

**Technical Report # 48**  
**Implementation of the National In-Service**  
**Training Strategy for the Essential Service**  
**Package: Final Project Review of the**  
**PRIME II Bangladesh Health and**  
**Population Sector Programme**

**September 2003**

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**PRIME II**  
**Bangladesh**



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# ***Key ESP In-Service Training Stakeholders Describe the Contributions of the PRIME II Project:***

*“When I took charge in 2001, the IST performance was only 26%, but now it’s 93%. PRIME has helped us a lot to achieve this higher performance.”*

**Prof. Md. Mizanur Rahman, Director General, Directorate General of Health Services**

*“PRIME’s role in supportive supervision, curriculum development and the PI approach was appreciated. We gained a new definition of supervision in the context of Bangladesh.”*

**Mr. Akter Hossain, PhD, Curriculum Development Specialist, NIPORT**

*“DUTT are good trainers but they are doctors new to training methodology.”*

**Mr. Abdus Sattar Bhuiyan, Executive Director, Gano Unnayan Sangstha (GUS)**

*“TTU relies on PRIME technical assistance. PRIME was able to integrate well within the TTU and work closely with the GOB.”*

**Mr. Abdus Sattar Bhuiyan, Executive Director, Gano Unnayan Sangstha (GUS)**

*“PRIME developed a lot of training materials and designed IST programs. There will be a gap at TTU when PRIME leaves. The training standards were key in helping TTT design and implement the TOT for Advanced Skills ESP curricula. The Transfer of Learning skills update was new information for TTT staff.”*

**Dr. Mohammad Anwar Javed, Regional Director, Training Technology Transfer (TTT)**





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## *Acknowledgments*

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Additionally, the team would like to thank USAID/Bangladesh for their steady guidance and support throughout the assignment, as well as the important contributions of the Ministry of Health and Family Welfare (MOHFW). The Director General, Additional Director General/Line Director (LD), In-service Training (IST), and Technical Training Unit (TTU) of the Directorate General of Health Services (DGHS) of the MOHFW provided essential insights throughout our assessment visit and demonstrated their commitment to partnerships. Other key stakeholders who provided invaluable insights include, among others: lead training organizations (LTOs); district, *upazila*, union and community clinic (CC) health professionals; and donor organizations including the World Bank, GTZ, DFID, JICA and UNFPA. We are grateful for their contributions to this report and hope that we have accurately represented their viewpoints.

The authors would also like to thank Ms. Barbara Wollan, Administrative Assistant, Monitoring and Evaluation Unit, PRIME II/IntraHealth International, Inc., for formatting this document.



# *Acronyms*

AOP	Annual Operational Plan
APR	Annual Program Review
CC	Community Clinic
CDC	Communicable Disease Control
CH	Child Health
CMT	Central Monitoring Team
CS	Civil Surgeon
DFID	Department for International Development (UK)
DMIS	District Management Information Systems
DGHS	Directorate General of Health Services
DTCC	District Training Coordination Committee
DUTT	District Upazila Training Team
EPI	Expanded Program of Immunization
ESP	Essential Service Package
FP	Family Planning
FWV	Family Welfare Visitor
GOB	Government of Bangladesh
GTZ	German Technical Cooperation
HNPSP	Health, Nutrition, and Population Sector Programme
HPSP	Health and Population Sector Programme
HRD	Human Resources Development
ICMH	Institute of Child and Mother Health
ILA	Innovative Learning Approaches
IST	In-service Training, MOHFW
JICA	Japanese International Cooperative Agency
LD	Line Director
LD-IST	Line Director for In-Service Training
LTO	Lead Training Organization
M&E	Monitoring and Evaluation
MCHTI	Maternal and Child Health Training Institute
MIS	Management Information System

MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MOU	Memorandum of Understanding
NCC	National Curriculum Committee
NGO	Non-Governmental Organization
NIPHP	National Integrated Population and Health Program
NIPORT	National Institute for Population, Research and Training
NITS	National In-Service Training Standards
NTWG	National ESP Training Working Group
PI	Performance Improvement
PIP	Program Implementation Plan
PMP	Performance Monitoring Plan
PNA	Performance Needs Assessment
PTNA	Performance or Training Needs Assessment
RH	Reproductive Health
SDP	Service Delivery Point
SSS	Supportive Supervision System
TA	Technical Assistance
TMIS	Training Management Information System
TNA	Training Needs Assessment
TOT	Training of Trainers
TTT	Training and Technology Transfer
TTU	Technical Training Unit
UMIS	Unified Management Information System

# Executive Summary

## Background



In 1999, USAID/Bangladesh received a request from the Government of Bangladesh (GOB) for PRIME II TA in the planning, managing and implementation of the National In-Service Training (IST) Strategy and Action Plan for the Essential Service Package (ESP). The National IST Strategy was one of the key components of the five year 1998-2003 Health and Population Sector Programme (HPSP) funded by the World Bank and 14 other donors. As part of the HPSP effort, the GOB adopted a post-Cairo ESP) which includes reproductive health (RH), child health (CH), communicable disease control (CDC), limited curative care and behavior change communication.

A memorandum of understanding (MOU) was developed between MOHFW and PRIME II which outlined TA agreements in support of USAID/Bangladesh's "Special Initiative with the GOB: Strengthen and support GOB capacity for ESP IST." From 2000-2003, with field support funds from USAID/Bangladesh; PRIME II helped the TTU of the Health Directorate establish a high quality national IST system for the rollout of ESP IST. PRIME II Bangladesh has operated under the terms of the MOU signed by PRIME II and the Line Director for In-service Training (LD-IST) on May 23, 2000 which expires on June 30, 2003 along with the HPSP and the current National IST Strategy. In the last year of the project PRIME II Bangladesh-HPSP highlighted capacity building and continued to strengthen the TTU and participating LTOs' ability to carry out all remaining planned project activities under the current Annual Operational Plan (AOP).

## Administrative Structure for Health Services

The national administrative structure in Bangladesh is composed of six divisions, 64 districts, (i.e., administrative offices, referral hospitals), 460 *upazilas* (31-bed hospitals with eight doctors and one dental surgeon, although commonly there are post vacancies), 4,500 unions (health and welfare centers) and 13,500 "one-stop" CCs planned to be built and financed under HPSP. Approximately 8,000 of these CCs have been built to date.

## Health and Population Sector Programme (HPSP)

On May 5, 2003 the World Bank and its donor partners suspended funding for all HPSP activities excluding essential commodities as the GOB failed to address planned HPSP health sector reforms. This decision did not directly affect PRIME II operations as PRIME was in the process of completing its three-year TA project by June 30, 2003. The World Bank was concerned about several unmet HPSP objectives, including:

- Unification of the health and family planning (FP) directorates
- Decentralization of decision-making to the district and *upazila* level

## **Documenting PRIME II Bangladesh-HPSP Lessons Learned**

The goal of the PRIME II Bangladesh-HPSP Project was to strengthen and assist the TTU and LTOs to design, manage and implement a decentralized ESP IST program.

In order to document lessons learned from the three year project, an in-country review was carried out from May 5-22, 2003. The purpose of the Final Project Review was to document project achievements and results using the PMP that measures progress attained against the two key sub-results and corresponding indicators: baseline and FY 2003 targets. A three-person PRIME II team carried out this internal assessment, including a team leader, a training specialist and a program development specialist.

PRIME II Bangladesh contributions were significant in terms of leaving behind elements of training systems such as the standards, guidelines, the DTCC/DUTT (District Upazila Training Team) system for rapid rollout of decentralized training and the TMIS. With important TA provided by PRIME II and as a result of the strong partnership with the TTU, the GOB now has a well established foundation for future large-scale, decentralized IST. From early 2000, approximately 45,000 health providers and their immediate supervisors (out of a 54,000 target) completed a 21-day Basic ESP Training Program.

### **Opportunities Created by PRIME II's Work**

- A physical presence in the TTU enabled PRIME to develop a close and productive working relationship and influence the development of a quality and standardization focus, performance improvement (PI) mindset, and implementation of the HPSP ESP IST program.
- The formation of District Training Coordination Committee (DTCC) was an innovative approach for a decentralized training approach that should be both sustained and further supported.
- The formation of a Central Monitoring Team (CMT) was an innovative approach for monitoring quality of decentralized training that should be both sustained and further supported.

### **Challenges Faced by PRIME II**

- PRIME had no direct decision-making authority over resources allocation, policies and the implementation of the national IST ESP training initiative.
- Other enabling factors such as procurement and the availability of essential drugs at service delivery points (SDPs) were not met by the HPSP effort.
- The ESP IST rollout should have included a “phased-in” approach that drew lessons from pilot districts before scaling up training programs on a national scale. A pilot approach would have allowed further adaptations to strengthen curriculum development, training and monitoring.

## **Comparison of 2001 Baseline Survey and 2003 End Term Survey**

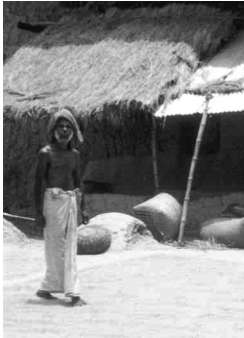
The End-Term Survey demonstrates measurable improvement during training and with follow-up. For example, during training, 100% of personnel in DUTTs and DTCCs received and used ESP training guidelines. At end-term, 83.3% of DUTT members reported having received follow-up support during the 21-day Basic ESP training at the *upazila* compared to 52.0% at baseline. In post-training follow-up, 100% of DTCC members followed up their DUTT trainers at *upazila* level, up from only 57% at baseline.





# Introduction

## Country Context



Bangladesh, a small country with a population close to 130 million, is trying to overcome multifaceted problems which include overcrowding, poverty, illiteracy, disease burden and natural calamities. Bangladesh continues to grow at a rate of 1.5% annually. In many sectors, the country has seen considerable development progress during the last few years, but health indicators remain dismal:<sup>1</sup>

- The infant mortality rate (IMR) is 57/1,000 live births and under-five mortality is 116/1,000
- Maternal mortality stands at 3 per 1,000 live births
- Life expectancy is 59.8 years for females and 60 years for males
- The total fertility rate (TFR) is 3.3 (a significantly drop since the 1970's that represents significant progress in FP and other factors affecting fertility)
- 70% of mothers suffer from nutritional deficiency
- 75% of women do not receive antenatal care or assistance from a trained attendant at the time of birth
- Less than 40% of the population has access to basic health care. The health system is characterized by under-utilization of health services, particularly at the community level: overcrowding of health services at the district and central levels, inequitable distribution of funds between urban and rural areas, and, importantly, users' perceptions of poor quality of care.

### **HPSP (1998-2003)**

The GOB launched the HPSP in 1998 with significant donor support led by the World Bank to improve health, especially of poor women and children, and increase the utilization of health services at the local level. The GOB adopted a post-Cairo ESP, to be delivered at *upazila* and lower levels throughout the country. The ESP emphasizes RH, CH, CDC, limited curative care, and behavior change communication.

As part of this commitment, the MOHFW agreed to reorganize its health service delivery structure and unify FP and health services. New job descriptions that corresponded to redefined roles and responsibilities were developed for health workers at *upazila*, union and community-level clinics. Static CCs built with HPSP and community resources would serve as ESP SDPs. To reach the rural population, the GOB proposed to operate a large number of “one-stop” CCs and mobile satellite clinics, staffed and supervised by some 54,000 providers in need of orientation and skill training to fill their basic ESP roles under the HPSP. Likewise, at union and

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<sup>1</sup> Baseline Survey Report: *In-Service Training, Health and Population Sector Program (HPSP), Bangladesh*. PRIME II Technical Report #38, June 2003,

*upazila* levels, medical and paramedical personnel needed training in expanded roles and to improve the quality of care, supervision and management.

## **PRIME II Bangladesh**

### *Linking Public Sector and Private Sector in ESP*

PRIME's experience in Bangladesh began in 1998 when PRIME I, funded by USAID/Bangladesh field support. PRIME helped the USAID-funded National Integrated Population and Health Project (NIPHP) develop training curricula and materials; prepared 10 training organizations to train providers in ESP service provision; and strengthened the capability and capacity of 10 training organizations.

PRIME was then able to successfully apply important experiences gained while working with the NIPHP to support the GOB's implementation of the National IST Strategy for the ESP.

### *PRIME II HPSP Scope of Work*

In 1999, at the request of USAID/Bangladesh and supported by the World Bank, PRIME I helped the MOHFW develop a national ESP IST strategy for all public sector health care at the *upazila* level and below. Due to the successful outcome of PRIME contributions to the IST strategy, PRIME II was asked by USAID/Bangladesh to provide TA to the TTU and LTOs to strengthen and assist the GOB's decentralized ESP national IST program.

A MOU was developed between MOHFW and PRIME II which outlined TA agreements in support of USAID/Bangladesh's "Special Initiative with the GOB: Strengthen and support GOB capacity for ESP IST."

PRIME II Bangladesh-HPSP has operated under the terms of a MOU signed by PRIME II and the LD-IST on May 23, 2000 which expires on June 30, 2003, along with the HPSP and the current National IST Strategy.

- PRIME II HPSP Project Title: TA to the Implementation of the National IST Strategy for ESP
- PRIME II HPSP Project Goal: To strengthen and assist the TTU of the Directorate General of Health Services under the LD-IST and its LTOs to design, manage and implement a decentralized ESP IST program.

### *PRIME II HPSP Sub-Results*

Sub-Result 1: TTU assisted to establish a high quality national IST system for ESP

Sub-Result 2: Strengthened capacity of LTOs, DTCCs and District/*Upazila* Training Teams to plan, manage, conduct and evaluate training.

## **Summary Project Achievements**

Since May 2000, PRIME II has provided TA to the LD-IST and the TTU within the Directorate General of Health Services (DGHS). In particular, PRIME II assisted the TTU in implementing the government's National IST Strategy and Action Plan for

the Essential Health Package (1999-2003). Important PRIME II-HPSP project milestones achieved (2000-2003) include:

*National Level Assistance*

- National ESP IST strategy reviewed and recommended changes submitted to LD-IST
- National IST Standards developed, approved and disseminated
- Guidelines for the basic ESP course developed, approved and disseminated
- National Training Facilities Inventory (public sector) compiled and utilized for strengthening training facilities
- Basic ESP 21-day course curriculum (for field service providers) reviewed and revised
- Clinical skills ESP curriculum developed through sub-working groups for three modules to train *upazila* and union-level MOs on RH, CH, and CDC
- Complete the Basic ESP training of field service providers (using the revised curriculum)
- Rollout of TOT for RH, CH and CDC clinical skills ESP training of *upazila*-level MOs

*PI Interventions*

- TTU, LTOs, and development partners oriented to the PI approach
- Performance Needs Assessment (PNA) conducted for three GOB LTOs; results disseminated and corresponding interventions developed by TTU and the LTOs
- PNAs conducted in three unions; short-term intervention plans developed and implemented by stakeholders
- Strengthened the LTOs to perform to National IST Standards
- Developed two-day supportive supervision course curriculum for front line supervisors of field service providers
- Assessed performance needs of Family Welfare Visitors (FWVs) delivering ANC and FP services at union-level clinics to serve as a baseline for the Health, Nutrition, and Population Sector Programme (HNPSP), in which GOB is likely to emphasize the union-level clinics' role in delivering the ESP
- Reported findings and recommendations from the pilot work on PI, supportive supervision and decentralized management information systems (MIS) in three districts (Bogra, Joypurhat, and Chapai Nawabganj).

*Monitoring and Evaluation (M&E) Assistance*

- Training Management Information System (TMIS) designed and implemented at central level
- M&E plan for IST adopted and implemented

- Baseline data collected at central, district, *upazila*, and community levels; results disseminated and corresponding interventions implemented by TTU
- Pilot District Management Information Systems (DMIS) initiated in three districts in collaboration with German Technical Cooperation (GTZ) and subsequently linked to local level planning, supportive supervision and application of the PI approach in three unions. In response to expressed need of the districts, the MIS scope was broadened to include personnel management and service delivery information, in addition to training information.
- End-term evaluation of IST under HPSP (End-Term Survey)
- PRIME II Bangladesh-HPSP Final Project Review.

*Other Assistance*

- Staff assistance provided to LD-IST, including development of AOPs, Annual Program Review (APR) reports, training calendars, expansion plan to accelerate rollout of basic ESP training, orientation of district and *upazila* training managers, central-level monitoring of Basic ESP training, and initial planning for the next sector project 2003-2006
- Gender sensitivity orientation conducted for LTO curriculum development specialists and trainers; draft RH curriculum assessed and revised in order to increase gender sensitivity of its content
- Contributed to development of curriculum on Violence against Women, for training of *upazila*-level doctors and nurses

The TTU's main effort in the area of ESP since 2000 has been to roll out the Basic 21-day course for field service providers and their immediate supervisors through a highly decentralized system of training at all 460 *upazilas*. PRIME II Bangladesh-HPSP has contributed to this effort in many ways, including planning, monitoring, curriculum review and revision. According to the TMIS, 45,000 field service providers and their immediate supervisors have been trained on Basic ESP, out of a target of 54,000. As of June 2002, about 40,000 had been trained under the earlier curriculum; and in the 2002-2003 AOP, training the remaining 14,000 was one of the top priorities. By December 2002, the DUTT had trained 5,000 field service providers with remaining 2002-2003 funds using the PRIME-assisted revised curriculum.

In the last year of the project (July 1, 2002- June 30, 2003), PRIME II Bangladesh-HPSP highlighted capacity building and continued to strengthen the TTU and participating LTOs' ability to carry out all remaining planned project activities under the current AOP. Documenting PRIME II technical contributions and analyzing key findings and lessons learned was also an important priority in the last year of the three-year PRIME II project.

## **PRIME II Bangladesh-HPSP Final Project Review Objectives**

### *Specific Final Project Review Objectives*

- Examine selected PRIME HPSP project activities (inputs), processes and accomplishments
- Assess the extent to which project sub-results and targets were met
- Determine whether the project was implemented as planned and discuss changes made and why in the course of implementation
- Assess constraints to achieving project sub-results and targets
- Document success stories and lessons learned for USAID/GOB for potential scale-up and/or replication.

### *Specific Technical Program Review Tasks*

- Document additional contributions to the improved functioning of the TTU, beyond the contributions specified in the indicators
- Document any products of the PRIME - HPSP that are in addition to those developed with TTU and LTOs
- Document status of the HPSP training organizations, especially those who participated in the PNA
- Assess LTOs performance vis-à-vis the national quality standards
- Review preliminary End Term Survey results, comparing with baseline data to see differences that might be particularly attributable to PRIME II Bangladesh-HPSP inputs
- Interview key informants (i.e., global partners, LDs, etc.) to determine their perception of the usefulness of PRIME II Bangladesh-HPSP inputs and interventions.

### *Global Partnering Tasks*

- Assess issues of collaboration and global partnering with key stakeholders
- Assess the relationship with the USAID mission (interview with GOB, PRIME HPSP management staff and USAID/Dhaka).

### *Specific Management and Administrative Program Review Tasks*

- Assess the effectiveness of the management structure used to deploy project activities, staffing use of local resources, office space. (interview with GOB and PRIME II staff)
- Review financial, administrative and logistical support received from other PRIME II offices: ROANE and HQ (interviews with GOB and PRIME II staff).

## **Methodology, Data Collection and Synthesis**

The Final Project Review team assessed project accomplishments and determined factors that facilitated or hindered project implementation against the multi-year

project plan and the project PMP. The review team reviewed all indicators under each of the two Project Sub-Results and verified achievements comparing against the FY 01, FY 02 and FY 03 targets. The following methodology was used to collect data from key stakeholders and synthesize lessons learned for the end of project review:

#### *Structured Interviews: Discussion Guide*

Structured interviews were conducted with key stakeholders having the appropriate knowledge of the specified training area or job responsibility. For example, the questions in the section on TMIS were directed to key personnel directly involved in its development, applications and usefulness to plan, manage and evaluate training programs. Structured interviews followed a structured discussion guide, which is attached in Appendix 2. Wherever possible, interviewees were asked to verify their responses with written documentation by showing the final project review team TMIS computer programs, data and examples on how the Districts successfully adapted the tool for their planning needs. The majority of structured interviews were carried out together as a team largely due to logistics. However, some of the structured interviews with global partners, for example, were carried out with only one final program review member accompanied by key PRIME II Bangladesh staff.

The evaluation team carried out in-depth interviews with the following stakeholders:

- USAID/Bangladesh, PRIME II Bangladesh-HPSP staff
- GOB: MOHFW, TTU, LTOs, DTCCs, DUTTs
- District, *Upazila*, Union and CC Service Providers
- Global Partners: World Bank, GTZ.

#### *Document Review*

All attempts were made to verify any information provided with documentation with all key stakeholders throughout the data collection process. The document review began with the PRIME HPSP developing PowerPoint presentations in different technical areas (i.e., management, training, clinical skill updates, information systems, and continuous monitoring training process) that outlined all key documents the team should review with the various stakeholders.

### **Comparison of Baseline and End-Term Surveys**

The 2001 Baseline and 2003 End-Term Surveys (PRIME-assisted but GOB-funded) required data collection at two levels:

- 1) the institutional level to assess the capacity of the TTU, LTOs, districts and *upazilas*; and
- 2) at the SDP level to assess the quality of care including provider performance, factors affecting it, and satisfaction of the client and community.

Preliminary data from the 2003 End-Term Survey were available to team members and allowed for general synthesis of findings to substantiate interview and documentation findings. However, a rigorous analysis is in process to compare

baseline with end term survey findings, which will be completed after this document is finalized.

### **Key Findings of End Term Survey**

#### *During Training*

- 100 % of personnel in DUTTs and DTCCs received and used ESP training guidelines
- At end-term, 83.3% of DUTT members reported having received follow-up support during the 21-day Basic ESP training at the *upazila* compared to 52.0% at baseline
- Nearly all DUTT and DTCC members reported effective use of the training calendar for planning and monitoring their Basic ESP training courses. This increased for DTCC members from 9.0% to 93.0% and for DUTT members from 18.6% to 62.5%
- Based on pre-test/post-test scores during Basic ESP training, the average knowledge of community-level providers increased 52.6%
- The number of DTCC members reporting funds flow problems for ESP training decreased from 75.0% at baseline to 51.7% at end-term.

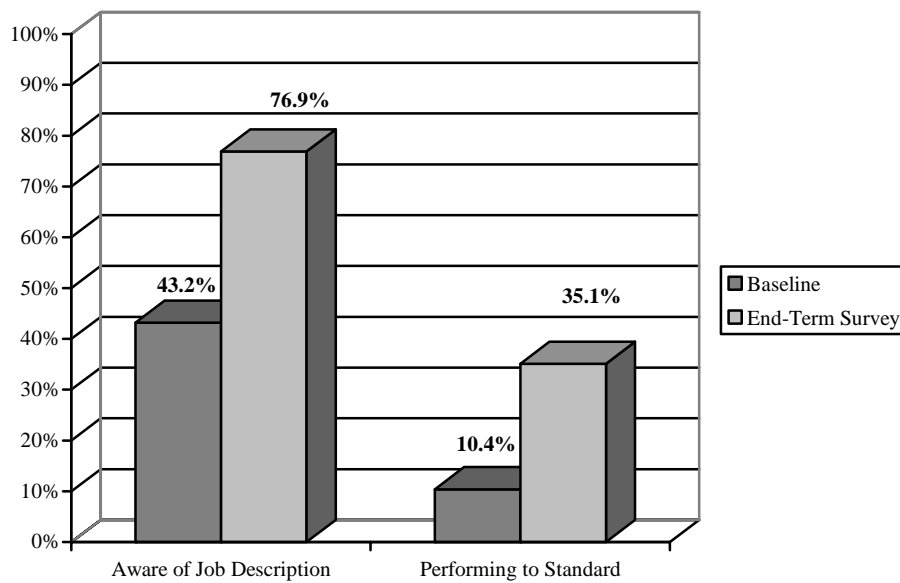
#### *Post-Training Follow-Up*

- 100% of DTCC members followed up their DUTT trainers at *upazila* level, up from only 57% at baseline.
- Reported use of training follow-up findings for identification and solution of performance problems increase from 44.0% to 67.5% for DUTT members and from 62.5% to 100% for DTCC members.

#### *Performance of Community-Level Providers (See Figure 1.)*

- In the End-Term Survey, 76.9% providers are aware of their job description compared to 43.2% in baseline.
- The percentage of providers observed performing to standard on ESP skills increased from 10.4% at baseline to 35.1% at end-term evaluation.
- At baseline, all CCs lacked most prescribed equipment items, since the procurement process to equip each CC was just being initiated then. At end-term, all CCs surveyed had most of the expected equipment items (on average each item was present in 75% of clinics).
- The availability of drug supplies was not assessed at baseline. At end-term, 16.0% of providers reported shortage of vaccines and FP supplies; however, more than 75.6% reported shortage of other drugs.
- The percentage of clients at community-level clinics expressing intent to return for future service decreased from 81.0% to 74.9%.

**Figure 1: Comparison of baseline and end-of-term results for some indicators**



## Global Partnering

### Assess Issues of Collaboration and Global Partnering with Key Stakeholders

PRIME II worked with several international development partners during its three years of operation, primarily GTZ and the Japanese International Cooperative Agency (JICA), and to a lesser extent DFID and the World Bank.

#### GTZ

GTZ was a key PRIME II development partner and provided assistance in Human Resources Development (HRD) within the context of the multi-donor HPSP. One of its major contributions was the creation of a trainer forum for training professionals involved in health and population programs who were interested in sharing their knowledge and experience with each other. The major activity of the forum was a series of workshops on such topics as conflict resolution, internet searches and the use of PowerPoint. GTZ also provided assistance to the IST LD in the Ministry of Health beginning in late 2000. More specifically, GTZ provided technical assistance (TA) in curriculum development, financial management, and computer operation training and hardware in support of the piloting of the DMIS developed by PRIME. GTZ worked with PRIME on DMIS training of DTCC staff and training follow-up (collection of DMIS data) in Bogra district. PRIME worked closely with a GTZ expatriate advisor and a national consultant on revision of the 21-Day Basic ESP course and development of the Advanced Skills RH curriculum.

Bernd Schulz, GTZ director of the HRD project, stated that relations with the PRIME II Bangladesh-HPSP project were very good. He said that the two organizations worked very well together on joint initiatives, and separately were able to pursue their



own program objectives without conflict. He also said that PRIME offered a strong voice in development partner meetings.

#### *JICA*

JICA provides TA to the Maternal and Child Health Training Institute (MCHTI) in the areas of planning, clinical training, evaluation and the refurbishment of hospital equipment and operating theatres. The MCHTI, including Japanese staff, participated in the PNA in late 2001. Relations were described as cordial and collegial.

JICA had a staff member based in the TTU for the first year of PRIME's operations who worked on computer services. JICA also provided a national consultant for a year and then returned to work for National Institute for Population, Research and Training (NIPORT). The JICA consultant contributed to the PRIME II Baseline Survey as well as for IST Guidelines.

#### *World Bank*

During the development of the National IST Strategy and Action Plan, PRIME staff met regularly with J.S. Kang. Afterwards, contact with the World Bank took the form of joint participation in HRD donor group meetings with the World Bank and Population Team Leader to brief and update her on the progress of the PRIME II Bangladesh-HPSP Project.

#### *Department for International Development (DFID) (UK)*

PRIME II Bangladesh-HPSP staff had frequent interactions with DFID and its implementing organization, Health and Life Sciences Partnership (HLSP), through HRD donor group meetings, TTU partners meetings and other occasions. DFID personnel often provided timely and useful information on the latest GOB policy developments, while PRIME II staff assisted HLSP and NIPORT in the development and implementation of District Management Development training course.

### **Building the TTU Capacity: MOHFW**

#### *Findings*

- According to MOHFW, LTOs and Global Partners, PRIME II played a key role in building the capacity of the TTU and providing training innovation and leadership in the implementation of the HPSP ESP IST strategy. In addition to PRIME's key role with the development of training standards, guidelines and processes, PRIME played an active role in the monthly HRD Donor Coordination meeting with the WB, GTZ, DFID, JICA and UNFPA.
- The former LD, IST, Professor Shah Monir Hossain, stated that "PRIME II played a key role in developing training skills and management capacity of newly created TTU."

#### *Lessons Learned*

- If the TTU continues to operate under the HNPSp, the GOB should continue to provide staff development and skill training support to the TTU staff.

## **USAID Working Relationships**

### *Findings*

- USAID/Bangladesh provided important support to both PRIME II Projects (NIPHP and HPSP). USAID/Bangladesh, however, clearly had a greater investment in the NGO sector's NIPHP Project than in support to the public sector.
- USAID/Bangladesh HPN Chief Jay Anderson and Deputy Chief Charles Llewellyn were clear about mission priorities, gave consistent direction and support to PRIME II when needed and applauded PRIME's contributions to HPSP. This included PRIME's contributions in the area of capacity building within the TTU and with regard to the launch of the HPSP ESP IST Program. USAID/ Bangladesh's future niche, however, will focus on the private, non-governmental sector.

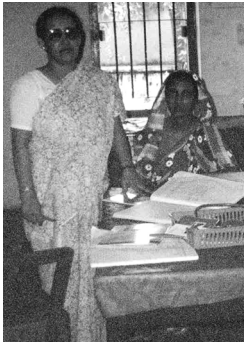
### *Lessons Learned*

- USAID support and guidance are key to maintaining credibility and motivation for project staff. A semi-annual and/or annual visit to the GOB (TTU or DGHS) by the designated USAID manager with the PRIME COP is important so that there is a clear understanding of donor support and expectations.
- PRIME II benefited from a USAID HPN staff that trusted our judgment and decision-making. The USAID/Bangladesh "hands-off" management style was appreciated; however, more visits to the PRIME II office in the TTU would have been welcomed.

# ***PRIME II Project Management***

## **Assess the Effectiveness of the Management Structure Used to Deploy Project Activities, Staffing Use of Local Resources, Office Space**

### ***Implementation Issues***



PRIME II's TA role within the TTU was limited in that PRIME had no control over timely flow of funds from the GOB that supported the implementation of ESP IST activities. The working environment became increasingly more challenging when the GOB reversed their course on some of its fundamental commitments under the HPSP for unification of health and FP wings of the Ministry and implementation of one-stop CCs to delivery ESP.

The TTU was created to support the ESP IST strategy outlined in HPSP. The TTU team was also newly formed and brought limited

experience in training, contract management and program planning and coordination.

PRIME II remained lodged in the GOB TTU offices throughout the life of the project. PRIME and USAID/Bangladesh felt that a physical presence was needed to successfully transfer skills to TTU team. The PRIME II Regional Office for Asia based in New Delhi hired the four experienced national staff in May 2000. Intrah headquarters, led by Area Program Manager for Asia, Jim McMahan, hired two expatriate staff in August 2000. The two expatriate project staff were planned to stay for two years. However, due to the early departure of the expatriate Senior Training Advisor after one year, it was decided to extend the Executive Program Advisor a third year to continue overseeing the project

### ***Findings***

- The expectation of timely flow of HPSP planned funds to support ESP IST activities and of stable policy and program commitment have not been fulfilled
- Location at TTU was an important factor in PRIME's success in influencing TTU's priorities and attention to issues of quality and standardization
- PRIME Bangladesh developed a number of promotional materials (PI computer mouse pads, signs, name signs, etc.) in the context of the PI approach
- The primarily male staff of PRIME II Bangladesh-HPSP and the GOB contributed to a noticeable gender imbalance in TTU
- Review Financial and Administrative Support Received from PRIME II Headquarters and Regional Office for Asia

Overall, PRIMEII Bangladesh Chief of Party Mark Robbins received adequate regional and headquarters financial and administrative support. He stated that a review of current processes should be assessed which include:

- Letters of appointment for local hires are approved at the regional office rather than by the Country Director

- Country project financial reports are sent to the Regional Finance and Administrations Officer who then combines Bangladesh Country Reports into a regional submission, therefore diluting the hard work at the Country level
- Headquarters' Policies and Procedures Manual should be further standardized.

#### *Lessons Learned*

- Further decentralize finance and administration support so that the country office can be more responsive to financial and administrative project needs
- Review Technical Support Received from PRIME II Headquarters and Regional Office for Asia
- The majority of TA was provided from the Regional PRIME II Regional Office for Asia based in New Delhi, India with routine oversight from Jim McMahan in Chapel Hill and TA in PI, gender and M&E. Planned TA largely met project needs. However, there were several canceled assignments from headquarters staff due to competing demands.
- Strengthen technical oversight from headquarters' Global Technical Leadership Area (TLA) teams in training and PI
- Increase PRIME II TLA core project opportunities that can potentially introduce a new technical activity or build on existing innovations such as supportive supervision and distance learning.

#### *Introduction of PI Concepts into GOB Planning and Activities*

The PI approach provided the framework for the HPSP national IST strategy. The IST strategy was a performance-based strategy that included both training and non-training issues related to IST. PRIME II worked under the IST LD, who led the National ESP Training Working Group (NWG). PRIME organized the following major activities to build the capacity for PI among national, district and sub-district-level managers and supervisors:

- National-level stakeholders workshop
- PNA training for TTU members
- PNA for LTOs
- PNA orientation for district and *upazila* managers
- PNA of ESP providers at community level through special initiatives
- Performance factors and supportive supervision content of district orientations on Basic ESP course guidelines
- Transfer of Learning workshops for LTO trainers.

In order to familiarize the national-level managers, supervisors and TTU members with PI principles, PRIME adopted a step-by-step approach. In 2000, PRIME held a day-long workshop for major stakeholders working on the roll out of the ESP IST strategy to orient them to the stages and tools of the PI approach. This workshop, based on highly participatory learning activities, was very well-received and

generated curiosity among the participants. PRIME later conducted a three-day PI workshop for the TTU faculty to build their capacity in the PI for the effective implementation of the IST program. As a result, the TTU included in their AOP for 2000-01 the PI activities for strengthening the capacity and capability of three selected LTOs and provided active support for piloting PI activities in selected unions in three pilot districts under a PRIME special initiative.

The PI approach provided the framework for the 21-day Basic ESP Training Program. The ESP 21-day Basic Training Guidelines were developed based on the knowledge that training alone may not result in improved provider performance and that other performance factors such as supportive supervision are equally important. The follow-up activities during ESP training and post-training were not limited to the knowledge/skills assessment of the trainers and providers but also focused on specific review of other non-training factors.

Another example of the acceptance of the PI approach by the TTU was the IST AOP for the year 2002-2003, where the TTU proposed and budgeted PI orientation and PNA activities in six additional districts (besides the three pilot districts under PRIME special initiative).

Based on the experiences and lessons learned in the three pilot districts, PRIME assisted the TTU in developing a PI orientation package adapted for Bangladesh (with a provision for back up by a DMIS and a Supportive Supervision System (SSS)) for these new districts. PRIME also assisted the TTU and GOB to develop a performance-based draft IST strategy for the upcoming HNPS. Inclusion of this IST strategy in the recent draft Program Implementation Plan (PIP), which is currently being reviewed by the policymakers in GOB, is another example of ownership and institutionalization of PI principles by the TTU and the government at large.

### ***PI Applied to LTOs***

Under the *National IST Strategy and Action Plan for ESP, 1999-2003*, the MOH used the expertise of the LTOs in the following areas: curriculum development, training of trainers (TOT) and management support for training courses. One of the planned activities in both National IST Strategy and PRIME II work plans was the application of the PI approach to identify the performance needs of the LTOs and develop appropriate interventions to strengthen these organizations with respect to their capacity to serve the TTU.

Under the ESP program, the TTU contracted with six LTOs, three of which are governmental organizations and three that are NGOs. The three government LTOs were the National Institute of Population, Research, and Training (NIPORT), Institute of Child and Mother Health (ICMH) and MCHTI. The three LTOs from the non-governmental sector were GUS, Population Services and Training Center (PSTC) and TTT.

The PRIME II Bangladesh-HPSP team, in consultation with the TTU, conducted a PNA of all six LTOs as a part of the 2001 baseline survey. Though this PNA activity did not follow all aspects of the PI methodology, it nevertheless helped PRIME-TTU-

LTO teams carry out a self-assessment according to the five performance factors in order to identify their performance needs.

In 2001-2002, PRIME II conducted PNAs for three government LTOs: NIPORT, ICMH and MCHTI. A series of workshops were conducted involving key members of the TTU, the three LTOs and other stakeholders. PRIME II oriented them to the PI approach and to facilitated agreement on a PNA plan for the three selected LTOs. After obtaining stakeholder agreement, PRIME, with active involvement of the LTO and TTU representatives, developed tools for measuring the performance of LTOs and plans for PI steps.

The *National In-Service Training Standards* (NITS) developed by the TTU with PRIME assistance was extensively used to define the performance indicators for LTOs. This was one of the major applications of the NITS in the IST strategy. After identifying an agreed-upon set of performance indicators, PRIME conducted separate workshops with each of the three LTOs to assess actual performance of the LTOs and to identify gaps and root causes for the performance gaps. Based on the root cause analysis, each LTO, with PRIME-TTU assistance, identified and prioritized interventions and prepared an implementation plan of activities that the LTO could address internally without assistance from the TTU.

Interestingly, the PNA revealed four major performance gaps that were common to all the LTOs and required support from the TTU. The four interventions designed to address the performance gaps were:

- Define criteria for selection of master trainers including master trainer certification process and strengthen capacity of LTOs through standardization and certification of master trainers at LTO level
- Dissemination of NITS among the LTOs
- Inclusion of trainee follow-up mechanism in LTO contracts
- Strengthen capacity of LTO trainers in training documentation and use of the NITS.

PRIME helped the TTU develop a concept paper outlining the master trainer certification process. The TTU was unable to accomplish this important activity due to other priorities in the ESP program and the late introduction of the concept. This mechanism, if established, would have helped guide the development of high-quality master trainers for future training programs.

As a special initiative, PRIME organized two courses on Transfer of Learning that specifically focused on assisting the LTO faculty to develop a specific plan for use of the NITS in their routine training programs. PRIME also helped the TTU and six LTOs implement and follow-up PNA interventions. As result, four out of six LTOs contracted under ESP met quality standards as per NITS in year 2001 and all six LTOs achieved this status by year 2003.

### *PI Applied to the Sub-District Level*

Encouraged by the good results with the LTOs, Supportive Supervision (SS) and the DMIS Special Initiative at the district and sub-district levels, PRIME explored the possibility of using the PI approach at the service providers' level. PRIME helped TTU and the district managers plan and implement the PI approach in one selected union in each of the three districts already under the SS/DMIS special initiative.

In each district, PRIME facilitated a two-day PNA at the union level to identify key performance gaps at the community provider level. After identification of the gaps, several key performance areas were selected. One of the common performance gaps identified in all three unions was the low performance on the tracking and following-up of pregnant women during the pregnancy and immediate post-pregnancy periods. The root cause identified for this gap was absence of antenatal care (ANC) record books.

The union-level PI intervention focused on both the registration of pregnant women (to promote and measure ANC attendance) and the registration of eligible couples (to promote and measure contraceptive prevalence). PRIME assisted TTU and the districts to design an appropriate ANC/PNC registration format and print the registers for the community-level providers.

The health service records reviewed during follow-up in the pilot areas indicate that registration of eligible couples increased from zero to 100% and that of pregnant women from 37% to 98%. This high level of registration, if maintained, will permit the field service providers to measure their FP and ANC performance and, hopefully, contribute to achieving their targets.

### *Findings*

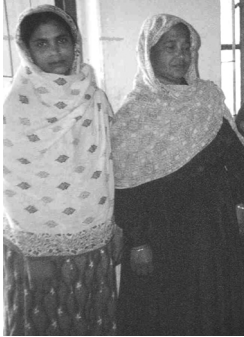
- PRIME succeeded in developing a PI mindset among the major stakeholders in the TTU and GOB as demonstrated by the inclusion of PI activities in the 2002-2003 IST AOP and in the PI-based draft PIP for the HNPS.
- PRIME-assisted PNA and strengthening activities helped LTOs meet quality standards for training according to the NITS.
- PRIME demonstrated the successful application of the PI approach from national to the union health facility level. District and *upazila* staff perceived PI as a useful tool for improving health provider performance.





# Discussions and Results

## Sub-Result 1: TTU Assisted to Establish a High Quality National IST System for ESP



In March 1999, USAID asked PRIME I to provide TA to the LD-IST for the development of a national IST strategy for ESP. The strategy was a required element of the national HPSP because training in ESP—which was a major element of the HPSP PIP—could not proceed without it. In May 1999, PRIME I fielded a consultant team to develop the HPSP IST Strategy. After five weeks, a draft National ESP IST and Action Plan was developed in consultation with the LD-IST and many other stakeholders. It was presented to the stakeholders in early June and approved in late 1999.

In general, the Final Project Review team found that the PRIME I-HPSP team had done a good job of helping the TTU to establish and implement the IST system for ESP. The Strategy document was carefully followed with the exception of certain key changes made to the Strategy (described below). Implementing the IST Strategy meant working within the constraints of the Ministry systems: funding availability, understanding and commitment to the IST Strategy. To the team's credit, they understood and were able to help the TTU (especially in the early days of the project) implement the training in a manner closely tied to the actual Strategy.

### Indicator 1: National IST Strategy

When the PRIME II Bangladesh-HPSP team was assembled in Dhaka (national consultants in May 2000 and expatriate consultants in August 2000), they began an analysis of the Strategy and its application to the IST program, which was already underway. TOTs for the ESP in-service program had begun in March and training of providers began in May 2000. The TTU was under considerable pressure by the Ministry to roll out Basic ESP training of field service providers to keep pace with the rapid rate of construction of the new “one stop” CCs where they would be placed. This pressure to roll out training quickly continued through June 2001. It meant that the sequence of certain activities were not as planned (see below), but were implemented under rush to place trained staff in the new CCs. Other changes in the Strategy were made according to need, to respond to conditions on the ground.

The points below represent the major deviations in actual implementation compared to Strategy guidance. Since the Strategy was meant to be a guide rather than a prescription, changes to the Strategy in the light of operational and political realities were anticipated by the Strategy writers and were necessary to make the Strategy a dynamic and relevant document. On March 22, 2001, Mark Robbins and Aftab Uddin documented some of these changes in a memo to then LD-IST Prof. Shah Monir as one of the “deliverables” for that year. Other changes mentioned below were elicited from PRIME II Bangladesh-HPSP staff in interviews.

- **Behavior Change and Communication (BCC) Module:** The Strategy called for a separate BCC module, but the approach chosen integrated BCC into the separate ESP components.

- **Establishment of DTCCs:** The DTCCs were not envisaged in the original ESP strategy. The original ESP strategy was based on a decentralized training approach where the LTOs were responsible for the TOT and the training team at the *upazila* level was responsible for the training of primary providers. However, during the district orientations for the district-level team and the process of ESP guideline development, the divisional and district level representatives recommended that a district level team of managers and technical persons should oversee the planning and coordination of ESP training. DTCCs would also provide logistics as well as training support to the *upazila* team. Therefore, the LD-IST and TTU decided to establish a five-member DTCC under the direction of the District Civil Surgeon (CS). The DTCC would be a coordinating body responsible for the planning and oversight of training programs held at the district and *upazila* levels. In the last three years, experience indicates that the DTCCs have played a major role in planning, managing and facilitating the basic ESP training in all *upazilas* in the district and in the establishment and use of TMIS/DMIS system. As a result of this institutionalization of the DTCC structure, other agencies such as JICA are planning to use the similar system for implementation of their Emergency Medical Obstetric Care (EMOC) programs in select districts.
- **PTNA Sub-Working Group:** The IST strategy envisaged roll out of the ESP IST strategy under the technical guidance of four sub-working groups. One sub-working group was responsible for carrying out the performance/training needs assessment (TNA) for various training courses, including the 21-day basic ESP and Advanced Skills courses. However, the PTNA sub-working group was never convened.
- **Basic ESP Course:** The Basic ESP course was rolled out before the Advanced Skills course (instead of the reverse, as stated in the Strategy). Due to the pressure for a speedy roll out of the 21-day Basic ESP course with the available curriculum (developed by NIPORT), the process of development of Advanced Skills curricula was delayed until 2002-3. However, the Basic ESP curriculum was revised twice during this period and was used countrywide for the training of community-level providers.
- **Performance or Training Needs Assessments (PTNAs):** The strategy also recommended a systematic PTNA for each of the courses developed under the ESP program. However, no systematic/classical PTNA was ever conducted for any of the courses; instead the findings from a task analysis and some of the performance and training data from the studies done earlier was used to identify the content areas while designing the 21-day basic curriculum and three advanced skills curricula.
- **Use of NGOs to Coordinate Training:** Some of the TOTs and provider trainings at the *upazila* level were organized by NGOs such as Training and Technology Transfer (TTT) and GUS. These latter two organizations provided management and logistics assistance while technical training was provided by the DUTT. The use of NGOs for this purpose was not foreseen in the Strategy.

- **ESP Training Working Group:** The ESP Training Working Group was a key part of the functional structure of the IST Strategy. It was to be chaired by the LD-IST and composed of a number of LDs or their representatives from key enabling parts of the Ministry, e.g., Planning, ESP (both Health and FP), Human Resources Management, Centre for Medical Education, Central Medical Supply, Procurement, UMIS, BCC, and concerned donors such as the World Bank. This group only met a few times during the three years of PRIME II's involvement with the program, and was not understood to be a key group for unraveling implementation problems and focusing resources where they needed to be. This may have contributed to a significant lack of coordination between the IST and other enabling sections of the Ministry, especially procurement, so that trained providers were left without the resources to provide the complete range of services they were prepared to deliver. After August 2001, the LD-IST, who then was Additional Director General of Health Service (ADG), felt he could more efficiently coordinate other LDs directly through his capacity as ADG rather than using the Working Group mechanism.
- **Concept of Master Trainers:** The IST Strategy recommended establishment of standardized criteria and a process for preparing the master trainers for the ESP courses. As result, the TTU decided to conduct a five-day orientation for all LTO trainers and resource persons involved in the TOT for the DUTT members. However, this orientation was later reduced to one day under the assumption that the LTO trainers and the resource persons were competent trainers and needed just an orientation on ESP program: a decision which may have affected the quality of the training.
- **Innovative Learning Approaches (ILA):** Due to the extensive content of the ESP program, the large number of target trainees and other potential obstacles, the IST Strategy recommended use of complementary ILA which would allow the learners to spend less time away from their work sites and continue their learning at or near service sites. It was also assumed that the inexpensive innovative learning techniques would prove to be more cost-effective than traditional training for such a large number of trainees. For many reasons, ILA were not used in this program.

#### *Findings*

- The PRIME II Bangladesh-HPSP staff, through hard work and intelligent application of resources, provided significant assistance to the TTU in implementing the IST program.

#### *Lessons Learned*

- The IST Strategy was an important guide to managers and trainers implementing training programs.
- The creation of DTCC was not in the original IST strategy but was an effective initiative to develop local skills and hold districts accountable for the planning, implementation and evaluation of the Basic and Advanced ESP training programs and follow-up.

- The proposed ESP Training Working Group was, in theory, an excellent mechanism for coordinating training and non-training factors affecting service delivery, but it never became fully functional.

## **Indicator 2: Baseline Information Collected and Disseminated from Performance and TNAs and Other Sources**

The ESP IST Strategy adopted a decentralized training system involving the national level LTOs, the district and *upazila* level training teams for countrywide smooth roll out of high-quality ESP in-service courses. The LTOs, DTCCs and the DUTTs were the major units in decentralized planning and implementation of ESP IST. The LD-IST contracted six LTOs for preparing the DTCC and DUTT-level trainers through ESP TOTs and orientations. Of the six LTOs contracted for ESP, three were assigned the responsibility of conducting the TOT, two for training management at the DUTT level and one LTO for both functions.

To prepare these units for effective implementation and roll out of high-quality ESP IST programs, the Strategy recommended conducting PNAs and strengthening these decentralized training units. In the initial phase the HPSP project mostly used the findings of various studies and assessments done by agencies as a basis for formulating the training and related interventions. However, PRIME II assisted TTU in 2001 in designing and conducting a systematic baseline survey for the project which included a thorough assessment of all performance factors at the TTU, LTO, DTCC, and DUTT levels as well as for the CCs that existed at that time. The findings of the baseline survey enabled the TTU to address specific performance gaps at various levels in the IST system.

### ***DUTTs and DTCCs***

Due to the pressure of fast roll out of ESP basic courses to complete training of over 54,000 field service providers and their immediate supervisors in the project period, the ESP program initially used the existing *upazila* capacity assessment and strengthening reports conducted by various agencies in order to identify the performance needs of the *upazila* training teams. One such survey conducted by a consultant from WHO revealed that 120 out of 460 *upazilas* had the necessary physical infrastructure and resources for organizing the training.

PRIME and the MOH conducted a national training facility assessment. From those findings, PRIME developed a priority list of training facilities to strengthen. Based on this prioritized list, GTZ assisted TTU by providing training resources such as overhead projectors and other training materials to an additional 100 *upazilas*. JICA also contributed in physical strengthening of the *upazilas* in some districts.

The final Bangla version of the ESP guidelines provided guidance to the *upazilas* about the minimum standards for physical facilities at the *upazila* training sites for effective functioning of the DUTTs and DTCCs. Thus, the PRIME-led PNA was limited to physical resources and the training and performance needs of DUTT personnel as an assessment of trainers and training managers was not done at the beginning of training. However, later in 2001 the baseline survey designed by

PRIME captured most of the performance needs except "training facilitation needs" of the DUTT/DTCC members.

### *PNA of LTOs*

As outlined by the ESP IST strategy, one of the responsibilities of the TTU was to assess and strengthen the capacity and capability of the LTOs contracted for the ESP IST courses. Performance and TNAs were not carried out until PRIME joined the TTU in 2000. In 2000-2001, PRIME helped the TTU design and conduct a PNA of the government LTOs contracted for the ESP courses. The purpose of the PNA was to assess the performance needs of the LTOs and identify areas needing strengthening to meet the necessary requirements of the ESP training contracts for smooth roll out of high-quality ESP courses. The National IST Standards were used as a basis for assessing LTOs' performance.

Identified PNA gaps were consistent among the LTOs. They lacked training skills in strategic planning, curriculum design, post-training follow-up, and documentation. The PNA also revealed that the LTOs did not follow standards outlined in the National IST Standards. Post-training trainee follow-up was almost non-existent in the LTO community. Moreover, their contracts for ESP training with the LD-IST did not include the trainee follow-up activity.

The concept of master trainer was inadequately perceived by the LTOs. No uniform master trainer certification criteria or standardized course for preparing the master trainers existed.

Based on the PNA findings, appropriate interventions were identified against specific performance gaps for addressing the root causes of the performance problems. Some of the major interventions applicable to all LTOs were as follows:

- Design a master trainer certification course
- Disseminate National IST Standards and assist the LTOs in application of national training standards in their routine training programs
- Orient LTO trainers and training coordinators on training documentation as per National IST Standards.

PRIME assisted the TTU and the LTOs to design and implement select interventions. Some of the major interventions included a Transfer of Learning workshop which helped the LTO trainers improve their understanding about the National IST Standards and the Transfer of Learning process for ensuring translation of knowledge and skills into tangible service delivery achievements.

Establishment of a master trainer certification criteria and course was one of the major recommended interventions common to all LTOs and one which TTU agreed in principle to support but could not implement under HPSP. The LD-IST endorsed a PRIME proposal to extend its project through September 2004 and to shift its focus from TTU to ICMH, where a master trainer certification program would be based. USAID had also agreed in principle and guided PRIME in the development of its proposal for such an extension and intervention. However, in the end USAID determined that it did not have funds available to support it.

PRIME and the TTU helped the LTOs design and implement specific interventions. As a result, in 2002, four out of six organizations met quality standards outlined in the National IST Standards. The remaining two LTOs met the quality standards by early 2003.

Thus, even with delayed LTO strengthening efforts, the TTU helped LTOs utilize their strengths for designing better curricula and implementing the advanced skills courses. Moreover, these resources are now available in the TTU for implementation of advanced skills courses under ESP and any other training programs for upcoming HNPSP. The NITS will continue to serve as a standardized tool for the TTU as well the LTOs for ongoing review of their performance.

#### *Findings*

- The basic ESP training guidelines included various standardized tools for assessment of readiness of DUTTs and DTCCs for the 21-day basic ESP training. These tools indirectly helped the DUTTs and DTCCs measure and ensure the presence of critical performance factors such as supplies, supervision and training skills.
- Capacity of six LTOs strengthened to meet the National IST Standards. These LTOs will be valuable resources for future training programs.

#### *Lessons Learned*

- The DTCCs, if adequately strengthened, can play a vital role in implementation of training programs in the district and at the sub-district level.
- The PNAs of training and service sites must be done in the preparatory phase of the project for identifying and addressing the training as well as non-training performance factors needed for optimal performance. Such activity would have enabled the TTU to further improve the quality of TOTs and training courses at the *upazila* level.

### **Indicator 3: Annual ESP IST Calendar Developed**

The process of developing a training calendar for the 21-day basic ESP courses began at the *upazila* level where the *upazila* training team, based on their local schedule, identified the dates for the courses and communicated them to the DTCC during coordination meetings. The DTCC compiled the training calendar for all the *upazilas* in the district to prepare a master district calendar, which it submitted to the TTU in the TMIS format. The TTU, in-turn compiled the training calendar for all the districts to develop a national training calendar for basic ESP courses. For the TOTs at the LTO level, the TTU prepared the calendar to cover all the trainees in the time frame prescribed in the LTO's contract with the TTU. Thus, the training development was a decentralized process and the training calendars were available in the TMIS format at the *upazila*, district and TTU levels. PRIME II incorporated the training calendar as a built-in component of the TMIS/DMIS software/data set and assisted in strengthening the TTU's capacity to use the ESP basic training calendar for planning and monitoring of field training events.

The managers and supervisors at the TTU, LTOs, DTCC and DUTT perceived the training calendar as an important tool for planning the monitoring visits and for tracking the progress. All of supervisors indicated that they would like to continue using the training calendars for future training programs.

The trainers and supervisors interviewed thought the basic courses as well as the TOTs at the LTOs were generally implemented on schedule except in some extraordinary circumstances. Examples of situations that generated delays were the countrywide strikes, natural calamities such as heavy rain or storms, and national programs such as National Immunization Day. One of the major reasons for delays and disruption of the training schedule was the poor funds flow mechanism from Ministry to TTU to the districts (and thereby the *upazilas*) prior to mid-2001, when the DTCCs were created and TTU gained greater proficiency in applying the funds flow system to its needs. However, chronic delays in approval of the AOPs and revised AOPs also caused delay and disruption of training.

### *Findings*

- TTU members and health officials in the Bogra district, a PRIME special initiatives district, could promptly access the training calendar for 2001, 2002 and 2003 in the computerized DMIS data set. They could also explain its use for planning mentoring visits and for tracking training progress.
- The preliminary data of HPSP End Term Survey shows that the DTCC and DUTT members used the training calendar as a planning tool in 100% of cases for ESP training. The overall use of training calendars for all training programs was also very high (89%).
- Establishing a decentralized system for preparing nationwide training calendars worked well.
- The district and national managers used the training calendars for planning and monitoring of the training programs.

### *Lessons Learned*

- The decentralized process of developing training calendars was very effective and should be continued for effective monitoring of the training programs.

### **Indicator 4: Training Quality M&E System Developed and Utilized**

PRIME II guided the TTU in the development of the 2000-2003 ESP IST Program M&E Plan. The M&E plan for IST of the ESP Program corresponds to the six IST strategic objectives targeted at three levels: individual (provider performance and perceived quality and use of services by the client), institutional (e.g., LTO training capacity) and sector (e.g., national ESP training strategy) levels.

The six National ESP IST Program Objectives were as follows:

- Strengthen the central-level capacity to plan, implement and follow-up ESP Training
- Standardize process of planning, implementation and follow-up of IST
- Strengthen the capacity of LTOs as coordinators of ESP training of *upazila* trainers
- Strengthen the district- and *upazila*-level capacity to plan, implement, supervise and evaluate ESP training
- Conduct training and follow-up at the CC level to improve service quality and increase service coverage
- Develop TMIS and evaluation capabilities at all levels to monitor training and evaluate its effects on quality of and access to ESP services.

### ***2001 Baseline Survey***

A Baseline Survey was carried out in 2001 with PRIME II TA. As a component of the baseline, PRIME conducted PNAs at the TTU and five LTOs to assess their institutional capacity in planning, organizing, managing, monitoring and evaluating training activities. Survey methodology included interviews of DTCC and DUTT members, frontline supervisors and field service providers to assess their baseline skills. In the baseline survey, PRIME also conducted exit interviews to assess clients' satisfaction with services being provided and conducted observations of providers delivering ESP services at CCs.

### ***Annual Program Reviews (APRs)***

The World Bank carried out APRs of the HPSP. TTU was required to submit various reports or responses to findings and queries and to follow up on APR recommendations. The TMIS was a vital source of data for APR and other monitoring requirements, and the PRIME team assisted TTU in meeting their obligations.

### ***2003 End-Term Survey***

The quality and effectiveness of the ESP IST is being evaluated by a comparison of findings from the TTU's 2001 Baseline Survey (before most training and other IST interventions) and the 2003 End-Term Survey (after training and other interventions).

### ***Findings***

- PRIME II decentralized the TMIS to the district level (DMIS) to empower districts to monitor the quality of training (using DMIS data) at the SDPs. Supportive supervision checklists were also introduced and a PRIME special initiative on supportive supervision linked to the DMIS in three districts introduced the process of monitoring provider performance at the worksite using a mentoring approach.



- PRIME also helped the TTU establish a CMT at the central level. The CMT was designed to involve key stakeholders (mostly from MOHFW but also from development partners and others) in observing the decentralized Basic ESP training throughout the country. Part of the purpose of CMT was to reassure these stakeholders that the TTU was successfully implementing the accelerated IST program as claimed. An additional purpose was to obtain central level observation findings and recommendations to strengthen the program. Checklists and an orientation program were developed with PRIME’s assistance, but most feedback was obtained through debriefings and workshops.

#### *Lessons Learned*

- Projects benefit with clearly outlined monitoring components built into the design as was the case with the PRIME II Bangladesh-HPSP project.

#### **Indicator 5: Supportive Supervision Strategy Developed**

PRIME introduced a supportive supervision special initiative in three districts where it was piloting the DMIS. Building on supportive training, monitoring and follow-up (which the DMIS was designed to capture through entry of data from the checklists in the Basic ESP course guidelines), the PRIME special initiative attempted to extend the supportive supervision approach to routine supervision. The anticipated outcome was that community health level providers would receive high quality, supportive supervision that would ultimately result in improved provider motivation and performance. DTCC and DUTT members in Bogra, Joypurhat, and Chapai Nawabganj were oriented to supportive supervision and encouraged to carry out 100% post-training follow-up at the providers’ work sites using the prescribed checklists that would be entered into the DMIS. They were oriented and assisted to make these encounters supportive through continued training, mentoring, and problem solving. The DUTT members conducting work site monitoring were asked to involve and mentor the frontline supervisors and provide them with on-the-job training in supportive supervision so that they could continue applying the approach in their routine supervision of these field service providers.

At the end of the pilot project period, a formal assessment was carried out in the three pilot districts. It followed a study design that included data collection by three levels of supervisors:

- 1) district- and *upazila*-level supervisors,
- 2) union-level frontline supervisors and
- 3) community-level health providers (Family Welfare Assistants and Health Assistants).

As noted, PRIME did not directly train the union-level supervisors who interact routinely with the CC-level providers. It was assumed that they would “indirectly be exposed” to supportive supervision, modeled by their *upazila* supervisors, through on-the-job training. This did not prove effective, as in most cases the *upazila* managers failed to involve the frontline supervisors in their follow-up visits as requested.

PRIME also collaborated with TTU and NIPORT to develop a national two-day supervision training curriculum for frontline ESP supervisors. PRIME influenced the content to include a PI framework (performance factors) and supportive supervision approach.

#### *Findings*

- Supervisors in pilot districts could clearly distinguish between administrative supervision and supportive supervision introduced by PRIME in three pilot sites
- Supportive supervision was embraced and to some measurable degree practiced by district and *upazila* supervisors, but was not fully understood at the union level as they did not receive equal training in this new approach.

#### *Lessons Learned*

- The training and orientation lacked adequate modeling of this approach and further follow-up was required
- It takes time to change behavior and endorsement of supportive supervision must take root at the district level.

#### **Indicator 6: ESP Training Curricula Reviewed/Revised**

The ESP as described by the HPSP consists of five components:

- RH
- CH
- CDC
- Limited Curative Care
- Behavioral Change Communication

The Basic ESP course targeted community-level health providers and their immediate supervisors. The Advanced ESP Clinical Skills course targeted clinical service providers at the union and *upazila* level. The ESP IST strategy recommended that curriculum development and roll out begin with the Advanced ESP training. This would provide a skills update for *upazila* MOs to better prepare them for their roles as “trainers” for Basic ESP IST of frontline health workers.

#### *Findings*

PRIME II Bangladesh-HPSP met planned targets for the development and field-testing of ESP training curricula. The Basic ESP IST curricula development and subsequent frontline provider training, however, was in process by the time PRIME was fully operational in the TTU by late 2000. PRIME was able to revise the 21-day Basic ESP curriculum but could not change the GOB decision to reverse the sequencing of training outlined in the ESP IST strategy.

PRIME’s contribution in the following curricula outlined below was noted in program review discussions with the MOHFW, LD-IST, TTU and participating LTOs.

### ***Basic ESP IST Curriculum***

- 21-day Basic ESP training curriculum for field service providers (community level) reviewed, revised and field-tested.

### ***Advanced ESP IST Curriculum***

- Three clinical areas for the Advanced Skills ESP curriculum (RH, CH and communicable diseases modules) developed, field-tested and approved by the National Curriculum Committee (NCC); Advanced Skills ESP TOT course guidelines developed.

### ***Other***

- Two-day curricula on Supportive Supervision (district and *upazila* level) developed and field-tested
- PRIME assisted DFID-funded District Management Development course curriculum development and training
- Gender sensitivity assessment of the Advanced ESP RH Curriculum (during curriculum development period).

### ***Lessons Learned***

The Advanced ESP IST Course and IST should have started first to fully update skills of *upazila* (MOs, paramedics, etc.) and to provide them with training and adult learning methodology skills to serve competently as “trainers” for field health providers at the union and CC levels.

## **Indicator 7: NITS and Guidelines Developed and Disseminated**

### ***NITS***

In 2000, when PRIME II began working with the GOB under HPSP there were no existing NITS or guidelines. In fact, there was no formal mechanism to standardize or measure the overall performance of IST and training organizations in order to ensure uniform and optimal performance. Working closely with the TTU, PRIME developed a draft NITS document. The purpose of the National IST Standards was to guide those who are responsible for planning, implementing, monitoring and evaluating IST using an established set of performance levels for each activity/task. The draft document was reviewed by the IST Standards Sub-working Group with representatives from TTU, LTOs and Partner Agencies. The document was approved by the NTWG on July 26, 2001.

### ***Key features of the National Training Standards***

- Outlined clear performance expectations for planner/managers
- Relevant for both public and private sectors
- Provided a standardized and uniform quality measure for training
- Provided a self-assessment tool for the training organizations
- Outlined definition of “desired performance” by LTOs.

### *Findings*

- 500 copies of the National IST Standards were printed by PRIME and disseminated to the TTU, LTOs and districts and widely signaled by all stakeholders as a key PRIME contribution (we did not, however, see it available during our interviews and site visits)
- The National IST Standards were used to establish desired performance expectations for the LTOs when carrying out PNAs and subsequent monitoring of training performance
- The National IST Standards were disseminated through workshops at the national and district level and shared with all government and NGO training organizations active in both the HPSP and NIPHP
- The National IST Standards were used to develop additional curricula and implement decentralized training for providers and supervisors.

### *National IST Guidelines*

In addition to National IST Standards, PRIME II was the impetus behind the development of the Guidelines for Basic ESP IST (March 2001). The purpose of the Guidelines was to provide the necessary framework for GOB personnel (planners, managers, trainers, providers) who are responsible in planning, implementing, monitoring and evaluating the Basic ESP IST. The guidelines were needed to specify management and training roles and responsibilities, specify site preparation, scheduling, materials, funding and reporting, assure monitoring or trainers' performance and assure follow-up of providers at their worksite. Similar to the process used to develop the National IST Standards, PRIME helped the TTU develop the initial draft that was reviewed and subsequently approved by the ESP Training Working Group. The final National IST Guidelines document was approved by the MOHFW.

“The National IST Guidelines helped them better plan and carry out training management tasks such as logistics and financial management for the Basic 21-day ESP IST courses working closely with the DUTT,” said GUS, one of the LTOs. Additionally, GUS stated that “thanks to PRIME’s influence, DUTT staff began routinely using the recommended checklist to observe and provide feedback to trainers.” NIPORT stated that they did not participate in the development of the National Training Guidelines. However, NTWG (NWG) minutes clearly show that NIPORT representatives participated in meetings to review, revise and approve the Guidelines for submission to the Ministry.

Specific content found in the National Training Guidelines includes:

- Rationale
- Management of Basic ESP Training
- Planning and implementation of BASIC ESP Training
- Monitoring and follow-up of trainers

- Follow-up of providers at worksites
- Checklists (with instructions).

#### *Findings*

- TTU printed a large supply of National IST Guidelines booklets for use throughout the country in TOTs, orientations and provider training on Basic ESP. A second print run was supported by GTZ in order to assure adequate supplies to complete the entire Basic ESP training program.
- The National IST Guidelines were distributed and used at six Divisional Orientation Workshops for District Health Managers from April-May 2001. PRIME assisted TTU to plan and implement these orientations.
- 64 district re-orientation workshops on use of Guidelines carried out for district and *upazila* managers (November 2001- February 2002). With PRIME's assistance, participants were trained on use of checklists and oriented to concepts of supportive supervision and performance factors.
- Approximately 45,000 field providers trained in ESP by May 2003 following National IST Guidelines including performance checklists.

#### **Indicator 8: Central Level TMIS Used in Planning**

The TMIS was seen as a key part of the National IST Strategy. It had several purposes, including helping to keep track of trainers and providers trained, so that the TTU could plan its training calendar for training sessions in the future. It was also a mechanism allowing the LD-IST to report to other LDs on the progress of training in order to plan for other support services to the providers being trained.

The goal of the TMIS, as set forth by PRIME staff, was to assist in HRD by providing information on training facilities, achievements, quality and performance. It was designed to supply information about:

- Training-related activities in the health and population sector
- Training performance data of the personnel in the health and population sector
- Training facilities including trainers, training materials and teaching aids.

PRIME staff, led by Mr. Nazrul Islam, analyzed the program needs and designed the TMIS system. Staff developed the software using Microsoft Access, tools for data collection and an orientation training package.

The information in the TMIS included:

- Detailed course information
- Trainers' performance assessment scores (clinical and classroom)
- Trainee information
- Trainee performance in the classroom as well as the worksite
- Training management assessment scores

- Training facility information.

The database currently has data for about 100,000 entries for 53 different training courses (including courses outside of the ESP IST) and the training sites that were used. TTU generates monthly progress reports that are given to the LD-IST, the LTOs, the Implementation, M&E Department of the MOHFW and desk officer of MOHFW.

### *Training Calendars*

At the central level, the training calendar consisted of only Basic ESP course TOTs, since DUTT training calendars were developed at the district level and were not entered in the TMIS. The TOTs for ESP basic services were completed in 2002. TOTs for the ESP Advanced Course began in March 2003.

To assure sustainability of the TMIS system within the TTU, PRIME staff worked with the TTU staff to assure that they were able to operate the system and produce reports that would be useful for planning and reporting to the LD or DGHS. Since 2002, the TTU staff vacancies have largely been filled. Sixteen temporary data entry staff were hired at the beginning of 2002 to enter the backlog of data for the TMIS. After six months, four of the 16 data entry staff were retained and have continued working to enter TMIS data coming in from the districts, and also to work as trainers with district level staff. A Deputy Program Manager, Dr. A.T.M. Mozammel Haque Bokul, has been designated to be in-charge of the TMIS and thus is Mr. Nazrul's counterpart within the TTU. In conversations with Final Project Review team members, Dr. Bokul demonstrated a keen interest and competency in manipulating TMIS data. Other junior TTU staff also evidenced some competency in manipulating the computer fields of the TMIS. The team made a quick assessment of TTU competency in using the TMIS, and was encouraged by the comfort level Dr. Bokul and the other TTU staff had in using the TMIS.

In an interview, the Director General mentioned the TMIS in particular as a key accomplishment of the PRIME II Bangladesh-HPSP staff, and he seems to use the information it generates regularly in his reports to other LDs and supervisors in the Ministry.

### *Lessons Learned*

A national-level TMIS can be established to provide useful information for tracking, planning and managing training.

## **Sub-Result 2: Strengthened Capacity of LTOs, DTCCs and DUTTs to Plan, Manage, Conduct and Evaluate Training**

### **Indicator 1: Percentage of Trained DUTT Trainers Followed-Up**

Data from the TMIS showed that out of 2,288 trained DUTT trainers, 2,043 (89.3%) were followed up by DTCC members while conducting training. This involved follow-up of 1,852 trainers in the classroom and 1,189 trainers in the clinical training sites (some trainers were assessed in both the classroom and clinical training sites). The FY 2003 target was 80%; therefore, performance exceeded the target.

### **Indicator 2: Percentage of LTOs Using TMIS to Plan, Monitor and Evaluate Training**

The original IST Strategy envisaged effective use of the TMIS by the LTOs to directly manage and monitor the progress of the training program at *upazila* level, including performance of trainers, trainees and training sites. However, during implementation of the Strategy, it became clear that the LTOs did not have enough personnel and other resources to assist each DUTT in management of the training in their respective *upazilas* throughout the country. The revised LTO role was limited to conducting TOTs and assisting DUTTs to organize and manage ESP training in a few selected districts only (where the LTO has its own structure). All LTOs submitted their training reports in TMIS format after completion of their TOTs or other training. After processing data, TTU sent a summary report to MOHFW and to the LTOs. All the LTOs were found using training data for setting targets, preparing training calendars, planning courses and monitoring the quality of training.

### **Indicator 3: Percentage of DTCCs/DUTTs Using TMIS to Plan, Monitor and Evaluate Training**

The DTCCs and DUTTs use the DMIS, rather than the TMIS, to plan, monitor and evaluate training in their areas. At the time of this review, only the three pilot areas had completely installed the DMIS. Twelve other districts had begun to use the DMIS, but it was not completely installed. In Bogra district, the team found that the DMIS was not fully functional or in use by the DTCC. The team was told that the other two pilot districts were higher- functioning with regard to the DMIS. However, the team did not have a chance to visit and verify that assertion.

### **Indicator 4: Percentage of LTOs that Meet National Quality Standards for Training**

PRIME assisted the TTU in dissemination of NITS especially to the LTOs in order to ensure that the LTOs perform all training functions as per prescribed national standards. During the PNA for LTOs, PRIME assisted the TTU in assessment of LTOs' performance using the critical job responsibilities in NITS. The PNA done in 2001 revealed that none of the LTOs met the criteria of satisfactory performance on 85% or more critical training tasks as per NITS. Although not all LTOs were involved in performing all training responsibilities listed in the NITS, a cut-off point of 85% was applied to individual LTOs based on the job responsibilities actually assigned to them in the ESP program.

The PNA process enabled the LTOs to improve their skills in using the NITS for assessing and monitoring their own performance. As a result of implementation of the PNA interventions with PRIME assistance, four out of six LTOs achieved desired quality standards in 2001-2002. PRIME assisted Transfer of Learning workshops (one GOB-funded and one PRIME-funded as a special initiative) for LTO trainers helped them to understand and plan for specific application of the NITS in their routine training programs. The follow-up assessment of the LTO PNA in 2003 indicated that all six LTOs contracted by the TTU for ESP training have achieved the desired quality standards for training according to national training standards.

### *Findings*

The PNA activity and special initiatives by PRIME helped all six (100%) LTOs contracted by the TTU for ESP courses meet national quality standards for training.

### *Lessons Learned*

It is critical for the TTU and IST to clearly define the cut-off score for declaring the training organization 'performing to quality standards' based on the job responsibilities assigned to the LTOs.

#### **Indicator 5: Percentage of Assessed Trainers Performing to Standard**

Of 2,043 trainers followed up, the TMIS shows that 1852 were assessed in the classroom and 1534 (82.8%) were found to be performing to standard. Clinical assessments were given to 1189 trainers and 569 (47.9%) were performing to standard. The target for FY 2003 was 80% for the classroom and 50% for the clinical components. Thus, the project exceeded the target for the classroom and fell slightly short for the clinical component.

#### **Indicator 6: Percentage of Assessed Training Sites Meeting Quality Standards**

TMIS data on 196 *upazila* training sites indicate that 173 (88%) met the quality standards derived from the National Guidelines for the 21-day Basic ESP Training. The FY 2003 target for assessed sites was 65%; therefore, the performance exceeded the target.

#### **Indicator 7: Percentage of Trained Service Providers Followed-Up at Their Worksite**

Data drawn from the End-Term Survey of a sample of trained service providers found that 83.8% (197 of 235 providers) had been followed up at their worksite by a DUTT trainer or supervisor. Although this result was drawn from a sample and not the entire universe of trained service providers, the finding exceeded the target of 10% of trained providers followed up. However, the survey question did not limit follow-up to that performed by a DUTT trainer nor within 30-60 days post training.

### ***DMIS***

The DMIS was developed by PRIME II as a special initiative for use at the district level to gather information to help the DTCC plan and manage the district level training. It was first piloted in three districts (Bogra, Joypurhat and Chapai Nawabganj) and later expanded to additional districts. PRIME analyzed the needs, designed the system, developed and tested the software and created an orientation/training package. PRIME developed a manual in Bangla for hands-on training at the DMIS worksite. PRIME also developed the capacity of four to five persons in the TTU to orient DMIS operators and district managers in the use of the system. The DTCCs involved send their information to the TTU each month on a CD for inclusion in the database.



The components of the DMIS include:

- Health and FP personnel information, including detailed information on all the personnel at the *upazila* level and below (names, designation, length of service, and salary scale)
- IST information, including the name of each provider, pre- and post-test scores, and name of trainer
- Performance monitoring information, including data on provider performance as determined at the supervisor's follow-up visits
- Health and FP services information, including data on the use of FP and selected health services.

PRIME II coordinated with the Ministry's Unified Management Information System (UMIS) which is charged with collecting service information for the entire ministry. The DMIS uses the UMIS forms relating to personnel management and service delivery and incorporates them into the database. The DMIS is potentially very useful for district managers because of the detailed information it includes about personnel and the services provided. These details also make it a data set 10 times bigger than the TMIS.

Basic computer training of the DMIS operators was conducted by the Grameen Star Education Computer Training Institute under contract to TTU. They also received a brief orientation to DMIS, but hands-on DMIS training was provided at the district site by TTU members. PRIME assisted TTU and Grameen Star to develop the program for basic computer training of district staff and follow-up hands-on training on DMIS at the district sites by TTU members. PRIME has developed a Bangla language user's manual for DMIS. PRIME mentored three or four courses provided in Dhaka by Grameen Star.

At the DTCC in each of the three pilot districts (Bogra, Joypurhat and Chapai Nawabganj), a person—usually the MOMCH—was designated as the focal person to manage the DMIS with the assistance of a statistician. Staff were trained for one week in basic computer skills and one week in the use of the DMIS. During the Final Project Review Team's visit to the Bogra District CS's office, the team made a request to see the latest month's DMIS report. However, the report could not be produced and the persons in charge of the DMIS at that location were not able to generate it. Moreover repeated error messages on the computer seemed to indicate a software problem that needed to be addressed.

### *Findings*

The team concluded that additional training was necessary for the staff at the Bogra DTCC in order to become fully familiar with the system. The assessment team was not able to assess whether the system was too complicated for use at the DTCC level, but it was clear that the operators needed more training and practice and the managers such as the CS needed to more fully understand the system and its capabilities so that its use for management purposes would be integrated into management practices. In general, the DMIS seems to be a useful tool for managers at the district level. It

includes sections that are currently not being used, but are expected to be needed in the future. The assessment team's experience trying to obtain DMIS data in Bogra was not encouraging, but the situation could be more positive in other districts where turnover has not occurred and the CS takes more interest.

*Lessons Learned*

- The DMIS can be a useful management tool at the district level
- Monitoring and mentoring of DMIS staff should be an ongoing part of the DMIS program to troubleshoot problems and maintain the capability of the system
- Given the experience with the DMIS to date, it will require a great deal more attention and support to make it operational nationwide.

**Table 1: PRIME II M&E Plan: Results, Indicator and Targets**

**Special Initiative with the GOB: Strengthen and Support GOB Capacity for ESP In-Service Training (IST)**

<b>Sub-Result</b>	<b>Indicator</b>	<b>Baseline FY 2000</b>	<b>FY 2002 Target</b>	<b>Status FY 2002</b>	<b>FY 2003</b>	<b>Means of Verification</b>
1. TTU assisted to establish a high quality national IST system for ESP	National IST Strategy updated	Original strategy	Revision approved by NWG	Recommendations for revisions submitted to LD-IST, but strategy not formally revised. New mechanisms of implementation, such as DTCCs, have evolved and become part of a more effective de facto strategy.	IST Working Group facilitated and recommendations to HRD Theme Group formulated as part of the planning process for the HNPS 2003-2006	HNPS working paper
	Baseline information collected from PTNAs and other sources and disseminated	No PNAs No baseline information	PNAs of three GOB LTOs completed Baseline and PNA findings used in planning for strengthening LTOs/DTCCs/DUTTs	PNA and Baseline Survey reports available, findings were disseminated and use in AOPs of 2001-2002 (revised) and 2002-2003.	Follow-up End-Term Evaluation survey conducted and findings disseminated	End-term survey report
	Annual ESP IST calendar developed	No calendar	Calendar developed (July 2001 – June 2002)	Calendar for ESP TOT courses available at TTU and LTOs at central level. TTU planned and decentralized phase-wise implementation of 21-day Basic ESP course by DTCCs and DUTTs using training calendar at district and upazila levels, prioritizing by functional status of CCs.	Calendar developed for all ESP TOTs Calendars developed at DTCC level for ESP providers' and supervisors' training.	Calendar documents

Sub-Result	Indicator	Baseline FY 2000	FY 2002 Target	Status FY 2002	FY 2003	Means of Verification
	Training quality M&E system developed and utilized	No formal M&E system	Formal M&E system in use	Developed M&E plan, disseminated to stakeholders at central level and used in baseline survey, Annual Program Review and planned IST End-term Evaluation.	M&E system in use (planning based on Baseline Survey, APRs, and End-term Survey findings)	Training-quality M&E documents and reports
	Supportive Supervision Strategy developed	No Supportive Supervision Strategy	SSS in two districts piloted	SSS concept paper developed, disseminated through orientation of DTCC and DUTT members of all districts and upazilas, and piloted in two districts in Bogra and Joipurhat.	SSS piloted in two additional districts of Joipurhat and Chapai Nawabganj.	<ul style="list-style-type: none"> <li>- SSS development plan</li> <li>- DMIS data</li> <li>- PNA report draft</li> </ul>
	ESP training curricula reviewed/ revised	five curricula developed	Basic ESP curriculum revised; three Clinical Skills ESP course modules (for MOs and paramedics) developed	21-day Basic ESP curriculum reviewed, revised and field-tested  Three clinical skills ESP curricula developed and field-tested. Also developed 2-day curriculum on Supportive Supervision for frontline supervisors.	Revised Basic ESP curriculum and three clinical skills ESP curriculum modules finalized and approved by NCC	<ul style="list-style-type: none"> <li>- NCC approval of revised Basic ESP Curriculum</li> <li>- NCC approval of three Clinical Skills ESP modules</li> </ul>

Sub-Result	Indicator	Baseline FY 2000	FY 2002 Target	Status FY 2002	FY 2003	Means of Verification
	National ESP training standards and guidelines developed and disseminated	No national training standards and guidelines	National IST Standards and guidelines used	National IST Standards and Basic ESP course National Guidelines were developed, disseminated and used for PNA, curriculum development, and for conducting decentralized training of approximately 40,000 personnel at 460 upazilas.	Continued use.	<ul style="list-style-type: none"> <li>- Monitoring plans and checklists</li> <li>- LTO (performance to standard) PTS assessments</li> <li>- LTO trainers training curriculum</li> </ul>
	Central-level TMIS used in planning	No TMIS	<ul style="list-style-type: none"> <li>- References to TMIS in planning documents</li> <li>- TMIS data received from district level</li> </ul>	TMIS is established at central level and generating monthly, quarterly and annual progress reports; it is used for preparation of AOP and other planning documents and for monitoring the progress and quality of training.	Continued use	<ul style="list-style-type: none"> <li>- Monthly, quarterly, Annual progress reports</li> <li>- Activity reports</li> <li>- Updates of training calendar</li> <li>- AOPs</li> </ul>
2. Strengthened capacity of LTOs, DTCCs and DUTTs to plan, manage, conduct and evaluate training	% of trained DUTT trainers followed-up	No trainers followed-up	20% of DUTT trainers followed-up	<ul style="list-style-type: none"> <li>- Out of 2488 DUTT trainers, 1662 (68.1%) were followed-up</li> <li>- At least one trainer followed-up in 68% of DUTTs</li> </ul>	80% of DUTT trainers followed-up	TMIS

Sub-Result	Indicator	Baseline FY 2000	FY 2002 Target	Status FY 2002	FY 2003	Means of Verification
	% LTOs use TMIS to plan, monitor and evaluate training	No training organization using TMIS	100% LTOs using TMIS	All 6 LTOs (100%) are using TMIS, i.e., submitting data, receiving reports and calendars for planning and monitoring purposes. NB: MCHTI reports are submitted through ICMH	Continued 100%	TMIS
	% DTCCs/ DUTTs use TMIS to plan, monitor and evaluate training	No training organization using TMIS	two pilot DTCCs/ DUTTs using TMIS	DMIS is piloted in three districts. Information was collected and data entry in progress. One pilot district (Bogra) has generated a report on achievement of SSS.	- three pilot DTCCs generating own DMIS reports - Recommendations submitted to LD-IST on replication of DMIS nationally	DMIS report
	% of LTOs that meet national quality standards	N/A (no national standards)	50% LTOs meet national quality standards for training	6 LTOs' PST scored on their applicable job responsibilities (out of total of 9 training-related job responsibilities). (NB: conduct of training not yet observed – scores TBD). >85% PTS by job responsibility: TTT – 5 of 8 GUS – 5 of 5 PSTC – 8 of 8 ICMH – 5 of 8 NIPORT – 6 of 8 MCHTI – 8 of 8	100% LTO meet national quality standards for 100% of applicable job responsibilities	Checklists Quality monitoring reports

Sub-Result	Indicator	Baseline FY 2000	FY 2002 Target	Status FY 2002	FY 2003	Means of Verification
	% of assessed trainers performing to standard	N/A (no guidelines or checklists)	60% of assessed trainers performing to standard (85% on checklists)	Of 1662 trainers assessed at classroom sites, 1290 (77.6%) attained acceptable performance scores. Of 763 trainers assessed at clinical training sites, 361 (47.3%) attained acceptable scores.	80% classroom site assessed trainers performing to standard (85% on checklists)  50% clinical site assessed trainers performing to standard	TMIS
	% of assessed training sites meeting quality standards	N/A (no guidelines or checklists)	60% of sites meeting quality standard (85% on checklist)	Of 110 training sites assessed, 64 (58%) attained acceptable scores.	65% of sites meeting quality standard (85% on checklist)	TMIS
	% of trained service providers followed-up at their worksite	None	10% trained service providers followed-up	Of 25,490 providers trained after approval of National Guidelines, 600 (2.4%) were followed-up at their worksites.	10%	TMIS





# Conclusions and Lessons Learned

## Significant PRIME II Contributions from Stakeholder Discussions



PRIME II Bangladesh-HPSP contributions were significant in terms of leaving behind training systems such as the Standards, Guidelines, the DTCC/DUTT system for rapid roll out of decentralized training and the TMIS. With important TA provided by PRIME II and as a result of the strong partnership with the TTU, the GOB now has a well-established foundation for future large-scale, decentralized IST. Specific PRIME contributions include the following:

- HPSP ESP IST Strategy developed and approved by GOB (1999, PRIME I team led by Jim McMahan)
- Curriculum revision and development for Basic and Advanced ESP Courses. Approval of Advanced skills clinical ESP curriculum modules on RH, CH and CDC and initiation of respective TOTs.
- Design and appropriate use of the National IST Standards, TTU, IST July 26, 2001
- Design and appropriate use of the Basic ESP Course for Field Service Providers, TTU, IST March 2001
- TMIS/DMIS: Field-tested and finalized design of DMIS in three pilot districts (along with complementary supportive supervision and PI initiatives) which GOB is now implementing nationally (64 districts)
- Completion by TTU of 21-day Basic ESP Training of approximately 45,000 ESP providers and their immediate supervisors (begun in 2000). Note: the target was 54,000 and completion of this program was one of the stated priorities in the IST's AOP 2002-2003. However, funding was diverted in the initial budget with the expectation that it would be restored through the mid-year revision process in order to complete the training of the last 9,000 providers by June 2003. Unfortunately, that budget revision process was delayed and still pending as of May 2003, by which time the World Bank had suspended all funding under HPSP (except essential commodities) over policy reform issues.
- Conducted 2001 baseline survey and 2003 End-Term IST Evaluation Survey with added component to collect performance factors baseline information on FWVs providing FP and ANC services at union level. (These providers and SDPs were not included in the 2001 Baseline Survey and were not targeted with any IST interventions over the past three years).
- Supportive supervision/PI approach introduced nationally (through orientation on guidelines) and intensively in three-district pilot special initiatives
- Assisted in the development of three AOP for ESP IST and other reports and budgets as requested by the LD-IST.

### *Lessons Learned*

- A physical presence in the TTU enabled PRIME II to develop a close and productive working relationship and influence the development of a quality and standardization focus, PI mindset and implementation of the HPSP ESP IST program.
- The roll out of the ESP IST strategy should have followed a logical sequencing of training implementation as outlined in the HPSP ESP IST Strategy.
- The roll out of the ESP IST strategy might have benefited from a “phased-in” approach so that lessons learned from the pilot districts could be applied on a national scale and adaptations could further strengthen curriculum development, training and monitoring.
- There are limitations when working in a TA-only project, such as PRIME II Bangladesh-HPSP, to assure that resources (human, financial) are effectively used and objectives are met when you have no direct decision-making authority over resources allocation, policies and decisions to implement the very activities the project is there to assist.
- In order to more effectively apply a PI approach to the rollout of ESP (i.e., through interventions that address both training and non-training performance issues), the PRIME II Bangladesh-HPSP project might have been better situated in the Ministry at a broader level of responsibility (e.g., Joint Secretary or LD, ESP).
- PRIME II found it useful to have flexibility in programming special initiatives in order to pursue new and innovative approaches.
- DMIS allowed districts to evaluate trainer performance and management competencies. Districts, however, needed more follow-up training than planned in manipulating and using DMIS data to plan, implement and evaluate training.
- The formation of DTCCs was an innovative approach for a decentralized training approach that should be both sustained and further supported.
- The formation of a CMT was an innovative approach for monitoring quality of training that should be both sustained and further supported.

## *Appendix 1: Reference Materials*

1. National IST Strategy and Action Plan for ESP 1999-2003
2. Bangladesh Demographic Health Survey, MACRO, 2000
3. Bangladesh Maternal Health Services and Maternal Mortality, Niport, MOH/FW, MEASURE/DHS+, ORC Macro, Survey 2001
4. PRIME Baseline Survey Report, IST, Health and Population Sector Program, June 2001
5. PRIME Final Program Review: National Integrated Population and Health (NIPHP) Program, February 2003
6. Draft Results of the Performance Needs Assessment (PNA) of Three Governmental Lead Training Organizations, August 2001
7. PRIME II BANGLADESH-HPSP Monitoring and Evaluation Plan
8. PRIME II BANGLADESH-HPSP Annual Work Plan FY 2003, FY 2002, FY 2001
9. Baseline Survey Report
10. PRIME II BANGLADESH-HPSP Mid-term Review Project/Dissemination Handout
11. National Training Standards
12. National Training Guidelines for the Basic ESP Course
13. LTO Performance Needs Assessment Reports
14. Memorandum of Understanding of PRIME II Assistance to the Department of In-Service Training Directorate of Health Services, Ministry of Health and Family Welfare, May 17, 2000
15. Power point presentation on HPSP Project and PRIME II Key Interventions/Achievements
16. The Training Guide: TOT on Advanced ESP Clinical Skills on Reproductive Health, TTU/DGHS, February 2003
17. An Overview, National Institute of Population Research and Training (NIPORT), October 1996



# ***Appendix 2: PRIME II Bangladesh-HPSP Final Evaluation Discussion Guide***

## **PRIME II Bangladesh-HPSP M&E Plan**

### **Sub-Result 1: TTU Assisted to Establish a High Quality National IST System for ESP**

#### **Indicator 1: National IST Strategy Updated**

*Action:* Verify status and institutionalization/sustainability of IST Strategy

*Methods:* Interview IST LD, PRIME HPSP staff

*Potential Questions for Discussion Guide:*

- What is the status of the National IST Strategy?
- What are the TTU and PRIME HPSP staff using to guide itself in implementing the strategy?
- What changes have been made to the original IST strategy? What was the process for formally or informally amending the strategy, (i.e., how were the decisions made and changes endorsed)?

#### **Indicator 2: Baseline Information Collected and Disseminated from PTNA and other Sources**

*Action:* Identify the specific use and sharing of baseline findings on performance and training needs

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions TTU, LTOs, DTCCs, DUTTs members
- 3) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above):*

- Specifically, how were findings of performance and training needs used in strengthening LTOs, DTCCs, DUTTs ?
- What was the process of sharing findings with/providing feedback to TTU, LTOs, DTCCs and DUTTs?
- What are perceived performance and training needs of LTO, DTCC and DUTT?
- To what extent have these perceived needs met (can be supplemented with method 3 above)?

### **Indicator 3: Annual ESP IST Calendar Developed**

*Action:* Verify the usefulness of calendar, its timely implementation of scheduled activities, and its sustainability

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU, LTOs, DTCCs, DUTTs, providers and supervisors
- 3) Review of TMIS or training records (to verify implementation of scheduled activities)
- 4) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above)*

- How was this calendar system used?
- How was this calendar system helpful?
- Were TOT courses implemented according to schedule? If not, why?
- Were ESP courses implemented according to schedule? If not, why?
- What are the plans for its continued use, if any?

### **Indicator 4 Training Quality M&E System Developed and Utilized**

*Action:* Identify the use, utility and sustainability of the training M&E plan (i.e., is it used systematically, is it used as a management tool or as a project requirement, is it burdensome, etc.)

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU, LTOs DTCCs and DUTTs
- 3) Review of the training M&E plan
- 4) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above)*

- How is the M&E plan used among the various stakeholders?
- How has the M&E plan helped you and your team in the work you are doing?
- What are the constraints of the M&E plan, if any?
- What are the plans for its continued use, if any?

### **Indicator 5: Supportive Strategy Developed**

*Action:* Identify the acceptance and use of supportive supervision and any return benefits

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU (as appropriate) LTOs, DTCCs, DUTTs, supervisors and providers
- 3) Review of the training curricula
- 4) Review of TMIS or supervision reports (to verify quantity and frequency vis á vis schedule)
- 5) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above)*

- How would you describe ‘supportive’ supervision?
- How is this ‘system’ of supervision different from the way in which supervision was previously provided?
- What are some of the (specific) effects/changes you have observed/experienced, if any, from the use of the style/system of supervision?
- What are the challenges in using this style/system of supervision, if any?
- What are the plans for the continued use of this system of supervision, if any?

**Indicator 6: ESP Training Curricula Reviewed/Revised**

*Action:* Identify the use (to date) and effectiveness and determine the sustainability of curricula

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU, LTOs, DTCCs, DUTTs, supervisors, and providers
- 3) Review of the training curricula
- 4) Review of TMIS or training reports (to verify quantity and frequency vis-à-vis schedule)
- 5) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide:*

- How would you describe PRIME’s role in the development of the Basic ESP 21-day course?
- How did the different stakeholders contribute to the curricula development process?
- How user friendly is the basic ESP curricula to trainers from the DUTT, other?
- What was the role of your LTO in the development of the Basic ESP 21-day course?

- How will the BASIC ESP curricula be updated over time to address changing protocols and new health content areas of concern?

**Indicator 7: National ESP Training Standards and Guidelines Developed and Disseminated**

*Action: Verify the scope of use, utility and sustainability of ESP training standards and guidelines*

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU, LTOs, DTCCs, DUTTs, supervisors and providers
- 3) Review of the ESP training standards, guidelines, curricula
- 4) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above):*

- How would you summarize the purpose and content of the ESP training standards and guidelines?
- How has the incorporation of these training standards and guidelines impacted your training/job performance?
- How will these standards and guidelines be updated over time?

**Indicator 8: Central Level TMIS Used in Planning**

*Action: Identify the use, utility and sustainability of the TMIS (i.e., is it used systematically, is information used for management decision making, what is the flow of information, how is information shared/fed back to constituencies, is it burdensome, etc)*

*Methods:*

- 1) One day exercise with PRIME II BANGLADESH-HPSP staff (see above)
- 2) Discussions with TTU, LTOs, DTCCs, DUTTs, supervisors
- 3) Review of the TMIS reports at each level generated and received
- 4) Review of baseline and end-term survey data findings

*Potential Questions for Discussion Guide (can be adapted for Methods 1 and 2 above):*

- How is the TMIS used among the various stakeholders (each type of stakeholder should explain their unique use of the TMIS)?
- How has the TMIS helped you and your team in the work you are doing?
- What are the constraints of the TMIS, if any?
- What are the plans for its continued use, if any?



### ***Appendix 3: Major Documents Developed by PRIME II Bangladesh-HPSP (or with Significant PRIME Input) Since May 2000***

Guidelines for In-service Training, Vol. 1 - Basic ESP Course for Field Service Providers

Orientation Package on Basic ESP training for district and *upazila* trainers and managers

National In-Service Training Standards (NITS) (approved by NWG)

Training Management Information System (TMIS) Concept Paper

TMIS Operation Manual

Action Plan for Training Monitoring and Follow-up

Monitoring and Evaluation Plan for the ESP IST Program 2000-2003

HPSP Baseline Assessment Plan (and Survey Instruments)

Baseline Survey Report

Tool to Review Performance Issues in the Lead Training Organizations

Expansion Plan for Basic ESP Training for Field and Support Service Providers

Training Calendar for TOT Courses

AOPs for 2000-2001, 2001-2002, 2002-2003

National IST Strategy review paper and recommendations

Overseas Training Guidelines (3rd draft)

Annual Implementation Report 1999-2000

Annual Program Review 1999-2000

Annual Program Implementation Plan 1999-2000, 2001-2002

Translated 21-day Basic ESP Curriculum for field service providers\

PNA Report on three GOB LTOs

Gender Sensitivity Assessment tool for RH Curricula (Bangladeshi version)

Mid-term project review plan and indicators

District Management Information System (DMIS) concept paper

Supportive Supervision Plan and concept paper

Advanced ESP Skills curricula: RH (CH and CDC modules (field tested)

2-day Supportive Supervision Curriculum for frontline supervisors (field tested)  
Articles for TTU Newsletters sponsored by GTZ and JICA  
Performance Needs Reports from two pilot unions in two districts (draft)  
Report on piloting DMIS in Bogra, Chapai Nawabganj, and Joypurhat  
Working paper on IST Implementation and Management (prepared for LD-IST)  
Training facilities inventory (tools and data base)  
Concept paper on certification course for master trainers  
Advanced skills ESP curricula on RH  
Advanced skills ESP curricula on CH  
Advanced skills ESP curricula on CDC  
Revised Basic ESP curriculum  
Guidelines for In-service Training, Vol. 1 - Basic ESP Course for Field Service Providers (Bangla)  
DMIS Manual (Bangla)  
PNA package for district and *Upazila* managers  
Supportive Supervision guide (Bangla)  
Advanced skills ESP training guidelines  
HNPSPP concept paper  
HIV/AIDS project proposal  
TOL curriculum  
Violence Against Women (VAW) curriculum  
Training report on TOL  
Report on piloting DMIS in Bogra

## ***Appendix 4: Contact List***

### ***USAID/Bangladesh***

Charles Llewellyn, Deputy Team Leader, Population, Health and Nutrition  
Jeannie Friedmann, Program Coordinator, Population, Health and Nutrition

### ***PRIME II Bangladesh***

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Mr. S.M. Akhter, Administrative & Finance Officer, PRIME II Bangladesh-HPSP  
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Mr. Shakil Uddin Ahmed, Computer Specialist, PRIME II Bangladesh-HPSP

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Mr. Bernd Schulz, Team Leader, HRD Program, GTZ

### ***Directorate General of Health Services (DGHS)***

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Prof. Sultana Jahan, Additional Director General (Admin.) and Line Director, In-Service Training

### ***TTU, DGHS***

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Ms. Lutfunnessa Khan, Senior Instructor, NIPORT

Dr. Wahab Howlader, Deputy Director, Clinical Training, NIPORT

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***Maternity and Child Health Training Institute (MCHTI)***

Dr. S.M. Jahangir, Superintendent, MCHTI

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Ms. Kyoko Tateyama, Expert on Midwifery, HRDRH, JICA

***NGO Service Delivery Program (NSDP)***

Mr. Jestyn Portugill, Chief of Party

Dr. Shalini Shah, Clinical Services Director (Intrah)

Intrah/NSDP Staff

***District of Bogra:***

Dr. Moazzem Hossain, Civil Surgeon, Bogra, DTCC Chairperson

Deputy Director, FP /Bogra District, DTCC Co-Chair

Senior Health Education Officer, Bogra District, DTCC Member Secretary

Medical Officer, Clinical Contraception, Bogra, DTCC Member

Dr. Md. Elias Ahmed, *Upazila* Health and FP Officer, Dupchachia

Dr. Md. Mohsin Ali, Resident Medical Officer, Dupchachia

Dr. Md. Nasima Begum, MOMCH/FP, Dupchachia

Mr. Md. Tofael Ahmed, *Upazila* FP Officer, Dupchachia

*Health Providers, Health and Family Health Center, Zia Nagar Union*

Health Providers (2), CC, Zia Nagar Union

***Other:***

Prof. Shah Monir Hossain, Former Line Director, In-service Training, DGHS



## *Appendix 5: Schedule for Final Project Review*

<b>Date</b>	<b>Time</b>	<b>Person or Institution</b>	<b>Activity</b>
May 8, 2003	10 am - 12:30 pm	Donor HR group	Status of donor org HR activities
May 8, 2003	1-5 pm	PRIME HPSP staff	Presentations on HPSP initiatives
May 10, 2003	11 am	Mark Robbins	Interview about project
May 11, 2003	9 am -11:30 am	PRIME HPSP staff	Continuation of presentation on HPSP initiatives
	3 pm	Birte Sorensen, World Bank	Interview
	12-3 pm	TTU staff	Interviews
May 12, 2003	10am -12 noon	NIPORT, Drs. Wahab and Salim Khan	
	1-3 pm	GUS	Mr. Sattar
	4:30 pm	DG/Health, Prof. Mizanur Rahman	Interview
May 13, 2003	8:30 am 2:00 pm	PRIME office	Work on review documents
	2:00 pm	USAID	Briefing
May 14, 2003	10:30 am	TTT	Dr. Javed
	TBD	Meetings with TTU staff	
May 16, 2003	2 pm	Field trip to Bogra,	Depart for Bogra
May 17, 2003	8:30 am -4 pm	Field trip to Bogra, Dupchachia, and Zia Nagar	Return to Dhaka end of day
May 18, 2003	8:30 am	MCHTI, Dr. S.M. Jahangir	Interview
	2 pm	Prof. Shah Monir, former LD-IST	Interview
	5 pm	GTZ, Mr. Bernd Schulz	Interview
May 19, 2003	All day	PRIME office	Report-writing and follow-up with PRIME HPSP staff
May 20, 2003	3:30 pm	Prof. Sultana Jahan, new LD-IST	Courtesy call
May 21, 2003	11:00 am	USAID	De-briefing