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**Report**

**Programme Implementation Quality Study**

**Ultra-Poor Graduation Programme**

**BRAC Monitoring Department (BMD)**

**April to May 2019**

**Preface**

During the monitoring period of April to May 2019, BRAC Monitoring Department conducted a programme implementation quality study for Ultra-Poor Graduation Programme (UPGP). The key objective of this study was to improve programme quality and relevance as per BRAC AOP 2019 objective 1 indicator 1.2.

During the monitoring period, monitoring officers shared the findings with the concerned programme’s field personnel. After cleaning, processing, and analyzing the collected data, findings were shared with the concerned UPGP personnel through a formal presentation. After incorporating the feedback received during presentation the narrative report is now being published. This report also contains the action plans discussed by the programme based on the study findings.

We acknowledge the valuable contributions and support extended by the UPGP colleagues during the monitoring activities.

Any constructive suggestion regarding monitoring issues and report will be warmly accepted.

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Head, BRAC Monitoring Department

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# Abbreviations

BMD BRAC Monitoring Department

BM Branch Manager

IDI In-depth Interview

LQAS Lot Quality Assurance Sampling

PIQ Programme Implementation Quality

RM Regional Manager

# Executive summary

**Introduction:** The goal of the Programme Implementation Quality study is to evaluate the key factors that contributes to make up appropriate quality where the key indicators include, fit for purpose, customer expectation, cost of quality, component percentage error, components identified as outside specified tolerance etc. The three main domain areas identified for programme implementation quality are: programme experience, programme delivery process, and programme organization and structure. These three quality domains have 10 subdomains called quality areas and each of the associated quality areas have 40 Indicators with definitions. In addition, a list of items/indicators for implementation quality assessment were developed for each of the 16 different programmes of BRAC by consulting the respective programmes and following the appropriate global standards for respective sectors. Each item is rated on a 4-point scale, where 4 represents the desired practice.

The objectives of the study for creating a programme implementation quality index were to develop programme implementation quality indicators and determine the baseline value of the programme implementation quality index. For UPG programme, participants were selected in four (4) categories- Group 1, 2, 3 and Urban from cohort 2018 and from cohort 2019 participants were selected in two (2) categories- Group 2 and 3, to assess if appropriate implementation quality is ensured.

**Methodology:** This study collected primary data from the field level participants and staff of UPG programme and secondary data through comprehensive desk review of the relevant literature, and all the related documents of UPG programme. Field findings were shared with all responsible Branch Managers (BM) and consultation was done with Programme Organizer (PO), Branch Managers and Regional Managers based on their availability. Besides, head office level interview was done with programme’s focal person and meetings were conducted with programme head, focal person, operation team and other members of UPG programme. Documents and contents from UPG programme comprising of programme descriptions, operational guidelines, circulars and other relevant articles, literature and reference documents were reviewed.

Mixed method of data collection; i.e. quantitative and qualitative was followed for primary data collection. Structured questionnaires were used for conducting the survey and guided checklist was utilized for conducting qualitative interviews. A total of 28 branches from 7 districts of 7 divisions were chosen randomly for the purpose of this study. The study participants included UPGP participants, Programme Organizers, Branch Managers, Regional Managers and Programme personnel at head office. The quantitative survey was conducted in all the sampled branches of UPG programme from all the sampled districts using TAB and data was sent to the server directly from the field after necessary quality checking of data. As per LQAS methodology, 7 districts are randomly selected at first stage and in second stage 4 Upazilas (SA) are randomly selected from each district. Finally, 19 samples are randomly selected from each supervision areas. A total of 559 surveys were conducted with UPGP Participants, 32 surveys with Programme Organizers and 101 observations were made of home and group visits, asset transfer/office and training.

In-depth Interview (IDI) technique was employed for collecting qualitative data from the programme staff of UPG programme to collect in-depth information against the study objectives and implementation quality indicators. A total of 19 interview was conducted with Branch and Regional Managers and head office level programme personnel.

**Findings:** Programme experience is the first domain assessed through the direct conversation with UPG programme’s participants and includes four subdomains or quality areas- welcoming and inclusive environment, supportive staff-participant relationships, participant’s satisfaction on quality of services received and respective appropriate standards met for service components.

Majority (27.2%) of the respondents were found to belong to the age cohort of 30-34 years followed by 19.7% respondents aged between 35-39 years and some 15.9% respondents falling in the age group of 25-29 years. Around 18.6% of the total respondents (who are female participants) are found to be the head of the family.

The weighted indicator results for the first of the 10 quality areas- Welcoming and Inclusive Environment, was calculated as 96.5%. The study showed that around 96.1% of the programme participants found the staff of UPG programme are welcoming and amiable to them. About 96.8% of the participants were found to receive respect to their rights (informed of their rights) while choosing to take service. Another finding suggests that in 96.6% case different types of participants of UPG programme get equal opportunity to the programme’s services.

Supportive staff-participant relationship is highly essential to build confidence among the participants on the programme and almost all (99.4%) of the participants/clients shared that they felt confident that programme staff/ workers can understand and solve their problems.

A total of 10 indicators were considered under the quality area- Participants’ satisfaction on quality of services received and the result was found as 93.2%. Almost all (99.1%) the participants mentioned that they were well aware of the services being offered by programme before deciding to take any service. Around 88.2% participants feel that they are treated with dignity and personality by programme staff/volunteers during the discussion of selecting a service to be provided. Almost all (98.1%) the participants responded that the choice of their asset was done in a participatory way. Findings suggest that the participants were able to provide their opinion on the choice of their asset or enterprise option and their opinion was considered too by the staff. Almost all (99.8%) the participants shared that they found the staffs are informed of their conducts as they the knowledge about the service and are qualified enough to deliver the service to the participants. About 97.9% participants found the service offered significantly meets their intended need. Around 90% participants shared that they found the service delivery was prompt. Almost all (98.1%) the participants mentioned that they found the service package worth of its all associated costs.

There is one indicator under this quality area that shows the UPG programme is lagging behind which is only 61.2% participants shared that they found the feedback/grievance process is reliable and they used it whenever required. Field observation suggest that the feedback or grievance taking process is not equally well known to all the participants and UPG programme does not have an established structured system or mechanism for feedback or grievance collection.

In regard to the quality area- For each service component, the respective appropriate standards were met, the result was found to be 94%. Around 91.8% participants mentioned that the feasibility of enterprises are assessed for participants. Almost all (99.2%) the participants skills were developed on the enterprise options they choose. Participants selection was done appropriately as asset was transferred and loan disbursed through assessment to nearly all (98.3%) of the participants. In terms of home visits, group visits and hands on training, about 86.9% participants received home and group visits and hands on training on enterprise.

The domain- Programme delivery process reflects the quality of service delivery process through observation of programme’s field level activities. The result of the only indicator under this domain shows that in 89.4% case quality standards were used for service delivery. This quality area was assessed through household, training, group visit & office observation. Participants' intended problem was found to be checked for probable solutions in 92.9% case but in 81.9% case participant was informed of the possible solutions to the problem. Participant's chosen solution/service was provided/ facilitated by programme staff in around 83.9% case. Service facility was found to be near to the participants' households in 87.5% case.

Programme operation guideline was found to be comprehensive (about service, supervision, branding etc.) and meeting appropriate international and/or national standards for service. Instruction for questionnaire survey is detailed out but few calculations are subjective, challenging for new staff to do it appropriately and requires sufficient skill for a staff to carry out the calculations. Graduation criteria are comprehensive, self-explanatory, understandable, measurable and well guided for field staff. For each service component, the respective appropriate set standards for service (91.1%) and branding (95.2%) were met by the programme.

Information on the indicators of the domain- Programme organization and structure is mainly collected from the staffs of UPG programme as well as from literature and documents review.

The result of the quality area- ambience of service delivery was 73%. Programme obtained 65% points on having a standard and written guideline on the 'desired' ambience of service delivery to the participants/clients which meets respective appropriate international and/or national standards for that. Programme obtained 75.5% points on the indicator- written guidelines on desired physical, interpersonal and equipment ambience is correctly followed. Programme can arrange breastfeeding corner in the training rooms for the use by female participants and arrange for visible signage in the training room mentioning basic service-related information. Regarding equipment & supplies are sufficient and up-to-date to maintain the standard of services the result is around 83.1%. In regard to the indicator, the ambience is similar and BRAC-branded at all points of service delivery, the result came as 68.3%.

Programme’s obtained result for the indicator under the quality area- Varied and flexible programme offerings, is 95%. UPG programme’s intervention design and programme guidelines reveal that the members are assessed for feasibility in terms of their skills, fitness, socio-economic status, and geographic location before enrolling them in programme. Based on their eligibility, they are given the option to choose their enterprise from a bundle and thus, UPGP tries to meet the varying needs of people, as an optimal solution.

The result achieved for the quality area- Positive behaviour guidance is 58.2%. Only 38.5% programme staff informed that they are formally trained on the importance and way of behaving positively while providing services. Around 73.2% staff mentioned that there exists an effective process of motivating positive staff behaviour towards participants. About 63% staff were found to be motivated for behaving positively and providing good services to the participants.

Result of the quality area- staff capacity was found 81.5%. Around 89.5% staff mentioned that they were sufficiently oriented on the programme operation guideline before starting to serve participants. Around 83.3% of the total staff providing services are capable of and willing to provide standard services. Programme operation guideline (about service, supervision etc.) is followed correctly by almost all (98.4%) the staff. Supervision of staff was found to be sufficient and supportive in 87.9% case. Progress reports and monitoring reports are used in 49.6% case for necessary decision making.

In regard to exit strategy it was evident from the documents and discussion with field and HO level officials that UPG Programme arranges for smooth exit of programme activities and assists participants to get prepared for next level of actions (only if they wish to) (at output level) after taking the service.

Thus, UPG programme’s implementation quality index or baseline score is calculated as 8.43. Although programme’s overall index came out to be higher, but there are few areas of improvement for UPG programme which have been mentioned as recommendations based on the findings of the study. Based on the findings and recommendation of the study, UPG programme has shared their action plan and set target for improvement from the index achieved and mentioned it in the action plan. The domain wise recommendations and UPG programme’s action plan are described in the report.

# Chapter 1: Introduction

## Background of the Study

BRAC Monitoring Department (BMD) works to support the institutional efficiency of the organization in planning, implementing, tracking various programmes and functions and facilitating organizational learning at various levels. BMD’s major objective is to provide dynamic decision support to BRAC in improving operational efficiency. In view of that Monitoring department assessed the quality and effectiveness of the programme interventions as well as the corresponding reporting.

## Defining Programme Implementation Quality

**1.2.1 Definition of programme quality**

The word “Quality” requires qualification in terms of its context and to what extent it is considered to be poor or good; in business the objective is usually to ensure that the goods / service are fit for purpose and meet with the customer’s expectations while still affording a commercial organisation the opportunity to make a profit. The Quality index is intended to allow evaluation of key factors which contribute to make up “appropriate quality” and may including the following; fit for purpose, customer expectation, cost of quality, component percentage error, components identified as outside specified tolerance etc.

**1.2.2 Detailed Indicator Description**

To make this complex task of measuring the quality of largely different but interconnected programmes implemented all over Bangladesh, BRAC has used few key domains and some subdomains called quality areas.

Three common domain areas for programme quality have been identified: programme experience, programme delivery process, and programme structure (outcome has been left out for measurement at the end of AOP period 2019). The three quality domains have 10 subdomains called quality areas.

A table in the annexure shows the three Programme Implementation Quality Domains and their associated quality areas and 40 Indicators with definitions.

The items/indicators measuring a given *quality area* might be drawn from different stages of service delivery: targeting, needs assessment, preparing service packages, reaching, delivering, quality assurance, follow up.

A list of items/indicators for quality is then developed for each of the 16 different programmes of BRAC by consulting the appropriate global standards for respective sectors. Each item is rated on a 4-point scale, where 4 represents the desired practice. Detailed item-specific “anchors” define each rating point and provide observable indicators to guide scoring. This list of items is then tested with participants in the field and the result is used for further improvement of the list. Taking technical expert panel’s opinion could be a good idea to validate the tools further but this was not done due to lack of time.

## Study objectives

This study for creating a programme implementation quality index have two key objectives which are as follows:

* Constructing programme implementation quality indicators
* Determining baseline value of the programme implementation quality index

## Rationale of the study

One of BRAC’s AOP objectives in 2019 is to improve programme quality and relevance. One out of the three indicators measuring this BRAC AOP Objective #1 is -

*Indicator 1.2. 80% of the current BRAC Programmes would demonstrate at least 10 percentage point improvement in the quality of implementation in the year.*

Here ‘BRAC programmes’ indicates all 16 development programmes of BRAC in 2019 which necessitates the ‘quality’ to be the quality of all 16 BRAC programmes’ activities. This quality was assessed by using a “BRAC Programme Quality Index’ constructed by BRAC Monitoring Department in 2019.

## Scope of the study

All 16 development programmes of BRAC including microfinance are being assessed under the programme implementation quality study conducted by BRAC Monitoring Department (BMD). The key factors to make up appropriate quality includes fit for purpose, customer expectation, cost of quality etc. to answer the question- Are we doing the things right?

For UPG programme two different cohorts- 2018 and 2019 cohort were selected to assess if appropriate implementation quality is ensured. From cohort 2018, participants were selected in four (4) categories- Group 1, 2, 3 and Urban and from cohort 2019 participants were selected in two (2) categories- Group 2 and 3.

**Figure 1: Key factors of programme implementation quality**

In terms of maintaining implementation quality standards following reference areas were considered for the study for UPG and other BRAC programmes:

|  |  |
| --- | --- |
| **BRAC Log-frame**: | To ensure organization policy and focus |
| **Operation Guidelines**: | To understand how field operations are maintained |
| **National Standards:** | Are we complying the rules and regulations? |
| **International Standards:** | How far we are from reputed international standards? |

## Key deliverables

Following are the key deliverables to UPG programme:

* BRAC wide programme implementation quality indicators
* UPG programme specific implementation quality indicators
* Benchmark for agreed quality indicators
* Methodology Matrix
* Presentation on UPG Programme Implementation Quality Index
* UPG Programme Implementation Quality Index
* Identified improvement areas
* Follow-up in 2020

## Limitations

The study team tried its best to minimize the challenges faced during the conduction of the study, particularly during the data collection phase. Nonetheless, the study had two following limitations:

* Trying to fit diverse range of UPGP activities running at different timeline in different study locations under standardized quality indicators.
* Finding appropriate external reference documents to compare UPGP’s different activities as all other organizations working with ultra-poor group follow BRAC’s model.

# Chapter 2: Methodology

The study follows a “before—and—after” two-stage evaluation approach. It repeats cross-sectional surveys between 2019 and 2020.

## Sources of data

To meet the research objective, the study collected data from the field level of UPG programme. Besides, comprehensive desk review of the relevant literature, documents as well as all the related documents of UPG programme was done. Field findings were shared with all responsible Branch Managers (BM) and consultation was done with Programme Organizer (PO), Branch Managers and Regional Managers based on their availability. Besides, head office level interview was done with programme’s focal person and meetings were conducted with programme head, focal person, operation team and other members of UPG programme.

Therefore, the study collected data based on the two procedures namely primary data and secondary data. Below is the description of both sources of data:

**2.1.1 Primary data**

Primary data is gathered directly from the field level participants and staff of UPG programme. The study followed a mixed method approach of quantitative and qualitative interviews for primary data collection. Structured questionnaires were used for conducting the survey and guided checklist was utilized for qualitative interviews.

**2.1.2 Secondary data**

Secondary data for the study was collected and analyzed through literature review which was one of the most integral components of this study. Comprehensive review of existing relevant literatures and documents of programme implementation quality assessment and UPG programme, took place all through the study. Starting from the beginning of the study documents and contents from UPG programme comprising of programme descriptions, operational guidelines, circulars and other relevant articles, literature and reference documents were reviewed. Review of the documents helped to develop the study guidelines and tools, validate primary source of information and assess implementation quality indicators of the study. Besides, the relevant documents, available similar documents of other similar national and international projects/ programmes of different organizations were reviewed.

**2.1.3 Methodology matrix**

Following is the indicator methodology matrix developed in consultation with UPG programme officials:

**Table 1: Indicator methodology matrix**

| **Quality Areas** | **Indicators** | **Data Collection Method** | **Sources of Data** |
| --- | --- | --- | --- |
| 1. Welcoming and inclusive environment | 1.1 Participants find welcoming and amiable staff | Interview | UPG member |
| 1.2 Participants receive respect to their rights (informed of their rights) while choosing to take service | Interview | UPG member |
| 1.3 All types of people get equal opportunity to the programme’s services | Interview | UPG member |
| 1.4 People with different abilities get necessary support to visit the premise and take services | Observation | Service center |
| 2. Supportive staff-participant relationships | 2.1 Participants/clients feel confident that programme staff/ workers can understand and solve their problems | Interview | UPG member |
| 3. Participants’ satisfaction on quality of services received | 3.1 Participants were well aware of the services being offered by programme before deciding to take any service | Interview | UPG member |
| 3.2 Participants feel that they are treated with dignity and personality by programme staff/volunteers during the discussion of selecting a service to be provided | Interview | UPG member |
| 3.3 The choice of service package is done in a participatory way | Interview | UPG member |
| 3.4 Participants find the staff are informed of their conducts | Interview | UPG member |
| 3.5 Participants find the service offered significantly meets their intended need | Interview | UPG member |
| 3.6 Participants' expectation on the quality of services is met | Interview | UPG member |
| 3.7 Participants find the service delivery prompt | Interview | UPG member |
| 3.8 Participants find the service package worth of its all associated costs | Interview | UPG member |
| 3.9 Participants find the feedback/grievance process reliable and used it whenever required | Interview | UPG member |
| 3.10 Participants suggest others with needs to take services from this programme | Interview | UPG member |
| 4. For each service component, the respective appropriate standards were met | 4.1 People who need the support most are identified | Interview | UPG member |
| 4.2 Feasibility of enterprises are assessed for participants | Interview | UPG member |
| 4.3 UPG members’ skills developed on enterprise | Interview | UPG member |
| 4.4 Asset transferred and loan disbursed based on assessment | Interview | UPG member |
| 4.5 Participants are provided hands on training through household and group visits | Interview | UPG member |
| 4.6 Participants are supported to improve their economic and living standards | Interview | UPG member |
| 5. Quality standards used for 'delivery' of services | 5.1 Participants' intended problem was checked for probable solutions | Observation | Service delivery |
| 5.2 Participant was informed of the possible solutions to the problem | Observation | Service delivery |
| 5.3 Participant's chosen solution/service was provided/ facilitated by programme staff | Observation | Service delivery |
| 5.4 There's no or very little entry fee to enter the service structure | Observation | Service delivery |
| 5.5 Service facility is near to the participants' households | Observation | Service delivery |
| 5.6 Programme operation guideline is comprehensive (about service, supervision, branding etc.) and meet appropriate international and/or national standards for service | Document review | Programme operations guideline and other relevant programme documents |
| 5.7 For each service component, the respective appropriate set standards for *service* (from 5.6) were met | Observation | Service delivery |
| 5.8 For each service component, the respective set standards for *branding* (from operation guideline 5.6) were met | Observation | Service centre and service delivery |
| 6. Ambience of service delivery | 6.1 There is a standard and written guideline on the 'desired' ambience of service delivery to the participants/clients which meets respective appropriate international and/or national standards for that | Document review | Programme operations guideline and other documents |
| 6.2 The written guidelines on desired physical, interpersonal and equipment ambience is correctly followed | Observation | Service centre and service delivery |
| 6.3 Equipment & supplies are sufficient and up-to-date to maintain the standard of services | Observation | Service centre and service delivery |
| 6.4 The ambience is similar and BRAC-branded at all points of service delivery | Observation | Service centre and service delivery |
| 7. Varied and flexible programme offerings | 7.1 Programme’s service packages meet the varying needs of different people with flexibility | Document review | Programme operations guideline and national/ international documents |
| Interview (IDI) | Staff (HO officials) |
| 8. Positive behavior guidance | 8.1 Staff are formally trained on the importance and way of behaving positively while providing services | Interview (IDI) | Staff (BM/RM) |
| Interview (survey) | Staff |
| 8.2 There exists an effective process of motivating positive staff behavior towards participants | Interview (IDI) | Staff (BM/RM) |
| Interview (survey) | Staff |
| 8.3 Staff are motivated for behaving positively and providing good services to the participants | Interview (IDI) | Staff (BM/RM) |
| Interview (survey) | Staff |
| 9. Staff capacity | 9.1 All respective staff are sufficiently oriented on the programme operation guideline before starting to serve participants | Interview (IDI) | Staff (BM/RM) |
| Interview (survey) | Staff |
| 9.2 Staff training meets respective national/international guidelines for content and duration, includes maintenance of quality standards | Document review | Staff training contents and programme operations guideline |
| 9.3 The staff providing services are capable of and willing to provide standard services | Interview (survey) | Staff |
| 9.4 Programme operation guideline (about service, supervision etc.) is followed by all staff correctly | Interview (survey) | Staff |
| 9.5 Supervision of staff is sufficient and supportive | Interview (IDI) | Staff (BM/RM) |
| Interview (survey) | Staff |
| 9.6 Progress reports and monitoring reports are used regularly for necessary decision making | Interview (survey) | Staff/HO officials |
| 10. Exit strategy | Programme arranges for smooth exit of programme activities | Interview (IDI) | HO officials |
| Document review | Programme operations guideline/ other documents |
| Programme assists participants to get prepared for next level of actions (only if they wish to) (at output level) after taking the service | Interview (IDI) | HO officials |
| Document review | Programme operations guideline/ other documents |

## Study area

UPG programme is being implemented in 42 districts[[1]](#footnote-1) of Bangladesh. A total of 28 branches from 7 districts of 7 divisions were chosen randomly for the purpose of this study. The table below shows the cohort wise geographic locations covered in this study.

**Table 2: Distribution of cohort wise branches, districts and divisions**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Divisions** | **Districts** | **Cohort wise Branches** | | | |
| Barishal | Barguna | Lemua (Cohort 2018 & 2019) | Fuljhuri (Cohort 2019) | Parirkhal (Cohort 2018 & 2019) | Barguna Sadar (Cohort 2018 & 2019) |
| Chattogram | Chattogram | Khulshi (Cohort 2018 & 2019) | Pachlish (Cohort 2018 & 2019) | Madarbari (Cohort 2018) | Pahartoli (Cohort 2018 & 2019) |
| Dhaka | Dhaka | Bhasantek (Cohort 2018) | Mohammadpur (Cohort 2018) | Pallabi 11.50 (Cohort 2018) | Gulshan (Cohort 2018) |
| Khulna | Bagerhat | Fakirhat (Cohort 2018) | Bagerhat Sadar (Cohort 2018) | Mollahat (Cohort 2019) | Shoronkhola (Cohort 2018 & 2019) |
| Rajshahi | Joypurhat | Akkalpur (Tilokpur) (Cohort 2018 & 2019) | Khetlal (Cohort 2019) | Pachabibi (Satinali) (Cohort 2018) | Dolahar (Cohort 2018 & 2019) |
| Rangpur | Thakurgaon | Nekmororod (Cohort 2018 & 2019) | Thakurgaon Sadar (Cohort 2018 & 2019) | Ranishankail (Cohort2019) | Shibgonj (Cohort 2018 & 2019) |
| Sylhet | Sunamganj | Sunamgonj Sadar (Cohort 2019) | Polash Bazar (Cohort 2019) | Jawabazar (Cohort 2018) | Vimkhali (Cohort 2018 & 2019) |
| **7 Divisions** | **7 Districts** | **28 Branches** | | | |

## Respondent categories

The study included the following type of respondents:

* UPGP participants
* Programme Organizers
* Branch Managers
* Regional Managers
* Programme personnel at head office

## Data collection methods

Primary data for the study was collected using both quantitative and qualitative methods which are as follows:

**2.4.1 Quantitative method**

The quantitative survey was conducted using three different set of structured questionnaires to interview selected respondents through face-to-face interviews. The interviews were conducted using TAB and data was sent to the server directly from the field after necessary quality checking of data. Survey was conducted in all the sampled branches of UPG programme from all the sampled districts.

**2.4.2 Qualitative method**

In-depth Interview (IDI) technique was employed for collecting qualitative data from the programme staff of UPG programme to collect in-depth information against the study objectives and implementation quality indicators. All the respondents were selected using purposive sampling. IDIs were conducted to know about the field experiences of programme staff regarding programme implementation and challenges faced by them. Gathering lesson learned of the study from all the study areas is another purpose of conducting IDIs with UPG programme’ field staff.

**Qualitative Sample Distribution**

Following is the sample distribution of IDIs conducted with programme staff for the purpose of this study:

**Table 3: Sample distribution of qualitative interviews conducted**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Respondent** | **#** |
|  | Branch Managers | 19 |
|  | Regional Managers | 02 |
|  | Head office level programme personnel | 01 |

## Sampling

**2.5.1 Sampling plan**

The study followed the Lot Quality Assurance Sampling (LQAS) method for the UPG programme’s implementation quality assessment sampling plan. LQAS is a sampling method suitable for quality assessment requiring small sample size from each cluster has been used.

**LQAS Sampling**

Due to the decentralized nature of program implementation and management, it is not practical to obtain measures in each of the 64 districts and more than 461 Upazilla/ Brac program areas in Bangladesh due to budgetary limits, limited human resources, and time etc. Lot Quality Assurance Sampling (LQAS) is a method for assessing a program by analysing the data produced by a small sample. Since we have a complete list of beneficiaries for each program segregated by district and upazila level so that it would be convenient to take 19 samples in each supervision areas and use decision rule for achieved percentages.

LQAS works by subdividing a program Catchment Area (CA) into smaller areas that provides various services to beneficiaries, the Supervision Area (SA). As per LQAS methodology 7 CA’s are randomly selected and each CA’s consists of 4 SAs. Typically, LQAS uses a sample size of 19 individuals from each SA. In the case of 4 SA, this results in a sample of 76 respondents from each universe for the entire CA. By combining data from 4 SAs, the LQAS methodology can determine coverage proportions of the entire catchment area with 95% Confidence Intervals of >+10% for multiple indicators.

As per LQAS methodology, 7 Districts (CA) are randomly selected at first stage and in second stage 4 Upazilas (SA) are randomly selected from each CA’s. Finally, 19 samples are randomly selected from each supervision areas.

**2.5.2 Sample selection procedure**

Following is the sampling selection procedure maintained for this study:

**2.5.3 Quantitative sample distribution**

Respondents’ category and number was designed based on the UPG programme’s coverage. The total number of samples achieved for the participants, staff and observation survey are distributed as following:

**Table 4: Sample distribution of surveys conducted**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Respondent** | **#** |
|  | UPGP Participants | 559 |
|  | Programme Organizers | 32 |
|  | Observation | 101 |
| 3a) | Home visits | 28 |
| 3b) | Group visits | 28 |
| 3c) | Asset transfer/Office | 28 |
| 3d) | Training | 17 |

## Data management and analysis (steps of analysis)

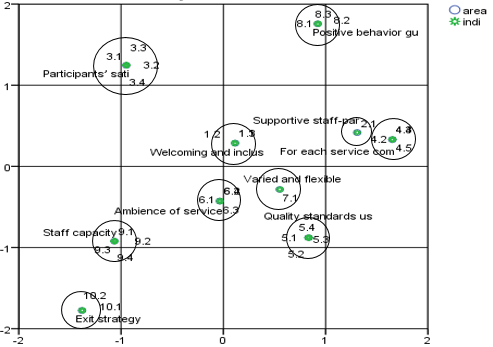
Data management and analysis of PIQ study followed the below mentioned steps:

* Monitoring department had several meetings and discussions and also arranged consultation workshop with different tiers of UPG programme personnel for designing methodology, indicators finalization and relative weight assignment purposes.
* Both common and programme specific indicators were developed, relative weightage was given to each indicator and 4-point scale was set for all the quality areas.
* One design workshop was held with the programme and consent was taken from programme officials on the study methodology and implementation quality indicators to finalize it.
* Based on the finalized indicators and methodology, data collection and field level findings sharing and validation was conducted.
* Data cleaning was completed immediately after data collection and followed by data analysis. During data analysis phase, score was calculated for programme implementation quality indicators, quality areas and domains based on the study findings and weight assigned.
* Once the score was generated, validation of field findings was done with programme personnel at head office and input and feedback was taken to make necessary adjustments. Thus, the programme implementation quality index was finalized accumulating scores generated per indicator and quality area.

**Figure 2: Steps of analysis**



## Suitability of domains, quality areas, and indicators

Suitability of domains, quality areas and indicators are measured through correspondence analysis which is a visual representation of closeness between multivariate data.The correspondence analysis measures the association strength by calculating proximity values for the combination of the cells across the indicators and quality areas of the contingency table. In the asymmetric bi- plot rows are plotted based on principal coordinates of the indicators and columns are plotted based on standard coordinates of quality areas. The quality area that has the lowest distance to an indicator is the main functioning for that indicators. A point makes a high contribution to the inertia of a principal axis in two ways –when it has a large distance from the center, even if it has a small mass, or when it has a large mass, but a small distance.

The table above represent the quality areas as circles and all indicators in figures. Indicators chosen under each quality area are mapped within close proximity of each quality area (few indicators’ numbers are showing outside the circle but their actual position is inside the circle) which indicates the suitability of the model in measuring programme implementation quality. Coherence of the indicators suggest the appropriateness and suitability of those indicators under the quality area.

## Ethical consideration

As part of the ethical consideration for the study, all the respondents were informed clearly about the specific objectives and purpose of the study and this interview and informed consent was taken from them prior to the survey. The respondents were informed that they have the right to participate or not to participate in this discussion. They were also informed that they can stop this conversation at any time or decline to answer any specific question if they don’t want to. They were assured that the information they provide will be kept anonymous (it will not in any way be linked to their name), treated with confidentiality and will only be used for the study purpose. Besides, the respondents were informed that they will not get paid or compensated in any way for their participation.

# Chapter 3: Study findings

Findings of UPG programme’s implementation quality assessment is discussed according to the common and programme specific indicators identified under 10 quality areas under the three key domains. This section presents the findings of the programme implementation quality study encompassing the respondents’ and their households’ demographic and socioeconomic profile, implementation quality areas and the three domains.

## Programme experience

The first of the three domains are programme experience which is assessed through the direct conversation with UPG programme’s participants. This domain includes four subdomains or quality areas- welcoming and inclusive environment, supportive staff-participant relationships, participant’s satisfaction on quality of services received and respective appropriate standards met for service components.

**3.1.1 Socio-demographic Information**

The section illustrates the demographic and socioeconomic profile of the respondents’ households to provide greater context for understanding the respondents’ background, followed by the respondents’ age distribution, education, and marital status.

The table below shows that majority (27.2%) of the respondents belong to the age cohort of 30-34 years. Another 19.7% respondents are aged between 35-39 years followed by some 15.9% respondents falling in the age group of 25-29 years.

**Table 5: Age distribution of the respondents**

|  |  |
| --- | --- |
| **Respondents’ age** | **%** |
| 18-24 | 14.3 |
| 25-29 | 15.9 |
| 30-34 | 27.2 |
| 35-39 | 19.7 |
| 40-44 | 9.3 |
| 45-49 | 8.4 |
| 50 and above | 5.2 |
| **N** | **559** |

The study revealed that around 18.6% of the total respondents (who are female participants) are found to be the head of the family.

**3.1.2 Welcoming and inclusive environment**

Welcoming and inclusive environment is the first of the 10 quality areas for which UPG programme’s weighted indicator result was calculated as 96.5%. Indicator wise analysis of this quality area depicts that around 96.1% of the programme participants found the staff of UPG programme are welcoming and amiable to them. About 96.8% of the participants were found to receive respect to their rights (informed of their rights) while choosing to take service. Another finding suggests that in 96.6% case different types of participants of UPG programme get equal opportunity to the programme’s services.

**Table 6: Welcoming and inclusive environment**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | Participants find welcoming and amiable staff | 96.1 |
|  | Participants receive respect to their rights (informed of their rights) while choosing to take service | 96.8 |
|  | All types of people get equal opportunity to the programme’s services | 96.6 |
|  | People with different abilities get necessary support to visit the premise and take services | N/A |

The other indicator under this quality area- people with different abilities get necessary support to visit the premise and take services was not considered for UPG programme. UPGP provide services at the household/community level and ensuring reasonable accommodation for Person with Disability (PWDs) does not fall under UPG programme’s jurisdiction. It was further mentioned by the programme that the UPGP’s prerequisite is to have one active female member in the household who will be involved in the income generating activities that requires certain physical fitness. Even though persons with partial disability might be considered for membership but they’ll get services at the household/community level. That is why ensuring reasonable accommodation for the PWDs is not a mandate for UPGP and the weight should be 0 (zero) for this particular quality indicator for UPGP.

**3.1.3 Supportive staff-participant relationships**

Ensuring a supportive staff-participant relationship is highly essential to build confidence among the participants on the programme. It refers that through interaction with the program staffs/workers, participant or client should feel confident that the staffs/workers can understand his or her mentioned problem and also can provide significant solution to that. Hence, almost all (99.4%) of the participants/clients shared that they felt confident that program staff/ workers can understand and solve their problems.

**3.1.4 Participants’ satisfaction on quality of services received**

A total of 10 indicators were considered under this quality area and the result was found as 93.2%. The table below shows that almost all (99.1%) the participants mentioned that they were well aware of the services being offered by program before deciding to take any service. The participants were able to decide on the services after listening and acquiring detailed knowledge of the programme intervention.

**Table 7: Participants’ satisfaction on quality of services received**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | Participants were well aware of the services being offered by program before deciding to take any service | 99.1 |
|  | Participants feel that they are treated with dignity and personality by program staffs/volunteers during the discussion of selecting a service to be provided | 88.2 |
|  | The choice of service package is done in a participatory way | 98.1 |
|  | Participants find the staffs are informed of their conducts | 99.8 |
|  | Participants find the service offered significantly meets their intended need | 97.9 |
|  | Participants' expectation on the quality of services is met | 100.0 |
|  | Participants find the service delivery prompt | 90.0 |
|  | Participants find the service package worth of its all associated costs | 98.1 |
|  | Participants find the feedback/grievance process reliable and used it whenever required | 61.2 |

Around 88.2% participants feel that they are treated with dignity and personality by program staffs/volunteers during the discussion of selecting a service to be provided. Participants’ privacy was ensured during discussion, they felt safe with the staff and did not experience any disrespectful conduct or feel embarrassed by any conduct of the staff. Programme can further improve in this area of informing all the participants that their confidentiality will be ensured with high priority by the UPG programme.

Almost all (98.1%) the participants responded that the choice of their asset was done in a participatory way. Findings suggest that the participants were able to provide their opinion on the choice of their asset or enterprise option and their opinion was considered too by the staff.

Again, almost all (99.8%) the participants shared that they found the staffs are informed of their conducts as they the knowledge about the service and are qualified enough to deliver the service to the participants. About 97.9% participants found the service offered significantly meets their intended need. All of the participants' expectation on the quality of services was found to be met. Around 90% participants shared that they found the service delivery was prompt. Almost all (98.1%) the participants mentioned that they found the service package worth of its all associated costs.

There is one indicator under this quality area that shows the UPG programme is lagging behind which is only 61.2% participants shared that they found the feedback/grievance process is reliable and they used it whenever required. Field observation suggest that the feedback or grievance taking process is not equally well known to all the participants. UPG programme does not have an established structured system or mechanism for feedback or grievance collection. Programme can look into this area deeply to develop an easier, reliable and participant friendly feedback gathering system.

**3.1.5 Respective appropriate standards met for each service components**

The quality area- For each service component, the respective appropriate standards were met, the result was found to be 94%. Around 91.8% participants mentioned that the feasibility of enterprises are assessed for participants. Almost all (99.2%) the participants skills were developed on the enterprise options they choose. Participants selection was done appropriately as asset was transferred and loan disbursed through assessment to nearly all (98.3%) of the participants. In terms of home visits, group visits and hands on training, about 86.9% participants received home and group visits and hands on training on enterprise.

**Table 8: Respective appropriate standards met for each service components**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | Feasibility of enterprises are assessed for participants | 91.8 |
|  | UPG members skills developed on enterprise | 99.2 |
|  | Asset transferred and loan disbursed based on assessment | 98.3 |
|  | Home visits and group visits are conducted and participants are given hands on training | 86.9 |

## Programme delivery process

This domain reflects the quality of service delivery process through observation of programme’s field level activities. It discusses about the comprehensiveness of programme’s operational guidelines, how the programme meets the appropriate set standards for service and branding and whether participants have to pay entry fee and their intended problems are checked and solution is provided.

**3.2.1 Quality standards used for ‘Delivery' of services**

This quality area was assessed through household, training, group visit & office observation and the result shows that in 89.4% case quality standards were used for service delivery. Participants' intended problem was found to be checked for probable solutions in 92.9% case. On the flip side, in 81.9% case participant was informed of the possible solutions to the problem. Participant's chosen solution/service was provided/ facilitated by program staff in around 83.9% case. In no cases it was found that participants had to give entry fee to enter the service structure. Service facility was found to be near to the participants' households in 87.5% case.

**Table 9: Quality standards used for ‘Delivery' of services**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | Participants' intended problem was checked for probable solutions | 92.9 |
|  | Participant was informed of the possible solutions to the problem | 81.9 |
|  | Participant's chosen solution/service was provided/ facilitated by program staff | 83.9 |
|  | There's no or very little entry fee to enter the service structure | 100.0 |
|  | Service facility is near to the participants' households | 87.5 |
|  | Program operation guideline is comprehensive (about service, supervision, branding etc.) and meet appropriate international and/or national standards for service | 85.0 |
|  | For each service component, the respective appropriate set standards for *service* (from 5.6) were met | 91.1 |
|  | For each service component, the respective set standards for *branding* (from operation guideline 5.6) were met | 95.2 |

Program operation guideline was found to be comprehensive (about service, supervision, branding etc.) and meeting appropriate international and/or national standards for service through systematic review of programme operation guideline and relevant circulars of 2018 and 2019 cohort. Overall programme description is detailed in the guideline. Programme's goal, objective, scope of work, group wise member selection criteria, programme components and exit plan are clearly mentioned, specific and understandable. Instruction for questionnaire survey is detailed out but few calculations are subjective, challenging for new staff to do it appropriately and requires sufficient skill for a staff to carry out the calculations. Graduation criteria are comprehensive, self-explanatory, understandable, measurable and well guided for field staff. Relation of graduation criteria 5 (decision making) & 9 (invitation to social events) could be made clearer with the programme components. Calculation of few criteria requires staff's knowledge and a clear understanding that demands prior training and capacity development of programme staff. Supervision model exists for BM, RM and other Technical Officers but ZM's supervision model is not found and there is no structured supervision model for ZM from the Head Office level.

For each service component, the respective appropriate set standards for service (91.1%) and branding (95.2%) were met by the programme.

## Programme organization and structure

Information on the indicators of this domain is mainly collected from the staffs of UPG programme as well as from literature and documents review. This domain is mostly about the ambience of service delivery, nature of programme’s offerings to its participants, whether a positive behavior mechanism is in place in the programme, staff capacity development and how the programme assist its participants for self-development after taking service from UPG programme.

**3.3.1 Ambience of Service Delivery**

The result of the quality area- ambience of service delivery was 73% considering the cumulative result of its all 4 indicators. Review of programme operation guideline and participants' training module shows that programme has obtained 65% points on having a standard and written guideline on the 'desired' ambience of service delivery to the participants/clients which meets respective appropriate international and/or national standards for that. Findings from the review show that no specific written guideline was found on the ambience of service delivery for UPG participants' Enterprise Selection Group meeting, Enterprise Development Training, and Group and Home Visits. Moreover, direction on ambience of service delivery for each of these meeting, training, and visit was found inadequate; for instance, training place, training/meeting/visit place's environment, size of training room, type/shape of sitting arrangement for participants, presence and availability of necessary logistics/ equipment (e.g. materials to be used in the training/ delivery medium) and who else are allowed in the meeting place to avoid unexpected gathering/ decision making biases (especially for Enterprise Selection Group meeting) are not clearly mentioned in the guidelines and training modules.

**Table 10: Ambience of service delivery**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | There is a standard and written guideline on the 'desired' ambience of service delivery to the participants/clients which meets respective appropriate international and/or national standards for that | 65.0 |
|  | The written guidelines on desired physical, interpersonal and equipment ambience is correctly followed | 75.5 |
|  | Equipment & supplies are sufficient and up-to-date to maintain the standard of services | 83.1 |
|  | The ambience is similar and BRAC-branded at all points of service delivery | 68.3 |

Field observation reveals that programme has obtained 75.5% points on the indicator- written guidelines on desired physical, interpersonal and equipment ambience is correctly followed. For further improvement programme can arrange breastfeeding corner in the training rooms for the use by female participants and arrange for visible signage in the training room mentioning basic service-related information.

Regarding equipment & supplies are sufficient and up-to-date to maintain the standard of services the result is around 83.1%. In regard to the indicator, the ambience is similar and BRAC-branded at all points of service delivery, the result came as 68.3%. UPG programme can further look for the arrangement of separate hygienic washroom for female and male participants, signboard mentioning the training room’s name outside or in front of the training centre and increase usage of BRAC’s logo on its various promotional materials and documents. Programme can also arrange necessary furniture for some of its branches as needed and necessary materials and registration cards for its participants.

**3.3.2 Varied and flexible programme offerings**

There is only one indicator under this programme area which is program’s service packages meet the varying needs of different people with flexibility, where programme’s obtained result is 95%. UPG is a unique programme that follows a unique approach called ‘The Graduation Approach’. Literature review and consultation with UPG programme personnel suggest that globally there are very few other nations, organisations or stakeholders that follows this approach in working for the ultra-poor population. On top of that being the pioneer of this graduation model, UPG programme has set its own standard in designing the programme for the ultra-poor people. Consequently, most of the other organisations and projects who are following this model, actually started capitalizing the experience of UPG programme and its graduation approach. Therefore, it became difficult to compare UPG programme with other national or international standards for assessing the programme implementation quality of this model. Yet, BMD put the effort to compare UPG programme with available similar projects[[2]](#footnote-2) and find out whether it is offering a varied and flexible set of interventions to its participants considering the variety of needs of ultra-poor population.

Findings from the literature review indicate that as per UPG programme’s intervention design and programme guideline, the members are assessed for feasibility in terms of their skills, fitness, socio-economic status, and geographic location before enrolling them in program. Based on their eligibility, they are given the option to choose their enterprise from a bundle. Thus, UPGP tries to meet the varying needs of people, as an optimal solution.

**3.3.3 Positive behaviour guidance**

Positive behaviour guidance is a quality area about the positive behaviour and motivation of UPG programme’s staff for which the result achieved is 58.2%. The table below reveals that only 38.5% programme staff informed that they are formally trained on the importance and way of behaving positively while providing services. Qualitative findings revealed that most of the staff did not receive any training on how to provide service well/positively or how to behave well with the participants. Only few of them received behaviour training at different times of their tenure in UPG programme; for example, few staff mentioned about receiving behaviour training in 2004 and others received through non-farm training. The programme staff were further asked about how do they suggest their staff about handling participants who are complicated or may be a reason of problem. They replied that in order to handle a complicated participant they suggest their staff to keep patience, understand the problem thoroughly and don’t get angry. They also advice their staff to behave well with the participants, always be positive, give them priority and listen to their problems carefully. In addition, they suggest the staff to inform the participant about the goal and objectives of UPG, follow up frequently and motivate the participant. Besides, the supervisors try to motivate their staff as much as possible.

**Table 11: Positive behaviour guidance**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | Staff are formally trained on the importance and way of behaving positively while providing services | 38.5 |
|  | There exists an effective process of motivating positive staff behavior towards participants | 73.2 |
|  | Staff are motivated for behaving positively and providing good services to the participants | 63.0 |

Around 73.2% staff mentioned that there exists an effective process of motivating positive staff behaviour towards participants. Differing opinion was gathered through qualitative technique regarding arrangement of recognition and special prize for staff to motivate them to provide service skilfully. Some programme staff mentioned that they get promotion, increment, slab or grade consideration and performance bonus as a recognition of their best performance. Staff performing well are praised in front of other staffs too. On the contrary, some other staff shared that they do not get any recognition or special prize, only performance-based slab is provided through PMS review. They get only verbal recognition from the programme, sometimes praised in front of other staffs and arranged office party as recognition of their good performance.

About 63% staff were found to be motivated for behaving positively and providing good services to the participants. Discussion with programme staff revealed that opinion is collected from the participants and mostly written in the diary but not preserved in an organised way. UPG programme can motivate staff to take more feedback or opinion from the participants and note down for further follow up and improvement.

**3.3.4 Staff Capacity**

Result of the quality area- staff capacity was found 81.5%. As gathered from the table below, around 89.5% staff mentioned that they were sufficiently oriented on the programme operation guideline before starting to serve participants. Discussion with field level programme staff revealed that all the staff receive a two-days (for rural) and another one-day (for urban) training/ orientation on programme operation guideline prior to providing service to the participants.

**Table 12: Staff capacity**

|  |  |  |
| --- | --- | --- |
| **Serial No.** | **Indicators** | **Result (%)** |
|  | All respective staff are sufficiently oriented on the programme operation guideline before starting to serve participants | 89.5 |
|  | Staff training meets respective national/international guidelines for content and duration, includes maintenance of quality standards | 80.0 |
|  | The staff providing services are capable of and willing to provide standard services | 83.3 |
|  | Programme operation guideline (about service, supervision etc.) is followed by all staff correctly | 98.4 |
|  | Supervision of staff is sufficient and supportive | 87.9 |
|  | Progress reports and monitoring reports are used regularly for necessary decision making | 49.6 |

Review of staff training module depicts that in 80% cases staff training meets respective national/international guidelines for content and duration, includes maintenance of quality standards. Findings revealed that content specific training modules/manuals with duration/timeline exist for each of the TOTs/trainings provided to all the staff except for Orientation on Programme Guideline and PRA Orientation. Content and duration in the training manuals/circulars were found to be relevant, contextual and meeting UPG programme’s requirement. On the contrary, requirement for staff training contents do not meet all necessary standards; for example, training place and availability of necessary logistics/ equipment (e.g. materials to be used/ delivery medium) is not mentioned in detail. Content and duration of training manual lack in quality standards such as, outdoor sessions, learning by group activity/ train-practice-train approach, hands-on learning, experience sharing, case analysis, pre and post evaluation/ learning inputs compared to standard national/international training manual/module.

Around 83.3% of the total staff providing services are capable of and willing to provide standard services. Programme operation guideline (about service, supervision etc.) is followed correctly by almost all (98.4%) the staff. Supervision of staff was found to be sufficient and supportive in 87.9% case. According to the programme staff, in order to supervise staff working under them, they follow Programme Organisers’ (POs) supervision and programme implementation guidelines and job description of the staff. With that saying they also mentioned that they identify and discuss the weak points of the staff in the weekly meeting and check if the staff is doing his/her daily activities. Sometimes they pay a sudden visit to the location where staff is working, discuss with participants while following up and solve the problem of the staff on a daily basis. Some staff were found to be little distracted about how to do the supervision of staff working under them. They mentioned about following an action plan but there is no specific guideline about supervision of staff. To develop skill of the staff working under them, sometimes Branch Managers and Regional Managers provide informal skill development training to POs. UPG Programme arrange training (e.g. non-farm, social awareness etc.) for the front-line staff. In addition, BMs’ provide solution or a way forward to staffs' problems and suggest weak staffs to follow staffs who are doing good. Apart from these, one-step down meeting is organised by the programme for problem solution and skill development of field staff.

Discussion with programme staff suggest that to inform about their problems faced, staffs communicate with BM personally, on spot, over phone and in weekly meeting. Programme staff try to solve the problem of the front-line staff using their practical knowledge and skill through official procedure or over phone or being present on the spot or through field visit. Sometimes they take help of higher management and Village Social Solidarity Committee (VSSC). On the other hand, from the qualitative findings there was no clear evidence of staff communication with supervisor and no problem-solving measures and way of conveying decisions.

Progress reports and monitoring reports are used in 49.6% case for necessary decision making. Discussion with Branch and Regional Managers shows that UPG programme receives monthly and weekly monitoring reports from BMs but BMs do not get any formal report from programme. Programme sends these reports to the regional level and RMs discuss the MIS report with field staff. So, BMs receive progress and monitoring reports through monthly meeting with RMs. Discussion with the HO officials indicate that field staffs (PO/BM) do not get the detailed monitoring report because programme feels they might get influenced or affected by seeing others progress on a particular issue. Rather they need specific branch wise decision and guidance from programme for which they do not share all the monitoring or progress reports to all field staff.

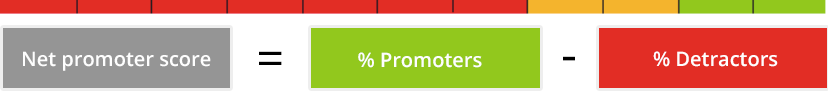
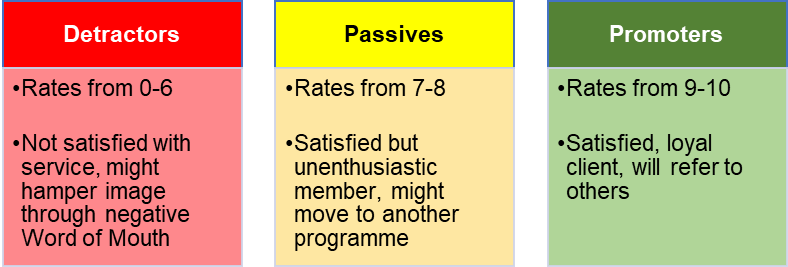
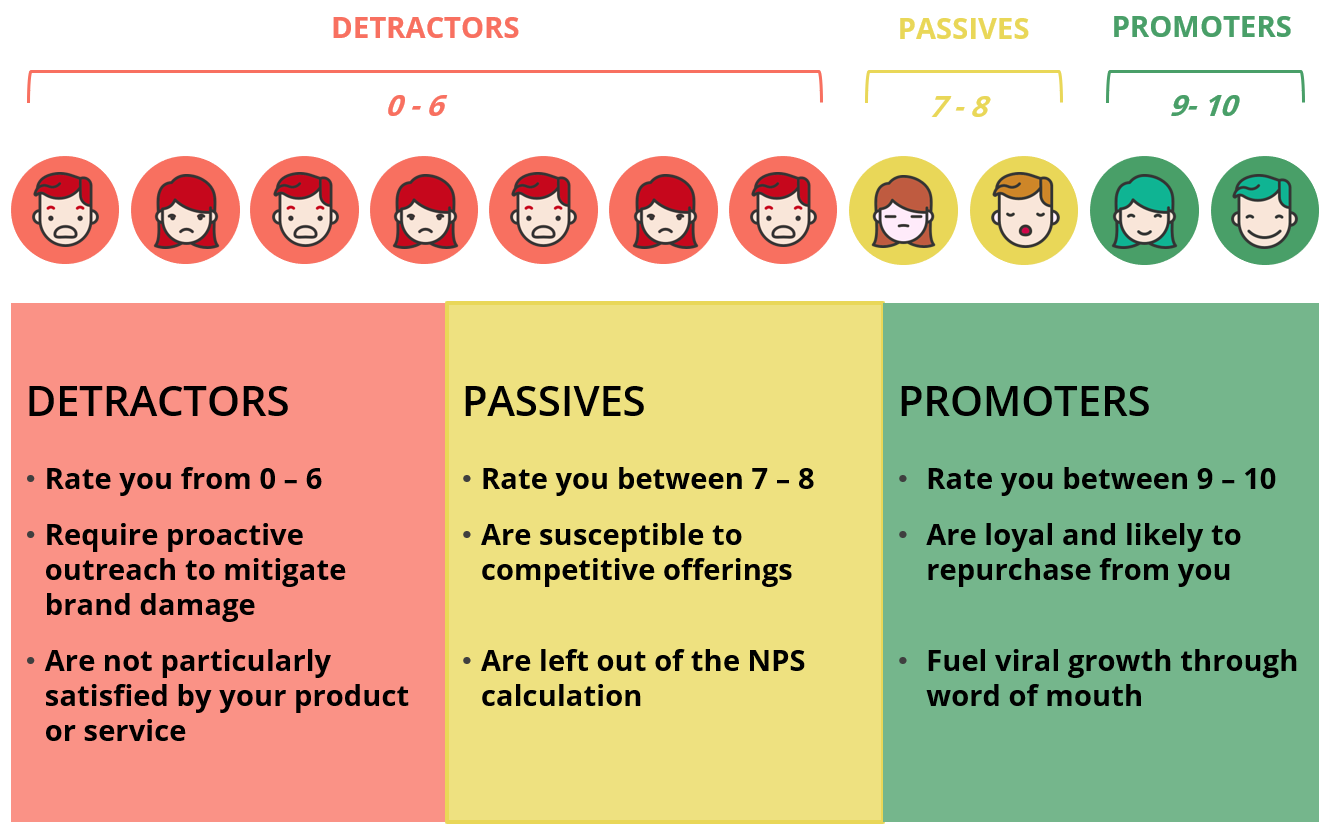
**3.3.5 Exit Strategy**

In regard to exit strategy it was evident from the documents and discussion with field and HO level officials that UPG Program arranges for smooth exit of program activities and assists participants to get prepared for next level of actions (only if they wish to) (at output level) after taking the service. Programme’s participants are taught and guided to plan for upcoming 18 months of their two-year’s cohort wise cycle. It prepares them to utilize this lesson in future too when programme leaves them. All the members are tagged with Microfinance after 18 months and are followed up by them. Some staffs said that they have their own follow up mechanism in their daily action plan (in branches where the immediate next cohort exists) and participants' asset, loan and other issues are followed up. Follow up is also done through VSSC and follow-up mechanism is mentioned in the operation guideline.

## Net Promoter Score

Net Promoter Score (NPS) is a management tool used to gauge the client loyalty. NPS has been used by more than two thirds of Fortune 1000 companies to assess customer loyalty and customer-business relationship. To test one specific indicator- ***‘Participants suggest others with needs to take services from this program’*** this tool was used with UPG programme’s participants. This indicator refers to what extent UPG programme’s participants who were asked about programme’s service quality are likely to recommend other people with similar needs to take UPG programme’s service or not.

**Figure 3: Description of Net Promoter Score**



The study recorded participants’ responses on a 10-point scale using NPS as an analyzing tool. NPS explains the results in three major categories among promoters, passives and detractors. Promoters are rated from 9-10 on a 10-point scale and counted as satisfied and loyal participants of the programme who will refer this programme to others. So, it is important to keep their loyalty up. Passive participants are rated from 7-8 and are satisfied but unenthusiastic members who might move to another programme. They will not recommend high about the UPG programme; however, they can be motivated through consultation and proper guidance and follow up. Detractors are participants rated from 0-6 who are not satisfied with service and might hamper image through negative word of mouth. They might send negative message to the community and be a threat to the programme’s image if their percentage is higher.

**Table 13: Members’ likelihood to recommend UPGP to others**

|  |  |  |
| --- | --- | --- |
| **Promoter** | **Passive** | **Detractor** |
| 56.0 | 33.5 | 10.6 |

The above table shows that out of the total 559 participants interviewed more than half (56%) of them are promoters, who act as vocal for the programme. Around 33.5% passive participants need further incentive, guidance and regular follow up to convert as promoter. The rest (10.6%) are the detractors who have grievance or negative feedback about the service or intervention of UPG programme. Overall the NPS score of UPG programme is 45.4 where the industry’s best practice is recorded as 50.

## UPG Programme Implementation Scores and Index

Programme implementation index or otherwise called as baseline score is generated considering the weighted average of all indicators and calculating the domains’ result or score multiplied by the relative weight assigned for each domain. Thus, UPG programme’s implementation quality index or baseline score is calculated as 8.43.

Result or score of each domain is achieved calculating the scores of respective quality areas under the domain. Scores of the three domains are generated averaging the scores of the respective quality areas under each domain. The table below shows that among the three domains, only programme experience has achieved the desired score (4). Scores of the other two domains including programme delivery process (3) and programme organization and structure (3.20) indicates that UPG programme has areas to dig down for further improvement.

**Table 14: Score of three domains of UPG programme**

|  |  |
| --- | --- |
| **Domain** | **Score** |
| Program experience | 4 |
| Program delivery process | 3 |
| Program organization & structure | 3.20 |

Result of quality areas refer to the cumulative result of all applicable indicators under each quality area. Following are the weighted indicator results of UPG programme implementation quality assessment for the 10 quality areas:

**Table 15: Result of the quality areas of UPG programme**

|  |  |  |
| --- | --- | --- |
| **Domain** | **Quality Areas** | **Result** |
| **Programme experience** | 1. Welcoming and inclusive environment | 96.5 |
| 2. Supportive staff-participant relationships | 99.4 |
| 3. Participants’ satisfaction on quality of services received | 93.2 |
| 4. For each service component, the respective appropriate standards were met | 94.0 |
| **Programme delivery process** | 5. Quality standards used for 'delivery' of services | 89.4 |
| **Programme organization & structure** | 6. Ambience of service delivery | 73.0 |
| 7. Varied and flexible program offerings | 95.0 |
| 8. Positive behavior guidance | 58.2 |
| 9. Staff capacity | 81.5 |
| 10. Exit strategy | 100.0 |

Scores of quality area is generated based on the percentage of result achieved by each quality area as per the scoring plan. Following figure shows the overall performance of all implementation quality areas of UPG programme. Scores marked in green refers to the optimum result achieved by the programme, scores in orange refers to the areas required further improvement and the red colored score indicates that special attention is required in this quality area with strong operational guideline.

**Figure 4: UPG Programme Implementation Quality Areas’ Scores**

# Chapter 4: Conclusion, Recommendations, and Action Plans

## Conclusion

The baseline study for assessing UPG programme’s implementation quality depicts that programme has achieved a good overall score for all the respective quality areas and key domains of quality index. Having said that UPG prgramme has few notable areas of improvement such as the positive behavior guidance and ambience of service delivery. Programme can set goals and targets for further improvement and set their standard high in these quality areas. Apart from these, by digging down deep into the indicators programe can also find few other areas where they would like to achieve a better result as the time progresses.

## Recommendations

The aforementioned indicator wise findings and analysis of the study conducted to assess the implementation quality of UPG programme, led to the following recommendations for further improvement of programme’s quality areas, which are shown below under the three key domains:

1. **Programme Experience**

* Structured complaint mechanism needs to be established and members have to be formally informed about how they can access this mechanism.

1. **Programme delivery process**

* Programme implementation guideline needs to have supervision model for HO to ZM and ZM to RM, specific format for providing feedback to staff for performance improvement, formal procedure for motivating positive behaviour toward members.
* There has to be written guideline on the ambience of office and service delivery and staff needs to be formally oriented on that.
* BRAC branding guideline needs to be properly followed at all service delivery point, a supervision checklist can be administered to ensure that

1. **Programme organization & structure**

* Staff are formally trained on the importance and way of behaving positively with members which should include handling complicated members, accepting negative feedback, stress and anger management.
* A process of motivating positive staff behavior towards members can be developed; such as, rewarding with certification, declaring champion, token gift etc.
* Sharing of monitoring reports through the entire reporting chain has to be ensured. Branch specific findings are suggested to be shared with respective branch managers to ensure quality of intervention.

## Programme’s Action plan

UPG programme provided their action plan against the study recommendations. Following is the detailed action plan with timeline.

**Table 16: Action plan provided by UPG programme against the recommendations**

| **Sl.** | **Recommendations** | **Action Plan** | **Timeline** |
| --- | --- | --- | --- |
|  | Structured complaint mechanism needs to be established and members have to be formally informed about how they can access this mechanism | 1. The programme already has a complaint/feedback/suggestion mechanism but this will be further strengthened with incorporating the following points- 2. Develop a content on feedback/complaint mechanism 3. Incorporate the content in the classroom training module during enrolment of the participants to orient the participants on feedback/complaint mechanism 4. Record keeping of complaints in register book at branch and regional offices 5. Respective supervisors will follow up and ensure further actions 6. Programme will introduce a periodic formal feedback mechanism for the participants by developing relevant tools | 1. Process will be developed February 2020 2. Implementation will start from March 2020 and to be continued |
|  | Programme implementation guideline needs to have supervision model for HO to ZM and ZM to RM, specific format for providing feedback to staff for performance improvement, formal procedure for motivating positive behaviour toward members | Supervision model for field level staff- Branch Manager (BM), Senior Technical Officer (STO) Deputy Manager, Agriculture (DM Ag) and Regional Manager (RM) has already been developed and circulated. | Done |
| Supervision model for Zonal Managers (ZM) and Deputy Manager, Poultry and livestock and HO staff is under process. | by November 2019 |
| Development of supervision checklist for BM, STO, DM, RM and ZM is developed and programme is piloting the checklist on the ground and based on the findings it will be finalized. HO supervision checklist is also developed and will be finalized after the pilot findings. | by December 2019 |
|  | There has to be written guideline on the ambience of office and service delivery and staff needs to be formally oriented on that | training room arrangement, washroom facilities etc. will be incorporated in programme guidelines and programme will orient the staffs accordingly. | by March 2020 |
|  | BRAC branding guideline needs to be properly followed at all service delivery point, a supervision checklist can be administered to ensure that | Whenever programme develops any materials, those are checked by the communication department as per branding guideline. But still programme will try the best to mitigate the remaining gaps through proper communication with field staffs. | October 2019 and onward |
|  | Staff are formally trained on the importance and way of behaving positively with members which should include handling complicated members, accepting negative feedback, stress and anger management | 1. Programme will consult with BLD regarding the training topics and identify ways to incorporate those with existing trainings. 2. Programme will also explore different opportunity to streamline the findings and orient the staffs accordingly | December 2019 and onward |
|  | A process of motivating positive staff behavior towards members can be developed; such as, rewarding with certification, declaring champion, token gift etc. | Programme already have a plan to introduce- reward system/recognition/token gift for staff motivation in regional staff meeting and upcoming retreat. | October 2019 |
|  | Sharing of monitoring reports through the entire reporting chain has to be ensured. Branch specific findings are suggested to be shared with respective branch managers to ensure quality of intervention | As per current practice QC reports and MIS reports are shared to the Zonal Managers. Based on the findings programme will take initiatives to share these reports to the RM levels. RMs will take preventive measures accordingly to set their BMs’ course of action. | October 2019 |

As per BRAC AOP Indicator 1.2: 80% of the current BRAC programmes would demonstrate at least 10%-point improvement in the quality of implementation in the year. So based on the findings and recommendation of the study, UPG programme has set target percentage for improvement (to what percentage programme wants to improve) from the index achieved and mentioned it in the action plan.

**Table 17: Quality area wise improvement target set by UPG programme**

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** | **Quality Areas** | **Weighted Indicator Result** | **Proposed Improvement** |
| Programme experience | 1. Welcoming and inclusive environment | 96.5 | Will be continued as it is |
| 2. Supportive staff-participant relationships | 99.4 | Will be continued as it is |
| 3. Participants’ satisfaction on quality of services received | 93.2 | Keep it above 95%. |
| 4. For each service component, the respective appropriate standards were met | 94.0 | Keep it above 95%. |
| Programme delivery process | 5. Quality standards used for 'delivery' of services | 89.4 | Make it over 95%. |
| Programme organization & structure | 6. Ambience of service delivery | 73.0 | Target to 83% |
| 7. Varied and flexible program offerings | 95.0 | Will be continued as it is |
| 8. Positive behavior guidance | 58.2 | Target to 70% in next year |
| 9. Staff capacity | 81.5 | Target to at least 90% |
| 10. Exit strategy | 100.0 | Will be continued as it is |
| Overall quality index | | 8.43 | 9.13 |

# References

1. Net Promoter Score (NPS); used by more than two thirds of Fortune 1000 companies for assessing customer loyalty and customer-business relationship (<https://www.questionpro.com/features/net-promoter-score.html>)
2. Multidimensional Poverty Index; developed by Oxford Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme
3. The Food Insecurity Experience Scale; Food and Agriculture Organization of the United Nations
4. BRAC Ultra-Poor Graduation Programme Operation Guideline
5. From Extreme Poverty to Sustainable Livelihoods: A Technical Guide to the Graduation Approach; CGAP and Ford Foundation
6. Ultra-Poor Graduation handbook
7. From Extreme Poverty to Sustainable Livelihoods: A Technical Guide to the Graduation Approach

**Annex 1: Detailed Indicator Description**

| **Quality Areas** | **Sl.** | **Items/Indicators** | **Indicator Description** |
| --- | --- | --- | --- |
| **1. Welcoming and inclusive environment** | 1.1 | Participants/Clients find welcoming and amiable environment/staff | 1.1 When a participant reached a programmes service facility or a staff/community worker, s/he found it welcoming (e.g. staff or community worker greets and offers help, a place for comfortable sitting/waiting is available) and amiable (e.g. participant can find the staffs/worker available for asking further questions about services or other issues like availability of water/washroom/waiting time etc., there is at least one female staff in the facility when the major client category is woman) |
| 1.2 | Participants receive respect to their rights (informed of their rights) while choosing to take service or not | 1.2 When a participant is briefed on the services, s/he is provided with complete information on various options and also informed of her right to choose any of the service category or not to choose any of those at all. |
| **1.3** | **All types of people get equal opportunity to be chosen for or to get the programme's services** | **1.3 When a participant reaches a programme facility or staff/worker for service, s/he is not discriminated to provide service based on his/her gender, income, familiarity, look, other influence.** |
| 1.4 | People with different abilities get necessary support to visit the premise and take services | 1.4 The service facilities have necessary support to accommodate disable, pregnant and lactating mother, children, aged or ill people’s visit; e.g. (where applicable) ramp for wheelchair, fan etc. |
| **2. Supportive staff-participant relationships** | 2.1 | Participants/clients feel confident that programme staffs/ workers can understand and solve their problems | 2.1 Through interaction with the programme staffs/workers, participant or client feel confident that the staffs/workers can understand his or her mentioned problem and also can provide significant solution to that |
| **3. Participant satisfaction on quality of services received** | 3.1 | Participants were well aware of the services being offered by programme before deciding to take any service | 3.1 Participant/client was reached by programme directly (office or HH visit, workshop, meeting etc.) or indirectly (leaflet, word of mouth, reference etc.) and oriented on the services offered |
| 3.2 | Participants feel that they are treated with dignity and personality by programme staffs/volunteers during the discussion of selecting a service to be provided | 3.2 While participants are discussing with programme staff/worker for selecting a support or service package, they feel that their disclosure of personal issues or problems is treated with dignity and without any threat of disclosure to anyone. |
| 3.3 | The choice of service package is done in a participatory way | 3.3 While choosing a service package, participants feel that their opinion on the choice has also been considered by staff/worker |
| 3.4 | Participants find the staffs are informed of their conducts | 3.4 During discussion of choice of service and also during the delivery of service, participant/client feel that the staffs have enough information about the service and also competent enough to provide the service |
| **3.5** | **Participants find the service offered significantly meets their intended need** | 3.5 Participant’s intended need (after discussion with staff) is met by the offered service at a significant level. It ensures that participant doesn’t have to go somewhere else for taking the same service or meeting the same need. |
| 3.6 | Participants' expectation on the quality of services is met | 3.6 Participant makes an expectation in mind (after discussion with staff) about the quality of intended service. This indicator checks how much of that expectation is met after service. |
| 3.7 | Participants find the service delivery prompt | 3.7 Everybody wants a prompt service delivery. This indicator checks on individual’s satisfaction rate on that, given the specific situation (how much promptness was feasible) |
| **3.8** | **Participants find the service package worth of its all associated costs** | **3.8 After taking the service or support, whether participants or clients find it worth of all associated costs like direct monetary cost (if any), time spent for taking the service (starting from first contact with programme until the final receipt), any harm to his or her social status, reputation etc., any other hassle (harassment etc.) in the process.** |
| 3.9 | Participants find the feedback/grievance process reliable and used it whenever required | 3.9 At the completion of receiving service/support, if needed, participant was able to provide any feedback on the process, staff, package etc. and satisfied with the outcome |
| 3.10 | Participants suggest others with needs to take services from this programme | 3.10 When other people with similar needs ask the participant about this programme’s service quality, s/he recommends them for taking this service |
| **4. Participant rating on set standards of services received** | **4.1** | **For each service component, the respective appropriate standards (from 5.6) were met** (opinion) | **4.1 All BRAC programmes have a programme operation guideline which set the service delivery approach too. BRAC Monitoring Department has reviewed that and also consulted international and national standard for those programme interventions to come up with an appropriate set of standards for each programme’s delivery. BRAC Management has also reviewed those. Finally, those standards are used to check whether the participants are thinking that they are receiving BRAC services at that standard.**  **This will be opinion of service recipients and will be later triangulated with indicator** |
| **5. Quality standards used for 'delivery' of services** | 5.1 | Participants' intended problem was checked for probable solutions | 5.1 Participants were given the opportunity to explain their problem/need and staff then explained how BRAC programme address such issues. |
| 5.2 | Participant was informed of the possible solutions to the problem | 5.2 Staffs explained to the participants all the possible solutions of the analyzed need of participant, with pros and cons |
| 5.3 | Participant's chosen solution/service was provided/ facilitated by programme staff | 5.3 The participants received the finally chosen solution or service after all discussion, without being insisted or otherwise manipulated |
| 5.4 | There's no or very little entry fee to enter the service structure | 5.4 To be eligible to receive the service, there is no cost charged to the participants |
| 5.5 | Service facility is near to the participants' households | 5.5 BRAC service facility is near to the participants' households or they receive door-to-door service from community workers |
| **5.6** | **Programme operation guideline is comprehensive (about service, supervision etc.) and meet appropriate international and/or national standards** | **5.6 Review done by Monitoring department to find the set of ‘appropriate’ standards: BRAC guidelines are compared with national and international standards and also considered for feasibility within country context.** |
| **5.7** | **For each service component, the respective appropriate set standards (from 5.6) were met** | **Based on set appropriate standards of 5.6, the ongoing service provisions are checked for meeting the standard.** |
| **6. Ambience of service delivery** | **6.1** | **There is a standard and written guideline on the 'desired' ambience of service delivery for the participants** | 6.1 Review done by Monitoring department to find the set of ‘desired’ standards: BRAC guidelines are compared with national and international standards and also considered for feasibility within country context. |
| **6.2** | **The guidelines on desired physical, interpersonal and equipment ambience is correctly followed** | **6.2 Based on set desired standards of service (6.1), the ongoing service ambience (physical, interpersonal and equipment) in the facilities are checked for meeting the standard.** |
| 6.3 | Equipment & supplies are sufficient and up-to-date to maintain the standard of services | 6.3 BRAC service facilities have all necessary and up-to-date equipment and supplies for providing respective service at a good standard |
| 6.4 | The ambience is similar and BRAC-branded at all points of service delivery | 6.4 All the facilities/staff for providing similar services maintain similar ambiences and are BRAC-branded in a unique way |
| **7. Varied and flexible program offerings** | 7.1 | Different group of people can choose the service package as per their needs and also can change the package if they need to | 7.1 Different people with different needs can choose the service package as per their needs and also can request for changing the possible features of a package or for a different package if they need (within programme guideline). |
| **8. Positive behavior guidance** | 8.1 | Staffs are formally trained on the importance and way of behaving positively while providing services | 8.1 All staffs are trained on the importance of positive behavior during service delivery and how to behave positively with the participants during service delivery |
| 8.2 | There exists an effective process of motivating positive staff behavior towards participants | 8.2 Programme has a guiding process which motivates staff for behaving positively with the participants. |
| 8.3 | Staffs are motivated for behaving positively and providing good services to the participants | 8.3 Staffs are motivated for behaving positively with the participants and providing good services in various formal ways like recognition, bonus, special prize, improved performance rating etc. |
| **9. Staff capacity** | 9.1 | All respective staffs are sufficiently oriented on the programme operation guideline before starting to serve participants | 9.1 There is an established training on programme operation guideline to orient staff sufficiently which is given to all respective staffs |
| 9.2 | Staff training meets national/international guidelines for content and duration, includes maintenance of quality standards | 9.2 Staff training meets respective national/international guidelines for content and duration, includes maintenance of quality standards |
| 9.3 | The staff providing services are capable of and willing to provide standard services | 9.3 The programme staffs understand the basics of the programme services and after hiring they are trained on the service delivery standards and operation guidelines. They are also found motivated to serve the programme |
| **9.4** | **Programme operation guideline (about service, supervision etc.) is followed by all staff correctly** | **9.4 All programmes have an operation guideline to be followed by all staffs for delivering program. All staffs should follow that.** |
| 9.5 | Supervision of staff is sufficient and supportive | 9.5 There is an existing process of staff supervision, especially at field level, which is sufficient to ensure programme quality in various programme activities and supportive to enable staff to work for quality. |
| 9.6 | Progress reports and monitoring reports are used regularly for necessary decision making | 9.6 Programmes receive regular progress reports and monitoring reports which they use for decision making like finding low performance areas, analyzing reasons and taking actions for those, finding low performer staffs and dealing with them, ask for higher management decision in applicable areas etc. |
| **10. Exit strategy** | 10.1 | Programme arranges for smooth exit of programme activities | 10.1 Throughout the programme implementation, efforts are made for slow exit of programme from the field, ensuring community can continue the effort themselves |
| 10.2 | Programme assists participants to get prepared for next level of actions (only if they wish to) (at output level) after taking the service | 10.2 Programme staff follow up and assist the participants for taking next actions (if they wish to) (output level) after some programme activity. |

1. As per the Programme Implementation Guideline: 1st part, cohort 2019 of UPG programme [↑](#footnote-ref-1)
2. Name of similar projects are mentioned in the reference section. [↑](#footnote-ref-2)