Institutional Assessment of
National Institute for Population, Research and Training
(NIPORT)
Dhaka, Bangladesh
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Contents

Abbreviations and acronyms

ACR	Annual Confidential Report
ANC	Ante Natal Care
BCC	Behavioural Change Communication
BRAC	Bangladesh Rural Advancement Committee
DG	Director General
EOC	Emergency Obstetric Care
ECD	Early Childhood Development
EPI	Expanded Programme of Immunization
FP	Family Planning
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitors Training Institutes
HA	Health Assistant
IMCI	Integrated Management of Childhood Ilness
IUD	Intra Uterine Device
JPGSPH	JP Grant School of Public Health
HPNSDP	Health, Population & Nutrition Sector Development Program
MAC	Management Advisory Committee
MCH	Maternal and Child Health
CEmOC	Comprehensice Emergency Obstetric Care
MO	Medical Officer
MOHFW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
NSCPR	National Steering Committee for Population Research
NGO	Non Government Organization
NIPORT	National Institute for Population, Research and Training
RHSTEP	Reproductive Health Services Training and Education Programme
RTC	Regional Training Center
SACMO	Sub Assistant Community Medical Officer
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
ToT	Training of Trainers
UHC	Upazila Health Complex
UFPO	Upazila Family Planning Officer
WB	World Bank

Acknowledgements

Executive summary

To be able to perform well, all elements of an organization have to work together well as an organic whole. To what extent is that the case? Which elements of NIPORT are functioning well, and where are areas of concern? The reader is advised to refer to the respective chapters for more details and in-depth information.

Mission and Strategy

A NIPORT mission statement does exist on paper, but it is not alive enough. NIPORT can be characterised as an agency, implementing the long term policies of the Ministry, with limited strategic control. Visionary leadership is further compromised because the DG and Directors are on deputation from the administrative cadre. They are replaced frequently and most of the time non-subject experts.

It is advised to formulate a mission statement at outcome or impact level. This can be a part of a strategic planning exercise, as DFID is planning to engage in. Such an exercise needs to involve the right persons from the Ministry of Health and Family Welfare. A discussion about a mission-statement and strategy necessarily includes a reflection on NIPORT's mandate and span of control.

A mission statement should be included in leaflets, and displayed in the strategic points in NIPORT offices, so that every one (own staff as well as visitors) can understand what NIPORT wants to achieve.

Material resources

NIPORT has reasonably good building facilities (32 regional centres). Equipment like cars and training equipment tends to be outdated. The access to utilities like electricity and internet is medium. Make better use of the facilities by offering training to a wider audience. Making better use of the facilities can be done in two ways:

- within the current system of working, meaning the head office in collaboration with the development partners plans for training a wider audience
- outside the current system of working: develop a system of incentives for higher performance, while ensuring transparency

It is also recommended to:

- Include upgrading of classrooms (multimedia, AC) in the future strategic plan. Ensure also that classrooms are designed and equipped in such a way to enable modern experiential and inductive learning methods.
- Engage in internet based knowledge management.

- Update curriculums timely.

Financial resources

NIPORT has secure funding through the GoB revenue budget, and reasonably secure funding through the development pool-fund under the Health, Population & Nutrition Sector Development Program. The Development partners provide funds for the next quarter after approving the report of the previous quarter, while the GoB does not pre-fund to bridge the periods. Through this system-flaw, the training centres remain most of the time without funds for conducting training courses, seriously compromising the effectiveness of NIPORT.

Recommendation: This issue of training centres not having funds to implement courses much of their time needs to be solved urgently by the Development Partners and the Ministry of Health. It is advised that the DG has "rings the bell" in this regard.

Human resources (organogram)

The organogram seems to be fair and balanced. It is difficult to decide how big a core-team of trainers need to be and how many ad-hoc faculties one can hire, because these decisions require also information in a long-term perspective, which is not always clear. There are however too many vacancies within the approved organogram, partly because of the lack of recruitment rules.

It is recommended that:

- NIPORT ensures the approval of the recruitment rules as soon as possible, in order to be able to fill up the vacancies for the approved positions.
- The proposed strategic plan (proposed by DFID) could include a reflection on NIPORT's role and priorities, and as a result of that a review of required number of staff and related competencies in a probably somehow new situation.

Clients and training needs:

NIPORT's training programme is by and large defined in the development budget. NIPORT has the infrastructure and capacity to double its output and could engage in training more staff of the Ministry of Health, provided funds are allocated for that purpose. NIPORT does not actively market its service to other clients like NGOs.

In chapter 7 of this report perceived training needs of various interviewed government officials are given. It is recommended that NIPORT establishes a committee which engages in an in-depth discussion with the Ministry to discuss the above mentioned findings. Questions to be answered are:

- Which training needs need to be addressed and which not

- Which training needs can be addressed by NIPORT, and for which training needs other providers are better positioned
- What does this mean for the NIPORT curricula and courses provided

Irrespective of the outcome of this discussion, it is recommended that FWAs and FWVs and probably also other staff are trained in how to go about and answered questions related to sexuality. There is a strongly felt need to incorporate more in-depth training on sexuality on the curricula for field staff of the ministry of health. This can be done both: by expanding or including a section on this topic in the training, as well as making the issue to some extent a crosscutting theme.

Discuss the need for more elaborate sexuality education in the curriculums with the Technical Committee of NIPORT.

Outputs

NIPORT provides a wide range of training programmes. The research department is insufficiently involved in doing research to strengthen the training efforts.

Recommendations for the Research Unit:

- Complement quantitative data more often with in-depth qualitative data.
- Engage with the training department on how to strengthen their work, for instance through quality context analysis, in depth training need and performance surveys, tracer studies and discussing the research results.

Recommendations for the Training Unit:

- Train trainers in modern training methodologies (experiential learning, adult learning cycle)
- Whenever necessary improve training material, sometimes the quality is rather low.
- Introduce multi-media projectors in the class rooms where they are not yet used.
- Ensure that the training is relevant and applicable. This is not always the case.

Human resources (staff competencies)

Most staff is well experienced. Many lack in-depth subject expertise. Training and Research staff would benefit from further (well-focussed) training and coaching. In the regional offices many faculties are hired on ad-hoc basis, making it difficult to assess their quality.

It is recommended to:

- Do a proper staff capacity assessment, especially of the staff involved in training and research, as part of a broader organizational development plan.

- Develop a competency based staff development plan for NIPORT, including training, coaching and other learning mechanisms. The comprehensive approach as suggested by DFID is supported by the assessment team.

Specifically for this NUFFIC funded project:

- Train the staff of NIPORT and the Ministry involved in improving the curriculums in essential competencies like Competency Based Education and Training and Concept Clarification on Sexuality.
- After finalizing the improved curriculum, ensure that the trainers in the field get a proper introduction and training in using the curriculum.

Human resources (staff motivation)

The factors contributing to staff motivation score higher in the regional offices than in the head office. Most staff of NIPORT identify positively with the work and achievement of NIPORT. In the head office there are some issues with the leadership and poor coordination among the units. The regional offices score better on these aspects. There are areas on how to improve staff motivation on which the management does have a certain level of control:

- Systematize and improve coordination among the units in the head office
- Foster stronger unity among staff in the head office, for instance shared meals and an annual staff get together.
- For every manager and supervisor: actively appreciate and praise your sub-ordinates whenever that is appropriate. Staff indicates that this does not happen enough.
- Already mentioned before: get the recruitment rules approved and implemented and address the issue of late arrival of funds, so that the staff in the regional centres do not have to sit idle a part of their time

Organizational development

Organizational development is not only a matter of staff development. It is also important to review strategies, structure, systems and most of all NIPORT to become a 'learning organization'. Some recommendations on that last aspect:

- Improve access to internet, also in the regional offices
- Make learning an important part of the internal strategy of NIPORT
- Ensure that there is space for staff to express different views
- Ensure that PM&E Information is regularly analysed and used for decision making, and that experiences are documented and analysed
- Before introducing a new curriculum run a pilot first
- Train staff in the use of new curriculums.

Gender

The number of female staff employed is above the government standard. Female staff score the gender behaviour of NIPORT staff lower than the male staff. There is no specific gender policy. Training material is not reviewed through a gender lens. Use of stereotype roles are for instance common. Though gender is a topic in some courses, it is dealt with superficially only.

Recommendations:

- Develop / enforce a gender policy
- Genderize training material
- Family Planning would benefit from discussing gender specifically (roles, power, decision making)
- Provide day care facilities in the training centres
- Course evaluations and other data gathered to be segragated

Internal coordination

Internal coordination is good in the regional offices (rather informal, but that works well in small teams). Good within the units at the head-office, but not so good among the three units at the head office. NIPORT needs more unity at the head office.

- More interdepartmental staff meetings, to discuss issues which affect more than one department
- Share meals together as a whole organization, not per department
- Annual staff get together, or staff outing
- Establish a management team, engage in more consultative leadership
- Institutionalize and formalize management team meetings

Systems

NIPORT is partly regulated well through the government service rules and financial manual. Though it does not function perfectly in all aspects (weak time keeping, appraisal system tend to overrate performance)

Systems are partly also regulated from inside NIPORT (for instance the curriculum development procedures), these procedures are not institutionalized. Every new DG bring with him or her a new way of coordinating and managing. Also coordination and management and consultation and decision making procedures are not sufficiently regulated and institutionalized.

Recommendations:

- There is a need for a specific manual in which NIPORT specific procedures are described. This manual can build on the existing semi-formal arrangements and can be made in a participatory way. It is recommended to have an external facilitator facilitating the process.
- One goal of the new systems would be to foster greater unity and cohesion in the head office.

Monitoring and supervision

Staff supervision at an informal and personal level seems to be overall O.K. Formal monitoring and evaluation is weak. There are no systematic visits to regional offices. Training evaluation forms are not summarized. There are no recent tracer studies of past trainees.

Recommendations are:

- The head office to ask for written evaluation reports of every training dome in the regional centres. Ensure that the findings of these reports are used for learning
- Make a systematic plan for monitoring the quality of the work of the regional centres.
- The research department to conduct follow up surveys and tracer studies of past trainees.

Leadership

Leadership tended to be autocratic, which is accepted by staff. Some staff members prefer a more participatory leadership-style. At the time of writing this report the DG had been transferred already.

Recommendations:

- NIPORT, as many other government institutions, would benefit from more stable leadership. Having a DG on deputation might be a blessing in terms of external relationships with government departments. But there should be a second person, or second line management, consisting out of content exerts, which has a strong mandate, and who are not on deputation, but 'revenue staff'.
- Introduce a system and culture of staff participation in management of NIPORT both at HQ and field offices by forming management team and creating provision for regular management meetings.
- Introduce interdepartmental meetings at HQ level with participation of most professional staff on a regular basis so that NIPORT can function more as a team.

Access to knowledge and relations with external partners

There is a reasonably good library at the head office, though with very few books and publications dating from after 2004. Internet services are there, but there is no reflection on use of the internet

for instance for a knowledge platform or e-learning. Staff members do participate in forums and training abroad. It is recommended that:

- NIPORT responds more pro-active to the changing context. This can for instance be done through regular strategic reflections, exposure visits to other countries, and a study on how to make more use of computers, mobile phones and internet for delivering services.
- Reflects on the possibilities for strategic collaboration with other national and international institutions providing similar services
- Improves its contextual research for curriculum development
- NIPORT develops a PR policy to boost its visibility

1 Introduction

1.1 Background

In 2013 the JP Grant School of Public Health (JPGSPH) of BRAC University started to implement a project in collaboration with RHSTEP and NIPORT. The goal of the project is to improve quality and access to training on sexuality in Bangladesh. The project is funded by the Government of The Netherlands through NUFFIC's NICHE projects, and supported in The Netherlands by MDF in collaboration with RutgersWPF, Radboud University of Nijmegen and CREA from India.

As an alternative for a PhD student from his organization DG Mr. Mohammad Iqbal requested for a focused capacity building effort, based on an in-depth organizational assessment of NIPORT. This in-depth assessment was approved by the working group in Bangladesh leading the project. The assessment was carried out between 24th August and 3rd September 2014. This report describes the findings of this assessment.

1.2 Purpose and methodology

Purpose of the assignment: to assess the organizational capacity of NIPORT and give recommendations for improvement, with a focus on the project goals.

1.3 Methodology

The assessment team consisted out of a team of three persons:

- Ms. Mahmuda Akter, senior consultant for individually interviewing 51 field staff
- Mr. Joyanta Roy, director CBSG, senior consultant, Bangladesh (data collection and analysis, formulating summaries and conclusions)
- Dr. Martien van Asseldonk, MDF, team leader (data collection, analysis, formulating summaries, conclusions and recommendations)

Methodology used for data collection:

- Desk study: annual report, general documentation, research papers
- Individual interviews: 51 field staff, the DG, the deputy director admin, and the leaders of the visited field offices
- Focused group discussions: three in the head office and in four regional offices
- Individual questionnaires for professional staff in the head office and 4 regional offices
- The results of guided self-assessment one in July 2013 re-visited and to some extent incorporated
- The results from an earlier visit to the RTC and FWVTI in Rajshahi were also incorporated

Regional offices visited during the assessment:

- RTC in Goila
- RTC in Dhamrai
- FWVTI in Barisal
- FWCTI in Sylhet

See annex 1 for persons interviewed, annex 2 for written sources used and annex 5 for the English version of the questionnaire used for the 51 field staff. The initial assessment findings were shared with NIPORT staff on 2nd October 2014.

1.4 The Integrated Organizational Model.

The assessment was structured using the Integrated Organizational Model.

Factors: economic, technical, political, socio-cultural influences

Input

Mission

Structure

Systems

Strategy

Organisation

Management Style

Staff

Culture

Output

Actors: suppliers, financiers, competitors, partners, target groups
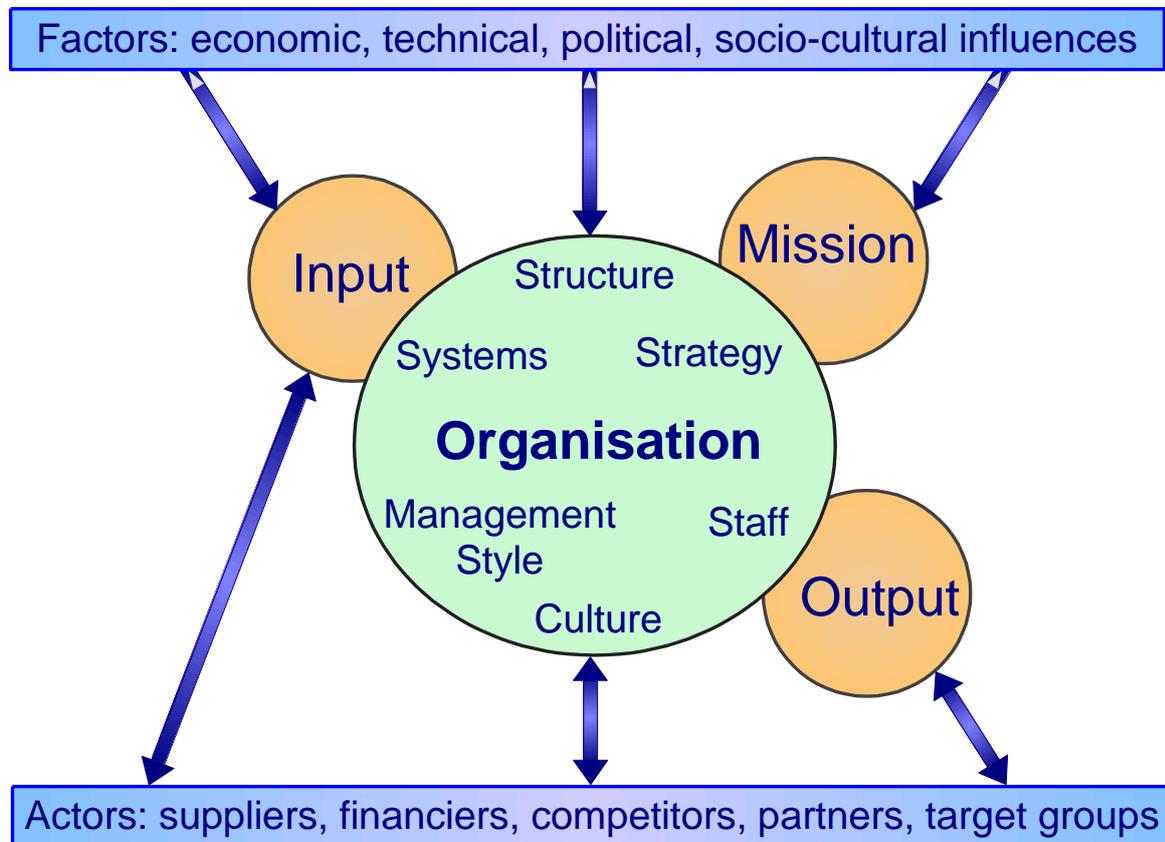
- Inputs are financial, human and material resources.
- Mission is the main goal of the organization
- Outputs are deliveries, like number of trainings and number of research papers
- Outputs (not shown) are the use of these deliveries by the clients
- Impact (not shown) are the changes in society caused by the outputs
- Strategy is how the mission is translated in outputs, outcomes and impact
- Structure is the organogram and the coordinating mechanisms
- Systems are for instance the monitoring system, human research management system, financial system, curriculum development system, training system, and the research topic identification system. There are more.
- Culture are the organizational norms and values, written and mostly unwritten
- Management style speaks: the term speak for itself
- Staff: here is meant staff characteristics, like staff motivation, age, gender and such
- Actors are relevant persons or organizations outside the organizations
- Factors are relevant abstract entities outside the organizations (culture, political situation, wealth and poverty, technology, etc.)

2 Mission and strategy

2.1 Assessment findings

A mission statement describes in easy understandable words the main purpose or the *raison d'être* of the organization. it informs outsiders and gives purpose and direction to the staff and to strategic and annual work-plans. We did not come across an articulated mission-statement of NIPORT in English. However a translated statement from Bengali *rupakalpa* is that: "NIPORT envision to be the premier institution in Bangladesh that satisfies research and human resource development needs of population, health and family planning programmes at the national, regional and international level".

Objectives of NIPORT (original in Bengali):

- Provide training to medical and non medical officers, trainers, paramedic and field level workers in order to develop their knowledge, skill and change behaviour in the area of reproductive health, child health, nutrition, and family planning.
- Conduct research and studies on reproductive health, child health, nutrition, and family planning and disseminate findings to policy maker, managers and researchers so that those programme can be effectively managed.
- Implement research and training programme in association with and/or support of Government, non government organization and development partners.

NIPORT staff is by and large aware of these functions, both at head-office level as well as in the regional centres. Nobody however could give a clear mission statement. This conforms the scoring in guided self-assessment done in July 2013 scoring on a scale from 1 to 4):

Table 1 Scores of the guided self-assessment done in July 2013

Topics	Score
Staff participate regularly in discussions on mission, vision and strategy	1
Staff subscribes the vision, mission and strategy of the organisation	2
The organisation has an operational annual plan	4

On the second score: the assessment team found that the staff supports the work and mission very much, and is well aware of the important contribution NIPORT has made to family planning in Bangladesh. The issue is that they are aware of and not engaged in any discussion related to mission and strategy.

One staff member put it like this: "We do what the ministry tells us to do". This is basically based on the Health and Family Planning Policy 2011-20121, made in consultation with various stake-holders. Within this broader framework NIPORT could still define its role. As the DG said: "It is the policy of

the government to bring the services to the doorsteps of the people. How can NIPORT contribute to make this work."

2.2 Recommendations

It is advised to formulate a mission statement. This can be a part of a strategic planning exercise, as DFID is planning to engage in. Such an exercise needs to involve the right persons from the Ministry. A discussion about a mission-statement and strategy necessarily includes a reflection on NIPORT's mandate.

Another related issue: the DG and the three directors (for training, research and admin) are on deputation from the administrative cadre. They are most of the time non-content experts, and transferred frequently: there were 35 DGs in the previous 40 years, and three Directors Training in the last ten months. These frequent transfers compromise long-term (vision, strategy) thinking.

A mission statement should be included in leaflets, and displayed in the strategic points in NIPORT offices, so that every one (own staff as well as visitors) can understand what NIPORT wants to achieve.

3 The external environment - Factors

3.1 Assessment findings

NIPORT is not directly responsible for providing health and family planning services, but trains the persons, mainly from the Ministry of Health and Family Welfare, who provide these services. Factors influencing the work of NIPORT include:

- Perceptions among key government officials on the work of NIPORT and the importance of family Planning
- Perceptions among development partners on the importance of Family Planning and the work of NIPORT
- Rural infrastructure, which is not so good in most places (roads, bus services)
- Emerging technologies
- Slowly raising levels of education and wealth

Political support for the training component for health- and family planning services from the government and development partners tend to vary. Current support is said to be overall less strong than in the last decades of the previous century, but the issue still ranks reasonably high on the agenda of donors and policy makers. NIPORT is still an interesting for development partners, because of its unique mandate and as important player in building capacity and doing research related to health and family planning.

In the guided self assessment done in July 2013 NIPORT scored itself on a scale from 1 to 4 (4 being the best).

Table 2 Scores of the guided self-assessment done in July 2013

Topics	Score
NIPORT is focused on changes in key priorities internationally and particularly in-country.	3.0
Opportunities, based on changing context, are identified	2.0
NIPORT is able to apply new, useful communication methods	2.0

The scoring shows that NIPORT is only medium responsive in responding to new technologies and new methods, and reasonably responsive in responding to changing priorities and policies, for instance when choosing research topics.

3.2 Recommendations

It is recommended that NIPORT responds more pro-active to the changing context. This can for instance be done through regular strategic reflections, exposure visits to other countries, and a study on how to make more use of computers, mobile phones and internet for delivering services.

4 The external environment - Actors

4.1 Assessment findings

During the assessment it became clear that:
- The Head Office has a strong relationship with the Ministry
- The Regional offices have a strong relation with local hospitals and Family Planning offices
- The acting DG at the time of the assessment had a good reputation with DFID, a key contributor for the development fund of NIPORT and lead agent for NIPORT's organizational capacity building.

During the self assessment in July 2013 the relation with external actors was scored on a scale from 1 to 4. These scores are listed below, starting with the highest and ending with the lowest scores:

Table 3 Scores of the guided self-assessment done in July 2013

Topic	Score
NIPORT has established contacts with government and its agencies	4.0
NIPORT has working relations with several key players in the sector.	3.0

NIPORT owns website which shows relevant information and up-to-date news on website.	3.0
NIPORT participates in debates on themes related to it's mission and contributes to the local policy development.	3.0
NIPORT has developed a track record of delivering activities	3.0
NIPORT has access to expertise of other organisations (national and international).	2.5
NIPORT is practising downward accountability (to target group, constituency)	2.5
NIPORT conducts good contextual research which describes a clear need before an intervention is started.	2.5
NIPORT has memberships of networks, federations or organisations on regional, international and on global level.	2.0
NIPORT involves external parties in relevant policy development.	1.0
Institutional linkages with relevant partners are mapped and reviewed regularly	1.0

4.2 Recommendations

It is recommended that NIPORT:
- Reflects on the possibilities for strategic collaboration with other national and international institutions providing similar services
- Improves its contextual research for curriculum development

5 Output - Research

5.2 Assessment findings

NIPORT has been implementing sesearch activities directly from the headquarters. The research can be:
- focused on improving the quality of NIPORT's training programme
- other research related to Health and Family Planning

NIPORT is also disseminating the research findings. This is done through dissemination seminars at national and divisional level and stakeholder consultatation meeting at various levels.

It goes without saying that quality research can be an important source of information for policy makers, program managers and professionals to develop national policies, program strategies and design priority interventions.

For deciding on research topics, NIPORT's research unit organizes annual priority research workshop to identify the priority issues of research in participation of relevant officials from Ministry, different directorates, institutions, universities, research organizations and NGOs.

During last three years NIPORT has undertaken 5 National surveys:

- Bangladesh Demographic and Health Survey (BDHS)-2011- results disseminated
- Utilization of Essential Service Delivery (UESD)-2013- results disseminated
- Bangladesh Urban Health Survey-2013- results dissemination on 14 October 2014
- Bangladesh Health Facility Survey-2014: results will be disseminated on November 2014
- Bangladesh Demographic and Health Survey (BDHS)-2014: preliminary results will be available on February 2015

The Research Unit also:

- Completed the preparation of annotated bibliography-volume ten.
- NIPORT published the final report of Bangladesh Maternal Mortality and Health Care Survey (BMMS)-2010.

Most of the research is largely subcontracted to third parties due to resource contraints in the Research Unit. It is also not obvious whether and how the reseach unit is contributing to improving the quality of NIPORTs Training pogramme.

After reading a number of recent reseach papers it became clear that recommendations remain often shallow, like: increase awareness and make more services available. Behind a simple statement like: 32 % of the respondents said that their husbands oppose family planning lies an entire universe. It is not enough to recommend: increase the awareness of the husbands. One would like to know in what sense, what are the underlying issues? (Economic issues, cultural values, life-cycle related, power, sexuality, community expectations, etc.)

5.3 Recommendations

- Complement quantitative data more often with in-depth qualitative data.
- Engage with the training department on how to strengthen their work, for instance through quality context analysis, in depth training need and performance surveys. The attempt made during this assessment can be further elaborated.

6 Output - Training provided

6.1 Assessment findings

6.1.1 Courses provided in 2011-2012

To give an idea of the number and kind of training courses NIPORT is providing, in the following table the courses conducted in the period from July 2011 till June 2012 are given (source: *Annual Report 2012)*.

Table 4 Overview of courses given by NIPORT from July 2011 till June 2012

Sl No	Training Course name	Centre	No. of Course	Duration (days)	Participants (no.)
1.	Workshop on update of Basic Training Curriculum for FPI	HQ	1	3	15
2.	Workshop on update of Basic Training Curriculum for FWA	HQ	1	5	15
3.	Training on Office Management	HQ	7	5	175
4.	Training on Program Management	HQ	2	5	49
5.	Training on Behavioural Change Communication (BCC)	HQ	8	5	240
6.	Second Phase Questionnaire Development Workshop for FWV	HQ	1	2	20
7.	Workshop on Environment, Climate Change, Food Safety and Health	HQ	1	2	168
8.	In Service Basic Training Course for FWV (continuing)	12 FWVTI	12	18 (Months)	839
9.	Training on ELCD,BRCR, Monitoring, Supervision and Follow-up	RTC 20	102	5	2550
10.	ToT for the Trainers of Community Paramedic Course	HQ	1	5	25
11.	Basic Computer Training Course	HQ	4	5	96
12.	Training on Emergency Newborn Care	HQ	5	5	125
13.	Training on O.P. Management	HQ	2	5	54
14.	In Service Basic Training for FWA	RTC 20	48	2 (Months)	1200
15.	In Service Basic Training for FPI	RTC 20	24	2 Weeks	600
Total=			**219**		**6,171**

6.1.2 Course evaluations

During the assessment we asked for a few batches of course-evaluation forms, which we tabulated the data ourselves (as the data had not been processed by NIPORT). The scoring is on a scale from 1 to 5 with 5 being the highest or best score:

Table 5 Scoring of evaluations of NIPORT courses

	FWA Basic training 18 months 2012-2013 Sylhet FWVTI	FWA in-service training 5 days 2014 Sylhet FWVTI	FWA Basic training 2 months May-June 2014 Goila RTC	Average
Seating arrangement in class room	5.0	4.8	4.9	4.9
Light and air in Class	5.0	4.6	4.4	4.7
Logistic support	4.7	4.6	4.2	4.5
Training materials (handout)	4.9	4.7	4.2	4.6
Training methods	4.3	4.6	4.8	4.6
Materials use in training	4.8	4.5	4.0	4.4
Audio, Visual use in Training	5.0	4.4	3.8	4.4
Achievement of training objective	5.0	4.5	4.0	4.5
Food	4.2	3.8	3.0	3.7
Role of training coordinator	5.0	4.6	4.2	4.6
Average:	4.8	4.5	4.2	4.5

What do we learn from this small sample? In general scores are high, though it is always difficult to interpret such scores. Is a 4 for instance good or reasonable? We can see the relative differences between the scores.

- Class rooms (seating arrangements, light and air: good
- Training material and training methods: reasonable
- quality of food: scores low
- audio visual equipment: varies a lot
- quality of trainers: also varies

In view of training and curriculum development 51 FWAs, FWVs. FPIs and SACMOs were interviewed, on their training received and scope to use the learning. High scorings are coloured green and the low ones red.

Table: 6 position specific training received and scope to use learning (average score 1-5 of)

Training course	FWA		FPI		FWV		SACMO	
	freq	Av sc.	freq	Av sc.	freq	Av sc.	freq	Av sc.
Basic	18	4	7	4	18	4	6	4
Refreshers	6	4	1	4	11	4	3	4
Team Training	6	3	-	-	-	-	-	-
EoC	2	5	-	-	2	4	-	-
ECD	9	3	2	4	-	-	-	-
EPI	7	3	3	5	-	-	1	3
IUD	-	-	-	-	5	3	-	-
IMCI	-	-	-	-	2	3	5	4
Induction	-	-	-	-	-	-	2	3
Midwives/TBA	-	-	-	-	14	4	-	-
STI	-	-	-	-	4	4	1	4
Others	17	-	5	-	22	-	1	-

Conclusions:

– On a scale from 1-5 all courses score 3, 4 or 5 in terms of scope for applying the learning. Not all training is considered to be very relevant.

6.2 Recommendations

- Expand the number of courses provided, in order to make better use of the buildings. Lobby for the necessary funds to do so.
- The head office to ask for summary reports of all course evaluations, to ensure that these summary reports are made, ensure learning based on these reports.
- Train trainers in modern training methodologies (experiential learning, adult learning cycle)
- Whenever necessary improve training material, sometimes the quality is rather low.
- Introduce multi-media projectors in the class rooms where they are not yet used.
- Ensure that the training is relevant and applicable. This is not always the case.

7 Training needs of NIPORT's constituency

7.1 Assessment findings

This assessment of NIPORT is done in the context of a project funded by NUFFIC aiming at improving curriculums. as such special attention was given to assessing current the training needs among FWCs, FWAs, FPIs and SACMOs. The following persons were interviewed.

Table: 7 Position and sex of interviewed trainees

Sl.	Type	Number		
		Female	Male	Total
1	FWA	19	0	19
2	FPI	0	6	6
3	FWV	19	1	20
4	SACMO	1	5	6
	Total:	39	12	51

A FWA (Family Welfare Assistant) is a grassroots level family planning worker, who pays home visits He or she (mostly females) covers 1,200 to 2,000 eligble couples and visits them 1 in 2 months. Eligible means that the couples are married and of reproductive age. The FWAs are employed at Family Welfare Centres at Union level. There are two to five FWC's per union and about 20 to 24 per Upazila. The FWAs make a monthly workplan for their work. They also:

- distribute anti-conceptives
- provide counceling on child health

The FPI (Family Planning Inspector) is the direct boss or supervisor of the FWAs. It is a managerial role, he or she is not clinical trained.They also provide assistance to FWAs. His boss is the Upazilla Family Planning officer, who again is under the Deputy Director Family Planning at District level.

The FWV (Family Welfare Visitor) is the grass-root level health worker who mainly provides ESP (essential service package - basic including reproductive and child health services) services at the door step. They pay home visit and seat at community clinics. FWVs are posted at Union, Upazila health complex and hospital levels. The boss of the FWVs is the MCH Family Planning officer based at Upazila Health complex.

The SACMO (Sub Assistant Community Medical Officer) provides health services at the community clinics. He also pays home visit on call basis, an also supervises the FWV. He has a paramedical training.

Table: 8 Average Age (years) of the staff interviewed

Sl.	Type	Average Age	
		Female	Male
1	FWA	40	-
2	FPI	-	29
3	FWV	38	45

| 4 | SACMO | 47 | 44 |

Table: 9 Length of service (years) of staff interviewed

Sl.	Type	Number	
		Female	Male
1	FWA	16	-
2	FPI	-	3
3	FWV	19	20
4	SACMO	27	22

Interviewees were asked to list major tasks and score their competencies for these tasks on a scale from 1 to 5. The lowest competency scores are marked red.

Table: 10 Task specific frequency and Average competency Score by position

Task	FWA		FPI		FWV		SACMO	
	freq	Av. score	freq	Av. score	freq	Av. score	freq	Av. score
Family Planning service	15	4	-	-	23	4	3	4
Expanded Program for Immunization	15	4	-	-	1	5	-	-
Ante Natal Care	4	4	1	5	16	4	4	4
Health education	1	4	2	4	2	4	3	4
Medicine Distribution	1	5	-	-	-	-	1	5
MCH	1	5	-	-	12	4	5	4
Monitoring	1	5	5	4	-	-	-	-
Conducting meetings	4	3	2	4	-	-	-	-
General Patient care	1	3	-	-	9	3	5	4
Record Keeping	9	5	2	4	3	4	1	5
Assist in delivery	-	-	-	-	11	3	1	3
Counselling	3	4	3	4	2	4	1	3
Adolescent care	4	4	-	-	2	2	-	-
Attending community clinics	9	4	3	4	5	4	-	-
Other tasks	10	4	3	3	3	3	2	4

Conclusions on tasks:

- The FWAs perform the highest number of tasks compared with to FP and EPI. They pays home visit, then record keeping and attending community clinics followed by ANC,

adolescent care provided. Besides they conduct meetings, provide counselling to clients, distribute common medicine etc.

- The FPI performs monitoring, then counselling, and attends community clinics. The FPI also provides health education, conducts meetings, keeps record and also provide ANC services.
- The FWV also provides FP service, ANC, MCH and assists in delivery. They also perform tasks such as health education, EPI, general patient care, record keeping, counselling, adolescent care, and they attend community clinics.
- The SACMO performs tasks like providing FP services, ANC, health education, medicine distribution, MCH, general patient care, record keeping, assist in delivery and counselling.

Conclusions on competencies:

- In general the level of confidence in ones competencies is high
- FWAs feel less competent in conducting meetings and general patient care
- FWVs feel less competent in general patient care, assisting in delivery and adolescent care
- SACMOs feel less confident in assisting with deliveries and in counselling

Training needs mentioned:

By FWAs:
- Training on Clinical Methods of FP (CT, IUD, NSV etc)
- Children Nutrition
- Adolescent care
- Training on sexuality issues
- Techniques of counselling
- Management of community/satellite clinic
- Complicated pregnancy management
- Referral service
- Motivational techniques
- Meeting management
- Reporting and Record keeping

By FWVs:
- Complicated patients - clinical management
- Refreshers on MR conduction and post natal care
- Training on implant (FP method)
- Training on clinical methods (MR, delivery, etc)
- Training on FP methods, MCH etc.
- Training on how to motivate couple for FP methods
- Training on sexual disease management (in-ability, contamination, etc)
- Training on broader sexuality issues

- Counselling techniques

By FPIs:
- Training on field monitoring techniques
- Report writing and data compilation
- Training on sexual aspects (STI, STD etc)
- Training on sexual knowledge/awareness issues
- Training on broader sexuality issues
- Counselling / motivational training

By SACMOs:
- Practical training on ANC and delivery
- Refreshers' on health education
- Health centre/clinic Management
- Computer training (MS office, Excel, Internet, email etc)
- Training on using modern tools and medical equipments
- Training to support patients with sexual inability and disease
- Training on broader sexuality issues
- Training on MR, and overall pregnant women handling
- Refreshers on basic and general health care

The question: What NIPORT could do to develop skill of service providers (SACMO/FWV/FWA) and how can the quality of your services to your clients be improved, was answered with:

- Refreshers course in every two years
- Training on emerging health issues
- Training on new technology
- Training on activities that we perform in the field (job description specific)
- More training on sexual aspects (mentioned in the questionnaire)
- Exposure visit – GO and NGO clinics (practical training)
- Fill-in vacant positions
- Proper monitoring and support by the supervisors

Health and family planning officers of the GoB said that they come across sexuality issues frequently. To cross check that notion the team interviewed randomly selected FP and DGHS staffs who underwent at least one training course from the selected FWVTI or RTC in last 5 years. The sample interviewees included both female (77%) and male (23%). The average length of service of the interviewed trainees was about 20 years, except the FPI who have only 3 years of experience. They were asked (individually in a confidential setting) on which issues related to sexuality they were asked advice over the last two years, how often and by who (married-unmarried, male-female).

In order to get sufficiently specific responses the issues were pre-tabled and named based on issues identified in prior research done in Bangladesh. (IPPF FPAB and Rutgers Nisso Group, *Do they*

match? Young people's realities and needs relating to sexuality and youth friendly service provision In Bangladesh. A participatory research on the quality of and access to youth friendly sexual & reproductive health services for young people (Dhaka, 2010).) The twelve male-staff reported that they have been asked advice on the following issues.

Table 11 Issues raised with 12 male government staff (6 FPI, 5 SACMO and 1 FWA)

Issues	Unmarried Male	Unmarried Female	Married Male	Married Female	Elderly person (65+ years)
Child spacing and anti-conceptive	0	0	121	281	0
Sexual dis-functionality	5	20	51	25	0
Meno pause	0	15	0	42	0
Extra-marital sex	0	10	0	22	0
Love, relationships	6	13	0	0	0
Virginity	0	0	7	9	0
Sexual power	0	5	25	7	0
Menstruation	10	19	100	39	0
Female body	0	3	0	10	0
Male body	14	4	0	0	0
Eve-teasing	0	20	0	10	0
Sexual intercourse	0	7	1	2	0
Masturbation	16	0	30	0	0
Wet dreams	34	0	5	50	0
Pregnancy	0	35	307	479	0
MR	0	3	15	23	0
Pornography	3	2	0	0	0
Feelings of guilt or shame	3	2	10	6	2
Homosexuality	2	1	0	0	0
Sexual transmitted diseases	6	10	11	16	0
Total:	104	209	1,031	1,562	2

Conclusions:

- Male staffs are mostly consulted by married persons on sexuality issues. Relatively less unmarried persons consult the male staff on sexuality issues compared to the female health and FP staff.

- The male staffs are consulted by married male and female persons on issues relating to pregnancy, child spacing and anti-conceptive, menstruation, sexual dis-functionality, sexual power, wet dreams, menstrual regulation and other issues as mentioned above.

- The unmarried males consult the male staff for wet-dream and masturbation while pregnancy and sexual dis-functionality are issues for unmarried female clients.

The 39 female-staff reported that they have been asked advice on the following issues.

Table 12 Issues raised with 39 male government staff (19 FWA, 19 FWVs and 1 SACMO)

Issues	Unmarried Male	Unmarried Female	Married Male	Married Female	Elderly person (65+ years)
Child spacing and anti-conceptive	0	0	50	181	45
Sexual dis-functionality	0	0	22	29	21
Meno pause	0	33	0	93	21
Extra-marital sex	0	4	0	8	0
Love, relationships	5	5	0	240	0
Virginity	0	1	8	17	10
Sexual power	0	0	10	13	3
Menstruation	0	58	1	31	5
Female body	3	134	1	11	0
Male body	350	8	1	0	0
Eve-teasing	10	0	1	0	0
Sexual intercourse	0	0	2	0	0
Masturbation	0	0	0	0	0
Wet dreams	37	7	4	7	14
Pregnancy	0	8	10	372	0
MR	0	5	150	49	0
Pornography	2	4	0	20	0
Feelings of guilt or shame	0	0	0	16	0
Homosexuality	0	0	0	4	0
Sexual transmitted diseases	0	8	24	18	0
Total:	407	275	284	1109	119

Some highlights of the findings:

- Both married and unmarried persons seek support from field level staff on sexuality issues.
- Pregnancy is the main consultation issue irrespective of marital status and sex of the clients.
- Major issues for married female include love and relationships, male body, menopause, child spacing and anti-conceptive while MR, menstruation and sexual dis-functionality are found major issues for married male.
- Main issues for unmarried male include Wet dreams and Masturbation. Besides, other issues for unmarried male are Love, relationships, Sexual power, Menstruation, Female

body, Eve-teasing, Pornography, Feelings of guilt or shame, Homosexuality, Sexual transmitted diseases.
- Major issues for unmarried female are Female body, Menstruation, Sexual dis-functionality, Eve-teasing, Love, relationships, Sexual intercourse
- Extra-marital sex is also considered an issue for both married and unmarried female.

The main conclusion is that the findings overwhelmingly support the inclusion of training on sexuality in the NIPORT curriculums in the courses for Health and Family Planning staff, special for the field level staff, because they receive many questions in this field, without getting proper training in handling such questions.

In the following table we give the average number per persons, on how often they were asked for advice on issues related to sexuality.

Table 13: Number of questions asked on sexuality

Staff	Frequency (per person over a 2 year period)
FWAs	148
FWVs	158
FPIs	252
SACMOs	482

Some excerpts from the interviews

FWAs on the quality of the training they got:

Some FWAs mentioned that care of pregnant women has been in important topic in the overall basic training curriculum. It included pre, delivery and post natal care. This part of the basic training is critical for FWA to deliver services. Most of the FWA did not have in-depth understanding about pregnancy care. The visual tools like flip-chart with picture, game and role play and multi-media presentations made the training attractive and easy understandable. The course content was also chronological along with practical demonstration that contributed to quick and depth learning. The duration of the training is standard. There is a lack of provision for refresher training and follow up training to get acquainted with new knowledge and developments.

FWA's on lack on training related to sexuality:

The basic FWA-training is instrumental to deliver services to pregnant women. The materials, particularly the pictorial flip chart, we use during home visit, help illiterate women to understand the need for special care for pregnant women. Not only the pregnant women, but it helps illegible couple who intends to have a baby in the future. Now-a-days several young housewives wait eagerly for FWA to discuss pregnancy related issues. Obviously clients ask many questions about sexuality and sexual transmitted diseases related issues.

We try to advice them whatever we can from our commonsense and own experience, however, there is inadequacy in terms of our knowledge. We do not get training on sexuality.

FWAs and FWVs on questions they get from adolescents:

We get questions from both boys and girls. Although the girls aged between 11-14 years old feel shy to ask questions. There is an information need not only for the adolescents but also for their mother. None of the NIPORT training courses addresses issues properly how to deal with these issues, particularly in our social context.

Adolescents' boys also suffer for want of information. Males (husbands of female client) and adolescent boys do not go to community clinics to discuss reproductive health issues. NIPORT training curriculum need to address adolescents' health info needs. While asking questions on sexual issues, FWA and FWVs mentioned there is a huge need of information on safe sexuality, however, most of the adolescents feel scared to openly ask.

FWAs and FWVs on the need for training in safe emergency delivery:

FWA and FWV both provide support to client mainly on reproductive health issues. Community people expects technical support from them in safe delivery – because they always provide information on pre and post natal care and advice them on nutrition. They expect FWA and FWV would extent support during home delivery – or at least remain present during delivery either at home or clinic. Therefore, FWA and FWV expect some level of technical training so that in emergency they can provide support.

FPIs on their training needs:

FPIs generally supervise FWA at the field level. However, lots of male patients seek advice and medical assistance particularly on pregnancy and sexuality issues. Regardless of marital status, male clients prefer to discuss with FPIs. FPIs feel that NIPORT should provide them with skills and knowledge to serve male clients on pregnancy and sexuality issues. Sometimes FWA and FWV also expect technical advice on these issues.

7.2 Recommendations

It is recommended that NIPORT establishes a committee which engages in an in-depth discussion with the Ministry to discuss the above mentioned findings. Questions to be answered are:

- Which training needs need to be addressed and which not
- Which training needs can be addressed by NIPORT, and for which training needs other providers are better positioned
- What does this mean for the NIPORT curricula and courses provided

Irrespective of the outcome of this discussion, it is recommended that FWAs and FWVs and probably also other staff are trained in how to go about and answered questions related to sexuality. This can be done both: by expanding or including a section on this topic in the training, as well as making the issue to some extent a crosscutting theme.

8. Human resources: the organogram

8.1 Assessment findings

See annex 4 for the organogram of NIPORT. The head office of NIPORT in Dhaka is lead by a Director General. Under him or there are three units: training, research and administration, each lead by a Director. The DG and the three directors are on deputation from the administrative cadre. They are most of the time not content experts, and tend to be transferred frequently. NIPORT had 35 DGs over the last 40 year and the training department 3 different directors over the last 10 months. The DG also leads the regional training centres. There are 12 FWVTIs and 20 RTCs.

In total in 1997, 965 positions were approved. Later a special task force assessed the staffing needs of NIPORT, and reduced the number of positions to 766. The redundant staff are allowed to work till retirement, but will not be replaced. The actual number of current position is 865 (source: *Annual Report 2012*).

Table 14 Positions at various offices of NIPORT

Offices	Approved Positions	Filled up Positions	Vacant Positions
Head office	136	116	20
12 FWVTIs	393	301	92
20 RTCs	336	256	80
Total	865	673	192

Many staff are support staff. Apart from them NIPORT has the following professional staff:

Head office:

Research Unit:
- 1 evaluation expert
- 2 statisticians
- 2 senior research associates
- 2 research assistants
- 1 librarian

Training Unit:

- 1 deputy director clinical training
- 1 deputy director training
- 1 curriculum specialist
- 3 assistant directors training
- 1 assistant director training (clinical)
- 5 senior trainers
- 5 trainers
- 1 audio visual specialist

Administration Unit:
- 1 deputy director admin
- 1 support staff supervisor
- 1 data analyst
- 1 accounts officer
- 2 accountants
- 1 cashier
- 2 account's assistants

In the 12 FWVTIs there are together:
- 12 principals
- 33 faculties (medical)
- 44 field trainers
- 22 nurse-midwives

In the 20 RTCs there are together:
- 20 training officers
- 20 faculties (medical)
- 20 faculties (home economics)
- 20 assistant trainers

There is a high number of vacancies due to the lack of 'recruitment rules' in NIPORT. Without recruitment rules, no recruitments, no promotions and no salary increase. It de-motivates staff. The recruitment rules were said to be approved soon by the Ministry of Law. Partly because of the lack of recruitment rules NIPORT has very few staff under 35 years of age.

Under 'approved positions' in the following table are included the positions recommended by the task-force, plus the non-recommended positions who are allowed to continue until retirement.

First and second class staff are the professionals, third and fourth the support staff.

Table 15 Number of vacancies in NIPORT segregated per class

Organizations Name	Grade	Approved Positions	Fill up Positions	Vacant Positions
NIPORT	First Class	33	18	15

	Second Class	2	2	-
	Third Class	59	56	3
	Fourth Class	42	40	2
	Total =	**136**	**116**	**20**
FWVTI	First Class	33	15	18
	Second Class	55	28	27
	Third Class	157	127	30
	Fourth Class	148	131	17
	Total =	**393**	**301**	**92**
RTC	First Class	60	21	39
	Second Class	-	-	-
	Third Class	120	100	20
	Fourth Class	156	135	21
	Total =	**336**	**256**	**80**
	Grand Total =	**865**	**673**	**192**

The conclusion is that the number of vacancies affect mostly the professional staff.

Human resource management

Main findings:

- Job-descriptions are there, but not updated since 1997
- Staff performance review is documented in the ACR (Annual Confidential Report). As salary increase is related to the ACR score there is a tendency to score staff performance 'almost perfect'.

8.2 Recommendations

It is recommended that:

- NIPORT ensures the approval of the recruitment rules as soon as possible, in order to be able to fill up the vacancies for the approved positions.
- The proposed strategic plan (proposed by DFID) could include a reflection on NIPORT's role and priorities, and as a result of that a review of required number of staff and related competencies for the new situation.

9 Staff competency

9.1 Assessment findings

The four top-positions of NIPORT (DG and the three directors) are on deputation from the academic cadre. The training and research units need to be lead by true professionals.

The DG is of the opinion that many in NIPORT are generalists, who lack in depth technical subject knowledge. This opinion is to some extend corroborated by the observation that the recommendations in the research papers tend to be on the shallow side of the pool, and training methodologies used tend to be traditional. The opinion of the staff themselves differ. In a self assessment done during this assessment, they scored their own competencies high.

The trainers

In a typical regional office of NIPORT there are about three trainers, including the principal, who usually trains as well. The trainers can have different specializations, for instance child care, or home economics. For other topics NIPORT seeks support from medical officers and other qualified persons in the region, who are paid for their services.

From an economic perspective having a small core team with a number of free lancers, which can be hired when the need arises, makes sense. The only problem is that NIPORT has limited influence over the training capacity and methodology of external experts.

It is said that training is done following different methods like lecturing, OHP, Power points, group discussions, role-play, demonstrations and practical work for instance in the nearby health centre. A few respondents admitted that the old traditional lecturing method dominates. This in spite of BCC (Behaviour Change Communication) efforts. One respondent had attended a training at BARD, and was enthusiastic about experiential learning. He said: "I learned that participants learn more and better when they first practise or discuss, and get the theory only afterwards, in stead of the other way around." This insight and practise is not yet sufficiently spread among NIPORT's centres.

9.2 Recommendations

- Train NIPORT trainers in experiential and adult learning methodologies.
- Conduct a more in-depth competency assessment of NIPORT research staff, do be done by a research content expert.
- Develop a competency based staff development plan for NIPORT, including training, coaching and other learning mechanisms.

10 Staff motivation

10.1 Assessment findings

To get an insight in the forces at work in NIPORT which either motivates or de-motivates staff, we asked staff to write these down. Green are the main motivating factors, and red the main de-motivating factors.

Table 16 Motivating factors

Motivating factors	Head office	Field offices	Total
Delivering services	2	8	10
The reputation of NIPORT	1	8	9
Appreciation and support	8	1	9
Perform well as a professional	4	1	5
Good leadership	0	2	2
Ability to learn and develop	0	2	2
Good relationships, mutual support	0	2	2
Freedom in work	0	1	1
Honest, capable and hard working colleagues	0	1	1

Table 17 De-motivating factors

De-motivating factors	Head office	Field offices	Total
No promotion	3	6	9
Low salary and benefits	1	6	7
Lack of appreciation and support	4	1	5
Sometimes there is no work	0	3	3
Not able to deliver services	1	1	2
Lack of own trainers	0	2	2
Not able to perform well	1	1	2
Lack of proper training	0	2	2
Injustice, lack of integrity	2	0	2
High workload	1	0	1
Lack of proper administration	0	1	1
Bad relationships	0	1	1
Inadequate training material	0	1	1

Of the motivating factors mentioned three stand out: delivering services, the work and achievements of NIPORT and appreciation and support. The biggest de-motivating factor relates to the absence of service rules: no promotion for a long time. Also the low-salary was frequently mentioned. Lack of appreciation of support was also often mentioned, whole in the field offices people mentioned that there is sometimes no work. This is due to late arrival van funds.

To what extent are the motivating and de-motivating factors present? People were asked to score on a scale of 1 to 5, with 5 being the highest or best. Lowest scores (3.5 and less) are marked red. Highest scores (4, 5 and higher) green.

Table 18 Extent of presence of motivating and de-motivating factors in the head office

	Head office in Dhaka			Average
	Training staff	Research staff	Admin staff	
Effectiveness leadership and management	3.3	3.0	4.9	3.7
Quality of internal coordination	3.3	2.7	4.1	3.4
Technical competency	3.4	2.7	4.0	3.4
How well is unit organized	3.6	3.4	4.4	3.8
Level of appreciation from boss	3.2	3.0	4.6	3.6
Level of appreciation from clients	4.4	3.7	4.2	3.1
Does job fit your ambitions	3.9	3.9	4.0	3.9
Quality of internal relationships	3.9	3.9	4.6	4.1
Extent of service delivery orientation	3.6	2.7	4.2	3.5
Salary	2.9	2.1	3.2	2.7
Integrity of people in your unit	4.2	3.9	4.4	4.2
Extent of people in unit working hard	4.1	3.0	4.0	3.7

The difference in scoring by admin on the one hand and research and training on the other hand is striking.

– The domain of leadership, management and coordination scores low in the research and training units.
– They also express lack of appreciation from their bosses and supervisors.
– Research also scores low in service delivery and working attitudes
– All units feel that the salary is low

On the positive side:
- People feel appreciated by clients
- And there are good personal relationships within the units
- Jobs fit people's ambition level reasonable well
- And in general integrity scores reasonably well. Off the record a few exceptions were shared with the assessment team.

Table 19 Extent of presence of motivating and de-motivating factors in the regional offices

	Regional centres				
	Barisal	Sylhet	Goila	Dhamrai	Average
Leadership / management	4.3	4.7	4.8	4.6	4.6
Internal coordination	4.0	4.5	4.5	4.8	4.5
Technical competency	3.4	4.0	3.8	3.8	3.8
How well is unit organized	3.6	3.7	4.3	4.2	4.0
Does job fit your ambitions	4.1	3.7	3.3	3.8	3.7
Internal relationships	4.6	4.3	4.8	4.6	4.6
Salary	3.6	2.8	3.3	3.4	3.3
Integrity	4.5	4.5	3.8	4.8	4.4
People in unit working hard	4.3	4.7	4.3	4.8	4.5

The regional centres scored overall higher than he head office, with only low salary sticking out as an area of concern. Technical competency and the extent to which their jobs fit their ambition level score average.

10.2 Recommendations

To improve staff motivation, higher salaries would help, but these are out of control of the NIPORT management. There are however other areas on how to improve staff motivation on which the management does have a certain level of control:

- For every manager and supervisor: actively appreciate and praise your sub-ordinates whenever that is appropriate
- Systematize and improve coordination among the units in the head office
- Foster stronger unity among staff in the head office, for instance shared meals and an annual staff get together.
- Get the recruitment rules approved and implemented
- Address the issue of late arrival of funds (more on that later in this report), so that the staff in the regional centres do not have to sit idle a part of their time

11 Staff Development

11.1 Assessment findings

Staff development is funded by a he pool-fund under the Health, Population & Nutrition Sector Development Program managed by the World Bank. DFID is the key partner responsible for the capacity development of NIPORT.

Table 20 Training received over the last 2 years

	Training per person			Duration		Location		
	Respon-dents	Total	Average per person	Long term	Short term	Bangla-desh	Asia	Europe
Head office								
Training unit	9	26	2.9	0	26	14	12	0
Research unt	7	17	2.4	0	17	3	14	0
Admin unit	5	10	2.0	1	9	9	1	0
Regional centres								
Barisal	8	23	2.9	2	21	21	2	0
Goila	4	7	1.8	0	6	6	1	0
Sylhet	6	10	1.7	0	10	10	0	0
Dhamrai	5	13	1.6	0	13	13	0	0

Conclusions:

- The training department received most training.
- The research department were relatively often trained abroad. The training department expressed sone resentment on this issue.
- The complain made by the admin department that they 'are igmored' when it comes to training, can be understood as 'receiving training abroad'.
- Staff from the field offices are much less likely to get an opportunity for training abroad. Staffs in Sylhet expressed resentments about the trainee selection process.There were no clear criterea or need assessments available supporting to send this or that person to a training. The selection process was in short described as 'applying and lobbying'.

Untill recently there was a committee chaired by the DG recommending staffs for training abroad to a committee in the Health Ministry, chaired by the Additional Secretary, which took the final decision.

Staff training is funded by the poolfund, of which DFID is the major donor. For the financial year from 1st July 2014 till June 2015 DFID has stopped funding all overseas training. Thy are thinking of engaging a reputed professional development firm for NIPORT's capacity development. DFID does not like individual foreign training to continue, but prefers rather a more comprehensive organizational development approach.

Types of courses followed (for details see annex #):

Management and generic skills:	13 courses
Health, Population and Nutrition:	8 courses
Training related to Training:	5 courses, including 1 curriculum development training
Training related to Research:	2 courses

Of special relevance for this project is the 2-weeks training on Training Methods, Material Development and TNA, conducted from 16 to 28 March 2014 at the Health Human Resource Development Centre (HHRDC) in Beijing, China. This training was attended by:

From the head-office
- 1 Director
- 1 Assistant Director
- 1 Senior instructor
- 1 Medical instructor

From Rajahi center
- 1 Training Officer

One observation from the regional offices: new curriculums are sent to the regional offices without (sufficient) orientation or training in using these curriculums.

Ideally staff development is linked with the peformance appraisal system. This is however compromised because salary increments are also linked with the appraisal system, which has compromised its functionality as a tool for learning and staff development.

11.2 Recommendations

- The comprehensive approach as suggested by DFID is suported by the assessment team.
- Do a proper staff capacity assessment, especially of the staff involved in training and research, as part of a broader organizational development plan.

Specifically for this NUFFIC funded project:

- After finalizing the improved curriculum, ensure that the trainers in the field get a proper introduction and training in using the curriculum.
- Train the staff of NIPORT and the Ministry involved in improving the curriculums in essential competencies like Competency Based Education and Training and Concept Clarification on Sexuality.

12. Organizational development

12.1 Assessment findings

To what extend is NIPORT a 'learning organization'? (Self-assessment July 2013, scale 1-4)

Table 21 Scores of the guided self-assessment done in July 2013

Topics	Score
NIPORT is focused on changes in key priorities of Bangladesh.	3
The organisation uses of "knowledge" documents and lessons learned by others	3
Opportunities, based on changing context, are identified	2
Organisation is able to apply new, useful communication methods	2
Learning is important part of internal strategy of the organisation	2
There is space (e.g. staff feel comfortable) in the organisation for expressing different views	2
PM&E Information is regularly analysed and used for decision making	2
Experiences are documented and analysed	2
Critical inputs from staff and other stakeholders in strategic discussions are taken into account	1
New interventions start with a pilot phase	1

NIPORT scores 2.2 on a scale from 1 to 4 as a 'learning organization'. That is poor. The more in-depth assessment done this time confirms the low scores. For instance iy was obseerved that there are no evaluation reports of training courses and that there is no well functioning staff appraisal system (as a tool for learning).

The DG was of the opinion that NIPORT has been developing steadily untill around 2000, after which decline set in. Long-term NIPORT staff shared similar sentiments. According to them the growth of NIPORT continued during the period GTZ and JICA were actively supporting NIPORT, not only financially, but also by providing Technical Assistance. Around 1997 the government took over the financing of NIPORT through the revenue budget. GTZ withdrew not only its funding, but also it's technical assistance. While the government took responsibility for running costs through the revenue budget, the capacity development got funded by the development partners through the poolfund. It lost some its earlier focus on improving results.

Another factor is that the government stopped recruiting new FWVs in 2000, reducing the need for training provided by NIPORT. As reasons for this recruitment stop are mentioned: there was a litigation against the government, the government had other priorities, and the market for FWV's was saturated. A few years ago recruitment of new FWVs has started again.

12.2 Recommendations

Organizational development is not only a matter of staff development. It is also important for NIPORT to become a 'learning organization'. Some recommendations:

- Engage the Research Unit in strengthening the Training of NIPORT through context analysis and tracer studies and discussing the research results.
- Improve access to internet, also in the regional offices
- Make learning an important part of the internal strategy of NIPORT
- Ensure that there is space for staff to express different views
- Ensure that PM&E Information is regularly analysed and used for decision making, and that experiences are documented and analysed
- Before introducing a new curriculum run a pilot first.
- Train staff in the use fo new curriculms.

13 Gender

Gender is defined as a social construct and related roles not only as biological entities.

13.1 Assessment findings

About 40 % of NIPORT staff is fenale, which is wel above the government policy of 10 %.

Regarding gender policy, government policies apply. A specific gender policy is not visible.

Staff did an anonymus scoring of fender friendliness of behaviour of staff: The colums give the score and the numbers how many staff members scored a specific score.

Score by female staff:

Table 22: Scoring of extent of gender friendly behaviour in NIPORT by female staff

	Frequency of scores (5 is best)					Average
	1	2	3	4	5	
Dhaka Training	-	-	-	3	1	4.3
Dhaka Research	1	-	-	2	-	4.0
Dhaka Administration	-	-	-	1	-	4.0
Dhamrai	-	-	-	2	1	4.3
Barisal	-	-	1	1	-	3.5
Goila	-	-	-	1	-	4.0
Sylhet	-	1	1	-	1	3.3
	1	1	2	10	3	3.9

Score of male staff

Table 23: Scoring of extent of gender friendly behaviour in NIPORT by male staff

	Frequency of scores (5 is best)					Average
	1	**2**	**3**	**4**	**5**	
Dhaka Training	-	-	2	1	2	4.0
Dhaka Research	-	-	-	2	2	4.5
Dhaka Administration	-	-	-	1	3	4.8
Dhamrai	-	-	-	-	2	5.0
Barisal	-	-	-	3	3	4.5
Goila	-	-	-	2	1	4.3
Sylhet	-	-	-	1	2	4.7
	-	-	2	10	15	4.3

The responses from female and male staff are different with the men scoring higher. There are a few women who scored particulary low, indicating probably awareness of some kind of gender harassment. This is an issue, as there should be a zero-tolerance against any form of harasment.

Gender and training

In July 2013 a guided self assessment was done with NIPORT staff on the gender aspects related to training. The main findings are:

Table 24 Scores of the guided self-assessment done in July 2013

Themes:	Topics:	Score (scale 1-4, 4 is highest)
Curriculum and material	Experiences, development and learning needs of both sexes are taken into account.	3
	A training needs analysis is used to develop and adapt teaching & learning material.	3.5
	Gender is a specific topic in NIPORT courses.	2.5
	Teaching materials describe or depict women and men in varied roles	2
	Portrayals and pictures of women and men are equally represented in terms of number	2
Implementation	Gender roles are explicitly discussed during courses	1.5
	Trainers give both women and men sufficient space to contribute	3
	Trainers deal properly with role and behavioural concepts of women and men, while avoiding stereotyping.	3

Enabling environment	The selection process ensures sufficient intake by women and men in the courses	3
	Security and safety of participants is addressed properly based on gender differences like sex, age, health and other diversities (routes, access, public transport, etc.)	3.5
	Day care facilities available at training centres	2
	Spatial organisation (seating plan, lighting, sanitary facilities, etc.) is appropriate for both men and women	1.5
	Data of results of course assessments and evaluations are differentiated per sex	0

13.2 Recommendations:

It is recommended to:

- Develop / enforce a gender policy
- Genderize training material
- Family Planning would benefit from discussing gender specifically (roles, power, decision making)
- Provide day care facilities in the training centres
- Course evaluations and other data gathered to be segragated

14 Input - Buildings

14.1 Assessment findings

Apart from it's head office Dhaka NIPORT has 20 regional training centre and 12 FWVTIs. The capacities of residential facilities vary, ranging from 40 to 90 beds. Usually 2 participants share a room. Facilities are basic: 2 beds a fan and a cabinet per room.

The general opinion among NIPORT staff is that NIPORT has a good infrastructure (buildings and staff) spread across the country for doing training and research. In all locations there are offices, class rooms and in most places also adequate residential facilities for training participants. This is true for both the head office and the field-offices mentioned. Locations in the regions are usually excellent, a bit away from the crowded city centres. In the head-office NIPORT staff commented on:

- the 'backward' location of the office in a residential area with small crowded streets.
- Lack of residential facilities for training participants
- poor cleanliness of office inside and outside

In the field-offices there are desires to improve the infrastructure. Staff wishes to have:

- an own auditorium
- staff quarter for employees
- larger staff quarters with more furniture
- more office space
- a separate male hostel
- a boundary wall

In general the maintenance of the regional centres we visited varies. Some were well maintained others less so. To some extent this relates to the maintenance budget, but not fully. Good management is another factor. It doesn't cost much money to buy a broom and use it.

FWTI Sylhet has a new building, the principal has serious reservation about the construction quality, and he is yet to take formal hand-over from the fellow departments.

The current occupancy rate is about 40 - 50%.

The principal's of the regional centres by and large perform their tasks faithful. They feel they implement the government plans made in head office. Sometimes they get requests for use of the facilities by third parties (like NGOs). They need specific permission from the head office for doing so. No doubt this strict supervision serves to enhance integrity and transparency. On the other hand it stifles initiatives. At the moment there are no incentives from the principal's and other staff in the regional centres to do more than what head office asks them to do.

14.2 Recommendations

Make better use of the facilities by offering training to a wider audience. Making better use of the facilities can be done in two ways:

- within the current system of working, meaning the head office in collaboration with the development partners plans for training a wider audience
- outside the current system of working: develop a system of incentives for higher performance, while ensuring transparency

15 Inputs - Utilities and facilities

15.1 Assessment findings

In general the NIPORT staff, both in the field offices as well as in the head office, expressed satisfaction with computer facilities. The opinion on transport facilities varies: in some places people are satisfied, in other places not. There is a library at the head-office but not very much has been added after around 2004.

Staff in a number of the regional centres wish:

- better transport facilities
- better water supply
- better electricity supply, a generator
- more and better internet facilities
- air conditioning in class rooms
- air conditioning in offices
- multi-media projector for class room (they now use OHPs)
- better training material

15.2 Recommendations:

- Include upgrading of classrooms (multimedia, AC) in the future strategic plan. Ensure also that classrooms are designed and equipped in such a way to enable modern experiential and inductive learning methods.
- Engage in internet based knowledge management.
- Update curriculums timely.

16 Input - financial resources

16.1 Assessment findings

NIPORT is almost completely funded by the Government of Bangladesh.

- The annual revenue budget is about 2 million Euro. From this budget staff salaries, and centre running costs (maintenance, vehicles) are paid.

- The annual development budget is about 1,8 million Euro. This money comes from the National Health, Family Welfare and Nutrition Sectoral Development Plan (NHFNSDP). which is pool-funded by a number of large international Development Partners. DFID takes the major share in the funds allocated for NIPORT. The pool-fund is managed by the World Bank.

- Over the last 10 years there has been also limited direct project assistance, like the current NUFFIC funded project. Other examples are a 3-months project by Save the Children on Post Natal Care, a short term project by the Centre for Rehabilitation of Paralyzed, a few workshops conducted by JICA in the Upazila Health Complexes, and a project on Early Child Hood Development funded by UNICEF (2002-2006, 400,000 Euro budget), which curriculums are now integrated in the regular NIPORT curriculums.

The revenue budget (for paying the salaries and building costs) provides stability and sustainability to NIPORT's operations. Usually the revenue budget is transferred timely, so there are no delays in payment of salaries to staff.

Training courses conducted by NIPORT are funded form it's development budget. This money comes from the pool fund. This money is reimbursable, meaning that the Government can spend the money first and can then ask for reimbursement from the development partners. The government however rather waits for the money to be released first, and hereafter forwards the funds to NIPORT head office, which then sends it again to it's regional centres.

The money is released quarterly, only after receiving the reports of the previous quarter, including a statement of the expenditures made during the previous period. As a result the money reaches the regional centres with considerable delay. For instance The funds for the quarter July-September 2014 were not yet received in the regional centres during the time of our interviews (first week of September). Again the money has to be spent during the same quarter. As a result of this system flaw most of the time no training courses are conducted in the regional centres.

DFID as the largest donor of the pool fund takes a long-term and comprehensive perspective at the development of NIPORT. It has a provision of supporting health sector through specialized Technical Assistance, and is involved in developing a strategic plan for NIPORT.

16.2 Recommendations

This issue of training centres not having funds to implement courses much of their time needs to be solved urgently by DFID and the Ministry of Health.

17 Internal Coordination

17.1 Assessment findings

In this paragraph we discuss the internal coordination at the head-office in Dhaka and in the regional centres. The coordination between the head-office and the regional centres will be discussed in the paragraph on monitoring.

Coordination within the three units in the head office is good. They are like small groups of friends who work together, frequently discuss and share meals together. This works well.

In answering the question to list strengths and weakness, the lack of coordination among the three units was mentioned several times. That internal coordination is weak is confirmed by the low scores the research and training departments gave for internal coordination.

Table 25 Scoring of internal coordination between units in the head-office of NIPORT

	Frequency of scores (5 is best)					Average
	1	2	3	4	5	
Dhaka Training	-	2	2	5	-	3.3
Dhaka Research	2	1	2	1	1	2.7
Dhaka Administration	-	-	-	4	1	4.2
Total	2	3	4	10	2	

In follow up focused group discussions this aspect was further clarified. In the past, that is before the previous DG Ms. Selina Afroza, there were monthly management team meetings. Ms. Afroza did not continue with these, neither did the present DG re-install those meetings. The DG present at the time of the assessment introduced broad consultation (review and coordination) meetings, during which representatives of all regional centres come for a few days to Dhaka to meet and discuss. Two of these meetings have been held so far. Apart from that there are ad-hoc need-based staff-meetings with different groups of staff, depending on the topics to be discussed and on availability of staff.

Coordination mechanisms at management level in short are not institutionalized, every DG bring with him or her an own coordination style. This is partly due to the high frequency of rotation at this level.

The internal coordination in the regional centres scores better than the internal coordination in the head-office. Barisal scores lower than the other four.

Table 26 Scoring of internal coordination within regional centres of NIPORT

	Frequency of scores (5 is best)					Average
	1	2	3	4	5	
Dhamrai	-	-	-	1	4	4.8
Barisal	-	-	3	2	3	4.0
Goila	-	-	-	2	2	4.5
Sylhet	-	-	1	1	4	4.5
Total	-	-	4	6	11	

The staff in the regional centres clarified that they are small teams who run the place like a family. When needs arises, for instance when a training is organized a coordination or pre-meeting is held among the relevant staff before organizing the training. In Sylhet one person complained that monthly meetings are held but without any decisions taken.

The assessment team did not observe regular practice of management meeting in either of the FWVTI it visited rather meetings are held only on emerging issues and prior to the beginning of training course, however no formal documentation of resolutions is practiced.

17.2 Recommendations

What NIPORT needs now is more unity at the head office.

- More interdepartmental staff meetings, to discuss issues which affect more than one department
- Share meals together as a whole organization, not per department
- Annual staff get together, or staff outing
- Establish a management team, engage in more consultative leadership
- Institutionalize and formalize the management team meeting, so that the next DG has to follow suit

18 Monitoring

18.1 Assessment findings

Regarding the monitoring system, the following elements were mentioned:

Written reports:

- The regional centres send monthly and quarterly reports to the head office. These reports contain information on activities conducted and expenditures done.
- NIPORT sends quarterly and annual reports to the Ministry, which reports also inform the donors of the pool-fund of HPNSDP
- Participants of training courses fill in evaluation forms. In three out of the five regional offices we visited we asked for the training evaluation reports, it became clear that the evaluation forms were filled in, but never compiled or used afterwards.
- No training evaluation report was ever send to the head office, at least not in the last 10 years. The head office was able to dig up a two training evaluation report from the library. They dated from 2004.
- An annual audit is done by the Ministry

Staff performance

- There is an annual staff appraisal system (ACR). Staff salaries and promotions depend on these reports. As a result everyone scores 95 to 100 % on all aspects of his-her work. The DG said: "A manager who does not do that is considered to be a bad manager". This means that the staff appraisal system is by and large dysfunctional.

Visits to the regional centres:

- There are two aspects of the work to monitor: administration and quality of output and work.
- The administrative part and activities are monitored through the formal reporting system.
- There is no monitoring plan for monitoring the quality of the work in the field offices.
- There are mixed answers to the frequency of visits to the regional centres:
    o Someone from Dhaka pays visit in every batch – they also take class and evaluate
    o Training department staff from Dhaka do not support for training quality development – they do not pay visit – pays rare visit
    o Other than ACR staff performance assessment is not practiced
    o The DG takes a keen interest in developing the regional offices and visits them frequently
    o The DG is not interested in giving staff permission to go to the field. We have staff shortage and it is a money issue
    o "Everybody form Dhaka goes to the field" (most likely implying that nobody is responsible).

Supervision:

- Within the three units and in the regional offices, staff invariable say: we work closely together as a family. Supervision is done informal.
- On the question to what extend staff follow the government service rules, the answer was: for applying for leave staff always follow the regular procedure. But when it comes to time-keeping, that is badly followed, you know, we are a government organization.

18.2 Recommendations:

- The head office to ask for written evaluation reports of every training done in the regional centres.
- Ensure that the findings of these reports are used for learning
- Make a systematic plan for monitoring the quality of the work of the regional centres.
- The research department to conduct follow up surveys and tracer studies of past trainees.
- Much more can be sais here, like ensure a well functioning appraisal system, ensure proper timekeeping, and so on. These are 'open doors' and difficult to implement, easier said than done, but not entirely impossible. If NIPORT wants to improve the organization on that level, than stable and long-term leadership is a pre-condition.

19 Systems

19.1 Assessment findings

NIPORT uses government manuals related to HR (service rules) and financial management. The application of these rules varies:

- asking for leave is always done
- but people tend to come late and leave early
- staff appraisal is 'always good'

There are also systems which are developed by NIPORT itself: For instance the procedure for curriculum development is:

- There is a Technical Committee (TC) (DG = chair, directors, external experts). TC meets need based and gives guidelines to a Curriculum Development Committee.
- The Curriculum Development Committee (10 persons, trainers, some researchers, Director of Family Planning) develops the curriculum
- The draft curriculum is put for the TC for final approval

Every 2-3 years a workshop is held with trainers and experts to review curriculum

The Research Unit conducts annual stakeholder consultation on selection of research topics.

Then there is a lack of systems like:
- coordinating meetings (see more under leadership and coordination)
- management committee meetings (see more under leadership)
- monitoring system (see more under monitoring)

So in some ways NIPORT is almost over-regulated, and in other ways under-regulated.

19.2 Recommendations

- There is a need for a specific manual in which NIPOR specific procedures are described. This manual can build on the existing semi-formal arrangements and can be made in a participatory way. It is recommended to have an external facilitator facilitating the process.
- One goal of the new systems would be to foster greater unity and cohesion in the head office.
- The NUFFIC funded project started 'outside the system', by the then Director of Training. This now needs to be embedded and aligned.

20 Management style and organizational culture

Organizations have cultures, way things are done. These behaviours, codes, values and norms are often implicit. Organizational cultures are to a large extent attuned to national cultures. Bangladesh scores high on Hofstede's cultural scales of Power differences, masculinity and collectivity. Leaders can have a strong impact on organizational culture.

Cultures are attributed to groups and management styles to individual persons. Both deal with behaviour, values and norms, the only difference is whether these are shared or not. So it is useful to describe management style and organizational culture together.

20.1 Assessment findings

20.1.1 Head office

NIPORT employees at the head office individually and anonymously scored their organization on the effectiveness of the current apex leadership.

Table 27 Scores of staff on effectiveness of the apex leadership of NIPORT head office

	Frequency of scores (5 is best)					Average
	0	2	3	4	5	
Dhaka Training	1	-	5	3	-	3.0
Dhaka Research	4	-	2	-	1	1.6
Dhaka Administration	-	-	-	2	3	4.6
Total	5	-	7	5	4	

Remarks added to the scoring pointed out that:

- The DG is respectful of systems and policies of GoB. NIPORT as a directorate under MOH&FW, follows its vision, mission, objectives and methodology in managing its training and researches and is in congruence with each other.

- The current DG, a strong personality, seems to have adequate and strong professional exposure on management. In particular, the DG seemingly possesses strong professional competency both in terms of strategic and operational management of NIPORT. However, diplomacy, approach and encouraging participation might require further attention.

Staff also scored the heads of their units.

Table 28 Scores of staff on effectiveness of the unit heads in the head office

	Frequency of scores (5 is best)					Average
	1	2	3	4	5	

Dhaka Training	-	1	-	8	-	3.8
Dhaka Research	-	-	1	2	-	3.7
Dhaka Administration	-	-	-	3	2	4.4
Total	-	1	1	13	2	

As clarification it was explained that the DG and the 3 directors heading the three units are all on deputation. They come from the administrative cadre and none of them is a content expert. They tend to be staying for relative short periods. There were 35 different DGs over the last 40 years. The training unit had 3 different Directors over the last 10 months.

20.1.2 Field offices

In the regional centres staff was asked to score the effectiveness of their principals, who lead the centres.

Table 29 Scoring of effectiveness of principals of regional centres by own staff members

	Frequency of scores (5 is best)					Average
	1	2	3	4	5	
Dhamrai	-	-	-	2	3	5.6
Barisal	-	-	1	3	4	4.4
Goila	-	-	-	1	3	4.8
Sylhet	-	-	1	-	5	4.7
Total	-	-	2	6	15	

They scored relatively high. They belong to the permanent cadre of NIPORT, and some of them have been leading their regional centres over ten years. Team/group cohesion is observed higher at Barisal compared to Sylhet FWVTI. Likewise the management style of Sylhet FWVTI appeared to be less participatory than Barisal.

20.2 Recommendations

- At the time of writing this report the DG had been transferred already, so no personal recommendations are made.
- NIPORT, as many other government institutions, would benefit from more stable leadership. Having a DG on deputation might be a blessing in terms of external relationships with government departments. But there should be a second person, or second line management, consisting out of content exerts, which has a strong mandate, and who are not on deputation, but 'revenue staff'.
- Introduce a system and culture of staff participation in management of NIPORT both at HQ and field offices by forming management team and creating provision for regular management meetings

- Introduce interdepartmental meetings at HQ level with participation of most number of professional staff on a regular basis so that whole NIPORT can function as one team

21. Concluding remarks

To be able to perform well, all elements as described in the IOM model in the introduction section of this report, have to work well. To what extent is that the case? Which elements of NIPORT are functioning well, and where are areas of concern?

Table 30 Overview of assessment

Elements	Descriptions	Assessment
Mission and Strategy	A mission statement exists on paper, but is not alive. NIPORT can be characterised as an agency, implementing the long term policies of the Ministry, with (perceived) limited strategic control. Visionary leadership is further compromised because the SG and Directors are on deputation from the administrative cadre. They are replaced frequently and most of the time non-subject experts.	Weak
Material resources	NIPORT has reasonably good building facilities. Equipment (cars, for training) tend to be a bit outdated. Utilities (electricity, water, internet) are medium.	Fair
Human resources	Most staff is well experienced. Many like in-depth subject expertise. Training and Research staff would benefit from further (well-focussed) training and coaching. In the regional offices many faculties are hired on ad-hoc basis, making it difficult to assess their quality.	Fair
Financial resources	NIPORT has secure funding through the revenue budget, and reasonably secure funding through the development pool-fund. That is good. The problem is that through some system-flaw, the training centres remain most of the time without funds for conducting training courses, seriously compromising the effectiveness of NIPORT. This is so serious that we score 'weak' only.	Weak

Structure	The organogram seems to be fair and balanced. It is always difficult to decide how big a core-team of trainers need to be and how many ad-hoc faculties one can hire, because these decisions require also a long-term perspective, which is not always clear. There are however too many vacancies within the approved organogram, partly because of the lack of recruitment rules.	Weak
Internal coordination	Good in the regional offices (rather informal, but that is fine as long as it works well in small teams). Good within the units at the head-office, but not so good among the three units at the head office.	Fair
Systems	Partly regulated well through the government service rules and financial manual. Do not function perfectly (weak time keeping, appraisal system tend to overrate performance) Partly regulated inside NIPORT (for instance the curriculum development procedures), but these procedures are not institutionalized. Also every new DG bring with him or her a new way of coordinating and managing. These are not sufficiently regulated and institutionalized.	Weak or fair
Monitoring and supervision	Staff supervision at an informal and personal level seems to be overall O.K. Formal monitoring and evaluation is weak. No systematic visits to regional offices. Training evaluation forms are not summarized. No recent tracer studies of past trainees.	Weak
Culture, staff motivation and management style	All or most staff of NIPORT identify positively with the work and achievement of NIPORT. In the head office there are some issues with the leadership and poor coordination among the units. The regional offices score better on these aspects. Leadership tend to be autocratic, which is accepted by staff, though many prefer a more participatory leadership-style.	Fair
Market and clients	NIPORTs training programme is by and large defined in the development budget. NIPORT has the infrastructure and capacity to double its output and	Fair to good

	could engage in training more staff of the Ministry of Health, provided funds are allocated for that purpose. NIPORT does not actively market its service to other clients like NGOs.	
Access to knowledge	There is a reasonably good library at the head office, though with very few recent books and publications. Internet services are there, but there is no thinking about use of internet for instance for a knowledge platform or e-learning. Staffs do participate in forums and training abroad.	Weak to fair
Outputs	NIPORT provides a wide range of training programmes. The research department is insufficiently involved in doing research to strengthen the training efforts. This assessment has revealed a number of possible improvements, most of which needs to be further researched and confirmed. There is a strongly felt need to incorporate more in-depth training on sexuality on the curricula for field staff of the ministry of health.	Fair