

# Assessment of the USAID/Bangladesh Component of DELIVER Project

## A Success to Build On



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**Abbreviations**

BCC	Behavior Change Communications
BDHS	Bangladesh Demographic and Health Survey
CA	Cooperating Agency
CIDA	Canadian International Development Agency
CMSD	Central Medical Stores Depot
CPTU	Central Procurement Technical Unit
DELIVER/B	DELIVER/Bangladesh
DFID	Department for International Development
DGFP	Directorate General Family Planning
DGHS	Directorate General Health Services
DP	Development Partner
EU	European Union
FP	Family Planning
FP/MCH	Family Planning/Maternal Child Health
FPI	Family Planning Inspector
FPLM	Family Planning Logistics Management [Project]
FTE	Full Time Equivalent
FWC	Family Welfare Center
GOB	Government of Bangladesh
HPSP	Health and Population Sector Programme
HNPSP	Health, Nutrition, and Population Sector Programme
ICB	International Competitive Bidding
IDA	International Development Association
IMCI	Integrated Management of Childhood Illness
IR	Intermediate Result
JSI	John Snow, Inc.
KfW	Kreditanstalt für Wiederaufbau
LCF	Logistics Coordination Forum
LMIS	Logistics Management Information System
LMT	Logistics Management Training
LSO	Logistics Support Officer
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organization
NSDP	NGO Service Delivery Program
PATH	Program for Appropriate Technology in Health
PMP	Performance Management Plan
PPR	Public Procurement Regulation
RSO	Regional Supply Officer
RWH (or RW)	Regional Warehouse
SACMO	Sub-Assistant Community Medical Officer
SDP	Service Delivery Point
SMC	Social Marketing Company
SO	Strategic Objective
SWAp	Sector Wide Approach

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TA	Technical Assistance
TFR	Total Fertility Rate
ToT	Training of Trainers
UFPO	Upazila Family Planning Officer
UHFPO	Upazila Health and Family Planning Officer
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/B	USAID/Bangladesh
USG	United States Government
WIMS	Warehouse Management Inventory System

## **Executive Summary**

The DELIVER Project, a technical assistance project funded by the U.S. Agency for International Development (USAID), is focused on strengthening the supply chains of health and family planning programs in developing countries to ensure the availability of essential health supplies at service delivery points. USAID/Bangladesh (USAID/B) has provided total funding to DELIVER of about \$10.6 million. DELIVER/Bangladesh (DELIVER/B) has worked primarily in logistics management, procurement, contraceptive security, and institutional strengthening and local capacity building.

At the request of USAID/B, a three-person team conducted an end-of-project assessment of DELIVER/B. It included a retrospective assessment of project accomplishments and a prospective assessment of future technical assistance needs in logistics and contraceptive security. The team reviewed pertinent documents and conducted interviews and meetings with stakeholders in the U.S. and Bangladesh, including field visits to sites in Dhaka, Chittagong, and Rajshahi Divisions.

DELIVER/B's technical assistance and capacity building have contributed to a public sector logistics system for family planning (FP) and maternal and child health (MCH) commodities that is performing better and more efficiently, and is more institutionalized than when DELIVER/B began in 2000. DELIVER/B is a model of how USAID resources can support the efficient implementation of far larger donor funding pooled under a sector wide approach, including other support from the U.S. Government as a major World Bank shareholder. DELIVER/B has helped the Government of Bangladesh (GOB) realize direct savings in procurement and distribution that exceed by more than 50 per cent USAID/B's funding to DELIVER. The project has contributed in substantial, but not as readily measured, ways to the over-arching health and development goals of USAID and GOB.

DELIVER/B has led in raising awareness of contraceptive security and its importance to the Bangladesh family planning program, and of the requisite components to achieve it. This work has not resonated as much with stakeholders, who place more importance on DELIVER/B's work in procurement and logistics management, themselves central to progress in contraceptive security.

There is a strong consensus among stakeholders that there has been and will remain a critical role for the parallel-financed technical assistance DELIVER/B has provided in order to (a) consolidate and build on the gains so far in the FP/MCH logistics system; (b) continue trends DELIVER/B has supported for institutionalization and local capacity building, and for improved system efficiency; and (c) accelerate achievement of sector goals proposed under the Health, Nutrition, and Population Sector Programme. The following three areas require increased attention and strengthening:

- There remain significant shortcomings in the “last mile” supply of commodities from the Upazila level down to service delivery points and clients.

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- The FP/MCH supply system is ready for more technological advances and efficiency improvements to increase the prospects for sustainability.
- There is need for technical assistance to further build local capacity and strengthen institutions for forecasting, procurement, monitoring and supervision, and training.

These are not unusual in a system at the level of development in Bangladesh, and are different from needs six years ago. They are some of the hardest to address, and will require continued assistance for at least five, and more likely ten years. Based on our findings from the assessment, USAID/B should focus on the following:

- 1) Institutional development and capacity building in the public and private sectors to support forecasting, procurement, monitoring and supervision, and training.
- 2) Analytical support for central-level planning and coordination by the GOB and development partners (DPs) through the Logistics Coordination Forum (LCF).
- 3) Technical leadership and assistance, including information technology support, to introduce and scale-up appropriate approaches and technologies to enhance system efficiencies.
- 4) Increasing the capacity of young professionals in donor agencies, GOB, nongovernmental organizations, and elsewhere to act as champions for logistics and commodity security.

To implement assistance in these areas, the program can employ the following strategies:

- Retool the Logistics Support Officers (LSOs) to focus more on field-based technical assistance (TA) and training.
- Provide dedicated procurement support, whether part- or full-time, in the Directorate General Family Planning and Central Medical Stores Depot.
- Reduce the use of “off-shore” assistance, and rely more on local capacities that are well developed in Bangladesh.
- Restructure a Dhaka office to (a) provide technical leadership as a “think-tank” for logistics management and institutional strengthening, (b) manage a young professionals program, (c) provide analytical support to the LCF, (d) support the LSOs, and (e) facilitate provision of TA and training for institutional strengthening.

Under this potentially more cost-effective model, implementation can be further decentralized by deploying a somewhat increased number of LSOs to the field, as the frontline for TA and training.

Using these recommendations as a broad outline, USAID/B and partners should develop a five-year vision and strategy for its assistance in logistics and commodity security. In concert with other USAID/B assistance and in coordination with DPs supporting HNPS, this strategy can reinforce USAID/B’s widely recognized and valued role in ensuring the availability of essential health supplies in Bangladesh and in accelerating attainment of the country’s health and development goals.

**Preface: A Brief History of the Bangladesh Family Planning Programme**

Government-supported family planning efforts in Bangladesh date back more than four decades to the East Pakistan period. High birth and population growth rates were recognized as an impediment to socio-economic development, and increasingly also to maternal and child health improvements. Early program achievements, though, were largely cancelled by disruptions associated with the birth of Bangladesh, so that by 1975 there were only minimal increases in contraceptive prevalence and decreases in fertility.

In 1975, contraceptive prevalence of modern methods hovered at five per cent among married women. From this point, though, renewed government efforts, bolstered by substantial donor assistance, showed increasing impact. Modern method prevalence rose to 14 per cent by 1983, 23 per cent by 1989, and 42 per cent by 1996-97. Modern method prevalence according to the 2004 Bangladesh Demographic and Health Survey (BDHS) is 47 per cent. For all methods, prevalence is 58 per cent.

These increases in contraceptive use are reflected in rapid reductions in fertility rates. Among married women, the total fertility rate (TFR) for 1971-75 was 6.3. By 1991-93, TFR declined markedly to 3.4. Subsequent declines have been more modest, with the most recent estimate from the 2004 BDHS at 3.0.

These changes in contraceptive use and in fertility during the past three decades are a remarkable achievement, especially for a country starting from the low levels of development in Bangladesh at its independence; for example, low levels of female literacy and per-capita income, and high infant and maternal mortality.

At the same time, there has been a dramatic shift from early reliance on long-term and permanent methods to a method mix dominated by short-term methods, principal among them oral contraceptive pills. By 2004, oral pills accounted for 55 per cent of contraceptive use among modern method users. The combined prevalence attributed to pills, injectables, and condoms, as reported by married women, is fully 85 per cent of current modern method prevalence, with the remainder due to female sterilization, IUDs, implants, and male sterilization.

This high level of use of re-supply methods could not be achieved nor maintained without an effective system to forecast method-specific demand, and ensure the timely procurement and distribution of the required contraceptives. This was a chronic problem in early years of the program, and was the impetus for the initiation in Bangladesh in 1988 of the USAID-supported Family Planning Logistics Management (FPLM) Project as a major component of the national program's efforts to overcome supply problems at all levels of the distribution system. Through successive FPLM projects and now the DELIVER Project, USAID/Bangladesh has been a consistent leader for assistance to strengthen the country's family planning logistics system and increase the availability of contraceptive supplies to users.

## **I. Assessment Background: DELIVER/Bangladesh**

The DELIVER Project is a six year (September 2000-September 2006) worldwide technical assistance project funded by the U.S. Agency for International Development (USAID). Implemented by John Snow, Inc. (JSI) (contract no. HRN-C-00-00-00010-00) and subcontractors (The Manoff Group, Inc., Program for Appropriate Technology in Health [PATH], Crown Agents Consultancy, Inc., Social Sectors Development Strategies, Synaxis, Inc., and Harvard University), DELIVER is focused on strengthening the supply chains of health and family planning programs in developing countries to ensure the availability of essential health supplies at service delivery points (SDPs).

USAID/Bangladesh (USAID/B) has provided annual funding to DELIVER, as a follow-on project to the Family Planning Logistics Management Project (FPLM) that had worked in Bangladesh from 1988. USAID/B funding to DELIVER totals an estimated \$10.6 million. DELIVER began work in Bangladesh in 2000 and will end in September 2006.

DELIVER/Bangladesh (DELIVER/B) has worked in four areas:

**Logistics Management:** Provide technical assistance for the management and distribution of contraceptives, condoms, and other family planning and maternal and child health (FP/MCH) supplies in partnership with the Directorate General for Family Planning (DGFP), under the Ministry of Health and Family Welfare (MOHFW), to ensure supply of these products and availability to clients at public and non-governmental organization (NGO) service delivery points (SDPs).

**Procurement:** Undertake with the Government of Bangladesh (GOB) projections, forecasts, and supply monitoring to develop procurement plans of commodity needs to ensure availability of FP/MCH supplies for public sector and NGO programs, as well as condoms for the Social Marketing Company (SMC). These supplies were largely funded by grant and loan funds provided under the Health and Population Sector Programme (HPSP) and now the Health, Nutrition, and Population Sector Programme (HNPSPP).<sup>1</sup> Procurements have been mostly by the GOB, with technical assistance from DELIVER/B.<sup>2</sup> DELIVER/B has also provided analytical support for coordination and supply planning by the GOB and development partners (DPs).

**Capacity Building and Institutional Strengthening:** Provide technical assistance and training to improve and sustain system performance and institutionalize in the GOB capacities for procurement and logistics management, including training and monitoring and supervision.

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<sup>1</sup> The GOB allocated funds from its revenue budget for contraceptive and condom procurement in fiscal year 2004.

<sup>2</sup> UNFPA has conducted some procurement on behalf of the GOB and DPs, as well as providing direct commodity donations to the GOB.

Contraceptive Security: From 2002, DELIVER/B added contraceptive security as an explicit work plan component. It has provided technical assistance, including research, analysis, and communication for a long-term strategic approach to improve contraceptive security through awareness raising, assessment, and planning activities.

DELIVER/B has worked with diverse partners in Bangladesh, including the GOB, DPs, and cooperating agencies (CAs) of USAID.

## **II. Assessment Purpose and Approach**

At the request of USAID/B, a three-person team conducted an end-of-project assessment of DELIVER/B. The assessment was conducted in February-March 2006. It had two purposes:

1. A retrospective assessment of project performance: The assessment assessed DELIVER/B accomplishments against project objectives and USAID/B's Strategic Objective 1 (SO1), and how they have contributed to improvements for logistics management and contraceptive security in Bangladesh.
2. A prospective assessment of future technical assistance needs: The assessment identified priority technical assistance needs for logistics management and contraceptive security in Bangladesh for 2006-2010, and made recommendations for how USAID/B and partners can address them.

The complete scope of work for the assessment is Appendix A.

Alan Bornbusch, USAID/Washington, Team Leader; Sharmila Raj, USAID/Washington; and J. Timothy Johnson, consultant comprised the assessment team. The team reviewed pertinent documents, including DELIVER documents such as technical reports, annual work plans, and quarterly and annual reports; USAID/B documents such as the SO1 strategy and performance management plan (PMP); and documents pertaining to HPSP and HNPS. The team conducted interviews and meetings with stakeholders in Washington, D.C. and Bangladesh, including GOB staff at central and field levels, and DPs and CAs in Dhaka. Interviews were semi-structured, with one guide for GOB staff, another for other stakeholders. The team made field visits to the DGFP Central Warehouse in Dhaka and to regional warehouses, Upazila stores, and public and NGO SDPs in Chittagong and Rajshahi Divisions. Complete lists of documents reviewed and persons contacted for this assessment are in Appendices B and C. Logistical support for the team in Bangladesh was provided by USAID/B and DELIVER/B.

### **III. DELIVER/B's Accomplishments: Better Performing, More Efficient, and More Institutionalized Systems for Procurement and Logistics Management**

*DELIVER/B "has added to our flight speed."*

*"It's not that we do more, we do the most."*

-- GOB staff

The public sector systems for procurement and logistics management for FP/MCH supplies are clearly performing better and more efficiently, and are more institutionalized than when DELIVER/B began in 2000. According to various stakeholders, including the GOB, DPs, and CAs, DELIVER/B has been a major contributor to these gains. These gains have

translated into improved availability of FP/MCH commodities to clients.<sup>3</sup> The following narrative provides an overview of DELIVER/B's accomplishments, with more detailed discussion of select areas.

At the outset, the assessment team highlights the fact that throughout its six years, with a change in government, dramatic policy shifts, and sometimes tense GOB-DP relations, DELIVER/B has maintained a good relationship with the GOB. This is both an accomplishment in its own right, and a key factor behind many of the accomplishments we describe below. One stakeholder observed "there seems to be a lot of trust" between the GOB and DELIVER/B. DELIVER/B has been careful to manage this relationship. It has prudently leveraged it on behalf of stakeholders, like DPs and NGOs, without jeopardizing its good standing with the GOB.

#### **(A) DELIVER/B has contributed to the improvement of FP/MCH logistics system performance.**

- Contraceptive stock-out rates at the Upazila level have declined some four-fold during the course of DELIVER/B. Since 2002 they have remained at two per cent, i.e., about nine out of more than 450 Upazilas.
- Qualitative assessments of the FP/MCH logistics system conducted in 2004 and 2005 yielded overall scores more than 80 per cent of the total possible across all system components (forecasting, procurement, LMIS, transport, storage, etc.).
- The Contraceptive Security Index measures the contraceptive security status in countries around the world using 17 indicators. In 2003, Bangladesh measured overall just above the average for seven countries in Asia, and well above the world average. More telling is how Bangladesh measured some 25 per cent higher than countries with similar gross per capita national product or poverty levels. Preliminary 2006 measures indicate that Bangladesh's contraceptive

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<sup>3</sup> Contraceptives and condoms are a fraction of the number of different supplies the DGFP procures and distributes. These also include, for example, supplies for long-term and permanent methods of contraception, supplies for safe delivery, and drug and dietary supplement kits. DELIVER/B has supported the procurement and distribution of these as well.

security status has increased slightly overall, most so in supply chain management.

- A 2004 report commissioned by the Bill and Melinda Gates Foundation documented cases where large-scale efforts to improve public health have succeeded. Among 17 examples is the Bangladesh family planning program. The study identified the availability of a range of contraceptives, “provided through a well managed distribution system,” as a key ingredient in this success.<sup>4</sup>

The Logistics Supply Officers (LSOs) were a particular focus of this assessment. There are six, two of whom are based in Dhaka. They provide routine as well as “trouble-

*“For me, the LSO is the pioneer person, the heart of the DELIVER program.”*

-- Regional Supply Officer

*“Whenever we visit clinics we hear [good things] about the LSOs.”*

-- NSDP Staff

shooting” monitoring at the regional, Upazila and, to a lesser degree, SDP levels. They conduct on-the-job training and some formal training, help when there are national supply problems to adjust regional and Upazila supply plans, and provide technical assistance for software and other introductions to improve system performance. Their “troubleshooting” role is especially valued, particularly by the 317 NGO clinics in the NGO Service Delivery Project (NSDP). The clinics are reliant on the Upazilas for contraceptive supply. While there

is a central level agreement between USAID and GOB to supply the NGOs, their relationships with the Upazilas can be tenuous. The LSOs have played an important, and for NSDP, a highly valued role as “honest brokers” when clinics have difficulties receiving adequate supplies.

*“We turn to DELIVER as the final word [on national supply status].”*

*“DELIVER was very important for [our] needs assessment for ... public sector supply as well as for defining the right shipment schedule (to finetune [our] procurement with other donors) ...”*

-- Development partners

DELIVER/B’s analytical support for supply planning and coordination by the GOB and DPs is also highly valued. The monthly national pipeline analyses prepared by DELIVER/B provide the financiers and procurers of commodities – GOB and DPs participating in the Logistics Coordination Forum (LCF) – with timely, reliable, and comprehensive data that can be used to minimize disruptions in the in-bound supply of contraceptives and other commodities.

Some describe DELIVER/B’s “watchdog” role, triggering alerts for when new supplies are needed and when procurements need to begin. They acknowledge how DGFP capacity in LMIS has improved over the years. The LMIS system has been run entirely by DGFP since 1997. The LMIS unit produces its own, less detailed monthly national

<sup>4</sup> Levine, R. 2004. Millions Saved: Proven Successes in Global Health. Washington, D.C., Center for Global Development, p.108.

pipeline report as well as a national logistics report that shows stock status at facilities throughout the country. At the same time stakeholders consistently note that forecasting remains a weak link in the GOB and is a priority for capacity building. In the meantime, the technical support service provided by DELIVER/B to the LCF remains much needed if costly emergency procurements and, worse, national shortages are to be avoided.

**(B) DELIVER/B has provided technical leadership and assistance to introduce and maintain system efficiencies in the procurement and distribution of health supplies in Bangladesh.**

- Under HPSP, responsibility for procurement of contraceptives was turned over to the GOB. This was from a baseline of no GOB experience conducting international procurement according to IDA requirements. With both World Bank and DELIVER/B technical assistance a number of procurement packages have been completed, saving the GOB some \$10 million in contraceptive procurement. The savings result from lower prices that the GOB can negotiate, as well as from avoiding payment of service fees to a procurement agent.
- DELIVER/B's assistance and capacity building in the DGFP procurement unit has reduced procurement lead times for FP/MCH and other essential commodities by almost one-third. This assistance has also helped to reduce procurement lead times for commodities under CMSD procurement.
- After much effort with the GOB, DELIVER/B successfully introduced rationalization of tiers in the FP/MCH supply chain, eliminating one tier. This has reduced the national pipeline requirement, with a one-time savings of \$5 million. Recurrent savings are also realized from management of fewer supplies.
- DELIVER/B also introduced the use of commercial carriers to transport FP/MCH supplies for the GOB. The first two-year contract ended in 2005 and a second is expected in March 2006 to cover 50 per cent of the supply chain. An earlier analysis suggested that transport costs to the GOB would decrease by 26% with full coverage. In addition, commercial carriers are more nimble at reaching remote facilities.
- DELIVER/B has provided technical assistance for automating logistics functions. The Warehouse Inventory Management System (WIMS) is operational in several warehouses, while some also use customized spreadsheets to create supply plans. Both introductions merit further scale-up, particularly at the regional warehouses (RWHs).



The cost savings described in these examples support the claim that DELIVER/B has more than paid for itself. The \$10 million saved in procurement and \$5 million saved from rationalization of tiers – both attributable to a significant degree to DELIVER/B’s assistance – amount to 50 per cent **more** than USAID/B’s total funding to DELIVER (\$10.6 million). The assessment team is aware of no other USAID Mission program in logistics and commodity security that can make a similar claim.

**(C) DELIVER/B has contributed to local capacity building and institutional strengthening for procurement and logistics management.**

- DELIVER/B has provided formal and on-the-job training for logistics management, procurement, and LMIS to public sector and NGO staff, including regional and Upazila storekeepers, family planning officers, and pharmacists, NGO clinic managers, and desk officers for procurement in the DGFP and Directorate General Health Services (DGHS). Appendix D summarizes the training and other inputs provided by DELIVER/B.
- DELIVER/B has furthered institutionalized the DGFP LMIS system that began in the 1990s. The system is now fully operated by DGFP staff, with DELIVER/B providing only “as needed” information technology (IT) support. This process and the results achieved have been described as an “example of successful technical assistance to the government data collection and analysis.”<sup>5</sup> Regional Supply Officers and Upazila storekeepers now prepare their own monthly supply plans, while the central LMIS unit prepares its own monthly pipeline and logistics reports.
- DELIVER/B has built private sector capacity to support the public sector’s logistics management needs. They have developed a group of five local NGOs now able to provide logistics management training with diminishing oversight from DELIVER/B.

Stakeholders from both the GOB and DPs were uniform in highlighting DELIVER/B’s support for procurement. Procurement was a new and especially challenging addition to GOB responsibility under HPSP. The focus on building GOB procurement capacity has existed for little more than five years. Current capacity, while not fully self-sufficient, meets with or exceeds what this assessment team would expect based on our experience and knowledge of other countries struggling in this same area. The GOB has completed procurement packages worth \$46 million. Lead times are shorter, there is increased understanding of the procurement process, a higher quality of procurement documentation, and significant cost savings.

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<sup>5</sup> Health and Population Sector Programme, Annual Program Review, April 2005, Draft Report, p. 88.

*“DFP improvements in overall institutional capacity for procurement are also due to retention, appreciation, and promotion of a small cadre of personnel who have been trained in procurement and are sensitive to family planning program issues.”*

-- HPSP Annual Program Review, April 2005, Draft Report, p. 61.

*“The [procurement] team is now capable of handling considerably larger amounts of contracts than ever before.”*

-- Implementation Completion Report, Health and Population Program Project, World Bank, December 2005, pp. 28.

While DELIVER/B procurement consultants in DGFP and CMSD have helped to achieve these improvements, they are not doing all or even most of the work of the GOB. Whereas consultants were once the primary drafters of procurement documents, GOB staff now are. The consultants function more as advisers and on-the-job trainers. One shares World Bank comments on procurement documents with all the desk officers so they can learn from each other's mistakes.

DELIVER/B has provided formal training to procurement personnel and developed a number of tools to support GOB procurement, such as procurement manuals, the procurement primer, and software for tracking procurement packages. The primer has been especially well received for its simplified and accessible presentation of the complex ICB procedures required by IDA. USAID/Washington plans to adapt it into a more generic version that will help other countries as they also assume new procurement responsibilities.

**(D) DELIVER/B has advocated and promoted the importance of ensuring the long-term availability of contraceptive supplies.**

In 2002, DELIVER/B led the introduction of the concept of contraceptive security in Bangladesh. Several reports were issued and workshops held, including a 2002 paper that launched this work, a behavior change communications (BCC) strategy, a market segmentation analysis, and a series of events to raise awareness of contraceptive security with DGFP staff and the media.

Through these efforts, DELIVER/B has helped to raise awareness of contraceptive security and its importance to the Bangladesh family planning program. However, the specified set of activities under the auspices of contraceptive security has not resonated with stakeholders the way other activities have. When asked in an open-ended way what they valued from DELIVER/B, most stakeholders mentioned the project's work in procurement and logistics management more than the work under contraceptive security.

The assessment team hastens to add that DELIVER/B's contributions to procurement and logistics are themselves central to achieving contraceptive security. Many of the

conditions for contraceptive security identified in the Hudgins (2002) paper were already being addressed by DELIVER/B, though perhaps not labeled as contraceptive security,” and largely from the core competencies of local staff. Others – like concerns about method mix and the private sector – are being addressed in one fashion or another by other partners with complementary strengths. In sum, while the assessment team is less certain of the value added from DELIVER/B’s work on contraceptive security than we are about its work in other areas, we believe DELIVER/B has contributed to contraceptive security visibility.

#### **IV. Measuring DELIVER/B’s Accomplishments against Project and USAID/B Objectives**

The accomplishments of DELIVER/B are clear in terms of inputs (people trained, monitoring visits, etc.). Given these inputs, the project can assume significant credit for such system outcomes as improved stock-out rates, savings in procurement, etc. It is also important to view these outcomes against initial project objectives. However, while DELIVER/B produced annual work plans and annual reports, it has had no multi-year framework or strategy to steer the project from year to year. Nor has it had a monitoring plan.

The lack of a formal framework or strategy does not, however, diminish the achievements in system performance, efficiency, and institutionalization, and in increased awareness and local championing for contraceptive security. All are appropriate for Bangladesh. The assessment team believes that significant gains were made in the first three areas, and more modest ones in the fourth. With the possible exception of the fourth, the inputs provided by DELIVER/B have been largely appropriate to achieve these (implicit) results, and in turn to increase the availability of FP/MCH supplies in Bangladesh.

USAID/Bangladesh’s Strategic Objective 1 (SO1), “Fertility Reduced and Family Health Improved,” includes as its Intermediate Result 3 (IR3), “Increased Contraceptive Prevalence and Contraceptive Security.” The IR3 indicator to which DELIVER/B has directly contributed is “Average Monthly per cent of GOB Thana [Upazila] Warehouses with Stock-outs of One or More Contraceptives.” This measure declined from 8 per cent in 2000 to 2 per cent in 2002, where it has remained since. USAID/B has recently proposed changing this indicator to “Percentage of Contraceptive Stock-outs at Government and NGO Service Delivery Points.” The assessment team supports this change as it addresses critical last mile issues that remain in the supply chain.

In the next section, we conclude our retrospective assessment of DELIVER/B with a look at the project’s accomplishments in the policy context that dominated health sector assistance in Bangladesh from 1998 until 2005, the Health and Population Sector Programme (HPSP). We then begin our prospective assessment by setting the stage on which future USAID/B assistance will occur – the follow-on to HPSP, HNPS.

## **V. USAID/B Support for Logistics and Commodity Security: The SWAp Perspective**

USAID/B's health sector assistance since 1998 has been in support of Bangladesh's first health sector SWAp (HPSP, 1998-2005) and second, HNPSP (2005-2010). Its funding has operated in parallel to the pooled financing provided by other DPs, including IDA, Department for International Development (DFID), The Netherlands, and European Union (EU).

In this context, USAID/B's relatively modest investments have reaped far larger dividends for the health sector in Bangladesh. They have supported the timely and efficient procurement and distribution of contraceptive and other health supplies funded by IDA credits under HPSP and HNPSP, with a value many millions more than USAID/B's funding to DELIVER. DELIVER/B is a model of how USAID can enhance the implementation of other donor funding, including other support provided by the U.S. Government (USG) as a major World Bank shareholder.

HPSP's history also reveals the challenges DELIVER/B faced. These make the project's accomplishments the more noteworthy. HPSP was ambitious in its aims to reform the health sector, particularly unification of the family planning and health wings of the MOHFW. HPSP's design did not adequately assess the technical, bureaucratic, and political feasibility of unification.<sup>6</sup> In the end, the merger failed and was reversed. Throughout, DELIVER/B accommodated to the shifting policy environment. The project, for example, first trained several hundred Upazila health storekeepers mandated to take over contraceptive management during unification, only to see them later return to their health stores when unification was reversed. The project is now training new staff assigned as storekeepers for DGFP stores.

At HPSP's outset, there were significant weaknesses in GOB systems and procedures – for example, for procurement – which the programme would need to rely on. It was decided to strengthen these during rather than before embarking on the complex reforms of HPSP. There was a lot of “learning by doing.” DELIVER/B was key to both the “learning” and the “doing.” The project maintained good relationships with GOB staff at all levels, working to both build capacities, while helping to keep essential health supplies available.

The prospects are good that the gains achieved during HPSP, its challenges notwithstanding, can be maintained and built on during HNPSP:

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<sup>6</sup> See Implementation Completion Report, Health and Population Program Project, World Bank, December 2005, p. 29.

“Basic managerial functions including human resources management and procurement management have seen important improvements [under HPSP] that will support future institutional development efforts.”<sup>7</sup>

In what promises to be a more favorable HNPSP environment, USAID/B’s assistance can achieve greater gains than were realized under HPSP. HNPSP is designed to be “less prescriptive, leaving open a wider scope for a pragmatic and flexible approach to planning the ways and means of achieving program goals.”<sup>8</sup>

A key lesson is that while institutionalization and sustainability are necessary goals, they exist in a shifting environment. The Implementation Completion Report for the IDA credits used during HPSP notes that:

“Mechanisms to facilitate implementation in the context of insufficient capacity or local governance deficiencies that prevent the exclusive use of ‘government systems’ yield good results and allow the government to gradually take on the responsibility it should.”<sup>9</sup>

There has been and will remain a substantial role for the kind of parallel-financed, targeted TA provided by DELIVER/B if HNPSP objectives are to be achieved. This is USAID/B’s comparative advantage. It is recognized and valued by DPs. DELIVER/B has supported the aims of DPs with a corporate stake in commodity availability. These interests remain strong under HNPSP and there is consensus that the kinds of assistance DELIVER/B has provided should continue under HNPSP.

USAID/B’s support for logistics and commodity security can support a number of HNPSP priorities: increasing the number family welfare centers that are properly equipped to provide emergency obstetric care services; ensuring a continuous supply of drugs for scale up of integrated management of childhood illnesses (IMCI); ensuring uninterrupted supplies for short-term, long-term, and permanent family planning methods; and ensuring availability of tuberculosis drugs and laboratory supplies. The HNPSP logical framework includes improved procurement services, reducing stock-outs of essential drugs, and improving health care waste management. This is not to say that USAID/B can or should address all these needs specifically. However, HNPSP offers a platform where modest investments to strengthen procurement and logistics management, in concert with other DP support, can support sector-wide improvements in both health and family planning.

With this forward-looking context in mind, we now turn to a more detailed examination of future technical assistance needs in logistics and contraceptive security that USAID/B can address. We begin with a “what if.”

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<sup>7</sup> Implementation Completion Report, Health and Population Program Project, World Bank, December 2005, pp. 31.

<sup>8</sup> Ibid. p. 34.

<sup>9</sup> Ibid, p. 39.

## **VI. The Unfinished Success of FP/MCH Logistics in Bangladesh**

This assessment asked stakeholders to consider the effects of an immediate end to DELIVER/B's assistance. Most felt that GOB systems for procurement and distribution would somehow continue, but not at the levels of performance they are currently at. The assessment team believes that in the absence of future technical assistance and capacity building, incremental changes would yield a much weakened FP/MCH logistics system. The following examples explain further:

- Timeliness and accuracy of LMIS reporting would decline, especially at Upazila levels and below (where clients would be most affected by deficiencies in supply planning).
- The system would not be as resilient, leaving all levels more vulnerable to ripple effects from disruptions in supply to the country.
- Software and other efficiency improvements may not be further scaled-up within the FP/MCH system.
- Procurement processes in both DGFP and CMSD – a special concern of the GOB and DPs – would be slow, with potential for more emergency procurements, and worse, supply shortages in the country.
- In some cases, NGOs would be more vulnerable to receiving inadequate or no supplies from Upazilas.
- Central planning and coordination would be more disorganized, the supply of commodities to Bangladesh less aligned with national requirements.

The Bangladesh FP/MCH logistics system is a success, but there is more to be done to secure this success. DELIVER/B's assistance has evolved according to changing needs. Activities DELIVER/B is currently undertaking are different from what it did six years ago. These changing needs are not unusual in a system at the level of development in Bangladesh. In fact, they will be some of the hardest to address, and will require continued assistance for at least five, and more likely ten years. These needs include the following:

- There are significant shortcomings in the last mile supply of commodities from the Upazila level to SDPs and clients. Below the Upazila level, stock-outs are more frequent and there are breakdowns in LMIS reporting.<sup>10</sup> These problems are especially important as they most directly impact supply availability to clients.

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<sup>10</sup> See Study on Availability of Contraceptives at Service Delivery Points. 2004. Centre for Development Services, for John Snow Inc./DELIVER Bangladesh.

- The supply system is ready for further technological advances and efficiency improvements to increase the prospects for sustainability.
- There is need for technical assistance to further build local capacity and strengthen institutions for forecasting, procurement, monitoring and supervision, and training.

## **VII. Recommendations for the Future**

The assessment team reasserts the following principal conclusions from its retrospective assessment:

- The accomplishments of DELIVER/B are numerous and have contributed to overall supply system performance, efficiency, and institutionalization of key functions.
- DELIVER/B has played a technical leadership role, working closely and effectively with the GOB to introduce innovations for improved performance and greater efficiency in procurement and management of health commodities.
- DELIVER/B has contributed substantively to a supply system in a rapidly changing health policy environment that is the envy of many countries and a key ingredient in the success of the Bangladesh FP/MCH program.
- DELIVER/B is a model of how modest investments by USAID can support much larger gains under a SWAp in improving product availability.

USAID/B, in its support for DELIVER/B, can and should take credit for these achievements. More importantly, it should take future care to protect these investments. The assessment team recommends USAID/B focus its future assistance for logistics and commodity security in four technical areas:

- 1) Institutional strengthening and local capacity building in the public and private sectors to support forecasting, procurement, monitoring and supervision, and training.
- 2) Continued analytical support for central-level planning and coordination by the GOB and DPs through the Logistics Coordination Forum (LCF).
- 3) Introduce and scale-up appropriate approaches and technologies to enhance system efficiency.
- 4) Increase the capacity of young professionals in donor agencies, GOB, NGOs, and elsewhere to act as champions for logistics and commodity security.

Our criteria for selecting the above consider local stakeholders' priorities, areas in which the assessment team believes the need is greatest, areas DELIVER/B has demonstrated most value, likely areas for GOB support, and maximized opportunities for enhanced collaboration with other DPs. We add that these are priorities for follow-on activities to DELIVER/B. There are others, particularly looking at the full spectrum of work needed for commodity security. The team, however, feels less equipped to opine on them as they were outside the scope of this assessment (i.e., increasing the availability of quality long term and permanent family planning methods, and expanding private markets for contraceptives). Separate assessments for these areas are planned.

To implement assistance in the four priority areas, the assessment team suggests the following, more cost effective, implementation structure:

- Redefine and retool – and perhaps increase the number of – LSOs to focus less on routine monitoring, continue their role as troubleshooters, and expand their role in field-based training and technical assistance, particularly to address last mile logistics issues and unevenness in how regional warehouses (RWHs) have adopted new tools for logistics management.
- Provide dedicated procurement support, not less than one full-time-equivalent (FTE), to DGFP and CMSD.
- Reduce the use of “off shore” assistance, and rely more on local capacities that exist in Bangladesh.
- Restructure a Dhaka office to (a) provide technical leadership as a “think-tank” for logistics management and institutional strengthening, (b) manage a young professionals program, (c) provide analytical support to the LCF, (d) support the LSOs, and (e) *facilitate* provision of TA and training.

A key feature of this model is to decentralize implementation by deploying an increased number of LSOs to the field, as the frontline deliverers of TA and training.

While the FP/MCH logistics system performs well by many measures, there are significant last mile issues. Some are already being addressed by DELIVER/B. The allocation of LSO time has shifted significantly since the project's start. While significant attention was placed on RWHs, the majority of LSO effort is now devoted to the Upazila and below levels. It is here that further focus is needed. There are, though, more than 450 Upazilas and 30,000 SDPs. New economies, for example, through training-of-trainers (ToT) and leveraging monthly Upazila meetings with SDPs, must be found if the last mile issues are to be addressed in a meaningful way.

Stakeholders were consistent in their assessment that while GOB capacities have grown significantly in recent years, there is scope and need for more. The prospects for increased institutionalization of procurement and logistics management appear “good” to “mixed.” Staff turnover at all levels remains a major constraint, while elections in 2007

could lead to a change in government and disruptive policy shifts. These challenges have made capacity building a continuously shifting target.

There are, however, hopeful signs and steps USAID/B can take to mitigate the risks. For example, the GOB capably runs much of the FP/MCH supply system on a day-to-day basis and supports a large share of system costs from its revenue budget. The trend has been in the right direction. There are emergent structures in the GOB – notably cells for procurement and logistics monitoring at the MOHFW and DGFP levels – where future assistance can be aimed to build GOB capacities. There is also the Central Procurement Technical Unit (CPTU) housed in the Ministry of Planning and mandated to provide technical support for procurement to ministries. The LSOs can be employed to strengthen existing DGFP monitoring and supervision systems in the field. They can provide training to district and Upazila officers to strengthen their role in logistics monitoring and supervision. Additionally, future assistance can capitalize on the NGO training capacities developed by DELIVER/B to add training of trainers for monitoring and supervision.

The team recommends additional actions for USAID/B:

- Identify with the GOB counterpart actions to ensure capacity gains achieved with USAID/B assistance are maintained. These can include retaining staff in positions for a minimum time (e.g., three years); creating stable pools of procurement officers, logistics monitors, and trainers; providing adequate, reliable financial support for operations of the procurement and logistics monitoring cells and CPTU.
- Integrate learning from its parallel support into HNPSP processes such as the annual program reviews. These offer a platform to launch dialogue for broader institutional change based on accomplishments and lessons from USAID/B's support.
- Consult closely with DPs to coordinate and co-fund TA and training, and to develop consistent messages to GOB about counterpart actions. Procurement and management of health supplies are of broad concern to DPs. Several are planning support for procurement; one expressed an interest to explore co-funding with USAID/B.<sup>11</sup>

Additional opportunities to seek private sector alternatives in the future also exist. USAID/B can as well strengthen GOB capacities to contract for logistics management services from the private sector, as is the case now for transport. DELIVER/B has transferred responsibilities for LMT to local NGOs. More might be transferred. It may also be time to assess the feasibility and what would be required for a follow-on office to evolve into a locally incorporated, independent entity, capable of providing TA and training services in logistics management to the public and private sectors in Bangladesh

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<sup>11</sup> See Health, Nutrition and Population Sector Program (HNPSP) Implementation Manual, February 2005. Government of the People's Republic of Bangladesh, Ministry of Health and Family Welfare.

and possibly elsewhere. Something of a precedent exists in the evolution of SMC from its beginnings as a project of Population Services International. USAID/B can mine this experience and others to identify lessons that can be applied to a similar transition for a follow-on office. It would be a gradual process, taking at least 3-5 years and requiring new kinds of technical support to strengthen organizational capacities in strategic planning, marketing, business planning, and other areas. There would be risks, but opportunities as well. An independent entity could continue to receive USAID/B bilateral support, providing services in a more cost-effective manner. It could also serve a broader array of clients – for example, DPs, GOB, and the private sector – with needs in a wider range of commodities. Further analysis regarding this option will be required.

Given limited resources, the assessment team recommends USAID/B revisit the extent to which contraceptive security is an explicit component in follow-on activities. DELIVER/B's work in awareness raising and public-private partnerships has not resonated with stakeholders in the same way as work in procurement, logistics management, and planning and coordination. One exception is an interns program DELIVER/B briefly supported for GOB staff. We recommend reinvigorating this program, perhaps building on the nascent collaboration with the Department of Population Science, Dhaka University.<sup>12</sup> The aim can be to increase the capacity of young professionals, whether in government, donor agencies, or the private sector, to champion logistics and commodity security. An interns program can be an effective way, more from the bottom up, to mainstream these issues into development planning and implementation, to ensure someone is always asking the “where are the supplies” question.

These recommendations themselves attend to the longer-term issues of contraceptive security in Bangladesh. Other ways USAID/B can continue promoting the long-term availability of contraceptives and other FP/MCH supplies include further strengthening of the Social Marketing Company (SMC) and increasing the availability of quality, affordable services for long-term and permanent family planning methods. SMC and the GOB are by far and for the foreseeable future the two lynchpins for achieving contraceptive security in Bangladesh. SMC is increasingly tapping household financing for contraceptives and other health supplies, offering a growing product range of non-subsidized as well as subsidized supplies. Additionally, increasing access to long term and permanent family planning methods can help redress a method mix that is highly dependent on constant re-supply of short-term methods and does not address high levels of unmet need for limiting.

Finally, we strongly encourage USAID/B and partners to engage in a strategic visioning and planning process in late 2006 to develop a five-year strategy for USAID/B's assistance in logistics and commodity security. The strategy can define what USAID/B wants to achieve with its resources and how. With an up-front strategy, and with changes in how TA and training are delivered, USAID/B can maintain its leadership –

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<sup>12</sup> The assessment team was not able to assess DELIVER/B's collaboration with Dhaka University. However, DELIVER/B staff assessed this work as the most promising among its efforts in raising awareness for contraceptive security.

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unequivocally endorsed by stakeholders – in ensuring the availability of essential health supplies for the people of Bangladesh. We hope the present assessment offers a broad outline to launch this process.

## **Appendix A**

### **Scope of Work, Assessment of the USAID/Bangladesh Component of DELIVER Project**

#### **I. Purpose of the Assessment**

A three-person team will conduct an end-of-project assessment of the USAID/Bangladesh component of the DELIVER Project. DELIVER began work in Bangladesh in 2000 and will end in September 2006. The assessment will be carried out in February-March 2006. It has two purposes:

3. A retrospective assessment of project performance: The assessment will assess DELIVER/Bangladesh results against project objectives and USAID/Bangladesh Strategic Objective 1, and assess how these results have contributed to improvements for supply chain management and contraceptive security in Bangladesh.
4. A prospective assessment of future technical assistance needs: The assessment will identify priority technical assistance needs for supply chain management and contraceptive security in Bangladesh for 2006-2010, and make recommendations for how USAID/Bangladesh may address them.

#### **II. Background**

The DELIVER Project is a six year (September 2000-September 2006) worldwide technical assistance project funded by the U.S. Agency for International Development (USAID). Implemented by John Snow, Inc. (JSI) (contract no. HRN-C-00-00-00010-00) and subcontractors (Manoff Group, Program for Appropriate Technology in Health [PATH], and Social Sectors Development Strategies, Inc.), DELIVER is focused on strengthening the supply chains of health and family planning programs in developing countries to ensure the availability of essential health supplies at service delivery points. DELIVER also provides technical management support for USAID's central contraceptive procurement.

USAID/Bangladesh has provided annual funding to DELIVER, as a follow-on project to the Family Planning Logistics Management Project (FPLM) that had worked in Bangladesh from 1988. USAID/Bangladesh funding to DELIVER will total an estimated \$10.6 million.

In Bangladesh, DELIVER has worked in four areas:

Logistics Management: Provide technical assistance for the management and distribution of contraceptives and condoms (largely funded by donors other than USAID) in partnership with the Directorate for Family Planning (DFP), Ministry of Health and Family Welfare (MOHFW) to ensure full supply of these products and availability to

clients at public and NGO service delivery points. Mirroring priorities in the national family planning program, much of DELIVER/Bangladesh's technical assistance has been to ensure the availability of supplies for short-term family planning methods, though recent work has also addressed supply management for long-term and permanent methods.

**Procurement:** Undertake with the Government of Bangladesh (GOB) projections, forecasts, and procurement plans of commodity needs to ensure availability of contraceptives and condoms for the public and NGO sectors and condoms for the Social Marketing Company (SMC). These supplies were largely funded by grant and loan funds provided under the Health and Population Sector Project (HPSP).<sup>13</sup> Procurements have been mostly by the GOB, with technical assistance from DELIVER.<sup>14</sup>

**GOB Strengthening:** Provide technical assistance and training to sustain system performance and institutionalize in the GOB training, supervision, assessment, and monitoring and evaluation for logistics management and procurement.

**Contraceptive Security:** From 2002, DELIVER's mandate in Bangladesh expanded to include a range of activities in contraceptive security, in addition to ongoing work in the three aforementioned areas. It has provided technical assistance, including research, analysis, and communication for a long-term strategic approach to improving contraceptive security through awareness raising, assessment, and planning activities. DELIVER has also provided support to coordination among stakeholders, including GOB, donors, USAID cooperating agencies (CAs), and the private sector.

DELIVER has worked with diverse partners in Bangladesh, including the GOB, multilateral agencies (e.g., World Bank, UNFPA), bilateral donors (e.g., KfW, CIDA, DFID), and other CAs (Pathfinder International, POLICY Project, SMC, etc.).

### **III. Assessment Questions**

#### **(1) Project Performance**

Overall, what has been the impact of DELIVER's activities on contraceptive logistics, procurement, and GOB strengthening? To what extent are improvements in system performance indicators (e.g., stock out rates, LMIS data quality, storage conditions) attributable to DELIVER's work? To what extent can these improvements be sustained without continued external assistance?

What has been the role of the Logistics Support Officers (LSOs) in ensuring system performance for availability of contraceptives, condoms, and other supplies at service

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<sup>13</sup> The GOB allocated some internally generated revenues for contraceptive and condom procurement in 2005.

<sup>14</sup> UNFPA has also conducted procurements on behalf of the GOB and donors, as well as providing direct commodity donations to the GOB.

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delivery points? To what extent has DELIVER worked to transfer LSO functions to the GOB?

To what extent has DELIVER contributed to institutionalize capacities in the GOB in the following areas to sustain effective performance of its logistics system?

- Forecasting and procurement
- Logistics management
- LMIS
- Training
- Supervision
- Assessment, monitoring and evaluation

How has DELIVER supported (or played a catalytic role in) the introduction of (a) supply chain efficiencies; (b) outsourcing of certain supply chain functions; and (c) technological innovations to improve logistics management in Bangladesh? To what extent have these introductions been appropriate, transferable, and sustainable? What factors have either facilitated or impeded these processes?

How has DELIVER drawn from experience in the private sector to support improvements in logistics management in Bangladesh?

What role(s) has DELIVER played to help the Social Marketing Company (SMC) prepare for anticipated decreases in USAID's contraceptive assistance?

Overall, how has contraceptive security in Bangladesh improved since DELIVER began work in Bangladesh, and to what extent are improvements attributable to project activities?

To what extent has DELIVER helped to raise awareness of contraceptive security in Bangladesh, to identify near- and long-term priorities for improving contraceptive security, and to mobilize support to address these priorities?

How has DELIVER supported stakeholder coordination in Bangladesh to ensure continuous financing and minimize volatilities in the supply of contraceptives and condoms to the country? How effective has this work been in improving contraceptive security, including towards institutionalizing the coordination role in the GOB? What have been the strengths and weaknesses in DELIVER's relationships with key stakeholders, including the GOB, multilateral agencies, and bilateral donors?

To what extent has DELIVER coordinated and actively collaborated with other CAs at central and field levels to improve contraceptive security in Bangladesh? Has the coordination been effective at minimizing duplication of effort and leveraging comparative strengths among CAs? Has collaboration enhanced achievement of respective project results for DELIVER and other CAs? What factors have either facilitated or impeded these processes?

How has the Bangladesh environment (e.g., GOB service delivery policies, staff turnover, political commitment, government-donor relations), affected the achievement of project results? How has DELIVER responded to these factors, leveraging opportunities or adapting to impediments?

What monitoring and evaluation systems are in place to assess DELIVER's impact, including for sustainability of project results?

## (2) Future Needs

Overall, what technical areas in logistics, procurement, GOB strengthening, and contraceptive security should receive greater or lesser attention by USAID/Bangladesh during the next five years?

What are the priorities to support continuing institutionalization of supply chain management functions in the GOB? To what extent is it appropriate to turn over functions of the LSOs to the GOB? What would be the benefits and risks? What steps can be taken to further this process and minimize the risks?

What are the areas where the supply management experiences of the private sector can be applied to further improve logistics management in Bangladesh?

What technical assistance needs are likely as SMC transitions to decreased USAID assistance for contraceptive supply? What steps can be taken to address chokepoints in condom supply to SMC?

The "white paper" prepared by DELIVER in 2002 identified three strategic priorities for contraceptive security in Bangladesh.<sup>15</sup> Should any receive greater or lesser attention from USAID/Bangladesh during the next five years? Do these remain the highest priorities? Are there others that USAID/Bangladesh should consider?

What are remaining weaknesses in coordination and planning for contraceptive security in Bangladesh? What steps can be taken to strengthen and institutionalize GOB leadership and responsibility in these areas?

What can be done to further increase the understanding and appreciation of program managers, policy makers, civil society, and others in Bangladesh of the importance of sound supply management and of contraceptive security?

## **IV. Methods**

The assessment team will consist of three persons: Alan Bornbusch, USAID/Washington, Team Leader; Sharmila Raj, USAID/Washington; and Tim Johnson, consultant.

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<sup>15</sup> Hudgins, A.A. 2002. *A Consequence of Success: The Issue of Contraceptive Security in Bangladesh*. Arlington, Va.: DELIVER Project/John Snow, Inc.

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It is anticipated that the assessment will require four weeks. The consultant will be funded for 21 days LOE. Funding will be provided by USAID/Bangladesh through the CDC-PASA.

The assessment team will review pertinent documents, such as DELIVER technical reports, annual work plans, and quarterly and annual reports to USAID (all to be provided by DELIVER); USAID/Bangladesh's SO 1 strategy; documents pertaining to SMC; and other pertinent documents. The team will also conduct interviews and meetings in Washington, including with USAID staff, DELIVER, POLICY Project, and others as pertinent.

The assessment team will spend two weeks in Bangladesh (late February/early March) for meetings, interviews, field visits, and debriefings with USAID/Bangladesh and other stakeholders. Logistical support for the team in Bangladesh will be provided by USAID/Bangladesh and DELIVER/Bangladesh.

A seven-day work week will be authorized for this assessment.

### **V. Deliverables**

There will be two debriefings by the assessment team prior to its departure from Bangladesh – one with USAID/Bangladesh, and one with other stakeholders.

A first draft of the assessment report will be submitted to USAID/Bangladesh during the team's debriefing. The draft may also be submitted to DELIVER. Comments will be provided within one week, and the final report will be submitted to USAID/Bangladesh within 14 days after the team's departure from Bangladesh.

The assessment report will be in the following format:

- Executive summary (maximum two single-spaced pages)
- Background
- Assessment methodology
- Key findings and conclusions
  - a) Project performance
  - b) Future technical assistance needs
  - c) Recommendations to USAID/Bangladesh
- Annexes

The main body of the report – excluding executive summary and annexes – will not exceed 15 single-spaced pages.

## **Appendix B**

### **Documents Reviewed**

2004. Study on Availability of Contraceptives at Service Delivery Points. Centre for Development Services, for John Snow Inc./DELIVER Bangladesh.

Chawla, D., D. Sarley, S. Scribner, R. Berg, and A. Balal. 2003. Bangladesh: Contraceptive Market Segmentation Analysis – Final Report. Arlington, VA, John Snow Inc./DELIVER, for the U.S. Agency for International Development.

DELIVER Bangladesh Annual Reports (2002-2003, 2003-2004, 2004-2005).

DELIVER-Bangladesh Work Plan (2004-2005), Chart of Activities, Rationale and Outcome.

DELIVER Bangladesh Work Plan 2005-2006.

DELIVER Bangladesh Monthly Highlights (November 2003 – October 2005).

Family Planning Logistics Pipeline Report, December 2005. Logistics & Supply Unit, Directorate General of Family Planning, Ministry of Health and Family Welfare, Bangladesh.

Family Planning Logistics Pipeline Report (GOB & SMC), January 2005. John Snow, Inc./DELIVER Bangladesh MIS Unit.

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Health and Population Sector Program, Annual Program Review, Draft Report, April 2005.

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Hudgins, A.A. 2002. A Consequence of Success: The Issue of Contraceptive Security in Bangladesh. Arlington, VA, John Snow Inc./DELIVER, for the U.S. Agency for International Development.

Hudgins, A.A. 2005. Contraceptive Requirements Bangladesh: 2006-2010. Arlington, VA, John Snow Inc./DELIVER, for the U.S. Agency for International Development.

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Implementation Completion Report (IDA-31010 TF-21202 TF-21438 TF-22374 TF-22699 TF-23774) on a Credit in the Amount of SDR 185.5 Million (US\$250 Million Equivalent) to The Government of the People's Republic of Bangladesh for a Health and Population Program Project, December 2005.

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Kinzett, S. and J. Bates. 2000. Bangladesh: Contraceptive Logistics System, Review and Lessons Learned. Arlington, VA, John Snow Inc./Family Planning Logistics Management (FPLM), for the U.S. Agency for International Development

Levine, R. 2004. Millions Saved: Proven Successes in Global Health. Washington, D.C., Center for Global Development.

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National Institute of Population Research and Training (NIPORT), Mitra and Associates, and Macro International Inc./ MEASURE DHS+. 2004. Bangladesh Demographic and Health Survey 2004 Preliminary Report.

Performance Management Plan (PMP), Strategic Objective (SO) 1: Fertility reduced and family health improved. October and May 2004 updates.

Woodle, D., T. Dickens, J. Fox (PATH). 2003. Procurement Primer for Health and Family Planning Programs in Bangladesh. Arlington, VA: Prepared by PATH for DELIVER/John Snow, Inc., for the U.S. Agency for International Development.

Woodle, D., T. Dickens, J. Fox (PATH). 2003. Bangladesh Bidder's Guide. Arlington, VA: Prepared by PATH for DELIVER/John Snow, Inc., for the U.S. Agency for International Development.

Wright, C. 2003. Bangladesh: Behavior Change Communications Strategy for Contraceptive Security. Arlington, VA, John Snow Inc./DELIVER, for the U.S. Agency for International Development.

## **Appendix C**

### **Persons Contacted**

#### USAID/Bangladesh

Lynn Gorton, Team Leader, Office of Population, Health and Nutrition  
Sheri-Nouane Johnson, Deputy Team Leader, Office of Population, Health and Nutrition  
Md. Nasiruzzaman, Technical Advisor, Office of Population, Health and Nutrition  
Carrie Rasmussen, Program Coordinator, Office of Population, Health and Nutrition  
Sheikh Belayet Hossain, Senior Health Adviser, Office of Population, Health and Nutrition

#### Canadian International Development Agency (CIDA), Bangladesh

Momena Khatun, Health Advisor, Program Support Unit

#### High Commission of Canada, Bangladesh

Maury Miloff, First Secretary (Development), and Deputy Head of Aid  
Shaila Rodrigues, Second Secretary (Development)

#### KfW (Kreditanstalt für Wiederaufbau) Bankengruppe, Bangladesh

Christoph Isenmann, Director  
Habibur Rahman, Local Expert

#### The World Bank, Bangladesh

Dinesh Nair, Health Specialist, South Asia Region  
Harbinder Singh Suri, Procurement Specialist

#### United Nations Population Fund (UNFPA), Bangladesh

Suneeta Mukherjee, Country Representative.  
Pornchai Suchitta, Deputy Representative  
Tahera Ahmed, Assistant Representative  
Afsana Taher, Operations Manager  
Jaharlal Das, Procurement Assistant

#### NGO Service Delivery Program (NSDP), Bangladesh

Robert Timmons, Chief of Party  
Tamara Smith, Deputy Chief of Party (Program)  
Kamrul Ahsan, MIS & Evaluation Director  
Mizanur Rahman, Senior MIS & Evaluation Advisor

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Social Marketing Company

Perveen Rasheed, Managing Director  
Md. Luthfur Rahman, Manager of Procurement  
Sekander Hayat Khan, General Manager, Administration  
Mahbubur Rahman, Head of Marketing  
Md. Mahbubur Rahman, Manager of Materials Management  
Saleh Ahmed Choudhury, Head of Sales.

DELIVER/Washington, D.C.

Anthony A. Hudgins, Coordinator for Country Programs  
Shyam Lama, Country Team Leader/Senior Logistics Adviser

DELIVER/Bangladesh

Md. Nurul Hossain, Chief of Party  
Md. Mafizur Rahman, Deputy Chief of Party  
Muhd. Anwar Hossain, Logistics Advisor  
Nazmul Huda Khan, Logistics Advisor  
Mahbub Hossain Shaheed, Logistics Advisor  
Amatur Razzaque, Logistics Advisor  
Mahmudul Islam, Logistics Support Officer, Dhaka  
Md. Abdullah, Logistics Support Officer, Dhaka, DGFP Central Warehouse  
Md. Shariful Islam, Logistics Support Officer, Rampur  
Abdul Mannan, Logistics Support Officer, Bogra  
A.K.M. Sirajuddin, Logistics Support Officer, Chittagong  
Md. Akhtar Hossain, Logistics Support Officer, Khulna  
Md. Mahbibur Rahman, Procurement Consultant, DGFP  
Kaiser Rashid, Procurement Consultant, CMSD  
Eugene S. Reberio, General Services Officer

Directorate General of Family Planning (DGFP), Ministry of Health and Family Welfare, Bangladesh

M A Akmall Hossain Azad, Director General, DGFP

Md. Taher Jamil, Director, Logistics and Supply, and Line Director, Procurement, Storage and Supply Management  
Sankar Lal Barai, Deputy Director, Logistics and Supply, and Acting Deputy Director, Local Procurement  
Rezaul Islam, Deputy Director, Foreign Procurement  
Md. Anwarul Islam, Procurement Officer

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Ummay Hasina Akhter, Director, MIS, and Line Director, MIS Services & Personnel (Family Planning)

Syeda Nurunnahar Begum, Deputy Director, MIS, and Program Manager, LMIS  
Md. Abul Kalam Azad, Logistics Monitoring Officer, and Deputy Program Manager, LMIS

Golam Faruk, Assistant Director, Central Warehouse

Md. Saiful Islam, Additional Director of Drugs and Stores, Central Warehouse

Md. Abul Kashem, Central Supply Officer, Central Warehouse

Shafiur Rahman, Regional Warehouse Manager, Rajshahi Regional Warehouse

Md. Nawshed Ali, Storekeeper, Rajshahi Regional Warehouse

Md. Shamim Hossain, Pharmacist, Rajshahi Regional Warehouse

Marzia Haque, Upazila Family Planning Officer, Mohanpur Upazila

Md. Abdur Rouf, Medical Officer – Maternal and Child Health, Family Planning, Mohanpur Upazila

Murzada Khatun, Family Welfare Visitor, Sadar Clinic, Mohanpur Upazila

Md. Azizur Rahman, Sadar Clinic, Mohanpur Upazila

Mehbuba Khatun, Clinic Manager, JTS (NSDP NGO) Clinic, Mohanpur Upazila

Mussamat Afroze Begum, Sub-Assistant Community Medical Officer, Mougachi Health & Family Welfare Clinic, Mohanpur Upazila

Saiful Islam, Family Planning Inspector, Mougachi Health & Family Welfare Clinic, Mohanpur Upazila

Md. Syed Ali, Pharmacist, Mougachi Health & Family Welfare Clinic, Mohanpur Upazila

Md. Jahangir Hossain, Family Welfare Visitor, Mougachi Health & Family Welfare Clinic, Mohanpur Upazila

Salina Begum, Family Welfare Assistant, Mougachi Health & Family Welfare Clinic, Mohanpur Upazila

Shakia Haider, Upazila Family Planning Officer, Puthia Upazila

Bilayet Hossain, Stores Manager, Puthia Upazila

Imran Ali, Senior Family Welfare Visitor, Puthia Upazila

Agdus Sobhan, Sub-Assistant Community Medical Officer, Belpukuria Union Family Welfare Clinic, Puthia Upazila

Manowar Pervin, Family Welfare Visitor, Belpukuria Union Family Welfare Clinic, Puthia Upazila

Shamsul Alam, Upazila Family Planning Officer, Gurudespur Upazila

Anserul Haque, Med. Officer, Gurudespur Upazila

Alyea Begum, Sadar Clinic, Gurudespur Upazila

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Md. Areifur Rahman, Upazila Family Planning Officer and Supply Officer, Tangail Regional Warehouse

Md. Afzal Hossain, Storekeeper, Tangail Regional Warehouse

Prithwis Chander Bose, Pharmacist (and Manager, WIMS), Tangail Regional Warehouse

Shah Alam, Regional Supply Officer, Regional Warehouse, Chittagong

Faruk Hossain, Storekeeper, Regional Warehouse, Chittagong

Rafique Alam Majumder, Upazila Family Planning Officer, Patiya Upazila

Arifa Khatun, Medical Officer (Maternal/Child Health – Family Planning), Patiya Upazila

Laksman Kanti Ghosh, Storekeeper, Patiya Upazila

Mridul Kanti Chakraborty, Assistant Upazila Family Planning Officer, Patiya Upazila

Biplob Barua, Sub-Assistant Community Medical Officer, Kushumpura Family Welfare Center, Patiya Upazila

Mohammed Yousuf, Family Planning Inspector, Kushumpura Family Welfare Center, Patiya Upazila

Syada Kamrunnesa, Family Welfare Visitor, Kushumpura Family Welfare Center, Patiya Upazila

Dipti Chowdhury, Family Welfare Visitor, Kushumpura Family Welfare Center, Patiya Upazila

Chinu Mojumder, Family Welfare Assistant, Kushumpura Family Welfare Center, Patiya Upazila

Halimur Rahman, Medical Officer (Maternal/Child Health), Chandanaish Upazila

Bidhan Chandra Dhar, Storekeeper, Chandanaish Upazila

Shahi-Al-Reza, Clinic Manager, Samannitha Unnayan Songstha (NSDP NGO) Clinic, Chandanaish Upazila

Haradhon Nath, Medical Officer and Upazila Health & Family Planning Officer, Sitakunda Upazila

Rokeya Haq, Family Welfare Visitor, Sonaichari Family Welfare Center, Sitakunda Upazila

Md. Nazer Uddin, Office Assistant, Samannitha Unnayan Songstha (NSDP NGO) Clinic, Sitakunda Upazila

Directorate General of Health Services (DGHS), Ministry of Health and Family Welfare, Bangladesh

Md. Abdus Shahid Khan, Director, Stores and Supplies, Central Medical Stores Depot (CMSD)

## Appendix D

### Tables of DELIVER/B Inputs

#### Logistics Monitoring Visits, 2001-2006

Year	Number of Visits Made				
	Warehouses	Upazila Stores	SDPs	NGOs	Total
2001-2002	62	516	143	277	998
2002-2003	82	539	141	384	1,146
2003-2004	86	458	381	246	1,171
2004-2005	108	434	1,338	244	2,124
2005-2006 (to date)	39	136	418	97	690
<b>Total</b>	<b>377</b>	<b>2,083</b>	<b>2,421</b>	<b>1,248</b>	<b>6,129</b>

#### Computer and LMIS Training, 2000-2006

Year	Trainees	Content	Number of Trainees	Duration of Training (days)
2000	UFPOs, UHFPOs, Storekeepers, FWAs, FPIs, FWVs	Orientation on Integrated Health & Family Planning LMIS reporting	1,500	1
2001	Storekeepers & Pharmacists, DGFP Warehouses	Training on AICS and Basic Computer Operation	55	5
2002	UFPOs, Upazila Storekeepers/ Pharmacists	SDP Reporting on Modified Forms	1,025	1
2003	Store Assistants, CMSD	Warehouse Inventory Management System (WIMS)	18	1
2005	Storekeepers, Pharmacists, DGFP Warehouses	WIMS	55	5

**Training on Logistics Management, 2000-2006**

<b>Year</b>	<b>Trainees</b>	<b>Subject</b>	<b>Number of Trainees</b>	<b>Duration of Training (days)</b>
2000	Storekeepers, Upazila Family Planning Stores	Logistics Management	290	5
	Upazila Family Planning Officers (UFPOs)	Logistics Management	73	6
	Storekeepers, Pharmacists, Warehouses/District Reserve Stores	Logistics Management	55	5
	Storekeepers, Upazila Health Complexes (UHCs)	Generic Storekeeping	384	3
	NGO Clinic Managers, Store-in-Charge & Documentation Officers	Orientation on Logistics Management	319	1.5
2001	Storekeepers, UHCs	Generic Storekeeping	70	3
	NGO Clinic Managers, Store-in-Charge & Documentation Officers	Orientation on Logistics Management	258	1.5
2002	Storekeepers, UHCs	Unified Health & Family Planning Logistics	148	6
	Upazila Health and Family Planning Officers	Orientation on Unified Health & Family Planning Logistics	243	2
	Storekeepers, Health District Reserve Stores	Generic Storekeeping	87	3
2003	UFPOs	Logistics Management	42	3
2004	UFPOs	Logistics Management	38	3
2005	UFPOs	Logistics Management	16	3
2006	Pharmacists, in-charge as Upazila Family Planning Storekeepers	Logistics Management	132	5

### Training on Procurement, 2000-2006

Year	Trainees	Content	Number of Trainees	Duration of Training (days)
2000	DGFP & DGHS Desk Officers	Procurement of Goods and Services under HPSP	66	3-5
	MOHFW, DGFP, & DGHS Senior Officers	Workshop on Goods and Services	58	1
	DGFP & DGHS Desk Officers, Professors of Medical Colleges	Orientation on Preparation of Specifications of Medical Goods & Equipment	28	1
2001	Key procurement officials of DGFP & DGHS	Testing the Procurement Manuals	20	3
	DGFP & DGHS Desk Officers	Procurement of Goods	20	3
	DGFP & DGHS Desk Officers	Procurement of Services	16	3
2002	DGFP & DGHS Desk Officers	Bid Evaluation	22	2
	DGFP & DGHS Desk Officers	Proposal Evaluation	17	2
	MOHFW, DGFP, & DGHS Senior Officers	Orientation on Evaluation of Bids and Proposals	23	1
	Expert Group Meeting: MOHFW, DGFP, & DGHS Senior Officers, and Development Partners	Review of Organization and Structure of Procurement Activities under MOHFW	35	3
	DGFP & DGHS Desk Officers	Refresher Training on Bid Evaluation	21	2
	DGFP & DGHS Desk Officers	Refresher Training on Proposal Evaluation	24	2
2003	DGFP & DGHS Desk Officers	Training on Procurement of Goods	31	2
	Representatives of Bidders' Organizations (Goods)	Bidders' Orientation on Procurement of Goods	35	1
	Representatives of Consulting Organizations (Services)	Orientation on Procurement of Services	19	1
2005	DGFP & DGHS desk officers	Training on Procurement of Goods following PPR 2003	27	6
	DGFP & DGHS Desk Officers	Training on Procurement of Services following PPR 2003	26	3
	MOHFW, DGFP, & DGHS Senior Officers	Orientation on PPR 2003	34	0.5
	DGFP, DGHS Core Group	Training on Procurement of Goods following PPR 2003	17	3
	Representative of Bidders' Organizations (Goods)	Orientation on PPR 2003 and WB requirements	17	1
	Representatives of Consulting Organizations (Services)	Orientation on PPR 2003 and WB requirements	32	1