PROCESS DOCUMENTATION RESEARCH ON BRAC'S PRIMARY HEALTH CARE PROJECT

Cynthia C. Veneracion
8 March 1987

The Primary Health Care (PHC) project, one of two projects under BRAC's Child Survival Program (CSP), was launched in mid-1986 in five pilot upazilas. This project has eight components: (1) oral rehydration therapy teaching, (2) immunization, (3) nutrition education, (4) upgrading of traditional birth attendants, (5) use of safe water, (6) health education, (7) family planning, and (8) basic curative treatment. This project involves a new strategy for project field implementation, that is, coordinating BRAC's activities with those of the Government's Ministry of Health and Family Planning (MHFP). BRAC "complements and supplements" MHFP concerns and activities aimed at establishing a community-based rural health system. Initially, the areas of coordination between BRAC and MHFP cover immunization, Vitamin A distribution, and basic curative treatment ("IAB/health project"). As more experiences in BRAC-MHFP coordination are gained, these areas will be expanded to include all eight PHC project components.

BRAC has thus become concerned with understanding field-level project implementation activities and finding effective ways of undertaking these activities, particularly in effecting coordination between BRAC and MHFP field workers. Moreover, BRAC hopes to assist in developing capabilities within MHFP and the target communities for sustaining the project.

Report presented to the Child Survival Program of the Bangladesh Rural Advancement Committee in connection with a consultancy work on 22 February to 8 March 1987. This work focused on two major activities: assisting in developing plans for a PDR on the PHC project and training selected CSP staff for carrying out the PDR.

Process documentation research (PDR) is a form of social science research which provides a detailed and systematic recording of the activities, interactions, and concerns of the participants in the field-level implementation of a development project. In the PHC project, these participants include: for BRAC--an area manager, two area project organizers, and a medical officer (at the upazila level), and five health workers and two project organizers (at the union level); for MHFP--an upazila health and family planning officer, an Expanded Program for Immunization technician, sanitary inspector, health inspectors, family planning officer, medical officer (at the upazila level), family welfare visitors, medical assistant, assistant health inspector, and family planning assistant (at the union level), and health assistant and family welfare assistant (at the ward level); and the project beneficiaries at the village level, including groups and individuals being mobilized to assist in project implementation (such as the village health committees, the community workers, and the traditional birth attendants). While PDR will focus on the activities of project participants at the field (village) level, it will also look into the activities of these groups at the upazila and union levels in order to have a full account of the areas and manner of BRAC-MHFP project coordination.

The PDR on the PHC project will seek to identify and fully understand the processes involved in field-level project implementation. It will continuously provide detailed information about field activities and the issues/problems emerging from these activities. It will assist BRAC and MHFP in assessing field experiences and determining the implications of these on the

development and improvement of project implementation strategies as well as on program planning or project expansion.

PDR focus/coverage

PDR will provide information on field-level implementation activities of BRAC and MHFP field staff, particularly those pertaining to the coordination of these activities; community participation in the project; and the involvement of other government agencies and nongovernment organizations (including non-PHC BRAC units) in project implementation.

The specific topics to be covered by the research study are as follows:

A. Activities of BRAC field staff

1. What activities/tasks are undertaken by BRAC field staff in implementing the PHC project?

2. How do they divide the work among themselves? Who does what when? How do they accomplish their tasks?

3. How do they begin their work in a particular village? Who do they first approach? What pieces of information do they give/relay? How do they give/relay these pieces of information?

4. What issues/problems do they encounter in implementing project activities? How do they manage/resolve these issues/problems? To whom/which groups do they go for assistance for what issues /problems? What forms of assistance do they receive?

B. Activities of MHFP field staff

1. What activities/tasks are undertaken by MHFP field staff in implementing the Government's IAB/health project?

2. How do they divide the work among themselves? Who does what when? How do they accomplish their tasks?

3. How do they begin their work in a particular village? Who do they first approach? What pieces of information do they give/relay? How do they give/relay these pieces of information?

4. What issues/problems do they encounter in implementing project activities? How do they manage/resolve these issues/ problems? To whom/which groups do they go for assistance for what issues/problems? What forms of assistance do they receive?

C. Coordination between BRAC and MHFP

1. What forms of coordination activities between BRAC and MHFP take place at the village level? at the ward level? at the upazila level?

2. Who are involved in these coordination activities?

3. How do they carry out these coordination activities?

4. What project activities/information are discussed in each of these forms of coordination activities?

5. What issues/problems emerge as a result of these coordination activities? How are these issues/problems managed/resolved?

D. Community participation

1. How does the community participate in/respond to the project?

2. What issues/problems/constraints to project participation do community participants raise? How do they manage/resolve these issues/problems? To whom/which groups do they go for assistance in managing/resolving these issues/problems? What forms of assistance do they receive?

3. What issues/problems do BRAC and MHFP field workers encounter with regard to community participation in the project? How do they manage/resolve these issues/ problems? To whom/which groups do they go for assistance in managing/resolving these issues/problems? What forms of assistance do they receive?

4. How are members of the village health committee, the traditional birth attendants, community workers, and other similar groups or individuals (that assist in the field-level project implementation activities) selected

and recruited into the project?

5. What roles/tasks do they perform? How do they carry out these roles/tasks?

6. What issues/problems do these groups encounter as a result of their participation in the project? How do they manage/ resolve these issues/problems? To whom/which groups do they go for assistance in managing/resolving these issues/problems? What forms of assistance do they receive?

7. What issues/problems do BRAC and MHPP project field staff encounter as a result of the participation of these community groups in the implementation of the project? How do they manage/resolve these issues/problems? To whom/which groups do they go for assistance? What forms of assistance do they receive?

E. Involvement of other government agencies and nongovernment organizations

1. What other (non-IAB) government agencies and (non-PHC) NGOs are implementing development projects at the project site?

2. What activities do these groups undertake which relate to PHC/IAB project implementation activities?

3. How do these groups coordinate their activities with those of BRAC and MHPP?

4. What issues/problems do BRAC and MHPP field staff encounter as a result of the activities of these groups? How do they manage/resolve these issues/problems? To whom/which groups do they go for assistance in managing/resolving these issues/problems? What forms of assistance do they receive?

Research methodology

PDR uses the anthropological method of participant-observation and semistructured interviewing. This will be carried out by a researcher (referred to in this report as "process documentor" or PD) assigned full-time to project sites selected as research sites. This researcher will gather data using a combination of observation (of

project activities and meetings/gatherings) and semistructured interviews (for follow ups on issues or points in need of clarification and for filling in data gaps) with project participants and other individuals concerned. The results of these observation and interviews will be presented in monthly reports. These reports will in turn be circulated to members of the working group and other individuals concerned (see discussion of research utilization). (During the training workshop sessions, participants from BRAC's research group raised the need to emphasize to the PDs that they will be "passive" observers of project activities, that is, they should not participate in discussion/argumentations, and in the actual conduct of project activities. This role as a "passive" observer was repeatedly pointed out to the PDs.)

PDR should be conducted on a full project implementation cycle, and on a few project sites. (PDR experiences have shown that two sites could provide substantial information, and constitute a research-manageable number.) These sites will represent "learning laboratories" from which BRAC and MHFP will learn how to coordinate their activities and how to effectively implement this on a larger scale. These sites should be close enough to Dhaka, and to each other, for facility in research supervision. Moreover, these sites should not have too wide an area coverage nor especially difficult access conditions as to hamper the PDs' data-gathering activities.

A PD should be assigned to document the activities of one BRAC field team (2 POs and 5 HWs) based on a union. This PD will move along with the team as it covers the various wards and villages in the union, and when it transfers its base of operations to another union. (Because of the number of BRAC and MHFP field staff working on the

planning. He will help provide the social science perspective in understanding and improving project implemention methodologies. He will also assist both BRAC and MHFP in efforts to develop capabilities for more effective project implementation. These may include attending workshops and training session aimed at improving BRAC-MHFP coordination, helping prepare such tools as manuals and formats for more effective field operations, and aiding BRAC and MHFP in developing strategies for program expansion.

(Because the PDR will be conducted under the same agency involved in project implementation, it is necessary that the researcher and implementor roles be made clear at all times. Dr. Samdani is also placed on a "unique" position, being also the chief of CSP's training and planning unit. It will be to the best interest of both the research and the project, if participants in project activities are made aware of which "hat" he is wearing when he is present in these activities.)

The research director should receive assistance from a reader/consultant in assessing field experiences. The closeness of the research director to the field data may, at some points, create constraints in thinking through the meaning and implications of these experiences. The reader/consultant could also assist the research director in strategizing the PDR team's role in the working group.

PDR reports

The results of process documentation data-gathering activities will be presented in monthly reports, one for each research site. These reports should contain a descriptive or narrative account of project field-level implementation activities, and the emergent issues

and problems. But neither should these be diaries nor chronology of project activities; data presentation should be guided by the issues and concepts important to project field implementation. These reports should never contain any evaluative nor judgemental tone or statements. They should be circulated to members of the working group and other persons/groups concerned about two weeks after a documentation month (e.g., the report on April field activities should be circulated by 12-15 May).

(In addition to members of working groups, and other individuals to be determined by the research director, monthly reports should be provided to the BRAC health workers and project organizers, and the MHFP health assistants and family welfare assistants being documented. This should further help assure these project participants that their performance is not being evaluated and that the concern of PDR is indeed a description of processes.)

An interim report should be prepared every six months. This report should present a summary and synthesis of PDR results thus far, and highlight the lessons from the documented field experiences.

At the end of the documentation period, a final report, integrating all research findings, should be prepared. This report should also contain a discussion of the implications of field experiences on program planning or project expansion.

Occasionally, the research director may also need to prepare memoranda and short papers focusing on issues or problems which require extensive discussion in the working group. These papers may also emphasize issues or topics requiring further studies using other research methodologies.

(The possibility of preparing summaries of monthly reports for working group members was raised in some of the discussion sessions. As I pointed out during these sessions, the working group members should use the monthly reports as their common source of detailed information or field activities, issues, and problems. Their systematic and regular examination of field situations should be made on the basis of their reading of the monthly regular. Perhaps, what the research director could provide the working group are agenda items for the group's meetings.)

Research users and uses

PDR users will be a group or groups of individuals (that is, a working group) who will read the monthly reports and determine the implications of ongoing field experiences on improving project implementation procedures, and more importantly, in planning for the program or a broader-scale project implementation. The research users' task will not be to evaluate nor monitor the project. They will meet regularly to identify field processes, assess field experiences, and find improved strategies for undertaking project activities. They will ensure that agency capability (that is, within BRAC and MHPP) is developed for responding appropriately to field conditions, and that mechanisms for institutionalizing effective procedures are set in place.

The members of the working group will include top-level BRAC and MHPP officials, members of resource institutions assisting in project implementation, and the PDR research director. The group should be small enough to allow maximum interaction among its members during meetings and other similar activities, and to facilitate ease in

convening meetings. Other individuals may, from time to time, be invited to working group meetings to provide in-depth discussions of technical issues.

PDR on the PHC project may involve working groups at two levels. At the upazila level, a council composed of BRAC and MHFP officials, local officials and elites, and representatives of NGOs engaged in health-related activities meets regularly to review and assess the PHC/IAB project as well as other similar projects. This group could use the PDR results as its major data source in understanding field situations and in ascertaining the implications of these on upazila-level procedures and policies. It could also initiate activities aimed at enhancing upazila capability for undertaking the project. At the national level, the MHFP advisory council could constitute a working group. Members of this group include key MHFP and other government agency officials, representatives from BRAC, and such resource institutions as UNICEF, CARE, and ICDDR,B. This body, which has a scheduled monthly meeting, will serve as the group managing the learning process and capability-building for effective program implementation.

Within BRAC, the CSP management committee will also form a PDR users' group. It will utilize PDR data in understanding field situations, finding improved project implementation strategies, developing mechanisms for coordinating BRAC and MHFP project activities, and enhancing BRAC's capability for carrying out the coordination tasks. (But as pointed out in discussion sessions, BRAC constitutes only one side of the PHC/IAB project. Further, the capability for managing a rural health system will ultimately rest on

MHFP and the community. PDR utilization thus becomes more significant at the MHFP working group.)

The membership of the PDR research director in the working groups will help ensure that the social science perspective gets factored into the analysis of field experiences. He will also assist in the reorientation of agency (BRAC and MHFP) strategies for working with project clients toward those which would be more responsive to the needs of the new intervention methodology.

(The membership of BRAC to the working group as project implementor and researcher should be delineated clearly. While the BRAC implementor-member of the working group will be concerned with assessing field data and instituting improved procedures, that of the research director will be more of one enabling the group to have a systemic analysis of field experiences.)

The potential specific uses of PDR on the PHC project include the following:

1. Identifying the implications of coordinating BRAC and MHFP activities on existing operational procedures and policies of these two agencies.

2. Determining th field-implementation strategies required in involving the community in project implementation.

3. Determining the methodologies required in ensuring that MHFP and the community could maintain and sustain a rural health system upon BRAC's withdrawal from the project sites.

4. Providing the information needed to understand and set up the appropriate organizational structure and skills for project management.

5. Providing the data useful for gaining knowledge on the relation between BRAC and MHFP, on the one hand; and between BRAC-MHFP and the project beneficiaries, on the other.

6. Providing some of the information needed for project materials development and preparation.

7. Providing some of the information needed for determining training workshop contents and designs.

8. Providing some of the information needed for devising project monitoring systems and impact evaluation studies.

9. Providing some of the issues or topics which could be pursued through other research methodologies such as case studies.

* * *

Other recommendations

In addition to the recommendations discussed in the preceding sections, I wish to make the following specific recommendations concerning a number of other PDR operational requirements and procedures:

1. PDR must never be used to evaluate project staff performance. This assurance must be given to all BRAC and MHFP field workers who are covered by the PDR. The deployment of PDs at the research sites must be preceded by a meeting between the PDR team and the BRAC-MHFP field workers. This meeting should also be attended by the supervisors of these field workers. During this meeting the research director should explain fully the nature and purpose of PDR, its coverage and focus, and its methodology. He should emphasize the non-evaluative nature of this research type. The BRAC and MHFP supervisors should also give assurance to their field workers that PDR results will not be used to gauge job performance. (This kind of assurance from national-level management to upazila-level officials may also be necessary.)

2. A report review process must be established with the BRAC-MHFP field workers covered by the PDR. Before a monthly report is reproduced, these field workers must be given a chance to read the reports so that they are able to clarify some points, verify data, and more significantly, assure them that no covert pieces of information are relayed to project management. This review process should take place after the research director has reviewed and edited the PDs' reports so that the manuscripts that the field workers read will basically be the same monthly reports that they will be seeing later on. The field workers may be given a day or two to read the reports, and given explicit instructions that unless they give their reactions within the allotted period, the research director will go ahead and produce the report. The clarification/explanations made by the field project staff on some sections in the report may be incorporated as parenthetical statements or footnotes, and duly noted as that. In some instances, words or phrases in the report may be changed as indicated by the field workers, if such changes will not modify the meaning of a sentence or paragraph. These kinds of clarifications and modifications will certainly be not too many nor made too frequently if PDs were careful in their data-gathering activities.

3. One strategy of avoiding person- or personality-focus in the discussions of project experiences is the use of disguises or codes in referring to project participants (as generally practiced in social science research). The common, or widely-used abbreviations or acronyms of titles/positions may be used

for project personnel, and initials of names for community participants.

4. The initial months (first 2 or 3 months) of the PDR will entail very close supervision of the PDs by the research director. This means that the research director may have to spend lengthy periods at the research sites to observe the data-gathering activities of the PDs, help establish a functional work schedule, and discuss ways of improving PDR activities. It will also be very useful if the research director could again brief the PDs on BRAC and CSP, and discuss PDR nature, objectives, methodology, and uses before actual field deployment.

5. To provide a good picture of the setting of the research and put data in perspective, the research director should include in the first monthly reports a profile of the research sites and a reconstruction of project activities since these were initiated and until the time that PDR was begun. Because of time limitations, the nature of interviewing required, the positions/status of many of the potential key informants, and the skills limitations yet of the PDs, data gathering for this profile and activity reconstruction has to be done mostly by the research director. This data-gathering activity of the research director will also enable him to explain PDR to project participants, gain their cooperation, and assure them of the non-evaluative nature of the research. Moreover, this procedure will also ensure that the emphasis given to the PDs during the training that observation will be the main source of PDR data will not be contradicted.

6. As emphasized in several places in this report, there is a necessity to establish a distinction between BRAC, the PDR researcher; and BRAC, the PHC project implementor. These roles must always be clear in the minds of all project participants, including those at the community level. Villagers, whose perception of BRAC is one which render service, may find it unacceptable or confusing that the PD (who is also introduced as a BRAC staff member) does nothing but take down notes during project activities and conduct interviews.

7. The research director and PDs must always be alert with regard to tendencies of officials to use PDR results for gauging job performance or to perceptions of field workers that the PDR is being used to evaluate their work. From time to time or as tensions arise, a meeting between the PDR team and the BRAC-MHFP project supervisors and field staff may be required. The need to establish a good working relationship between the PDR team and the project participants in order to have an efficient and useful research study cannot be overemphasized.

Appendix A

Chronology of Activities

Date	Activity
22 February	- Arrival in Dhaka
	- Initial briefing with Dr. G. Samdani Fakir and Dr. A.M.R. Chowdhury on CSP plans and activities, and the need for process documentation research (PDR); discussion on schedule and arrangements for the training workshop on PDR.
23 February	- Discussion with Dr. Salehuddin Ahmed, Dr. Samdani, and Mr. Bakht on CSP's need for PDR and how this can be set up. (It was emphasized at this session that PDR would focus on the PHC project, particularly on components for which coordination between BRAC and Government was being pursued.)
	- Additional briefing from Dr. Samdani and Mr. Bakht on CSP goals, plans, activities, and organizational structure; and areas of coordination with the Government.
	- First meeting with PDR training workshop participants (The group included 9 newly hired process documentor-trainees and selected staff members of CSP and other BRAC units. A list of the participants is in Appendix B.) In addition to a self-introduction/getting-to-know-you activity, this session included a presentation of the training workshop objectives, contents, and schedule. Dr. Samdani and Mr. Fazlul Karim also discussed extensively the goals, plans, activities, and organizational structure of CSP and the units of the Government's Ministry of Health and Family Planning with which CSP coordinates its activities. The session was conducted in English and Bengali. Dr. Samdani translated into/explained in Bengali the consultant's (CCV) statements/discussions, and translated into English the participants' comments/ questions. Other BRAC research staff also helped in translating or elaborating in Bengali the proceedings. A lot of exchange also took place in Bengali, which Dr. Azmat

translated to CCV. This procedure was employed in all sessions, although the majority of participants also asked their questions in English.

- Reflection/planning session with Dr. Samdani (An assessment of the day's activities/ proceedings was made, and detailed plans for the next day's session were drawn up. This type of activity took place everyday.)

24 February

- Lecture-discussion with training workshop participants, focusing on what PDR is and is not, its theoretical framework and assumptions, the learning process perspective, PDR organizational setup and roles, research utilization, and the working group

- Small group discussions
(The 9 PD-trainees undertook field exposure and orientation on 2-20 February at five CSP pilot upazilas. These PD-trainees were grouped into 5, according to their pairing when they visited their assigned upazilas. They were asked to discuss their field experiences and present the results of their discussions in a plenary session. The following questions were given as guides for the small group sessions: (1) who were the project participants you observed during your 15-day fieldwork, (2) what were the activities you observed being undertaken by each/each group of project participants, and (3) what were the issues/problems which emerged as a result of or related to the conduct of the activities you observed. In addition, the 9 PD-trainees were asked to describe/narrate a day in the field with project participants.)

- Presentation of group outputs
(Three groups were able to present their outputs. After each presentation, which took from 15 to 20 minutes, an open forum was held. During the open forum, other participants from CSP and other BRAC units also shared their knowledge and experiences with regard to field-level project implementation.)

25 February

- Continuation of presentation of group outputs
(The day's two group reports as well as those of the previous day's focused largely on project plans and activities as contained in project papers. The reports also highlighted the need to emphasize repeatedly that PDR is not concerned with project evaluation nor job performance.)

- Drawing up of preliminary PDR plans with the workshop participants and Dr. Salehuddin (This exercise sought to determine the objectives, focus, and coverage of the PDR on CSP's PHC project on the basis of the previous session's theoretical discussions and field-experiences sharing. The results of this session have been incorporated into the main body of this report.)

- Lecture-discussion with training participants on PDR methodology and procedure--observation of project activities, semistructured follow-up interviewing, note-taking, "cleaning" notes, report preparation, and behaviour in the field. (The participants were asked to document this session and submit a narrative report the next morning.)

26 February

- Discussion with resource persons on procedure for practice interviewing/observation (A practice interviewing/observation session was organized for the 9 PD-trainees. Ten other workshop participants served as resource persons. Five--Mr. Fazlul Karim, Mr. Tapan Kumar Ghosh, Mr. Jabed Ali, Mr. Saiful Islam Khan, and Mr. S.M. Bhakt--acted as informants/respondents while five--Dr. Azmat Ara Ahmed, Mr. Shams Mostafa, Mr. S.A. Karim, Mr. Jalaluddin Ahmed, and Mr. Hedayet--observed the interviewing/observation sessions. The 9 PD-trainees were grouped in pairs. During the first session, the first member of the pair served as interviewer and the other, the observer; the two exchanged roles during the second session. The trainees were also required to submit reports on their interview and observation activities.)

- PD-trainees: Practice interviewing/observation sessions, and "cleaning" of notes

- CCV and Dr. Samdani: Review and discussion on reports on the previous day's session

- Reflection session with Dr. Samdani and the resource persons on the conduct of the interview/observation practice (The comments and assessments given by the resource persons highlighted the need for the PD-trainees to gain more facility in introducing themselves, explaining roles as process documentation researchers, discussing

the activities and services rendered by BRAC, phrasing interview questions, avoiding leading questions, handling interference from onlookers, keeping the interview on-track, keeping themselves from arguing with/lecturing their informants, taking down notes, and ending the interview properly. Some amount of training also appeared necessary with regard to being a "passive" observer.)

- Discussion with training participants concerning the practice interviewing/observing sessions
(The 9 PD-trainees were initially asked to give their own comments/reactions to the sessions. Much of their own assessments jibed with those of the resource persons. The comments/ assessments of the resource persons were also shared with the group.)

- Discussion with training participants on results of review of reports submitted; giving of some pointers on PDR report writing

- Practice of PD-trainees on introducing self and concluding an interview

28 February - Field trip to Saturia

1 March - Field trip to Manikganj
(The field trips were organized so that the workshop participants could (1) gain an understanding of the field-level activities undertaken by project participants since these were initiated and (2) observe, if possible, an activity related to field-level project implementation. The trips also sought to provide the PD-trainees an opportunity to practice their skills in observing group activities, interviewing, note-taking, and report writing. In Saturia, the PD-trainees visited the health complex and two villages where the BRAC field team was currently operating, and interviewed some of the project participants in these sites; in Manikganj, they visited several project sites, including non-PHC BRAC sites. Seven PD-trainees and six other BRAC/CSP staff members joined the Saturia and Manikganj trips. CCV was with the group in the trip to Saturia but stayed behind at the head office for report preparation and review of Saturia reports during the Manikganj trip.)

2 March

- Trip participants: Report completion/ finalization
- CCV and Dr. Samdani: Review and discussion of reports
- Group presentation of experiences from field trips
  (During the field trips, the participants were grouped into three with 4 or 5 members. Each group was asked to present in a plenary session a 10-15 minute summary of its experiences.)
- Reflection session on field trips
  (CCV, Dr. Samdani, and other BRAC/CSP staff members shared their observations/comments/ assessments on the manner in which PD-trainees undertook their data-gathering activities during the field visits. The comments highlighted the need for the PD-trainees to have a better understanding of CSP and other BRAC programs; gain more skills in phrasing questions, asking probe questions, avoiding leading questions; and reorient their concerns from project evaluation to processes identification.)

3 March

- Small group discussions/presentations
  (The field trip participants were grouped into two--one for Saturia and another for Manikganj. Each group was asked to describe in detail one PHC project activity about which they had the most extensive information focusing on the activity's participants, how it was conducted, the issues/problems which emerged, and how these were managed/resolved. The groups were also asked to identify the gaps in their data, explain why they had these gaps, and discuss how these gaps could be filled in.)
- Meeting with Mr. Fazle Hasan Abed
- Discussion of written reports on field trips, and lecture on procedure and mechanics of PDR monthly report preparation
- Review of MHFP organizational structure with workshop participants
  (by Dr. Samdani)

4 March

- PD-trainees: Reading of R.P.de los Reyes' and J. Volante's articles on PDR (IPC Reprint No. 22) and review of notes during all previous lecture-discussion sessions
  (The PD-trainees were also asked to write down

questions/topics that had remained unclear to them or should be given more emphasis during the final discussion session. They were required to submit their questions at the end of the day.)

- Discussion with Dr. Salehuddin, Dr. Samdani, Dr. Mustaque, Dr. Azmat, Mr. Karim, and Mr. Sadeq on the PDR for the PHC project -- objectives, coverage and focus, methodology, research organization, research utilization, and operational requirements and procedures (The results of the discussions have been incorporated into the main text of this report. It was decided during this session that the selection of research sites would be undertaken in consultation with CSP program managers and would be discussed with MHFP officials.)

- Discussion with BRAC program managers and research staff
(This session focused on what PDR is, and the planned PDR on the PHC project. The most prominent concerns of the group focused on MHFP officials' possible reactions to the research, and on how PDR could remain a management tool for understanding and improving the project, and not a tool for project and job performance evaluation. The program managers also gave suggestions on how to establish good relationship between the PDR team and the project field staff. A number also indicated interest in conducting PDR on other BRAC programs.)

5 March
- Final session with the training workshop participants

- Meeting with Mr. F. H. Abed

6-7 March
- Report preparation

8 March
- Final session with Dr. Salehuddin and Dr. Samdani

- Departure from Dhaka

Appendix B

Training Workshop Participants

1. Mr. Munir Ahmed (PD-trainee)
2. Mr. Ragave Ahmed (PD-trainee)
3. Mr. S.M. Kamal Hossain (PD-trainee)
4. Mr. Md. Abu Saleh (PD-trainee)
5. Mr. Md. Abdul Alim (PD-trainee)
6. Mr. Chitta Ranjan Das (PD-trainee)
7. Mr. Shyamal Kanti Banik (PD-trainee)
8. Mr. Almumin Md. Golam Sarwar (PD-trainee)
9. Mr. Reajul Islam (PD-trainee)
10. Mr. Pronab Kumar Niogi (MIP)
11. Mr. Saiful Islam Khan (RDP)
12. Mr. Karimul Hoque (RDP)
13. Mr. Jabed Ali (CSP)
14. Mr. Tapan Kumar Ghosh (CSP)
15. Mr. Fazlul Karim (RED)
16. Mr. Jalaluddin Ahmed (RED)
17. Mr. Kubiruzzaman (RED)
18. Mr. Sadequr Rahman Chowdhury (RED)
19. Dr. A.M.R. Chowdhury (RED)
20. Dr. Azmat Ara Ahmed (RED)
21. Mr. Shams Mostafa (TARC)
22. Mr. S.M. Bakht (TARC)
23. Mr. Hedayed (RED)
24. Dr. Golam Samdani Fakir (CSP)