, USA)
- 4.12 Objective Family Planning Program Effort Indicators (Population Council, New York)

SECTION V: APPENDICES

APPENDIX A: LIST OF PARTICIPANTS

A. FULL PARTICIPANTS

MOH/FW Secretariat

Mr Syed Ahmed, Secretary
Mr. Md. Azizul Karim, Joint Chief for Planning
Mr. Fazlur Rahman, Additional Secretary
Mr Mobarak Hossain, Assistant Chief, Planning Cell

Directorate of Family Planning

Mr A K M Rafiquzzaman, Director General
Mr M A Taher, Director, MIS
Mr Tofayel Ahmed, Deputy Director, MIS
Dr Farah Mahajabin, Assistant Director, MCH

NIPORT

Mr B R Chaudhury, Director General
Mr M Nawab Ali, Director, Research
Dr Aye Aye Thwin, Res Advisor (GTZ)

Planning Commission/IMED

Ms Rokshana Begum, Deputy Director, IMED
Mr Joynal Abedin, Deputy Chief & Director in Charge, PDEU

Bangladesh Bureau of Statistics

Mr Shahadat Hossain, Joint Director

Bangladesh Institute for Research and Promotion of Essential and Reproductive Health and Technology (BIRPERHT)

Dr Halida Hanum Akhter, Director

Dhaka University

Prof Barkat-e-Khuda, Department of Economics
Dr Ataharul Islam, Department of Statistics

Jahangirnagar University

Prof M Kabir, Ph D, Department of Statistics

1

MCH/FP Extension Project (ICDDR,B)

Dr John Haaga, Project Director

NGO Coordinating Council

Dr M Alauddin, Country Representative, Pathfinder International

United States Agency for International Development

Mr David Piet, Acting Director, Office of Population and Health
Mr Ali Noor, Head of Research, Evaluation, and Monitoring, OPH

Canadian International Development Authority

Dr Lokky Wai, Director, Population and Health

World Bank

Dr Philip R S Gowers, Chief, Population and Health Office

United Nations Fund for Population Activities

Mr S.K Alok, Country Director

Consultant

Mr Md Nazmul Huq

B. DISCUSSION LEADERS, RESOURCE PERSONS, AND OBSERVERS

Dr Aminul Islam, Director, MCH, DFP
Mr Md Nurul Hossain, Director, IEM, DFP
Mrs. Gazi Akhter Jahan, IEM Unit, DFP
Mr Akhteruzzaman Khan, Director, Logistics and Supply, DFP
Dr Jahiruddin Ahmed, Project Director, Clinical Services, DFP
Mr A N.M. Selim Khan Senior Instructor (Training), NIPORT
Dr Sarah Archer, Training Advisor, NIPORT (GTZ)
Mr A K M Shamsuddin, Marketing Director, Social Marketing Co
Mr. Md Shahjahan, Program Officer, Centre for Communications
Program, Johns Hopkins University
Mr J S Kang, Population Specialist, World Bank
Mrs Tahera Ahmed, Program Officer, UNFPA
Mr Patrick Dougherty, Senior Logistic Advisor, John Snow, Inc
Mr Jim Eberle, MIS Advisor, John Snow, Inc

Note: We note with regret the absence of the following invited participants

- Dr A N.A Abeyesundere, Representative, World Health Organization
- Dr Mehtab Currey, Health and Population Advisor, British High Commission
- Mrs Mufaweza Khan, Executive Director, Concerned Women for Family Planning
- Dr Nahid Mukith Chowdhury, Acting Executive Director, Bangladesh Women's Health Coalition
- Dr George Cernada, Director, ANE OR/TA Project, The Population Council
- Dr Ubaidur Rob, International Resident Advisor, The Population Council

APPENDIX B: SUGGESTIONS FOR OPERATIONS RESEARCH, BY TOPIC AREA

METHODS AND METHOD MIX

Please rate the priority which should be given to each of the following in terms of its importance as a research priority
1 = high, 2= medium, 3 = low

	<u>Rating</u>		
Factors affecting continuation rates (general)	1	2	3
Influence of side effects on method discontinuation	1	2	3
Influence of frequency of worker contact	1	2	3
Influence of informed consent	1	2	3
Reasons for high dropout rates of injectables	1	2	3
Effect of providers' attitudes and beliefs on method switching	1	2	3
How to design management systems to reduce loss to follow-up	1	2	3
Difficulties in segmenting prospective clients (gen)	1	2	3
Supply problems	1	2	3
Time and other difficulties in motivating some clients	1	2	3
Do workers consider age/parity, reproductive intentions, etc , when motivating clients?	1	2	3
Introduction of new brands creates training demands	1	2	3
Whether to add more methods, leading to dilution of effective provision.	1	2	3
Studies of user satisfaction, levels, reasons	1	2	3
Method acceptance			
Why pill acceptance is rising while acceptance of other methods are declining	1	2	3
The effect of variation in staffing on method acceptance	1	2	3
Who uses traditional methods, and why?	1	2	3
Dependence on free supply from donors	1	2	3
Frequency of sexual intercourse	1	2	3
Effect of availability of trained staff on enhancing overall acceptance as opposed to substitution	1	2	3

1

DEMAND, QUALITY, USER SATISFACTION

	<u>Rating</u>		
QUALITY			
Determine method choice of <u>potential</u> acceptors	1	2	3
Compare popular and unpopular clinics in terms of QC	1	2	3
Competence -- does the same person give lower quality for free service?	1	2	3
Anthropological studies on measurement of unmet need	1	2	3
Task analysis for FWA perception of quality, provision of side-effect information	1	2	3
Do FWAs use criteria/checklists in register?	1	2	3
Officers discouraging referrals to medical people	1	2	3
How to eliminate unnecessary medical barriers without endangering clients	1	2	3
Assess effect of competence and interpersonal skills on acceptance of IUDs, sterilizations	1	2	3
Situation analysis of quality of care	1	2	3
Are fieldworkers promoting only hormonal methods?	1	2	3
Assess training needs, institutional and mobile, for FWVs	1	2	3
Role of supervisors in quality assurance	1	2	3
QUALITY/DEMAND			
Small area test of effect of quality on acceptance, with test of reliability of data on unmet demand	1	2	3
Which tasks give FWA credibility?	1	2	3
Factors affecting community confidence in providers	1	2	3
Affect of quality of care on acceptance (what indicators?)	1	2	3
Modified "client flow analysis" (SC, FWC, pharmacy)	1	2	3
Non-marital sex leading to contraceptive needs	1	2	3
DEMAND/USER SATISFACTION			
OR on targeting women for IEC	1	2	3
Why the discrepancy between demand and use?	1	2	3
Using literate people as motivators to overcome barriers to fp use	1	2	3
Choice of providers for different methods (cost, quality of provider)	1	2	3
Demand for MR	1	2	3
Consumers' perception of quality: what methods, what providers?	1	2	3
Effect of SC merger with EPI on fp use	1	2	3
Effect of pricing on quality, coverage	1	2	3

SERVICE DELIVERY SYSTEMS

Strengthening Management

Study problems with implementation of MDU model

Assess replicability of MDU model

Other Demonstration Proj (small areas, minimal inputs)

Mobile teams to assess specific local management problems, provide technical assistance

Case studies on how to address corruption/
increase accountability

Alternative Service Designs

How does linkage of FP with other reprod health services affect efficiency, credibility?

How to increase FP services at satellite clinics

Alternative designs for low-performing areas

SBA model compared to TBA model for delivery care

Human Resource Issues

Work attitudes, morale of field workers

Analyses of effects on output and costs of transfer of FWAs to revenue budget, encadrement of FPOs, etc

Experiments with new systems of rewards/punishments

Community Participation

Functions of FWC Committees (and other levels)
-- how to make more effective

Coordination between FWAs, TBAs, volunteers, depot holders, etc

Target Populations

Urban areas -- studies of who uses which services

Urban areas -- service designs to reach slums

Most effective ways to reach newlyweds, low-parity couples.

Most effective ways to reach potential birthspacers

TRAINING

General

Training needs assessment. FPOs, AFPOs, FWAs
How to improve call-up notice system why don't
trainees come?

How to do needs assessment, feedback to curriculum

How to improve utilization of equipment, materials

Research on quality of training (exam scores, client
satisfaction)

NIPORT Management

General how to improve NIPORT management

Research on how to upgrade MIS

Feasibility of contracting out to NGO/Private sector

How to improve coordination with FP Directorate

How to do needs assessments

Trainers

What are their skills? How to improve? (In-class
observation, assess what trainees have learnt,
how they perform, etc)

Experiment with staff college model, managers
deputed as trainers, internships

Follow-up

Association between FWA test scores and client
satisfaction

Rewards for good performance/punishment for non
attendance

Do trainees get relevant postings?

Do trainees use what they learned? Why not?

What effect does attending training courses have
on field performance?

MANAGEMENT INFORMATION

Quality (Gap between CAR and CPR)

Studies on reasons for gap between CAR, CPR

Research on how to improve quality of MIS

Experiment with use of quality control monitors
outside line management

Decision Analysis

How much to use surveys as opposed to routine reports

Additional Needs

How to integrate additional information (e g , finan-
cial, personnel, logistics/supply, etc) into MIS

What indicators should be obtained beyond CAR

How to link information to performance planning

Which input indicators are needed, and how should
they be used?

MIS Forms

Assessment of what forms are needed, and what items on
forms

Uses of Information

How to use MIS information to reward/punish workers?

OR on improved feedback systems to district/thana
levels

Assessment of who uses MIS information, and for what
(management needs at different levels)

INFORMATION, EDUCATION, AND COMMUNICATION

- Studies on the knowledge (as opposed to awareness) level of contraceptives
- Audience research for mass media
- What IEC techniques to use to reach the low-performance areas of Chittagong
- IEC approaches to improve the CPR in urban areas
- OR on the use of volunteers as IEC promoters
- OR on how to market providers
- OR on the enter-educate approach
- Understanding "ideational change factors" in Bangladesh
- Research on audience segmentation and development of audience profiles
- Research on use of IEC to promote professional service providers
- Research on how to promote male and younger couples' participation/support for family planning
- Research on networking to sustain community involvement
- Innovative models to maximize the reach of field workers
- Study which channels are most effective for changing behaviors, not just knowledge
- Conduct market research (brand, packaging, etc)
- Study IEC implications for pricing of contraceptives
- What to provide for younger - newlyweds and low parity clients? Psychological variables for market segmentation need to be taken into consideration
- How to build Quality of Care aspects in IEC
- IEC to deal with concerns of potential Users
- Field workers as audience for IEC - new IEC technology, messages for FWAs

Develop IEC strategy to follow-up national
population day themes

Study CBD group meetings, Community-based Sales
program, satisfied users, LIP volunteers,
Satellite Clinic host families and 2-child
families to design IEC for promotion of small
family norm

Study of gender bias of IEC programs

OR on balance between entertainment and education
in messages.

LOGISTICS AND SUPPLY

Assess whether Logistics has enough staff

Assess local production capacity/ capability

Procurement case study -- bicycles

Distribution System Re-Design

Try re-designed distribution system -- more or fewer than 5 tiers

Design separate system for contraceptives from medicines

Test larger buffer stocks at thana, union, worker levels

Test of decentralized system (not bringing all supplies to Central warehouse, not sending all reports/indents to central level)

Test privatization of transport

Assess adequacy of thana storerooms

"Product Flow Analysis" -- trace sample of supplies through system (accountability, bottlenecks)

Methods of disposal of unusable items

Reporting

Integration of LMIS and MIS -- assess quality and uses of information

Study reasons for non-reporting to LMIS

Assess LMIS training needs

MANAGEMENT EFFICIENCY/PROGRAM SUSTAINABILITY

Study the provision of pill and condom through private sector and NGO only and clinical services through Government infrastructures

Assess views of policy makers, donors, providers and clients on pricing and service charges.

Assess experience, willingness to pay in private clinical services

Search and identify areas for cost savings

Study how to increase productivity through time/motion studies, cost-effectiveness of program components, etc

Assess effects of cost recovery on quality of services

Study pattern of family expenditures and determine affordability to pay for contraceptives

Cost-Effectiveness studies on.

Comparison of GOB, NGO, and SMC program efficiency

Method mix temporary modern non-clinical, temporary modern clinical, permanent

Types of fieldworkers full-time, part-time, volunteers, depot-holders

Types of service delivery home-based vs satellite clinics

APPENDIX C: PRESENTATIONS

Bangladesh National Family Planning
Programme: Goals, Elements, Problems.

M. A. Taher
Director (MIS)

1 Historical Background

In historical perspective, Bangladesh Family Planning Programme evolved through a series of developmental phases that took place during the last 40 years. It is relevant and useful to mention those at the outset. The phases may be mentioned as follows:

- Phase I 1953-65 voluntary and semi-government effort
- Phase II 1965-71 Field based Government Family Planning Programme
- Phase III 1972-74 Integrated Health and Family Planning Programme
- Phase IV 1975-80 MCH based Multi sectoral Programme
- Phase V 1980-85 Functionally Integrated Programme
- Phase VI 1985-90 Intensive Family Planning Programme

2. Policy Strategies:

The current programme and policy emphasize the following strategies with an integrated approach to population planning and development:

- a) Social Movement. The strategy is to turn family planning programme into a 'Social Movement' to create sustained awareness to the seriousness of the impact of population growth on people's life and country's development. The policy is to sustain high political commitment to encourage all segments of the society to increase still higher levels of social acceptability for contraception,
- b) Integrated Health and MCH-FP Service Delivery. Promote Primary Health Care and specially Maternal and Child Care Programme to reduce infant and maternal mortality and morbidity,
- c) Education & Literacy. Promote education and literacy with special emphasis on girls' education to contribute to the process of fertility decline. Government has made education free upto 8th grade for girls in the rural areas,
- d) Women's Programme. Enhance the status of women through emphasis on women's education and participation in economic, social and political life,
- e) Community Participation. Mobilize community resources including educated women and those from influential families, satisfied clients and representatives of local institutions and develop socio-political institutions for community support for small family norms, social acceptance of contraceptive practice, and economic emancipation of women at the community level,

f) Voluntarism & Cafeteria Approach: In offering the choice of contraceptive methods, the programme maintains a Cafeteria Approach and offers un hindered access to information regarding contraceptive services. The government respects and upholds individual couple's freedom for choosing any particular method of contraception as a matter of right to delay, defer and space child birth. Accurate information and counselling regarding all types of contraceptives is advocated as a matter of policy,

g) Multisectoral Approach: Promote family planning and health education and services through various development agencies and co-ordinate their activities,

h) Recognition for Good work: Government has recently introduced a reward system for the programme personnel for good performance. Worker-wise performance are collected nationwide annually and reward is given to the best workers,

i) Involvement of NGOs & Private Sectors: Encourage and involve NGOs and private sectors to supplement and complement efforts in MCH and family planning activities and initiate innovation in family planning and MCH programme. Government has instituted award system for NGOs and private sector agencies in recognition of their outstanding performance,

j) Proliferation of Service Outlets: Static service facilities and extended outreach are being developed in all unions of the country to provide a package of FP-MCH and Primary Health Care Services. Satellite clinics are being organized in remotest corners to make services available close to the home surrounding,

k) Improved Quality of Services: The National Programme gives maximum attention to continually improve quality of services. Bangladesh programme recognizes that improved service quality enhances user satisfaction and method use effectiveness,

l) Beyond Family Planning Measures: Beyond Family Planning Measures such as employment generation, delayed marriage, nutrition etc. are pursued to influence fertility behaviour.

3 Goals of the Fourth Five Year Plan (1990-95):

The current Fourth Five Year Plan has grown out of the experience of earlier development plans. The plan emphasizes reduction of rapid growth of population and provision of improved maternal and child health care. The demographic goals of Fourth Five year Plan has been set for reducing the Total Fertility Rate (TFR) from estimated 4.3 to 3.4 by 1995 with a corresponding CBR reduction from 24.5 to 20.1 and CDR from 13.4 to 11.9 per thousand by 1995. The GOB is moving ahead with its twin objectives of Health for all by 2000 A.D. and achieving MRR 1 by the year 2005. The ultimate objective is to attain a Stationary Population by the middle of next century.

4 Targets of Fourth Five Year Plan:

Detail MCH-FP targets of the 4th Five year Plan are as follows

To reduce

- a) Crude Birth Rate (CBR) from 34.5 to 30.1
(Per 1000 population)
- b) Crude Death Rate (CDR) from 13.4 to 11.9
(Per 1000 population)
- c) Population growth rate from 2.11 to 1.31
- d) Total Fertility Rate (TFR) from 4.3 to 3.4
(Per woman)
- e) Maternal Mortality Rate from 5.7 to 4.5
(Per 1000 live births)
- f) Neonatal Mortality Rate from 80 to 60
(Per 1000 live births)
- g) Infant Mortality Rate from 110 to 80
(Per 1000 live births)

To increase

- a) Contraceptive Prevalence Rate (CPR) from 37% to 50%
- b) Total number of family planning acceptors from 8.20 million to 12.30 million

5 Elements of the Programme:

A Programme Set-up

- O The National Population Council, headed by Hon'ble Prime Minister, is the highest policy formulating body
- O The Ministry of Health & Family Welfare is responsible for formulating and executing policies and providing overall administrative guidance
- O Directorate of Family Planning, headed by the Director General, is responsible for implementing the MCH-based F P programme throughout the country
- O The operational units working under the Director General at the National Head Quarter are Administration, Information, Education & Motivation (IEM), MCH-Services, Finance, Audit,

Planning, Logistics & Supply and Management Information System (MIS), each headed by a Director

- O There are 5 Divisional Offices, each headed by a Director, 64 District Offices, each headed by one Deputy Director, 464 Thana Family Planning Offices manned with Thana Family Planning Officer, Medical Officer (MCH-FF), Asstt Family Planning Officer and Senior Family welfare Visitor. These operate under overall control of the Director General. There are MCH-FF Coordination Committees at all levels to supervise the activities
- O The field staff consists of 4500 Union Family Planning Inspectors, 5134 Family welfare visitors, 25,500 Family Welfare Assistants and 25,000 registered and trained TBAs
- O For imparting training and conduction of research, a separate organization named National Institute of Population Research & Training (NIPORT) has been established in 1979

B Services

The field staff employed under the programme are required to do motivation, counselling, referral and deliver services. They altogether are providing both clinical and non-clinical services for preventive, promotive and also curative health and MCH-FF services at the Thana level and below. For accelerating the process of building welfare oriented families, 7 additional components (beyond family planning) have been added to the main family planning services. This has been termed as Family Planning Plus in 1980. These services are as follows:

1 Major Family Planning Services

- a) Vasectomy,
- b) Tubectomy,
- c) Condom,
- d) Oral pill,
- e) Injectable,
- f) IUD,
- g) Moprent

11 Family Planning Plus Interventions

- a) Safe Delivery,
- b) Immunization of Mother and Children,
- c) ORT for control of diarrhoeal diseases,
- d) Nutrition (Distribution of vitamin-A capsule),
- e) Literacy programme for mothers,
- f) Use of sanitary latrines,
- g) Tree plantations

C Service Delivery System

A wide range of service outlets have been established throughout the country to deliver services. Briefly, these are as follows:

i) National Level

- o Azimpur Maternity and Child Health Training Institute, Dhaka
- o Mohammadpur Fertility Services & Training Center, Dhaka
- o Two Model Clinics attached to two Medical College Hospitals in Dhaka

ii) District Level

- o 6 Model Clinics attached to Medical College hospitals in six districts
- o MCH-FP clinic at district hospital
- o Mother and Child Welfare Centres (MCWC)

iii) Thana Level

- o MCH-FP Unit at Thana Health Complex (THC)
- o Mother & Child Welfare Centres (MCWC)

iv) Union Level

- o Family Welfare Centres (FWC)
- o Rural Dispensaries (RD)
- o Mother & Child Welfare Centres

v) Ward/Unit Level

Family Welfare Assistant (FWA) through home visits motivates mothers for MCH-FP services & supplies non-clinical contraceptives at home. She also provides primary health care services.

vi) Satellite Clinic

Satellite Clinics, twice a week, are being organized by FWAs from each Family Welfare Centre to reach family planning and MCH services at the door-steps of the people. Similarly, Medical Assistants organize Satellite Clinics for health education.

vii) NGOs and SMC

Besides, 1067 NGOs are providing services through their clinics and 12,000 community workers. Over 1,00,000 retail outlets in pharmacies and shops arranged by the Social Marketing Company are also functioning as contraceptive service outlets.

6. Programme Achievements:

The level of general awareness about family planning is nearly universal today in Bangladesh - virtually all women of reproductive age know at least one modern family planning method. Since 1975, contraceptive use rate (CUP) has nearly increased to six times, from 7.7 percent to 50.9 percent of eligible couples in 1991. Currently, Contraceptive Prevalence Rate is above 43 percent (estimated). Between 1981 and 1991, modern method use increased from 10.9 to 31.2 percent and traditional method use rose from 7.7 to 8.7 percent among married women of reproductive age. Data from contraceptive prevalence and fertility survey show that human fertility has declined substantially in the last 25 years, with women now having around 4.5 live births over their reproductive life spans as opposed to about 7 during the 1960s and early 1970s. Programme management has also been strengthened through training, development of new supervisory cadres, provision of transport allowance to grass root level female workers and innovative management development efforts such as MDU and LIP. The nation-wide implementation of FWA registers and the reporting system is another strategy for management strengthening.

7. Problems:

The success achieved so far in the national family planning programme is undoubtedly encouraging and has increased the confidence that it is possible to achieve further progress. But there exists several issues of concern. Here are some of the issues on which attention needs to be given if we are to achieve programme objectives and goal.

- 7.1 Reaching underserved Populations While the programme has succeeded in reaching all classes and segments of society, there remain some portions of the population whose practice of family planning lags noticeably behind. Two important populations which are less well served are some of the districts in Chittagong Division, and newlywed couples in the country. How can we bring these and other groups more fully into the programme?
- 7.2 Inadequate Demand for Family Planning The level of contraceptive prevalence is the best evidence that there is a higher level of demand than anyone would have guessed 20 years ago, and surveys show that there remains a substantial amount of demand which is not yet met. But according to the 1991 Contraceptive Prevalence Survey the average desired family size is still substantially higher than the two-child family needed to achieve population stability in the long run.

- 7 3 Improving Programme Efficiency while there are substantial number of personnel, facilities and support activities involved in the programme at all levels, it cannot be claimed that these are working at peak efficiency. The role of FWAs needs to be made more effective and the front-time supervisors such as the FPIs, Jr FWVs, AFPOs, MO (MCH-FP) and TFPDs need to be fully and effectively utilized.
- 7 4 Improving Access to Clinical Methods The success of our CBD efforts has resulted in high use of pills and condoms, but proportionally less use of longer-term clinical methods, including male and female sterilization, IUDs, and injectables. Many couples who want no more children still rely for protection on inappropriate short-term methods with high use-failure rates. We must find a way to make longer-acting, more effective methods more attractive.
- 7 5 Improving Linkages with NGOs The NGOs and the private sector have critical contributions to make to the programme. The Government has worked closely with the NGOs and the Social Marketing Project in the past to increase the options available for family planning and to broaden the outreach and quality of our programmes. However, as the programme grows and matures, the roles of Government, the NGOs, and the private sector need to be constantly redefined.
- 7 6 Training Many ideas to improve the performance of the programme depend on improvements or changes in training. NIPORT is doing a commendable job within the limits of its budget and resources, but training needs remain greater than resources. We must seek ways to expand those resources, while at the same time finding new ways to make the best use of those we have.
- 7 7 Information, Education, and Motivation We have succeeded in making nearly all Bangladeshis aware of family planning, but we have not succeeded in getting everyone to use it. In particular, we need to find ways to get men to be more supportive.
- 7 8 Logistics and Supplies As the programme grows, so does the need for contraceptives. The logistics system has been much improved over time but still we have some problems. We must be sure that the contraceptives enter the country in time to avert shortages, and we must find ways to make the system work to eliminate stockouts at the service delivery points.
- 9 Management Information Since this is my area, I must admit that we, too, face our challenges. We need to find ways to improve the accuracy of our data, and to make it available in a more timely and usable way.
- 10 Sustainability The increases in family planning use which we expect and aim for will add substantially to the cost of the programme. At the same time, we are receiving a great deal of support from international organizations, which we must gradually learn to live without. An important part of this dilemma is to find ways to improve the cost-effectiveness of the programme.

These are some of the problems and issues that we face. We are looking to researchers to help us find some better ways to resolve them. We hope that during this workshop those of us who are programme managers will be able to clarify our needs and problems, and those who are researchers will help us determine what kind of studies are needed to find the answers.

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Appendix C 2

Research As Tools for Program Development Implications for Population Research in Bangladesh

- M Nawab Ali
Director(Research), NIPORT

I Background

- 1 Operations Research is primarily an intervention to enhance the body of knowledge focused on problems and strategies to improve the quality of performances of a program Effectiveness of research as a mechanism of systematic and scientific investigation is predetermined by the the quality and levels of
 - a) identification of the priority problems to be addressed as a subject of research,
 - b) determination of the design and methodology appropriate to conduct research in the areas identified as critical problems, and
 - c) mobilization of needed resource and competent manpower to ensure quality of research

- 2 If one assesses the three principles cited above to ensure effective programs on research in the family planning programs in Bangladesh, the prevailing objective situation of research as an on-going endeavor and its future need for further strengthening will become very evident Currently, as I understand, the attempt to systematically identify the critical problems for research in the program is not very organised NASCOPOR, which is the primary body to review and award research programs, has not been very effective in coordinating all population/family planning-MCH research programs in the country There are many agencies and bodies partly or in some cases

fully playing the role ^{that} of NASCOPOR to-day The concern is whether to ensure effective coordination in program related researches in order to avoid possible duplications, the need for strengthening NASCOPOR as the sole body to review population research should be further discussed and reviewed

3 NIPORT has been conducting research since its inception in 1978 When NIPORT was originally created, it had three distinct wings, which are

- Training Section
- Demographic and Social Science Research, and
- Bio-medical Research section (discontinued later)

Till now, NIPORT has been partially successful in conducting and coordinating activities distinctly on Training and Socio-Demographic research The Socio-Demographic Research section has so far either directly conducted or contracted out 54 studies (since 1981) in the following major areas (the detailed list is available on demand)

II Future Priorities of Family Planning Research

It is evident that over a period of more than a decade, NIPORT has been engaging itself in conducting and co-ordinating research activities in family planning and MCH However, we do not assume that NIPORT has been covering all the priority areas of FP-MCH research There is always an increased need for further research It is more true for the FP-MCH program which has been

continuously expanding its performance experimenting with dynamic and innovative strategies

Unlike many comparable programs on FP-MCH in the developing countries, Bangladesh programs has already achieved international recognition for its success. The program to-day caters to the need of more than 10 million couples achieving a contraceptive prevalence level of near 40 percent. In the near future, the program will have to register an acceptance level of 50% and by the turn of this century to nearly 60%. This is obviously a stupendous task. Without systematic investigation of the programmatic and related problems and experimentation of effective strategies, the targets delineated above will hardly be achieved. Research and evaluative studies will contribute a lot in achieving the program targets. I would not venture to really give the details of the needed priority research in the field of FP-MCH, as this remains the key responsibility of the participants of the current workshop. Instead, I would provide you with a brief list of areas of future research needed for the program.

List of Priority of Research

- a Program evaluation research, like BFS, DHS/CPS
- b Operations research on program management and organization (focusing on program integration at field level),
- c Client/user-oriented research (focused on factors related to unmet demand, drop-outs, experiences of side-effects),
- d Program sustainability and cost-effectiveness,
- e Improving the quality and access of services, as it relates to further demand creation,
- f Socio-cultural factors and determinants of fertility behaviour,

- g Evaluative studies identifying programatic constraints and socio-cultural obstacles to program implementation,
- h Training related research curricula, method to improve effectiveness of training
- i Communication research emphasizing on media, message and participation of opinion/community leaders, implications for social mobilization
- j Bio-medical research, related to contraceptive effectiveness and clinical efficacy,
- k Logistic & supply management,
- l Innovative studies
 - a) involvement of private sector
 - b) collaboration with NGOs
 - c) Impact of decentralization through local planning initiatives

I would like to reiterate that any attempt to determine the future need for research in the field of a FP-MCH in Bangladesh should be based on

- a) the major national evaluative studies like, BFS and CPS, and
- b) other findings of studies conducted by the government, NGOs and the private agencies

Implications

FP-MCH research activities in Bangladesh have flourished significantly. One of the remarkable success to-day is that a large number of private agencies, sponsored by both government and NGOs, have been involved in research endeavor in the field of population/family planning-MCH. This itself is an evidence of growing interest for research on FP-MCH. Current phenomenal growth of research agencies on FP-MCH may not, however, be matchingly linked into the quality of research, as one may

expect Consequently, the level of use of research findings in program implementation is not note worthy Without withstanding to discourage the growing size of research activities, I would strongly recommend that there should be equal emphasis to ensure appropriate use of research findings in the process of designing and implementation of the program

Quality of reseach is predominantly influenced by the competence of the manpower involved in research In many instances, it is frequently experienced that effective interpretation and data analysis of researches/studies are yet to achieve the desired level of quality One of the known barriers is the absence of institutions/programs offering appropriate training on research Involvement of the academic institutions (universities) in the field of training on research may ensure rich dividends

Regional and sub-regional collaboration on research between Bangladesh and other FP-MCH programs may further strengthen our future research endeavor through reciprocity in sharing experiences Population Council being the apex body on FP-MCH research in the world may contribute a lot in this area