

# Review of ICDDR,B Proposal for Core Donor Financing 2010-14

Review undertaken by Javier Martinez

November 2010  
AusAID Bangladesh





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# Abbreviations and Acronyms

BRAC	The NGO called BRAC
CDF	Core Donor Financing
CDG	Core Donor Group
GOB	Government of Bangladesh
ICDDR'B	International Centre for Diarrhoeal Disease Research in Bangladesh
MDGs	Millenium Development Goals
MEF	Monitoring and Evaluation Framework
MNCH	Maternal Neonatal and Child Health
MOHFW	Ministry of Health and Family Welfare
NOA	Staffing Grade A in ICDDR,B
NOB	Staffing Grade B in ICDDR,B
NOC	Staffing Grade C in ICDDR,B
NOD	Staffing Grade D in ICDDR,B
QAE	Quality at Entry
SP	Strategic Plan
TOR	Terms of Reference



# Executive Summary

This review has performed a quality check of ICDDR,B funding proposal submitted to core funding donors for the period 2010-14. A Quality at Entry report in AusAID format has been submitted separately.

In the opinion of the reviewer the 2010-2014 proposal provides a sufficiently strong basis for core donors to provide continued funding to ICDDR,B for the period 2010-14 in support of its strategic plan. The proposal has been found to be relevant, effective, efficient, sustainable and gender focused, well aligned with the Strategic Plan 2020 and with the GOB and AusAID's policies and interests.

No additional information appears necessary at this stage for AusAID's appraisal process since much is already included in SP2020 and in the last annual external reviews (the 2010 review has an annex section with important information on the Centre's financial performance). On the other hand it is recommended that further detail is provided to core funding donors in the following areas through the annual review process of future years:

Keep the financing challenge on sight at every annual review and provide specific comments and detail on progress for ICDDR,B:

1. To maximise contribution from project 'restricted' funds.
2. To reduce costs.
3. To have and share a clear fundraising strategy;
4. To have an explicit risk management strategy.

Bring the issue of the GOB core funding to the appropriate levels of the organisation with a view to making GOB core contributions to ICDDR,B more predictable and possibly larger.

Continue to maintain the MEF as a living instrument for monitoring and ensure the MEF becomes a strategic instrument across the Centre's units and departments, from top management to the last research assistant.

Strengthen and systematise the way in which the Centre reports to its core donors on the financing situation, by including information from the last three years and projections for the next three. This should allow better assessment by external reviewers over time since currently there is too much variation in financial reporting from one external review to the next.

# 1. Objectives of the Review - Terms of Reference

The objective of this review is to have a quality check of ICDDR'B proposal with focus on OECD DAC criteria (relevance, effectiveness, efficiency, impact and sustainability), in line with Australian Government's increasing emphasis on outcome-based programming.

The Desk review should identify the potential areas of the proposal requiring refinement/further work and it should accordingly come up with clear set of recommendations. Review recommendations will be referenced to inform AusAID's decision making on continued support to ICDDR'B.

The detailed quality assessment and reporting will ensure that the design document is in compliance with Australian aid quality criteria as set out in the Quality at Entry template (to be provided by AusAID).

In the spirit of harmonisation, this ToR has been shared with the Core Donors for their information/input. AusAID may offer the relevant sections of the review report as a reference to the other Core Donors who may use the information to meet their individual appraisal requirements.

## 2. Approach to the Assignment

Prior to reviewing the Core Donor Financing proposal as such the consultant reviewed:

- the Annual reports produced by ICDDR,B for 2007, 2008 and 2009;
- the reports from the external annual reviews conducted in 2007, 2008, 2009 and 2010;
- the comments on the external review reports made by the Core Donor Group (CDG), focusing on the issues raised at each annual review and on the extent to which recommendations had been adhered to by the Centre;
- the Strategic Plan 2020 (SP2020); and then,
- The Core Donor Financing proposal 2010-2014.

While this was primarily a desk review brief email consultations were held with ICDDR,B seeking clarification on issues relating to any of the above documents.

A Quality at Entry (QAE) Report in AusAID format has been attached submitted separately to this report.

This report adopts the structure suggested in the Scope of Work of the TOR.

## 3. Critical Analysis of the Proposal

The following section complements what has been presented at the QAE report and follows the specific tasks required from the reviewer in the TOR.

### 3.1 Alignment with AusAID's Country Strategy

*Assess extent to which core funded research activities are aligned to AusAID's health policy and aid program priorities.*

Since the Bangladesh country specific priorities for AusAID are currently under review the country office provided the following "major components" of the country strategy that this reviewer has used as a proxy, as in Table 1 below.

Table 1 – How the proposal meets AusAID likely country priorities for Bangladesh	
Focus Area	Presence in the CDF Proposal
Focus area one – Improve health access and quality.	SP2020 by ICDDR,B highly focused on MDGs, particularly MDG 1, 4 and 5. Maternal, neonatal, child health and nutrition remain priority areas for the Centre as per SP2020, the MEF & the Score Board. ICDDR,B is probably the most significant contributor to GOB health policy through its research, technical assistance, training and service delivery strategies. Water quality and water borne diseases are core ICDDR,B priorities.
Focus area two – Improve education access and quality:	High focus on child health and gender likely to improve access to education for boys and girls
Focus area three – Reduce extreme poverty and food insecurity:	Poverty and health and Nutrition are 2 among the Centre's specific research programmes that have experienced fast growth in recent years Child Health and development Research programme also support this focus area.
Focus area four – Improve climate change adaptation and disaster risk reduction.	Specifically supported by the Environmental health, Urbanisation and Climate Change research programmes;
AusAID Approach	How met in the CDF Proposal and SP 2020
Work alongside development partners to strengthen engagement in the health and education sector	Core Donor Funding and use of MEF are best examples of donor alignment, harmonisation and coordination; AusAID has been influential in managing the Core Donor Group – this has increased its profile and learning; All main bilateral donors are part of the CDF arrangement.
Continue to support innovation in the areas of health and education outcomes for the poor, moving into the area of social protection if there is an opportunity to do so.	ICDDR,B has been behind at least 7 key innovations that have ultimately affected health policy in Bangladesh, including ORS, Zinc therapy, wrapping of newborns, treatment of cholera in doxycycline resistant strains, etcetera.  The proposal clearly strengthens this approach and maximises what has already been a long term, productive collaboration between Australia and ICDDR,B

-Strengthen non state institutions including BRAC and ICDDR,B with the aim over time to enable BRAC and ICDDR,B to have more strategic engagement on poverty reduction and service delivery for the poor in Bangladesh	Impact of ICDDR,B likely to increase following involvement in post-graduate teaching through the James P Grant School of Public Health and through its increasingly strong links with BRAC in areas like MNCH and higher education.. ICDDR,B through its increased involvement in service delivery provides excellent examples on how to integrate research, health systems, disease control and service delivery strategies for the benefit of the poor
.Explore opportunities to strengthen support for the urban poor across the program.	ICDDR,B is already a key service provider in Dhaka city particularly as a result of recent emergencies like floods, cholera, etcetera. There should be plenty of opportunity for AusAID to piggy back on this experience and link it to that delivered by other programmes, including BRAC urban health program and the Urban Primary Health Care Project. The healthy Life Course and other cross-cutting research programmes are beginning to deliver important research on factors that affect the health and well being of the population from birth to old age. This is likely to be key in developing healthier cities and neighbourhoods.
Support climate adaptation and disaster risk reduction, a major concern and priority for Government of Bangladesh. Humanitarian assistance and response to disasters will also be built in to the program..	These are central aims of the Environmental Health, Urbanisation and Climate Change research programmes in ICDDR,B.
Increased engagement on performance monitoring and impact evaluation, working through our existing partnerships with civil society and donor partners. Strengthening the quality of the aid program, including demonstrating results through a more focussed approach to research and evaluation.	The CDF approach and the linked MEF have considerably contributed to transparency and results focus within ICDDR,B. High scope for bringing a similar focus at broader health sector level assuming willingness of GOB to move in that direction.

In sum, the proposal is well aligned with the likely components and approach to be adopted by AusAID, both in terms of focus as for the working arrangements to be used in implementation (working with other partners), as reviewed next.

### 3.2 Alignment with OECD DAC Criteria

'Quality' assessment of the proposal to ensure that it is aligned with the DAC criteria'

#### 3.2.1 Relevance

Through its top quality research, training, technical assistance & service delivery ICDDR,B helps Bangladesh –its government, partners and the international development community in other countries achieve the MDGs.

Research institutions depend on external funding that they seek in the open market. The research market is often dominated by commercial considerations and may not always support the priorities that are crucial to helping poor countries achieve health outcomes. By providing core funding AusAID and its partners liberate ICDDR,B from bidding for research that is not central to its mission while enabling a more stable working environment and greater focus on its top research priorities. This situation delivers top quality products and outputs relevant to Bangladesh and to other poor countries.

In addition ICDDR,B's strategic plan 2020 and its core funding proposal to rank high in terms of **alignment and harmonization** as they have been found to be:

1. Highly aligned with AusAID's country and international development priorities. As described in Table 1 above support to ICDDR'B helps AusAID achieve progress in focus areas defined for Bangladesh including: improve health access & quality; improving education access and quality; reduce extreme poverty and food insecurity; improve climate change adaptation and disaster risk reduction. All these areas are linked to specific work programmes outlined in the 2020 Strategic Plan.
2. How aligned is the proposal with GOB/ MOHFW policies? This is a difficult question to answer since the process for the MOHFW to define specific priorities through the next health sector programme is still ongoing. However, from what we know at this stage the next sector programme should have a strong emphasis on evidence base health policy, on service delivery and on MNCH, all areas that feature prominent in the SP2020.
3. As for harmonisation, the way of supporting ICDDR,B through core funding provided by various donors against a predefined M&E framework is a highly harmonised (it could hardly be more so!), predictable and innovative way of funding a private sector entity. It is fully compliant with the principles of the Paris Declaration on aid effectiveness, Evidence gathered from donors and the from the Centre over four consecutive external annual reviews points clearly to a reduction in transaction costs to the Centre and to the donors, including AusAID.

AusAID was key to developing the current core funding arrangement and to coordinating work with other core funding donors, who include the most important bilateral donors in Bangladesh and the Government of Bangladesh itself. AusAID has played an important catalytic effect in supporting ICDDR,B, in attracting additional funding and in fostering long term partnerships between the Centre and key donors.

However, the task is far from done: the Centre needs continued financial support at a crucial time characterised by consolidation of its research investments and expansion into new cross-cutting, broader research programmes that should provide greater opportunity for more extensive and multidisciplinary studies. This is an exciting development highlighted in the SP2020 that should enable the Centre to maximise the impact of its capacity in traditional fields by looking across disciplines through the four defined themes: Healthy Live Course; Mitigating Risks and Vulnerability; Combating Priority Diseases; and developing more Equitable Health Systems (SP2020 page 15).

### 3.2.2 Effectiveness

Four consecutive annual reviews undertaken since 2007 show that the Centre is increasingly focused on its strategic objectives. It continues to deliver top quality research, technical assistance, training and service outputs.

Year	Protocols Approved	Funds allocated to research			Scientific publications	
		Restricted US\$	Unrestricted US\$	Total US\$	Output	Citations
2008	70	12.7m (94%)	804K (6%)	13.5m	157	4122
2007	59	11.2m (93%)	891K (7%)	12.1m	131	3307
2006	51	8.3m (97%)	304K (3%)	8.6m	144	2480



Messages highlighted in the table above include:

- Upward trend in citation shows increasing impact of ICDDR,B research and institutional drive to get research in policy and practice
- Increases in research protocols also an upward trend showing institutional effort
- Increases in restricted funding show that Centre has used core support to developing its capacity, not to reduce its search for research funding.

Products and services delivered are of international standards, and the Centre has improved its track record in getting research into policy, practice and service delivery. Examples from recent reviews have been included in table form in Annex 2, and as can be seen the achievements are many in quantity and significant in terms of policy impact, nationally and internationally..

One of the most notable strengths of the Centre has been its ability to link the areas of research, technical assistance, training and delivery of curative/preventive services to make them mutually reinforcing and to avoid the creation of institutional silos (annual external review 2009). It is expected that this strength will be further consolidated with the introduction of the new strategic approach in the SP2020 which includes a new research framework (a “continuum concept” incorporating “4D”s: discovery, development, delivery, evaluation of delivery) that will place greater emphasis on research dissemination and policy impact as well as through the four defined cross-cutting themes (Healthy Live Course; Mitigating Risks and Vulnerability; Combating Priority Diseases; and developing more Equitable Health Systems) mentioned earlier.

Finally, it is worth noting the recently begun collaboration with the James P Grant School of Public Health in BRAC University that will help the Centre strengthen its presence in post-graduate education in Bangladesh and to influence and improve the quality of university-level education in Public Health of health professionals.

In sum, the effectiveness of the Centre in terms of meeting its strategic objectives has improved steadily and its impact on policy and practice continues to improve. Investments made to date by AusAID look highly cost-effective and help it achieve its own country-defined priorities in health.

### **3.3.3 Efficiency**

Given the sustained high impact rating of its work, investing in ICDDR offers excellent value for money to AusAID and is an example of a Partnership for Development that began in the 1970s and which has become more strategic and relevant over time.

AusAID investment also scored high in terms of predictability and low transaction costs to the Centre, to the GoB and to AusAID.

The risk of AusAID’s investment is considered low, and in any case it is well under control through the use of the M&E framework in place and the annual external reviews.



The 2009 annual review praised the Centre for “good financial management reported on a very difficult year”. The reviewer considered that financial management by the Centre compared favourably to that in other international research institutions.

### **3.3.4 Impact and Sustainability**

Although the impact of work (and therefore of investments) in a research institution is very difficult to quantify the consecutive annual reviews provide a convincing picture of increased impact ratings of publications and of services delivered to the urban poor. The training and technical assistance by the Centre are also in growing demand. So the general picture on impact is very satisfactory.

The benefits of AusAID’s investment are obvious as has been discussed in the section on relevance: benefits include:

- A very favourable cost-effectiveness and cost-benefit rating;
- Getting important evidence-based messages into policy and practice in areas that underpin AusAID’s country and international development priorities, such as the need to accelerate progress towards MDGs 1, 4 & 5.

The benefits brought about by the Core Donor Funding investments are likely to last for many years, first because knowledge does not have an expiry date and second because benefits have already lasted for 50 years as the Centre is celebrating its 50<sup>th</sup> Anniversary.

Since the Centre relies heavily on external funding and AusAID has been one of its long term supporters this reviewer (as others before – see annual reviews 2009 and 2010) considered if an “exit strategy” by AusAID would be desirable or appropriate in this case. The reviewer is of the opinion that an exit strategy would not be appropriate for several reasons. One is that ICDDR as a research institution will continue to rely on external funding of the type provided by core donors to pursue its mandate. For as long as the Centre can convincingly demonstrate that it is turning funds into research and policy outcomes the case for core donor funding would be well justified. In fact, experience suggests that the more successful the institution the higher its financial needs will become, so the issues for AusAID to consider as it continues to support the Centre would be whether it has been able to grow strategically and organically, whether its organisation, governance and management systems are solid (and therefore regularly checked and upgraded) and whether it continues to show signs of continued innovation and thrive for improvement. On all these accounts ICDDR’s has had an impressive track record to date.

An exit strategy is also not in the interest of either ICDDR,B or AusAID for as long as the Centre keeps its mandate to “help solve **significant** public health challenges **facing the people of Bangladesh** and beyond, especially the **most vulnerable**”. The words in bold correspond to the areas where market failures in the research market would substantially limit the potential for the Centre to deliver on its mandate. “Significant” diseases may not always be commercially viable, particularly when these affect the most vulnerable who, in this case, are also those with the least economic power. An exit strategy might be appropriate to –say- provide seed funding for commercial ventures such as social marketing or demand generation, but not for public health research of this type. The Centre is already making an effort to target certain areas that may yield economic return, such as training or technical assistance, but one should avoid placing too much expectations on the economic return of these ventures to stay on course with the most important outcome of all: high quality research.

Important efforts have been made to improve ICDDR,B's financial management, particularly in the last 4 years. The Centre has managed to balance all budgets since 2007 (and indeed since incurring deficits in 1997) which has enabled it to progressively reduce its debt burden from \$4 – 5 million to the current \$1.2 million. However the balanced budget is achieved by requesting additional funds or frontloading of funds particularly from core donors, and this issue should perhaps receive additional attention in the near future: is the need for frontloading a result of poor financial planning, or is it poor predictability of external funds? ICDDR,B's managers have indicated that the Centre is aware of several challenges linked to financing and have instigated a number of strategies:

- a) Maximise contribution from project 'restricted' funds
- b) Reduce costs
- c) Fundraising strategy
- d) Risk management strategy

This reviewer suggests that Core Donors should help the Centre maintain focus and performance on these areas. **It is recommended that the forthcoming Institutional Review to take place in March/April 2011 be used to explore the possibility of Core Donors helping the Centre develop robust financial planning & management practices, should these be required.**

Maintaining the finance books in order will be crucial and more challenging as the Centre grows and diversifies. One area where attention is recommended is for the GOB to maintain its financial support to the Centre, and possibly to increase it and make it more predictable in future. For example, Annex A in the Core Funding Proposal seems to suggest that most funding from the GOB expires in 2010 and that little is in the forward funding books for 2011 and beyond. Part of this may be due to the long duration of the drafting of the new Health Sector Support Programme and to the yet unknown possibility to fund the Centre from the pool funds that are likely to support the health Sector-wide Approach. However, a more clear institutional relationship GOB-ICDDR,B leading to more predictable, long term funding should be discussed perhaps with the GOB members of the Board of Trustees. This should differentiate between restricted funds, that are likely to be more ad hoc, and core funding which should be, as said, more predictable and longer term.

### **3.3.5 Gender Focus**

The 2009 review looked specifically at gender and acknowledged impressive gains in gender focus over seven years. For example gender is much more prominent in the Centre's planning and operations, and in its research and HR policies. A good framework is in place for the Centre to monitor its own track record in this area.

Current Gender policy aims, among others: to move the percentage of women working in the professional level of the centre from 10% to 40%. The MEF sets the means for this to be monitored over time: gender policies and strategic plan developed & implemented; Gender awareness training to all staff and on recruitment; appointment of gender specialist; establishment of gender focal points; regular reporting on progress on gender plan to BoT mentoring and professional development to assist scientific career progression; among the main ones.

Gender focus is also prominent in the research portfolio, as expected in the SP2020 objective for “increased awareness of gender and incorporation into ICDDR,B research and activities” in the form of a “Gender, Health and Human Rights” work programme. Indicators in the MEF include the proportion of women in each of the cadres/ grades of the institutions, targeted at 30-40% for NOA and NOB levels, and as close as possible to 30% in higher levels (NOC, NOD). These targets are highly ambitious, as expecting women to progress their scientific careers should be seen in the context of achieving the same for both men and women in a poor country where few achieve the requisite levels of skills and expertise required to work in a top research institution.

### ***3.4 Is the MEF Rigorous for Effectiveness & Impact Monitoring?***

Ensure the revised M&E arrangements are rigorous and well defined so that it supports the new Strategic Plan and provides sufficient capacity to assess effectiveness/impact.

The 2010 external review has provided very specific recommendations for improving the MEF that complement those made in earlier reviews. Such recommendations will not be repeated here, but the underlying message from all reviewers should be emphasised and kept in focus by core funders: that the MEF will become a more meaningful and strategic instrument to the Centre the more it can be seen to influence the work of all its departments and units, from top management to the last research assistant, because that would mean that all staff and collaborators are actively pursuing results against the SP2020.

### ***3.5 Strengths and Weaknesses of the Submitted Proposal***

Describe overall strengths and weaknesses of the proposal design, following a close look at components like project objective and expected outcomes, proposed approach, proposed management arrangements, roles and responsibility of stakeholders etc.

The current core funding proposal is good enough to provide a sense of direction, purpose and need. Furthermore, the process followed to define the SP2020 strategic plan and then to present a proposal for funding has been very thorough, transparent and participatory across the Centre. This is extremely important in an organisation where overall success is dependent on strong commitment to its values and objectives from every staff member and collaborator.

This reviewer does not think that the Core Funding Proposal would require further clarification at entry, but of course core funding donors should be interested in continuously verifying through the annual review process the extent to which the Centre is making progress on its SP2020 through very specific information (the importance is, as ever, on the detail) in areas such as those included in next section on recommendations.

## 4. Conclusions and Recommendations

Propose, on the basis of this analysis, recommendations to address any weaknesses and how to pursue this proposal further before it is presented at the Appraisal Peer Review.

In the opinion of the reviewer the 2010-2014 Proposal provides a sufficiently strong basis for core donors to provide continued funding to ICDDR,B in the period 2010-14. No additional information needs appear necessary at this stage. On the other hand **it is recommended that additional attention and/or further detail is provided to core funding donors through the annual review process in future years** in the following areas:

1. Keep the financing challenge on sight at every annual review and provide specific comments and detail on progress for ICDDR,B:
  - To maximise contribution from project 'restricted' funds.
  - To reduce costs.
  - To have and share a clear fundraising strategy;
  - To have an explicit risk management strategy.
2. **Bring the issue of the GOB core funding to the appropriate levels of the organisation with a view to making GOB core contributions to ICDDR,B more predictable and possibly larger.**
3. **Continue to maintain the MEF as a living instrument for monitoring and ensure the MEF becomes a strategic instrument across the Centre's units and departments, from top management to the last research assistant.**
4. **Strengthen and systematise the way in which the Centre reports to its core donors on the financing situation**, by including information from the last three years and projections for the next three. This should allow better assessment by external reviewers over time since currently there is too much variation in financial reporting from one external review to the next.

# Annex 1 – Terms of Reference

## Terms of Reference for a Desk Review

October-November 2010

### Background

Australia has supported ICDDR,B since 1978. AusAID was instrumental in initiating an institutional review in 2006 which led to a major shift in funding modality for five donors from parallel support to core support. In 2009, unrestricted funding from core donors amounted to \$13,912,000 or about 40% of total revenue generated by the Centre. Unrestricted of core funding is providing necessary support for maintaining and improving core infrastructures such as the field sites, the surveillance systems, and healthcare facilities which form the backbone of Centre's research work. In addition, core funds support capacity building, advocacy and policy development activities, and research in priority areas that are not funded directly by donors. Australia has contributed AUD\$ 3,000,000 to ICDDR,B for the period of FY2007-2010 and has supported research related to the MDGs, Government of Bangladesh's Poverty Reduction Strategy and strengthening the Centre as a whole. AusAID has chaired the donor group for two years (2008-9) and actively promoted harmonised way of working, both among core donors and with ICDDR,B. The ICDDR,B is a globally recognized research institution and the only one of its kind to be based in a developing country. Limited by its mandate the Centre is and will continue to be, dependent on donor support.

The funding agreement came to an end on 30 June 2010. The agency needs to agree on a new arrangement, which will be based on a common core financing proposal from the Centre. This common proposal, covering the period 2010-2014, has been submitted to all the core donors including Australia for review/approval. This common proposal is a demonstrated example of further harmonisation – a positive shift from developing multiple different proposals to one single proposal for all donors. To enter into a new agreement AusAID is required to go through an appraisal process. As part of the process, this desk review of the common proposal and quality assessment (Quality at Entry) will be carried out in October/November 2010 by an external reviewer. The review report, which will inform an internal Appraisal Peer Review (APR) scheduled for November, will need to be made available before the APR. An internal appraisal document – the Design and Summary and Implementation Document or DSID – is being prepared by AusAID which will inform the Appraisal Peer Review, along with this desk review report. Subject to policy approval at the APR, it is anticipated that agreement will be drawn with ICDDR,B by 2010 and the new phase of support will commence from January 2011.

### Organization Overview

ICDDR,B (the Centre) is an international research, service and training institution working to improve the health of people living in poverty, particularly in Bangladesh, where the Centre is based. This year, ICDDR,B is celebrating its 50th Anniversary. Its scope includes many of the major public health disciplines and issues facing poor countries: diarrhoeal diseases and related problems, child health, infectious disease and vaccine sciences, reproductive health, nutrition, population sciences, health systems research, safe water, HIV/AIDS and poverty-health links. ICDDR,B is the only international health research institution based in a developing country.

In 2009, ICDDR,B had a total budget of US\$37,280,000. The majority of funding comes as research grants from various sources, and unrestricted funding from the Government of Bangladesh and a number of other government and non-government development partners. Over the last few decades its work has been supported by over 55 nations and organizations that share ICDDR,B's concern for the health problems of developing countries and value ICDDR,B's proven experience in helping to solve those problems.

AusAID is part of a group of five donors including United Kingdom (DFID), Netherlands, Sweden (SIDA) and Canada (CIDA) providing unrestricted core funding to ICDDR,B. The Core Donor funds help ICDDR,B

advance the institutional and programmatic objectives reflected in the Centre's Strategic Plan by supporting core operations and research. ICDDR,B and the Core Donor Group have signed a cooperation agreement which aims, among other things, to facilitate progressive harmonization of procedures and processes, including reporting and monitoring.

In 2007, following a recommendation of the 2006 Institutional Review, ICDDR,B adopted a standardized joint Monitoring and Evaluation Framework (MEF) with core donors. This framework systematically tracks how funds provided to ICDDR,B are administered and what measurable results are achieved. It allows ICDDR,B to focus and report on the achievement of outcomes and long-term impacts and adopt a results based approach to management. The framework provides evidence of progress against strategic objectives, which is assessed during annual external reviews.

Currently the framework is being revised to ensure that it supports the new Strategic Plan, and a new Balanced Scorecard system will be implemented starting in 2011.

ICDDR'B has developed its new Strategic Plan 2020 and Core Financing Proposal 2010- 2014 with the vision 'healthier people – better lives through evidence-based solutions'. The Strategic Plan 2020 and the Core Donor Financing Proposal 2010-2014 forms the basis of Australia's considering further support by Australia, in view of the positive outcome of our collaboration with ICDDR'B since the 1970s. ICDDR'B has projected the funding need of US\$ 146.344 million for five years (2010-2014). The Core Financing proposal seeks funding that will enable ICDDR'B to implement its Strategic Plan and continue to provide knowledge, research, training and medical services that will help those in need and influence government policy making in public health.

## **Purpose of the Review**

The objective of this review is to have a quality check of ICDDR'B proposal with focus on OECD DAC criteria (relevance, effectiveness, efficiency, impact and sustainability), in line with Australian Government's increasing emphasis on outcome-based programming.

The Desk review should identify the potential areas of the proposal requiring refinement/further work and it should accordingly come up with clear set of recommendations. Review recommendations will be referenced to inform AusAID's decision making on continued support to ICDDR'B.

The detailed quality assessment and reporting will ensure that the design document is in compliance with Australian aid quality criteria as set out in the Quality at Entry template (to be provided by AusAID).

In the spirit of harmonisation, this ToR has been shared with the Core Donors for their information/input. AusAID may offer the relevant sections of the review report as a reference to the other Core Donors who may use the information to meet their individual appraisal requirements.

## **Scope of Work**

Specific tasks will include, but not be limited to the following:

1. Familiarisation with ICDDR'B Core Donor Financing Proposal 2010-2014 and Strategic Plan 2020
2. Identify, source and review other relevant documentation as required
3. Familiarisation with AusAID's Bangladesh Country Strategy (currently being draft), Health Policy and Quality checking process
4. Critical analysis of the proposal, specifically:
  - a. Assess extent to which core funded research activities are aligned to AusAID's health policy and aid program priorities.
  - b. 'Quality' assessment of the proposal to ensure that it is aligned with the DAC criteria

- c. Ensure the revised M&E arrangements are rigorous and well defined so that it supports the new Strategic Plan and provides sufficient capacity to assess effectiveness/impact.
  - d. Describe overall strengths and weaknesses of the proposal design, following a close look at components like project objective and expected outcomes, proposed approach, proposed management arrangements, roles and responsibility of stakeholders etc.
5. Propose, on the basis of this analysis, recommendations to address any weaknesses and how to pursue this proposal further before it is presented at the Appraisal Peer Review.
  6. Liaise closely with AusAID during the appraisal to discuss issues of note.
  7. Execute the Quality at Entry (QaE) assessment to ensure that the design document is compliant with Australian aid quality criteria. .

### **Timeframe**

This assignment will take seven (7) working days, to be carried out by one consultant in between mid-October to mid-November 2010.

Supporting Documents Provided:

AusAID will provide the ICDDR'B proposal 2010 - 2014, Strategic Plan 2020, Annual Review Report 2010, Quality at Entry reporting format and other relevant documents to the consultant at least one week prior to commencement of the exercise.

### **Output**

A draft report of maximum of ten (10) pages will be produced within a week after the review and the final report will be produced within one week of receipt of feedback from AusAID.

The reviewer will also provide a report on Quality at Entry in the AusAID prescribed format, which will be about 5 pages.

The reviewer will be required to provide both soft (MS compatible) as well as hard copies of the report.

The reviewer may be asked to attend a half day Appraisal Peer Review sometime in November 2010 via teleconference. In that event, the appraisal date will be finalised after consulting the reviewer.

### **Reporting and Liaison**

The reviewer will report to the First Secretary of AusAID for purposes related to this desk review. Day to day liaison and management of the assignment will be managed by the Senior Program Manager-Health.

### **Required Qualifications**

The appraisal will be carried out by a single consultant, meeting the following criteria -

- At least 10 years relevant experience with exposure to working in a developing country setting.
- Extensive knowledge and experience with institutional development/process issues essential.
- Knowledge on Public Health/medical highly desirable. However, basic understanding of research and clinical services are required.
- In depth knowledge and demonstrated experience of carrying out aid quality assessment.
- Familiarity with local context (Bangladesh, ICDDR'B) and exposure to AusAID (way of work, procedures, requirements etc.).

## Annex 2 – Examples of Policy Impact of ICDDR,B Work

### Assessment against priorities in Strategic Plan of 2005-2010 for research Adapted from Annex 2 – Annual external review 2010

SP Priority	Implications	Policy impact / activities
1. Contribute to the introduction of cost-effective strategies for zinc therapy in diarrhoea.	<p>Social marketing through PPP is an effective method to scale up access to intervention but needs ongoing leadership and support.</p> <p>Further research to determine if 5 days treatment effective – this could save staff and treatment costs.</p> <p>Potential to reduce mortality from diarrhoea by 50% and reduce risk of chronic diarrhoea. (MEF 2008)</p>	Included in GoB and international guidelines for treatment diarrhoea
2. Help reduce maternal morbidity and mortality and improve perinatal and neonatal health. - focus on reducing neonatal mortality by 50% in study sites	<p>Importance of neonatal sepsis as cause of death</p> <p>Importance of care for obstetric emergencies &amp; abortion in reducing MMR</p> <p>Facility based delivery reduces perinatal mortality : from 43/1000 (2005) to 33/1000 (2008)</p> <p>MR study demonstrates high unmet need for safe abortion &amp; lack of appropriate treatment &amp; barriers to access to services</p> <p>Mapping demonstrates shortage of specialist doctors for emergency obstetric care</p>	<p>UNICEF: GoB policy to allow fieldworkers to provide gentamicin to neonates</p> <p>Shift in focus from home based midwife to facility based delivery and provision of emergency obstetric services.</p> <p>Lessons from Projahnmo studies on neonatal care incorporated into GoB neonatal health strategy &amp; guidelines (MEF 2008)</p>
3. Develop an effective package for the prevention of foetal growth restriction. - plus long term impacts	<p>Baseline National Nutrition Program survey on 2004-05 demonstrates prevalence of LBW 20% which is not abnormally high.</p> <p>Research has not demonstrated effective interventions to scale up.</p> <p>Micronutrients and supplemental food needed to improve foetal growth and reduce LBW</p>	<p>IAEA regional training workshop in undernutrition in early life (2007)</p> <p>Further study focused on areas reported to have higher rates of LBW (Gaibandha)</p>
4. Help identify a package of suitable vaccines for diarrhoea and acute respiratory infections (ARI).	<p>Vaccine can be given at same time as OPV. For future inclusion in routine immunization schedule</p> <p>May need periodic revision of vaccine strain to address new variants</p> <p>Inclusion of Hib and pneumococcal vaccines in routine vaccination schedules.</p> <p>Ongoing Hib surveillance to monitor impact of introduction of vaccine.</p>	<p>GoB raised issue of cholera vaccine at WHO board meeting Jan 2009.</p> <p>GoB introduced Hib vaccine into routine nationally through pentavalent vaccine.</p> <p>GoB has expressed interest to GAVI for introduction of pneumococcal vaccine.</p> <p>GoB used influenza surveillance data in developing response plan to pandemic influenza</p>
5. Define the burden of tuberculosis and identify effective strategies for prevention and control.	<p>Recommends active screening for TB of new prisoners</p> <p>Estimates of prevalence of smear + TB (0.8-1/1000) and rates of resistance provides estimates of burden of disease from TB</p>	<p>Recommendation for screening of inmates at Dhaka gaol accepted</p> <p>Inform national TB control program plans</p>
6. Address the stagnation of fertility decline & reach replacement fertility by end of decade	<p>Services need to target high parity users – study proposed but not funded; seeking to advocate to GoB (Abbas Bhuiya)</p>	
7. Help prevent the HIV epidemic and RTIs/STIs.. Emphasis at the Centre will be on adolescents, voluntary	<p>Revision to GOP treatment guidelines</p> <p>Limitation of conventional drop in (DIC) centres to reach high risk groups</p> <p>Identify residence based female sex workers as emerging high risk group</p>	<p>National STI management guidelines approved</p> <p>Workshops with community groups</p> <p>Support Hijra community groups; advocate for their needs.</p>



SP Priority	Implications	Policy impact / activities
counselling & testing, and mother-to-child transmission.	Need for appropriate VCT and inpatient care Identified 'gaps' in services to IDU and FSW Identification of lessons learnt in prevention of escalation especially among IDUs.	Establishment of VCT centres and in-patient ward Prevention transmission to newborns project involves GoB hospital Development of HIV IEC materials targeting youth Revision to training of Imams in HIV messages
8. Contribute to knowledge that can impact the burden of vector-borne diseases. - The Centre will develop community-based strategies for controlling malaria.	Identified reservoir of asymptomatic infections during winter and need to target asymptomatic carriers. (AR 2009) Identify alternatives to traditional treatment with stibotin (antimony) for kala azar	