INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH,

BANGLADESH

REPORT OF THE

BOARD OF TRUSTEE MEETING

DECEMBER 14-16, 1989

APPROVAL OF AGENDA

DRAFT

AGENDA
BOARD OF TRUSTEES MEETING
14 - 16 DECEMBER, 1989

1. Approval of Agenda

2. Approval of Draft Minutes of meeting held in June 1989

3. Minutes of Executive Committee Meeting held in October 1989

4. Report of Search Committee for Director

5. Director's Report - includes comments on:
   - Implementation of Laboratory Sciences Division Review recommendations; and
   - Response to Community Health Division Review

6. Programme Committee Report
   (a) Strategic Plan
   (b) Population Sciences Division Review Report
   (c) 1990 External Reviews
   (d) Establishment of Scientific Advisory Teams

7. Finance Committee Report
   (a) Resources Development Report
   (b) 1989 Budget
   (c) 1990 Budget
   (d) Proposal re local salaries
   (e) Proposal re international salaries

8. Personnel & Selection Committee Report
   (a) Overview of staffing situation
   (b) Recruitment

9. Selection of New Trustees

../2.

10. Dates of Next Meeting

11. Miscellaneous

(a) Letter from GOPP Group

15.11.89

APPROVAL OF DRAFT MINUTES OF MEETING

HELD IN JUNE, 1989

Amendments to the Minutes of the June 1989 Board of Trustees Meeting dated 22 June, 1989

** Please note that the page numbers refer to the pages as mentioned in the above-dated draft and NOT to the page numbers of the "Revised Draft".

Two persons responded with proposed amendments to the June 1989 Board Minutes. These persons also suggested that "... we should review the present practice of drafting the Board Minutes and revert to the old practice. The draft resolutions should be tabled by the respective committees for discussion and adoption or otherwise, by the Board.", and "The present practice of the draft resolution not being circulated beforehand for review by the Board members before being passed is not a satisfactory one and has resulted in a number of resolutions being unhappily worded. We should go back to the old practice.".

The amendments proposed are:-

(1) Pages 3 and 4. Urban Volunteer Project and MCH-FP Extension Project

(a) The word "excellent" should be deleted.

(b) The following should substitute the present draft: "The Urban Volunteers Project and MCH-FP Extension project are service activities with little research."

Minutes have been amended as suggested in point (b).

(2) Page 4, thrid para. which begins "a desire to have heard ..."

at the end of the sentence after words "the External Relations Officer" the clause "keeping in view the kind of relationship most beneficial for the Centre to maintain with various donors." should be added.

Minutes have been amended as suggested.

(3) Page 4, fourth para. which begins "one member requested ..." may be omitted.

Has been omitted as suggested.

(4) Page 4, Resolution 1/June 89. At the end of this resolution the following should be added

(a) "Points raised in the discussion should, however, be reflected in the subsequent report."

(b) "However, the comments made by the Board in response to the Director's report should be addressed."

Minutes have been amended as suggested in point (a).

(5) Page 6, Agenda 3(c).

(i) Both persons suggested that the words "and General Management" be added to the heading.

This has been done.

(ii) (a) "At the end of the para, the following sentence should be added:
'However, the inadequacy of the management to respond to the wishes of the donors, Board and the host government was noted. The Director having disagreed with the Board on some of these issues sought a vote of confidence of the Board, the result of which turned out to be negative.'."

(b) "Page 5, Agenda 3. The present position of the Centre - Board/Donors Problems.
Perhaps under this agenda in a new para we may mention about the vote of confidence which was requested by the Director and proved negative."

Minutes have been amended as suggested in (ii) (a).

(6) Page 8, Agenda 5, item 2.

"As it .... Committee decision." should be deleted and substituted by the draft sent under my letter No. JS(FP/MEH)/PA-1/89/25 dated 11.7.1989 (copy enclosed) (page 9 Ist para).".

The minutes have been amended as suggested with "The P&S Committee recommended that ... reflect this decision." being added.

(7) Page 10, Agenda 6(c), third para.

(a) "Before 'report' the words 'unsatisfactory review' should be inserted and for 'possible need for a' the words 'possibility of employing a short-term' should be added."

(b) "The last line should be replaced by the following: 'to appoint a short-term incumbent as a senior consultant to head the Division'."

Minutes have been amended as suggested in point (a).

../3.

(8) Page 11, Resolution 4.

"Dr D. Mahalanabis ... Review team" should be omitted."

This has been done.

(9) Agenda 8.

"Full name of Mr Rahman should be written."

This has been done.

(10) Page 16, Agenda 8(b).

(a) "The word 'soon' should be added at the end of the first sentence. The rest should be deleted."

(b) "The first para under this heading needs to be re-drafted. All that the Board decided was to appoint a Search Committee for advertising the post and for making a preliminary short listing from among the applicants. It was for the Search Committee to decide about the time-frame and the steps to be followed. The time-frame, as given in the Minutes, are impractical and unworkable."

The word "now" has been repaced by "soon" as mentioned in (a) above. The remainder of the para has been deleted and replaced by "A resolution was passed forming a Search Committee to advertise and receive applications and screen the applicants.".

(11) Agenda 8 (c).

(a) "Termination of contract of Mr Bashir.

Under agenda 7 an item (c) with the title 'Termination of contract Mr M.R. Bashir' may be inserted with the following text:

'Chairman reported that Mr M.R. Bashir, Associate Director for Resources Development was asked to resign since his short-term contract with the centre given by the Director was disapproved by most members and that Mr Bashir refused to resign. A vote was taken whether or not Mr M.R. Bashir's contract should be rescinded.'

Resolution 17/June 89 should be substituted (Page 17) by the following:

"The Board resolves, by majority vote, to resciend Mr Bashir's contract which commences on July 1, 1989.'."

(b) "This resolution has not been properly worded. Besides, such a major decision should not be taken without any recorded rational justification in the Minutes. It is essential that the decision of the Board to rescind Mr Bashir's contract be

preceded by an explanatory note. The last sentence of the resolution is irrelevant and should be deleted."

Minutes have been amended as suggested in point (a).

(12) Agenda 10(c)

(a) "The last sentence on page 24 beginning with 'Donors' should begin with 'Some donors'."

(b) "The last sentence of the first para does not correctly reflect what transpired during the meeting. It may be that a few individual donors had expressed their concern about the possible changes in the Ordinance, but there was no collective decision of the Local Support Group that '... no changes be made in the Ordinance until after ...'. This sentence should be deleted."

Minutes have been amended as suggested in point (a).

:jc

15.11.89

REVISED DRAFT

Minutes of the meeting of the Board of Trustees, ICDDR,B held in Dhaka, Bangladesh 14, 16 and 17 June, 1989.

Members Present

Dr A.R. Al Sweilem
Mr M.K. Anwar (Agendas 1 and 2 and meeting with donors on 16 June only)
Dr D. Ashley
Prof. R. Eeckels - Secretary
Prof. R. Feachem
Prof. D. Habte
Prof. A. Lindberg
Prof. V.I. Mathan (from Agenda 5)
Dr M. Merson (agendas 1-4 only)
Prof. K.A. Monsur
Mr T. Rahman
Prof. V. Ramalingaswami
Prof. D. Rowley - Chairman
Dr P. Sumbung

Members Absent

Dr I. Cornaz
Prof. D.A. Henderson
Prof. H. Tanaka

Invited Staff

Mr M.R. Bashir, Associate Director, Resources Development
Dr A. Briend, Associate Director, Community Health Division
Mrs J. Chowdhury, Executive Assistant to the Director
Dr D. Mahalanabis, Associate Director, Clinical Sciences Division
Mr M.A. Mahbub, Associate Director, Administration and Personnel
Mr A. Pabani, Grants Administrator
Dr S. Tzipori, Associate Director, Laboratory Sciences Division
Mr J. Winkelmann, Chief Finance Officer

Invited Donors

(including those who attended meeting with Local Support Group only)

Mr R.M.H. Hirji, Aga Khan Foundation, Dhaka
Dr R. Wilson, Aga Khan Foundation, Geneva
Mr J. Denton, Australian High Commission
Mr P. Stanley, Australian High Commission
Mr A.K. Chowdhury, Ministry of Foreign Affairs, Bangladesh
Mr B. Labrique, Belgian Embassy
Mr A. Van Elslande, Belgian Embassy
Ms S. Loughhead, British High Commission (ODA)
Ms J. Dunnett, Canadian High Commission
Mr K. Andersen, DANIDA
Ms S. Huq, DANIDA
Mr C. Bailey, Ford Foundation
Mr M. Verbetine, Netherlands Embassy
Mr U. Heierli, Swiss Development Cooperation
Mr D.R. Barker, UNDP
Ms N. Giordano, UNDP
Ms C. Rice, UNDP Consultant
Ms S. Kellock, UNICEF
Ms P. Boughton, USAID/Dhaka
Ms S. Keller, USAID/Dhaka
Dr K. Bart, USAID/Washington
Dr K. F-Y Lin, USAID/Washington

The Chairman, Prof. D. Rowley, opened the meeting at 9.00 a.m. on Wednesday, 14 June, 1989 welcoming the Board, Donors and Staff. He passed on the apologies of Dr Cornaz and Professors Henderson and Tanaka.

Agenda 1: Approval of Agenda

The agenda was accepted. It was agreed that the meeting would reconvene at 2.00 p.m. on Friday, 16 June and not Saturday morning as scheduled.

Agenda 2: Director's Report

In his presentation, the Director, Prof. R. Eeckels, reviewed the last ten years, especially the last four. Specific points mentioned by the Director included:- the serious

financial difficulties of 1985, the inappropriate proportion between institutional support and project funds, the need for an endowment fund, the instability of the senior international level staff, institutional strengthening, definition of research priorities and closer contacts with the donor community. He then drew attention to some of the major problems presently being faced by the Centre. Those mentioned were the Centre's salary structure, both national and international levels, budgetary problems and relations with the Government of Bangladesh. Lastly he highlighted two of the Centre's recent research activities, namely the papers by Dr Patra et al. on glucose-alanine ORS and on measles immunization, by Koenig et al.. The Director's full report is attached as Annex 1.

The Board responded with the following comments:

- appreciation for the Director's lucid account of the Centre's activities;
- a need to look at the DSS project to see what the Centre wants from it;
- the Urban Volunteers Project and MCH-FP Extension project service activities with little research;
- both tables 1 and 2 should be replaced by tables giving complete information - table 1 should also include the evolution of salaries for the international level staff and table 2 on staff expenses should also include seconded staff at the international level;
- a desire to have heard more about the development of relationships between the Centre and donors, especially about plans for the December 1989 Support Group Meeting - progress in preparing the strategic plan - and an update on the appointment of the External Relations Officer, keeping in view the kind of relationship most beneficial for the Centre to maintain with various donors.

Resolution 1/June 89

The Board resolves that the Director be complimented on the format and the contents of the Director's report highlighting the achievements of the past ten years, the activities since the last Board meeting and the major challenges facing the ICDDR,B. Points raised in the discussion should, however, be reflected in the subsequent report.

Agenda 3: The present position of the Centre - Board/donor problems

The Chairman presented his position paper (see Annex 2). He said that in his paper he has tried to concisely lay out his opinions on how the Centre evolved into its present position - everyone, including the Board, must share the blame for the negative aspects of the present situation.

Points discussed were:-

(a) PRESENTATION OF A GOOD STRATEGIC PLAN TO THE SUPPORT GROUP IN DECEMBER

The Director explained how the preparation of the strategic plan became a part of the GOPP exercise. The Local Support Group had been unable to agree to the terms of reference for an external review so UNDP employed a consultant to coordinate and finalize these. At the suggestion of several donors, the Consultant propsed that the best way to achieve this aim would be through a Goal Oriented Programme Planning (GOPP) exercise. It was also considered that preparation of the strategic plan should be included. The final session of the GOPP will be held immediately after the Board Meeting, after which a draft strategic plan will be available for circulation to the Board.

The Chairman emphasized that the Board must be involved in the preparation of the strategic plan. He was informed that in addition to the Director, senior management and senior scientists of the Centre, some local Board Members and donors were involved in the GOPP. The enlarging interest of the donor group to interact with and support the Centre was welcomed.

It was proposed that the Programme Committee review the draft project planning matrix, attached to the GOPP report, and give their comments. These would be most helpful for the upcoming GOPP session.

(b) DEFINING RESPECTIVE ROLES

The Board accepted that its concerns about defining the mutual relations and respective responsibilities between Centre and Board, etc. be incorporated into

the project planning matrix and thus will be a part of the strategic plan.

(c) ORDINANCE, VISA RESTRICTIONS, NEWSPAPER ARTICLES AND GENERAL MANAGEMENT

It was agreed that there was no need to have resolutions on these matters; no immediate action being required and donors having the freedom to talk bilaterally with the Government if they wish. However, the inadequacy of the management to resond to the wishes of the donors, Board and the host government was noted. The Director having disagreed with the Board on some of these issues sought a vote of confidence of the Board, the result of which turned out to be negative.

(d) DIRECTOR'S RESIGNATION

The Chairman announced that the Director has resigned and will leave the Centre in mid-July. The Director responded saying that it has been a privilege to have worked at the Centre for four years and that he was grateful for having had this opportunity. He expressed his sincere thanks to his fellow trustees.

Resolution 2/June 89 — The Board resolves that the Director and his staff be requested to prepare a draft strategic plan for the Centre and present it to the Scientific Programme Committee, as decided at the November Board meeting. After input from the Trustees, the Scientific Programme Committee will prepare a document for presentation at the next Donors' meeting.

Resolution 3/June 89 — The Board resolves that it is with sincere regret that the Board accepts Prof. R. Eeckels' resignation from the Centre. The Board expresses its deepest admiration for Prof. Eeckels' dedication to the Centre and his genuine concern for the welfare of the staff and wishes him and his family good health and success in their future endeavours.

Agenda 4: Report on the GOPP Meeting

(a) EXTERNAL REVIEW

The Director reported that the majority of the donors thought that the review could not be done as early as September/October this year so it has been decided that USAID will go ahead with its own reviews with the donors' external review being held early next year. Most thought that the external review would be for 4-5 weeks, the group of reviewers (5-8) submitting a draft report to donors before they left Dhaka.

(b) STRATEGIC PLAN

This was referred to the Programme Committee for input regarding the scientific activities of the Centre.

Agenda 5: Approval of Draft Minutes of Board Meeting, November, 1988

The minutes of the meeting held on 25 and 26 November, 1988 were adopted.

As point (b) (iv) on page 11 of the minutes reflects the decision of the Board, the Chairman of the P&S Committee should be consulted as to how best to reflect this in the minutes.

"The P&S Committee recommended that the Board should decide the question of splitting up the position of Immunologist (P5) into two junior posts after taking into consideration the recommendations of the Programme Committee. As the Programme Committee recommendations were not available the matter had to be kept pending.

The subsequent actions taken by the centre following the assumption that the position has indeed been split is, however, retroactively confirmed in the last meeting. The minutes of the last meeting should, therefore, reflect this decision."

Agenda 6: Programme Committee Report

The Chairman of the Committee, Prof. D. Habte, presented the Committee's report, which is attached as annex 3. Points discussed included -

(a) RESPONSE TO THE CLINICAL SCIENCES DIVISION REVIEW

The actions taken by Dr D. Mahalanabis to implement the recommendations of the review team were noted and Dr Mahalanabis commended for this.

(b) REPORT ON LABORATORY SCIENCES DIVISION REVIEW

The recommendations of the review team were noted and the Division and Management requested to implement these.

(c) REPORT ON COMMUNITY HEALTH DIVISION

Discussions focussed on the issues of leadership of the Division and the need for re-organization of its activities. The Director said that the P&S Committee is recommending that, in view of Dr Briend's imminent departure, the position of Head, CHD be advertised immediately and that the search for his replacement not limit itself to medical doctors but also include epidemiologists. The Director asked that his personal appreciation Dr Briend's achievements and for the fact that he accepted a difficult task, while he knew he could not be as successful as he would have wished, be put on record.

The Board requested the management to think about and act urgently on the unsatisfactory review report, including the possibility of employing a short-term senior consultant to head the Division.

(d) STRATEGIC PLAN

It was agreed that the draft strategic plan should be ready before 15 September, 1989 for discussions with

the Programme Committee before 10 October, 1989. The final document should be circulated to the Board and donors no later than 1 November, 1989.

The scientific priorities developed during the reviews of the three divisions [(a), (b) and (c) above] should be incorporated into the plan during the second GOPP workshop to start on 19 June, 1989. Dr Sumbung will remain after the Board Meeting to participate in the second GOPP workshop.

(e) TRAINING

The paper presented to the Committee and Board was accepted as an outline. It was advised that research training for junior academic staff was inadvertently omitted from the outline but will be incorporated. The biggest issue regarding training is identification of funds.

The report of the Programme Committee was adopted.

Resolution 4/June 89 — The Board resolves that the report from the Scientific Programme Committee on the Clinical Sciences Division be accepted.

Resolution 5/June 89 — The Board resolves that the report from the Scientific Programme Committee on the Laboratory Sciences Division be accepted and the Division and Management be requested to proceed with implementing its recommendations.

Resolution 6/June 89 — The Board resolves that the report of the Scientific Programme Committee on the Community Health Division be accepted and the Division and Management be requested to respond to the recommendation by the next Board meeting.

Agenda 7: Finance Committee Report

Prof. R. Feachem, Chairman of the Committee, presented the report (see annex 4) highlighting four crucial issues.

(a) THE DEFICIT

This will be somewhere between $60,000 and $660,000. The Committee is recommending to the Board that a surplus of $200,000 be required.

(b) CORE FUNDS AND OVERHEADS

Despite discussions with donors and despite agreement that the 50/50 balance between core and project funds is appropriate, the proportion of core/project funds is declining. It was recognized, however, that the Centre is in a weak position to press the point of 50/50 funding until it has a good research plan in place. Meantime, donors need to be sympathetic to the need to increase revenue. The Director pointed out that when donors do not pay the full overhead costs for projects they are funding, the Centre has to draw on core funds to run the project.

(c) LOCAL SALARIES

The rise in salary costs is not because the number of staff has increased but rather that the rates of pay have risen. It is proposed that the Centre links its salaries to the U.N. by a set percentage (say, between 70 and 80%) and that in any one year not more than a certain percent salary rise would be given. This would ensure that a comparable salary is maintained and the salary rise could be budgetted more accurately. Management was requested to pursue this matter, and after discussions with the Ministry of Health, submit a proposal to the December 1989 Board Meeting.

(d) OVERDRAFT

Moneys received from donors tend to be rather late in relation to the need to spend the money. This and the

uncertainty of when funds will be received necessitates the Centre to rely on an overdraft facility. A larger endowment fund would help by allowing these funds to be used for bridging purposes.

The report of the Finance Committee was accepted and the resolutions adopted. The Board joined the Director in recording appreciation of the assistance given by Mr John Winkelmann. Despite only arriving at the Centre during the second half of last year, Mr Winkelmann's help, and that of his staff, has been of immense value.

It was agreed that, in future, donors' observer status should be changed during the Finance and Programme Committee presentations to allow interaction between the Board and donors, e.g. this meeting the Australian representative wished to announce that his Government's contribution will be paid next month and that this will be increased by 30%.

Resolution 7/June 89	The Board resolves that the report from the Finance Committee be accepted as presented.
Resolution 8/June 89	The Board resolves that the 1989 ICDDR,B budget be accepted, as presented, with the provision that there be a surplus of not less than $200,000 before depreciation at year end.
Resolution 9/June 89	The Board resolves that the audited 1988 financial statements of the Centre be accepted.
Resolution 10/June 89	The Board resolves that the audit firms, Deloitte Haskins and Sells, Calcutta, and Hoda Vasi Chowdhury & Co., Dhaka, be appointed auditors of the Centre for 1989 at a fee not to exceed $11,000.
Resolution 11/June 89	The Board resolves that the amount of $9,503, being old outstanding advances, be deleted from the financial records of the Centre.
Resolution 12/June 89	The Board resolves that the Bank overdraft facility of $3.0 million, with American Express, be renewed for one year.

Resolution 13/June 89

The Board resolves that the ICDDR,B may enter into a 10 year lease with the Agrani Bank for the Personnel building at a rate of Tk. 6.00/sq.f./month with the full lease paid in advance.

Agenda 8: Personnel & Selection Committee Report

Mr Taslimur Rahman, Chairman of the Committee, presented the report, which is attached as annex 5. The report of the Committee was accepted and a resolution passed accordingly. Additional comments included -

(a) OVERVIEW OF THE STAFFING SITUATION

In response to a query regarding the review of the staffing pattern, the Committee Chairman said that the P&S Committee could do this if requested and that the best time for such an exercise would be after the strategic plan is in place.

(b) APPOINTMENT OF A NEW DIRECTOR

It was suggested that the advertisement should be prepared and placed soon. A resolution was passed forming a Search Committee to advertise and receive applications and screen the applicants.

(c) TERMINATION OF CONTRACT MR M.R. BASHIR

Chairman reported that Mr M.R. Bashir, Associate Director for Resources Development was asked to resign since his short-term contract with the centre given by the Director was disapproved by most members and that Mr Bashir refused to resign. A vote was taken whether or not Mr M.R. Bashir's contract should be rescinded.

Resolution 14/June 89 — The Board resolves that the report of the Personnel and Selection Committee be accepted.

Resolution 15/June 89 — The Board resolves that the appointments of Dr John Albert as Microbiologist (P3) and Ms Leanne Unicomb (P2) as Virologist be accepted.

Resolution 16/June 89 — The Board resolves that an Executive Committee of the Board be formed to review the applications, select and appoint a candidate to fill the position of the External Relations Officer at the Centre. The committee will consist of: Mr T. Rahman (Chairman), Dr P. Sumbung, Centre Director and other members nominated by the Chairman. If the committee is unsuccessful in selecting a suitable candidate from amongst the applicants, the Chairman of the Personnel and Selection Committe and the Director may consider other possible interim measures.

Resolution 17/June 89 — The Board resolves, by majority vote, to rescind Mr Bashir's contract which commences on July 1, 1989.

Resolution 18/June 89 — The Board resolves that the position of the Senior Scientist, Head Community Health Divison (P6) be advertised immediately and an aggressive search for an appropriate candidate be mounted in addition to the advertisement.

Resolution 19/June 89 — The Board resolves that the position of the MCH-FP Physician (Project Director, Matlab MCH-FP Project) (P5) be advertised immediately.

Resolution 20/June 89 — The Board resolves that a Search Committee of the Board be formed to advertise and receive applications and screen the applicants for the position of Director at the ICDDR,B. The committee will consist of Prof. R.G. Feachem (Chairman), Prof. D.A. Henderson, Prof. A. Lindberg, Mr T. Rahman and Dr P. Sumbung as members and other Trustees as consultants.. The committee will present a list of

candidates for consideration at the next Board meeting.

Resolution 21/June 89 — The Board resolves that Dr D. Habte be appointed the Director of the Centre for a term of 1 year, effective August 1st 1989.

Resolution 22/June 89 — The Board resolves that Dr D. Mahalanabis be appointed Acting Director of the Centre for the intervening period between Dr Eeckels's dparture and the date when Dr Habte takes office.

Resolution 23/June 89 — The Board resolves that Dr R. Maru's appoinment as the Operations Research Scientist (P4) be accepted.

Resolution 24/June 89 — The Board resolves that the employment contract for Associate Director, A&P be extended for a period of one year until June 30, 1991 and the matter be reviewed again at the June 1990 Board meeting.

Resolution 25/June 89 — The Board resolves that the position of a Nutritionist/Epidemiologist (P3) be advertised.

Agenda 9: Election of Trustees and New Chairman

(a) SELECTION OF TRUSTEES

The Board will await information from the Government of Bangladesh regarding Mr Rahman's replacement. The recommendation of the P&S Committee that a decision on a replacement for Prof. Habte be deferred until the next Board meeting was accepted. Resolutions were passed on other vacancies at large.

(b) ELECTION OF CHAIRMAN OF THE BOARD

Dr P. Sumbung was unanimously elected as Chairman of the Board for the period 1 July, 1989 to 30 June, 1990

and a resolution passed accordingly.

(c) **MEMBERSHIP OF COMMITTEES OF THE BOARD**

Resolutions were passed appointing members to each of these committees.

Resolution 26/June 89 — The Board resolves that Dr P. Sumbung be re-elected to the Board of Trustees of the ICDDR,B for a second term of three years effective July 1, 1989.

Resolution 27/June 89 — The Board resolves that Dr Yagob Yousef Al-Mazrou, from the Kingdom of Saudi Arabia be appointed to the Board of Trustees of the ICDDR,B for a term of three years, effective July 1, 1989. The Board further resolves that Prof. J.R. Hamilton from Canada and Prof. John Caldwell from Australia be appointed to the Board of Trustees of the ICDDR,B for a term of three years, effective July 1, 1989.

Resolution 28/June 89 — The Board resolves that the competent services of the outgoing Trustees, Prof. D. Rowley, Dr I. Cornaz and Dr A.R. Al-Sweilem are sincerely appreciated. Their commitment to the Centre and their wisdom and patience at the Board meetings will be sadly missed. The Board wishes the outgoing Trustees and their families good health, happiness and success in their future undertakings.

Resolution 29/June 89 — The Board resolves that Dr Peter Sumbung be elected Chairman of the Board of Trustees of the ICDDR,B for a term of one year, effective July 1, 1989.

Resolution 30/June 89 — The Board resolves that the following members be appointed to the Personnel and Selection Committee of the Board, for a term of one year effective July 1, 1989.

Mr T. Rahman, Chairman of the Committee
Dr D. Ashley
Prof. J.R. Hamilton

Prof. V.I. Mathan
Prof. V. Ramalingaswami

Chairman of Board and the Centre Director are Ex-officio members.

Resolution 31/June 89

The Board resolves that the following members be appointed to the Finance Committee of the Board for a term of one year effective July 1, 1989.

Prof. R.G. Feachem, Chairman of the Committee
Dr Y.Y. Al-Mazrou
Mr M.K. Anwar
Dr M.H. Merson
Prof. H. Tanaka

The Chairman of the Board and the Centre Director are Ex-officio members.

Resolution 32/June 89

The Board resolves that the following members be appointed to the Scientific Programme Committee of the Board for a term of one year, effective July 1, 1989.

Prof. A. Lindberg, Chairman of the Committee
Prof. J. Caldwell
Prof. J.R. Hamilton
Prof. D.A. Henderson
Prof. V.I. Mathan
Prof. K.A. Monsur

The Chairman of the Board and the Centre Director are Ex-officio members.

Agenda 10: Any Other Business

(a) DATES OF NEXT MEETING

It was advised that the Programme Committee will meet in Dhaka from 8-10 October, 1989 to finalize the Strategic Plan.

The dates for the next Board Meeting were set as Wednesday, 13 December to Sunday, 17 December, 1989

with the Support Group meeting being held on Sunday, 17 December.

(b) MEETING WITH THE STAFF WELFARE ASSOCIATION

The Board met with the SWA Executive Committee on Tuesday afternoon, 13 June. As had been requested last meeting, the SWA had pre-circulated its claims with other Board papers. The SWA President brought the following points to the Board's attention:

- local salary scale revisions for GS and NO level staff, per diem rates in Bangladesh, top of the scale benefit, job insecurity,

emphasizing that the most important matter from SWA's point of view is the salary rise.

There was a short discussion on each point, the Chairman advising that all points will be considered in the Finance Committee meeting. Meantime, the management was requested to review the per diem problem - staff should not be "out of pocket" if they are required to travel on Centre business. The SWA was advised that they should show some responsibility when making requests to the Board, i.e. be aware of the cost to the Centre of each of their demands.

(c) MEETING WITH THE LOCAL SUPPORT GROUP

The Board met with the Local Support Group (LSG) on Saturday morning, 17 June. Mr D.R. Barker, representing the Chairman of the LSG, Mr E. Dessau, advised the Board that the LSG had met four times since the November 1988 Board Meeting. He explained that GOPP is the mechanism being used by the donors to produce the terms of reference for the donors' external review and, as it is felt that there can't be a review without a strategic plan, for the Centre's strategic plan. The donors' external review is planned for 20 January to 25 February, 1990. The second issue which has been discussed is the Ordinance. Mr Barker said that several donors had been called by the Secretary of Health to discuss possible changes. Donors had expressed their own concerns and also requested that no changes be made to the Ordinance until after the external review, suggesting that changes in the Ordinance could be included in the terms of reference

for the review.

The donors were advised that (i) Dr P. Sumbung will join the Bangladeshi Trustees for the second GOPP session and (ii) the Board has no objections to the terms of reference for the external review as presented. It was agreed that it is premature for the Centre to take any action regarding the possible changes to the Ordinance. However, donors may have bilateral discussions with the Health Ministry.

Dr Ken Bart announced that USAID is pleased to continue to be a supporter of the Centre and that their resouces will continue. The ODA representative said that a decision on this year's funding to the Centre will be made after the strategic plan is received. The Director said that SAREC is considering resuming funding to the Centre and that, as far as he is aware, this will be discussed by the SAREC Board in August.

The meeting closed at 12 noon on Saturday, 17 June, 1989.

:jc

15.11.89

ICDDR,B BOARD OF TRUSTEES MEETING

RESOLUTIONS

JUNE 14 - 17, 1989

Resolution 1

The Board resolves that the Director be complimented on the format and the contents of the Director's report, highlighting the achievements of the past ten years, the activities since the last Board meeting and the major challenges facing the ICDDR,B.

Resolution 2

The Board resolves that the Director and his staff be requested to prepare a draft strategic plan for the Centre and present it to the Scientific Programme Committee, as decided at the November Board meeting. After input from the Trustees, the Scientific Programme Committee will prepare a document for presentation at the next Donors' meeting.

Resolution 3

The Board resolves that it is with sincere regret that the Board accepts Prof. R. Eeckels's resignation from the Centre. The Board expresses its deepest admiration for Prof. Eeckels' dedication to the Centre and his genuine concern for the welfare of the staff and wishes him and his family good health and success in their future endeavours.

Resolution 4

The Board resolves that the report from the Scientific Programme Committee on the Clinical Sciences Division be accepted. Dr. D. Mahalanabis was commended for his efforts in implementing the recommendations of the Scientific Review team.

Resolution 5

The Board resolves that the report from the Scientific Programme Committee on the Laboratory Sciences Division be accepted and the Division and Management be requested to proceed with implementing its recommendations.

Resolution 6

The Board resolves that the report of the Scientific Programme Committee on the Community Health Division be accepted and the Division and Management be requested to respond to the recommendations by the next Board meeting.

Resolution 7

The Board resolves that the report from the Finance Committee be accepted as presented.

Resolution 8

The Board resolves that the 1989 ICDDR,B budget be accepted, as presented, with the provision that there be a surplus of not less than $200,000 before depreciation at year end.

Resolution 9

The Board resolves that the audited 1988 financial statements of the Centre be accepted.

Resolution 10

The Board resolves that the audit firms, Deloitte Haskins and Sells, Calcutta, and Hoda Vasi Chowdhury & Co., Dhaka, be appointed auditors of the Centre for 1989 at a fee not to exceed $11,000.

Resolution 11

The Board resolves that the amount of $9,503, being old outstanding advances, be deleted from the financial records of the Centre.

Resolution 12

The Board resolves that the Bank overdraft facility of $3.0 million, with American Express, be renewed for one year.

Resolution 13

The Board resolves that the ICDDR,B may enter into a 10-year lease with the Agrani Bank for the Personnel building at a rate of Tk. 6.00/sq.ft./month with the full lease paid in advance.

Resolution 14

The Board resolves that the report of the Personnel and Selection Committee be accepted.

Resolution 15

The Board resolves that the appointments of Dr. John Albert as Microbiologist (P3) and Ms. Leanne Unicomb (P2) as Virologist be accepted.

Resolution 16

The Board resolves that an Executive Committee of the Board be formed to review the applications, select and appoint a candidate to fill the position of the External Relations Officer at the Centre. The committee will consist of:

Mr. T. Rahman (Chairman), Dr. P. Sumbung, Centre Director and other members nominated by the Chairman. If the committee is unsuccessful in selecting a suitable candidate from amongst the

applicants, the Chairman of the Personnel and Selection Committee and the Director may consider other possible interim measures.

Resolution 17

The Board resolves, by majority vote, to invite Mr. Bashir to relinquish his 11-month contract which commences on July 1, 1989. The Board further resolves that if need be, Mr. Bashir's contract be rescinded. In either circumstance, Mr. Bashir will receive compensation to a value not less than that specifically stipulated in the regulations of the Centre governing termination of contracts prior to their commencement.

Resolution 18

The Board resolves that the position of the Senior Scientist, Head Community Health Division (P6) be advertised immediately and an aggressive search for an appropriate candidate be mounted in addition to the advertisement.

Resolution 19

The Board resolves that the position of the MCH-FP Physician (Project Director, Matlab MCH-FP Project) (P5) be advertised immediately.

Resolution 20

The Board resolves that a Search Committee of the Board be formed to advertise and receive applications and screen the applicants for the position of Director at the ICDDR,B. The committee will consist of Prof. R.G. Feachem (Chairman). Prof. D.A. Henderson, Prof. A. Lindberg, Mr. T. Rahman and Dr. P. Sumbung as members and other Trustees as consultants. The committee will present a list of candidates for consideration at the next Board meeting.

Resolution 21

The Board resolves that Dr. D. Habte be appointed the Director of the Centre for a term of 1 year, effective August 1st. 1989.

Resolution 22

The Board resolves that Dr. D. Mahalanabis be appointed Acting Director of the Centre for the intervening period between Dr. Eeckels's departure and the date when Dr. Habte takes office.

Resolution 23

The Board resolves that Dr. R. Maru's appointment as the Operations Research Scientist (P4) be accepted.

Resolution 24

The Board resolves that the employment contract for Associate Director, A&P be extended for a period of one year until June 30, 1991 and the matter be reviewed again at June 1990 Board meeting.

Resolution 25

The Board resolves that the position of a Nutritionist/Epidemiologist (P3) be advertised.

Resolution 26

The Board resolves that Dr. P. Sumbung be re-elected to the Board of Trustees of the ICDDR,B for a second term of three years effective July 1, 1989.

Resolution 27

The Board resolves that Dr. Yagob Yousef Al-Mazrou, from the Kingdom of Saudi Arabia be appointed to the Board of Trustees of the ICDDR,B for a term of three years, effective July 1, 1989. The Board further resolves that Prof. J.R. Hamilton from Canada and Prof. John Caldwell from Australia be appointed to the Board of Trustees of the ICDDR,B for a term of three years, effective July 1, 1989.

Resolution 28

The Board resolves that the competent services of the outgoing Trustees, Prof. Rowley, Dr. I. Cornaz and Dr. Al-Swailem are sincerely

Resolution 28

The Board resolves that the competent services of the outgoing Trustees, Prof. Rowley, Dr. I. Cornaz and Dr. Al-Swailem are sincerely appreciated. Their commitment to the Centre and their wisdom and patience at the Board meetings will be sadly missed. The Board wishes the outgoing Trustees and their families good health, happiness and success in their future undertakings.

Resolution 29

The Board resolves that Dr. Peter Sumbung, be elected Chairman of the Board of Trustees of the ICDDR,B for a term of one year, effective July 1, 1989.

Resolution 30

The Board resolves that the following members be appointed to the Personnel and Selection Committee of the Board, for a term of one year effective July 1, 1989.

Mr. T. Rahman, Chairman of the Committee
Dr. D. Ashley
Prof. J.R. Hamilton
Prof. V.I. Mathan
Prof. V. Ramalingaswami

Chairman of Board and the Centre Director are Ex-Officio members.

Resolution 31

The Board resolves that the following members be appointed to the Finance Committee of the Board for a term of one year effective July 1, 1989.

Prof. R.G. Feachem, Chairman of the Committee

Mr. M.K. Anwar

Dr. Y.Y. Al-Mazrou

Dr. M.H. Merson

Prof. H. Tanaka

The Chairman of the Board and the Centre Director are Ex-Officio members.

Resolution 32

The Board resolves that the following members be appointed to the Scientific Programme Committee of the Board for a term of one year, effective July 1, 1989.

Prof. A. Lindberg, Chairman of the Committee

Prof. J. Caldwell

Prof. J.R. Hamilton

Prof. D.A. Henderson

Prof. V.I. Mathan

Prof. K.A. Monsur

The Chairman of the Board and the Centre Director are Ex-Officio members

21 June 1989

MINUTES OF EXECUTIVE COMMITTEE MEETING

HELD IN OCTOBER, 1989

Minutes of the Executive Committee of the Board of Trustees established to appoint a candidate to the External Relations Officer at the Centre.

Date : October 11, 1989.

Time : 7-00 P.M.

Venue : Director's Residence, Banani, Dhaka.

Present

Mr. Taslimur Rahman, Chairman

Dr. Peter Sumbung, Member

Dr. Demissie Habte, Member

Discussion

In terms of the responsibilities assigned to the Executive Committee i.e. to review the applications, select and appoint a candidate to fill the position of the External Relations Officer at the Centre, the Committee noted the following :

a. 110 applications were received in total,

b. 27 applications out of these 110 were sorted out at the first instance by the Personnel Office,

c. 6 applications out of the 27 sorted out in the first instance were finally short listed for the E.C.,

d. Mr. Taslimur Rahman, Chairman of the Personnel & Selection Committee, and Dr D. Habte, Director, had reviewed all the documents prior to the meeting and Dr. Peter Sumbung had studied the short list sent to him earlier.

After extensive discussion and examination of the CVs of the short listed candidates and in view of the urgency to fill the position, the committee identified 4 (four) candidates and agreed to proceed with an interview as soon as possible.

The Committee concluded by agreeing to meet immediately prior to the December' 1989 Board Meeting to finslize the selection of the candidate.

Resolution

(a) Resolved that the following candidates be considered for interview in order of ranking :

1. Dr. Nurul Islam Khan
2. Mr. A.M.A.H. Siddiqui
3. Mr. Arjuna Kannangara
4. Mr. Nuran Nabi

(b) Resolved that the Director kindly arrange for the interview of these candidates immediately involving a minimum cost.

(c) Resolved that the committee finalise its recommendation for the Board in a meeting to be held immediately preceeding the December, 1989 Board Meeting.

(Taslimur Rahman)

Chairman

REPORT OF SEARCH COMMITTEE FOR DIRECTOR

VERBAL DISCUSSION

DIRECTOR'S REPORT

REPORT OF THE DIRECTOR

TO THE

BOARD OF TRUSTEES MEETING, DECEMBER 13-16, 1989

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH (ICDDR,B)

REPORT OF THE DIRECTOR

1.0. INTRODUCTION

1.1. Besides making efforts to maintain the routine activities of research, training and service, the Centre has been preoccupied with other important issues. These included preparation and write-up of the Strategic Plan for '90-'94, the meeting of the Programme Coordination Committee from October 8-10, 89, and grappling with problems related to the Centre's relationship with the Government of Bangladesh and its image in the press. The transfer of leadership from Prof. R. Eeckels to myself was greatly facilitated by both face to face with and written briefings from Prof. Eeckels, by the understanding and good will of the Government of Bangladesh and the Centre's staff. Mention should be made of Dr. Dilip Mahalanabis who ably held the Chair between Prof. Eeckels' departure and my arrival in Dhaka in mid-August. As you all know, Dr. Andre Briend, Associate Director of Community Health Division, resigned from the Centre soon after the June Board Meeting. At this moment both CHD and PSD are run by acting heads.

2.0. RESEARCH AND RELATED ACTIVITIES

2.1. Research

Table 1 shows the research activities during the period of this report. Over 70 papers have been published or are in press and 107 are completed or under preparation.

Table 1: Research Output July-December,1989

	CHD	CSD	LSD	PSD	Total
No. of papers since June 89.....	8	4	10	6	28
No. of papers in press.....	10	8	16	7	43
No. of papers in preparation.....	20	32	25	11	88
Research completed.....	3	8	5	3	19
Research ongoing.....	10	20	4	3	37
Total	51	72	60	30	211

Some of the significant issues addressed by these publications include the following:

i) Follow-up of three dose oral cholera vaccine trial show persistence of cumulative protective efficacy at 3 years, and that each vaccine (B Subunit-killed whole cell and killed whole cell) conferred significant levels of protection during the initial 3 years after the third dose. Duration of protection of young children remain unsatisfactory (Clemens, et al.).

ii) Intensive and innovative family planning programme in rural Bangladesh can achieve success not only in terms of contraceptive prevalance, but can also attract users interested in child spacing and others wanting to limit their family size, by offering the

widest range of contraceptive methods (Khan, et al.).

iii) So called "parenteral diarrhoea" associated with systemic infections was shown to be due to intestinal permeability changes in Bangladeshi children with persistent diarrhoea and sepsis as demonstrated by monosaccharide and disaccharide absorption tests. In the same study, a rice-based diet (rice powder, egg-white, glucose and soya oil) was found clinically effective in most patients with persistent diarrhoea, with over 80% of patients recovering from diarrhoea within 7 days (Roy, et al.).

iv) A study by Qadri, et al., demonstrated for the first time the presence of haemagglutinating (HA) activity on the surface of all strains of Shigella dysenteriae and several strains of S.flexneri. This finding may have relevance to development of vaccine candidates.

v) A water and sanitation intervention in a rural community of Bangladesh, comprising of handpumps, construction of latrines and hygiene education reduced the incidence of diarrhoea by 25% amongst children less than 5 years of age (Hasan, et al.).

vi) A study examining the potential reductions in infant and child mortality through immunization programmes in Matlab indicated that while EPI has the potential to exert a major impact upon mortality

during ages 1-4 years, its impact upon infant mortality is more modest (Koenig, et al.).

vii) A study yet to be submitted for publication looks into the impact of measles vaccination upon childhood mortality, and comes to the startling conclusion that measles vaccination alone is associated with reduction in relative risk of death of 45% during the age period 9 months - 60 months. This study underscores the need in settings similar to Bangladesh to accord measles vaccination a higher priority within current health programmes (Koenig, et al.).

viii) A paper reporting findings from a study that compared survival of 204 pairs of liveborn twins discordant for sex and a random sample of 2371 singleton live births from the same population in Matlab, Bangladesh during the 1977-85 priod provides the following:

The discordant twins showed no evidence of sex differential in neonatal survival, and had a neonatal mortality of 287 per 1000 live births, five times the rate for singletons. Excess in mortality of discordant twins persisted in higher ages through late childhood (5-9 years of age), girls having the highest rate. But given survival to age two years, discordant twins and singletons had similar survival prospects for both sexes (Chowdhury, et al.)

Shortage of funds for research curtailed activities particularly towards the end of this half-year period.

2.2. Technical Support Services

The various support services have continued to maintain invaluable assistance to the research at the Centre. Some of the activities included the following:

2.2.1. Editing of the DSS data base will be completed before the end of this year. The 82-85 data bases have already been completed.

2.2.2. Two issues of the quarterly JDDR and 3 issues of the newsletter GLIMPSE were published as part of a determined effort of the new editorial board under the Chairmanship of Dr. D. Mahalanabis to have these publications appear on time.

2.2.3. DISC has acquired the data MEDLINE data base MCD-ROMS for 1982-1989 period, and will receive the POPLINE data base on CD-ROM at no charge (courtesy John Hopkins University Population Information Program).

2.2.4. The Computer Information service has been engaged in the tuning of its newly installed Operating System VM 5.0 and other associated software installed early in the year.

2.2.5. The use of monkeys in exploratory experiments for the study of shigellosis attracted the attention of some of the press and demonstrated the Centre's vulnerability to unfair criticism and to gross misunderstandings.

3.0. TRAINING

3.1. Table 2 shows the type of courses and the number of trainees:

Table 2: Training Activities - July-December, 1989

Type of Courses	No. of Trainees
International	
* Clinical Management of Diarrhoeal Diseases (2)	33
* Research Methodology (1)	12
Sub-total	45
National	
* Field Diarrhoea Management (3)	62
* Clinical Management (2)	30
* Laboratory Diagnosis (1)	15
Sub-total	105
Grand total	150

3.1.1. The course of research methodology is being held for the first time by the Centre and aims to develop research skills in junior scientists of the Centre.

3.2. Twenty-one health professionals (mostly medical doctors) from Afghanistan, Bangladesh, India, Iran, Maldives, Malaysia amd USA have finalized or are on fellowship training in clinical management or related sciences.

3.3. Twelve M.Sc/M.Phil students from Dhaka University are conducting research in the Centre's laboratories as part of their requirement for their graduate degrees.

3.4. A total of 174 health professionals had short term orientation sessions.

3.2. Staff Development

During this period 15 staff members have been sent for further training. There are 29 in all currently in training overseas. Nine have completed their training and returned during this period. Other activities included a computer course for Finance office staff conducted by the Computer Information Services, and a course in English language for secretaries given by the British Council.

4.0. SERVICE - HEALTH CARE

4.1. Clinical Research Centre: During the period July 1 to November 12, 1989, 16,893 patients visited the CRC of which 1905 were hospitalized for 24 hrs or longer. The marked reduction in number of patients coming in the wake of the floods is to be noted. A similar trend is observed from UVP figures. Is this a seasonal occurence or is it related to the effect of the great flood of 88 ? The answer is not clear.

4.2. Matlab Diarrhoea Treatment Centre: 1542 patients received treatment at MDTC and 419 at the Community Operated Treatment Centres. In the Matlab community under the Centre contraceptive use rate has risen to 53%, EPI coverage as high as 90% and Vitamin A supplementation to over 90% of under 5 years.

4.3. Urban Volunteer Programme: This programme has a target population of 1/2 million of which around 40% are currently covered. Health product distribution (ORS, Vitamin A capsules, soap, vegetable seeds), health education messages and medical referrals were provided to over 80,000 families. About 700 patients were treated at the 3 Nutrition Rehabilitation Centres in Dhaka.

4.4. The Epidemic Control Preparedness Programme has been active in assisting with a number of diarrhoeal outbreaks.

4.5. MCH-FP Extension Project: The Extension project continued with its involvement in service activities through two channels, directly with the MOHFP in two Upazilas of rural Bangladesh (population 1/2 million) to upgrade health and family planning services, and with the GOB to improve health and family planning services nationally through the expansion of the female field worker work force and through the introduction of a field record keeping system (RKS) in service delivery. The project is currently working closely with the Government and donors to inform policy in the development of the Fourth Five Year Plan for health and population.

5.0. ADMINISTRATION AND PERSONNEL

5.1. The staffing situation is shown in Table 3 & 4. Attempts have been made to limit expansion and indeed to reduce the size of the staff. Enforcement of the following has taken place, 1) freezing of new posts and on hires for existing posts except for senior scientific positions; 2) prohibition of extension of service beyond retirement; 3) collapse of posts where this can be amalgamated with others; 4) serving of termination notices as per rules of project staff when project is completed. Other measures including sub-contracting of support services are being studied with the goal of reducing expenditure without affecting the major activities of the Centre.

5.2. The process of weeding out staff that are not essential for the Centre's functions is painful but will continue, and we expect a rationalization of the staffing size as a result by the end of '90.

5.3. Two staff members received training in A&P during this period. The Chief Personnel Officer received one week's orientation at the WHO Regional Office, New Delhi and 2 weeks at the WHO Headquarters in Geneva. The personnel manager has been on a 3-month general management course in Denmark and an orientation in the WHO European Regional Office. The Centre is now better placed than ever to ensure correct application of WHO rules & procedures, including post classification and grading.

5.4. Several vacancies remain unfilled. These include the heads of Community Health and Population Science Divisions, a senior scientist for Laboratory Science Division, and the post of External Relations Officer. All these posts have been advertised and applications received. Decision will be made at this Board meeting on the posts of head of CHD and the External relations Officer.

5.5. Applications have been forwarded to UNFPA with a request that this traditional ally of the Population Science Division place on Secondment a senior Bangladeshi scientist currently under its employment. We are waiting for a positive response.

5.6. The positions of Nutritionist and of MCH-FP Physician, both in CHD, will be vacated early next year and in July 1990 respectively. Advertisements have gone for both and applications received at least for the MCH-FP post,. Decision will be taken on the latter at this meeting.

6.0. ORGANIZATIONAL AND OTHER ISSUES

6.1. A Consultative Management Committee has been established, composed of senior scientific and administrative staff under the Chairmanship of the Director, to assist senior management in decision making, on principal matters related to the work of the Centre. Divisional committees have been reactivated to involve as many staff as possible in the affairs of the Divisions. These steps represent an attempt to broaden the base of decision making process and promote participatory management. The Organogram proposed indicates continuing attempt in this direction, and also in coordination efforts of research activities (Figure 1).

6.2. The Laboratory Science Division has now completed its reorganization and is currently managed by the offices of the Associate Director and the Laboratory Manager, and assisted by scientific and Management Committees. It has 4 clearly defined and interlinked activities which include

6.2.1. research in diarrhoeal disease;

6.2.2. laboratory-based research and logistic support to other divisions;

6.2.3. diagnostic service to the hospitals; and

6.2.4. training of nationals in research methodology and diagnostic procedures.

6.3. The Clinical Science Division has completed the renovations of hospital facilities at the Clinical Research Centre with the installation of drop ceilings, ventillation, air-conditioning and other improvements. However, this has only partially relieved the problem of the hospital.

6.4. The construction of the Matlab Treatment Research complex is now almost completed and will be occupied shortly. This will mark a major improvement of facilities for research, training and service. The Centre is profoundly grateful to the United Nations Capital Development Fund and UNDP for securing the funds.

6.5. UNROB LOAN: A claim suit against the Centre was placed in the courts in demand of repayment of the UNROB loan. A meeting held between the Secretary of External Resources Division on the one hand and the Centre management (Dr. D. Habte, Mr. J. Winkelmann and Mr. M.A. Mahbub) agreed to resolve this issue amicably taking the laws of the land and the inability of the Centre to repay into consideration. A proposal has been submitted and is under study by

ERD.

6.6. ORDINANCE: Assurance has been given informally by officials of the Ministry of Health & Family Planning that no change in the Ordinance will occur without prior consultation of the Centre and the Board.

6.7. VISA RESTRICTIONS: Restrictions imposed on experts, short-term consultants and would-be employees has been relaxed through circulars from the Home Ministry placing the Centre in the same status as other international agencies but not to the former status of the Centre. Patience, respect for the rules of the land and understanding is required on all sides to resolve outstanding issues. The Centre is grateful to the MOH&FP for their assistance and to the Ministry of Home Affairs for their tolerance.

6.8. PUBLIC IMAGE OF THE CENTRE: It is apparent that the contributions of the Centre to Bangladesh and the world at large is not well disseminated within Bangladesh, and occasionally even perceived negatively giving rise to misunderstandings and damaging publicity. Efforts will be undertaken to present the true picture of the Centre. The Centre is celebrating its 10th Anniversary and this occasion will be utilized to achieve this objective.

7.0. FINANCE

7.1. To some of the staff, the Centre is likened to a car headed on a long journey with the fuel gauge out of function. It is never clear when the car will come to a dead stop. This simile is due to the fact that pledges and commitments made by donors do not have a prescribed time or certainty of arrival. With less than 6 weeks before the end of the fiscal year, the Centre still has not had disbursement of promised funds amounting to US$ 1,290,000. The implications of this do not require elaboration.

7.2. Figures for income of 1989 indicate an increase over 88 (11%) in part due to increased donor contributions but also represent funds carried over from 1988 (1.4 million). Such a situation will not occur in 1990.

7.3. The reduction of expected income of over US$ 600,000 (which may be reduced to $ 400,000 due to expected disbursement of $ 200,000 from USAID Washington) placed a severe squeeze on research activity at the Centre.

7.4. Although a fair reduction in expenditure will occur in 1990 due to closure of Teknaf and the vaccine trial, and reduction in staff, withdrawal and reduction of contributions of traditional

donors* forebodes a fiscal crisis for 1990 and beyond. A shortfall of US$ 2.0 million not including depreciation, is in the offing unless measures are taken to counteract 'donor fatigue' and increase revenues.

8.0. CENTRE'S RESPONSES TO EXTERNAL REVIEWS OF LSD & CHD

8.1. Response to the Programme Committee Review of LSD March 1989

We have attempted to address the items outlined in the Summary as the points to which a response is requested.

i. a. The staff in the Division was reduced to 212 from 252, and this will further be reduced to 181 (approx 30% reduction) by February 1990 with the termination of the Shigella risk factors project.

b. The reason for the creation of two departments in LSD was to accommodate a senior international staff member. With his departure in April 1989, it was possible to reorganize the Division more efficiently. LSD is currently managed by the offices of the Associate Director and the Laboratory Manager, and assisted by scientific and management committees. This

*USAID Washington, CIDA, UNDP/WHO, DANIDA

structure removed departmental offices and barriers, created more space, streamlined and centralised the administration of the Division. Consequently, staff, specimens, equipment and reagents now move within the Division free of departmental or branch barriers.

ii. Although the Clinical Laboratory continues to provide the bulk of the routine diagnostic service, it is no longer a separate body, and the specialized, eg detection of viruses, diarrhoeagenic E.coli and anaerobic bacteria, when required, are performed by the respective research units.

The Microbiology Research Branch which used to perform the microbiological tests generated by research protocols is no longer in existence and all the microbiological and pathological testing independant of origin are now performed at the Clinical Laboratory. The three subject areas of microbiology, clinical biochemistry and pathology were opened up and are under the direction of respective senior scientific staff who are responsible for the scientific management, guidance and quality control of the three discipline areas.

iii & iv. With the exception of two on-going projects LSD has phased out all the remaining small and disjointed protocols. They were replaced with clearly defined major research programmes - selected in accordance with Centre priorities, availability of expertise, and relevance to achieving future objectives, and to

which individuals and projects have been assigned. For each programme a full document is (or will be shortly) available with details with the scientific background, bibliography, research methodology, personnel involved, time-flow chart, and an itemized budget. Future protocols must fit into these scientific programmes. These programmes form the basis for the Division's Strategic Plan for 1990-1994, incorporated into the Centre's Strategic Plan.

a. A surveillance system on diarrhoeal disease has been designed in collaboration with CHD. It will be a the major focal point of LSD activity for the next 5 years, and the area selected will be used to study future vaccine testing.

b. The LSD together with other divisions has introduced an international peer review system; all the research programmes mentioned above have been, or are being reviewed this way.

c. Unfortunately, the allocation of funds to the Associate Director was largely spent on divisional expenditure rather than on research initiatives because of lack of funds to support divisional activities.

d. The funding of diagnostic patient-related services is a policy matter over which the LSD has no control.

v. Programmes for postgraduate training of Bangladeshis from

tertiary academic institutions have been finalized recently with the Vice-Chancellor of the University of Dhaka. There are 8 LSD members who currently are receiving higher education abroad under the Staff Development scheme. Two have recently left for Sweden, 2 in Switzerland, 2 in Japan, 1 in the UK and 1 in USA. Soon two more will be going to Australia, 1 to the USA, and another short-term training as clinical immunologist in Australia.

vi. The financial problems created by the cost-recovery system need to be addressed by the management, not one that LSD alone can resolve. We take the point however of overstaffing and have initiated several moves to reduce the numbers, however currently this can only be achieved by termination of contracts of project employees, or resignation. As mentioned earlier, the number of staff in LSD will shortly be 181, which makes LSD the smallest division at the Centre.

vii. As was proposed by LSD and was endorsed by the Review Committee, skills were introduced in:

a) Virology (detection, isolation, cultivation, serotyping, and electropherotyping of group A rotavirus and enteric adenovirus);

b) Molecular biology (DNA probes for detection of diarrhoeagenic bacteria and toxins, and synthetic oligonucleotides for the detection and direct serotyping of rotavirus group A from stools);

c) Parasitology (isoenzymes to distinguish between pathogenic

and non-pathogenic Entamoeba histolytica; followed by use of ELISA with monoclonal antibody and DNA probes);

d) Monoclonal antibody;

We have been unable to introduce electron microscopy into the Centre because of shortage of funds, a situation which is unlikely to change in the near future. We hold funds which were received from Australian sources for training an electron microscopist.

We have also introduced clinical immunology with skills to assay immune function tests to measure immunological parameters in peripheral blood. They include: serum complement levels and activation, C-reactive protein, levels and isotype of gammaglobulins including IgE, mononuclear cell stimulation culture and phenotyping, granulocyte phenotypic-index polarization and chemotaxis. With the return of two staff from the Karolinska Institute, studies will extend to include immunological studies on rectal biopsies.

The LSD has completed its recruitment programme with the exception of an international senior scientist to replace the departmental head (P4) who had resigned earlier this year. The LSD wishes to recruit instead a senior scientist who would be interested to work at the Centre for 1-2 years in an area mutually agreed upon, with no administrative responsibilities (a

kind of Sabbatical leave) which will help introduce new areas of inquiry and new skills.

8.2. Response to the External review on Community Health Division - June 1989

The centre has carefully studied the external review. While agreeing with the general thrust of the report for change including for scientific leadership, some of the observations of the team are contestable. CHD staff feel that the review has greatly underestimated the achievements. Nevertheless the following have been undertaken.

8.2.1. The post of Associate Director for CHD has already been advertised and decision will be taken at the Dcember 89 Board Meeting. the posts of MCH-FP Physician and Nutritionist are also advertised.

8.2.2. A reactivation of divisional meetings, both scientific and management, has been instituted. Acting heads selected by the staff of CHD and endorsed by the Director will rotate on a 3-monthly basis until the recruitment of the head of CHD.

8.2.3. The research priorities suggested have been largely incorporated in the strategic plan 90-94.

8.2.4. Plans are underway to transfer the service

responsibilities of the urban Volunteer Programme to organizations outside of ICDDR,B (N.G.Os or other charitable organizations). A phase-by-phase plan will be implemented before the end of the current agreement period. At the same time restructuring will take place to strengthen the research activities by separating it from service aspects. These changes will start to be implemented by June 1990.

8.2.5. The recommendations on the future status of the epidemiology department will be left to the next head of CHD for consideration and possible implementation. However as regards the Epidemic Control Preparedness Programme, the Centre has started negotiations with donors for continued support for 3 years. During this period, the Centre will in collaboration with relevant officials develop capability in the Directorate of Health services to take over this function.

9.0. STRATEGIC PLAN

One of the major preoccupation of the Centre staff during the last 6 months has been the preparation of the Strategic Plan. Following a number of meetings during the year, agreement was reached on the general outline of the report. The write-up was divided amongst the senior management of the Centre but all scientific staff can be said to have participated. This activity brought the Centre staff together and for the first time in the history of the Centre, they were involved in planning the Centre's

activities collectively.

A significant input took place in October when the Scientific Programme Committee of the Board met to consider the draft on research priorities. The draft was further revised. What you have before you now represents the cumulative efforts of the Centre staff and of the Programme Committee of the Board.

DM:ls

ICDDR,B

Table 3: **PROJECTED STAFFING STATUS**
As of December 01, 1989

Sl. No.	LOCATION	Int'l Professional	Regular & Project		TOTAL
			NO	GS	
1.	Director's Office	2	-	1	3
2.	Community Health Division	2	31[1/]	260[2/]	293
3.	Clinical Sciences Division	4	38	153	195
4.	Laboratory Sciences Division	3	30	133[3/]	166
5.	Population Science & Extension Division	3	34	204	241
6.	Resources Development	1	3	-	4
7.	Support Services	1	14	202	217
8.	Finance	-	8	19	27
8.	Training & Extension	-	7	18	25
	TOTAL	**16**	**165**	**990**	**1171**
	October 31, 1989 - Total :	16	170 (-5)	1011 (-21)[4/]	1197 (-26)

1/ Unfunded staff - 1

2/ Unfunded staff - 7

3/ Unfunded staff - 1

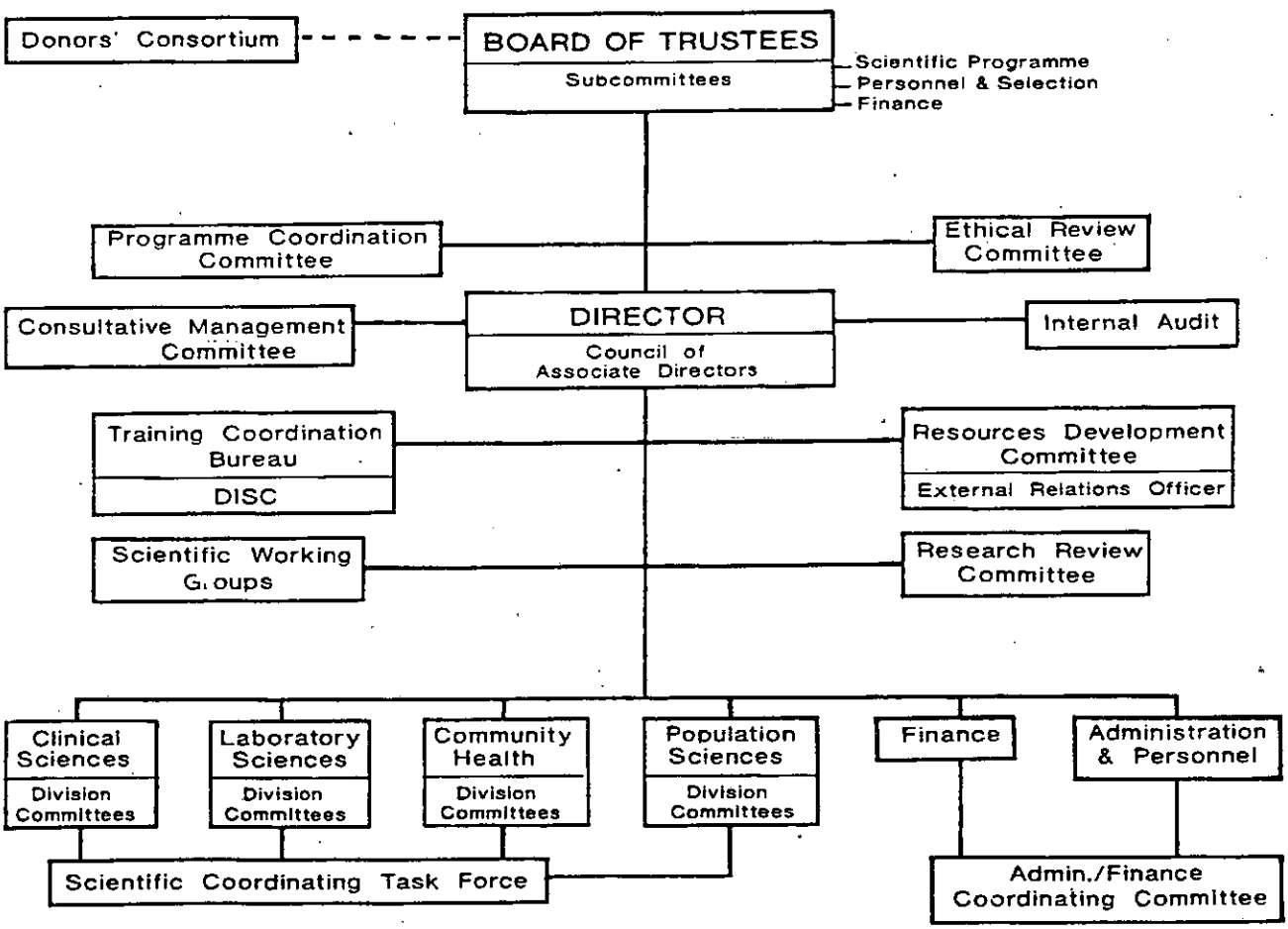
4/ To be released from LSD, Giardia & Ascaris Projects, VTP, etc.

Table 4: PROJECTED STAFFING STATUS
As of December 01, 1989

CHW = Community Health Workers
UV = Urban Volunteers

Sl. No.	LOCATION	International Seconded	Int'l Prof (Short-term)	Consultant	Short-term NO	Short-term GS	CHW	UV	TOTAL
1.	Community Health Division	5	-	1	10	41	110	220	387
2.	Clinical Sciences Division	6	-	2	3	22		4	37
3.	Laboratory Sciences Division	1	1	2	3	4	2		13
4.	Population Science & Extension Division	5	2	2	1	5	42		57
5.	Support Services	-	-	-	1	7			8
6.	Finance	-	1	-	-	1			2
7.	Training & Extension	-	-	2					2
	TOTAL	**18**	**3**	**9**	**18**	**80**	**154**	**224**	**506**
	October 31, 1989 - Total :	20 (-2)	3	5 (+4)	20 (-2)	87 (-7)	154	224	513 (-7)

FIGURE 1


Donors' Consortium
BOARD OF TRUSTEES
Subcommittees
Scientific Programme
Personnel & Selection
Finance
Programme Coordination Committee
Ethical Review Committee
Consultative Management Committee
DIRECTOR
Council of Associate Directors
Internal Audit
Training Coordination Bureau
DISC
Resources Development Committee
External Relations Officer
Scientific Working Groups
Research Review Committee
Clinical Sciences
Division Committees
Laboratory Sciences
Division Committees
Community Health
Division Committees
Population Sciences
Division Committees
Finance
Administration & Personnel
Scientific Coordinating Task Force
Admin./Finance Coordinating Committee

EVOLUTION OF SALARIES FOR INTERNATIONAL STAFF

Year	% increase	U. N.	ICDDR,B	in % of U.N.
1983	0.00%	100.00	100.00	100
1984	1.56%	101.56	101.56	100
1985	-1.79%	99.75	101.56	101
1986	-4.51%	95.26	89.03	93
1987	3.76%	98.84	95.24	96
1988	10.15%	108.87	97.71	89
1989	6.03%	115.43	110.88	96
Average % per year (1983-1989)	2.53			96.42

A:SEVOLU

OVERVIEW OF STAFFING SITUATION

Minutes of the Meeting of thee Scientific Programme Committee of the Board of Trustees held on December 13, 1989

Members Present:	Dr. D.A. Henderson (Acting Chairman) Dr. J. Caldwell Dr. J.R. Hamilton Prof. V.I. Nathan Prof. H. Tanaka
Members Absent:	Prof. A. Lindberg
Invited Staff	Dr. M. Koenig Dr. D. Mahalanabis Dr. AK Siddique Dr. M. Strong Dr. Tzipori
Donors present:	Dr. Ken Bart, US Public Health Ms. Sheryl Keller, USAID Ms. K. Lin, USAID

1. The draft agenda was approved.

2. Strategic Plan:

The Committee discussed the October 1989 draft of the plan which had been developed by senior staff through an extensive period of discussion and interaction with both the Programme Committee and Donors.

The Chairman complimented those responsible for the draft, in having come up with a clear, well written account of the Centre's role and research programs. The current draft has been circulated to major donors and it will be discussed at the Donors' meeting, Sunday, December 18. Dr. Mahalanabis and Dr. Tzipori stated that more detailed plans for the research plans of their divisions were

available or in preparation. The Committee felt that the document could be strengthened significantly by:

i. A sharper focus on specific priorities for the next 5 years taking into account available resources, time and opportunities.

ii. A forceful positive account of the Centre's many accomplishments, and an emphasis on its unique position and role as an international health research centre.

iii. Consideration of a qualifying phrase to accompany the institute's official name, to more accurately portray its current function (eg. ICDDR,B..."An international institution devoted to the study, prevention and management of health problems in the developing world").

The Committee recognized the problems inherent in creating a document intended as a descriptive "public relations" statement for donors which can serve also as a working plan. They recommended that the above points and discussion be incorporated into a 1991-1995 revision of the plan.

3. Population Sciences and Extension Division Review Report

The External Review submitted by Dr. Jane Menken, August 2-7, 1989 was discussed. Her recommendations placed heavy emphasis on the need to consider procedures to streamline and improve cost-effectiveness of the division's activities. She stressed the need

to improve hiring practices and above all for the Centre and its Director and Board to understand and appreciate social science research. Dr. M. Strong and Dr. M. Koenig, leaders of the 2 projects within the Division support the report and are endeavouring to act on its recommendations within current fiscal constraints.

The Committee discussed the Associate Director's position currently vacant. They concluded that where another staff position would be very beneficial to enhance the critical mass of the group and to devote energy to training and fund-raising activities; such a position probably should not be at an Associate Director level and might be at a junior level. At present the needs of this group can be adequately represented internally by either project leader.

A separate issue discussed was that of access within and outside the Centre to data obtained by division staff. Provided realistic costs are recovered, there is general agreement with making data available within a reasonable period once the project staff have had an initial opportunity for analysis.

4. External Reviews

The Committee recommends that the new process for a review by Donors, coordinated by UNDP will be sufficient for next year, given that 5 external reviews of various ICDDR,B sectors have taken place in the past 2 years.

The proposed guidelines, composed in consultation with Centre staff should help to restore donor confidence.

The Committee feels that the review process should be kept as brief as possible (2 weeks) in order to attract top quality reviewers and not to overburden Centre staff. Phase I of the review, to examine all phases of the administrative structure, is scheduled for June, July 1990. Reviewers will not be members of the Board or the Government. The Director should be debriefed, at the conclusion of the reviewers visit and a presentation to the Board should be arranged. Once this phase has been completed decisions will be taken regarding future reviews.

5. Matters Arising from Meeting of June 1989

a) New Hospital

The Committee continues to support the construction of improved patient care facilities provided funds can be found. However, funds for this project have not yet materialized.

b) Scientific Working Groups

The Committee favours encouraging visits to ICDDR,B of scientists at the forefront of research relevant to current programs in the Centre.

They recommend that a Scientific Advisory Committee, composed of such experts be appointed with a mandate to serve as consultants and from time to time as individual visitors to the

Centre.

Laboratory Science Division Review

Dr. S. Tzipori presented his response to the external review of March 1989. He has acted on the recommendations with substantial staff reductions and the expansion of expertise . He pointed out that the current costing system for laboratory work related to research creates tension and should be reevaluated by the Director and the Board.

Community Health Division Review

A brief summary of this external review was seen by the Committee. The review was highly critical of the leadership and personnel of this Division. Its receipt has been followed immediately by the Associate Director's resignation. A brief response from the CHD staff was presented by Dr. Siddique on their behalf as Acting Head.

The Committee recognised that this division is in a state of crisis, having been without effective leadership for atleast 5 years. It recommended that the 3-monthly rotation of Acting Head not be continued and that the Director provide a more comprehensive response to the external review report. The recruitment of an Associate Director should be assigned the highest priority.

The Committee noted that the Urban Volunteer programme would primarily be transferred to other auspices once the current pilot project terminates in 1991.

There being no other business, the meeting adjourned at 5.15 pm.

PROGRAMME COMMITTEE REPORT

POPULATION SCIENCE DIVISION REVIEW

REPORT

External Review of the Population Sciences and Extension Division

International Centre for Diarrhoeal Disease Research, Bangladesh

Dhaka, Bangladesh

August 2-7, 1989

Jane Menken
Professor of Sociology and Demography
Director, Population Studies Center
University of Pennsylvania

CONTENTS

REPORT APPENDICES

From J. Menken

BACKGROUND

The other three divisions that have been reviewed this year had teams of three to seven scientists visit for one or two weeks expressly for this purpose. I sincerely hope the expectation that a single reviewer fitting this work into a stay already crammed with other responsibilities can do a good job does not reflect an attitude that the Division is not important, but rather a mistaken assumption that I already know all parts of the projects well.

Last November, after the ICDDR,B Board Meeting, I was asked by the Programme Committee, Dr. Demissie Habte, Dr. P.P. Sumbung, and Dr. Immita Cornaz, to discuss with them potential members of the Subcommittee for the Population Sciences Division. They invited me to join the Subcommittee, which was scheduled to meet last spring, but I could not return to Dhaka before summer because of my commitments at Penn. Subsequently, in April, Dr. Eeckels asked if I would prepare a report on the DSS and the MCH-FP extension program for the June Board Meeting. That deadline was also impossible for me to meet, but I agreed to write a report if I heard from Drs. Koenig and Strong and arrangements were made for me to receive the kinds of material that would be necessary for a reasonable review.

In the confusion of later events, there was no further correspondence and I thought the matter was dropped until at the beginning of August, 1989, Dr. Dilip Mahalanabis asked for the review. Because of the urgent need as part of the current planning process, I tabled my own research plans to spend six days reviewing the PSED.

This report builds on observations made during my visits to the Centre each year since 1984 and a six-month stay from July, 1988 to January, 1989. I have read as much material as I can in the little time at my disposal, had discussions with Dr. Michael Strong, Dr. R. Bairagi, Dr. Maxine Whittaker, and various staff members of both projects. In addition, Andrew Foster and I visited Sirajganj with Dr. Neaz in July, 1989 in preparation for carrying out collaborative research with the Division and I had the opportunity to meet with staff members there. I have not visited Teknaf since 1984 nor Matlab since 1986 or 1987. Nor have I had the opportunity to discuss the MCH-FP Extension Project with Dr. Michael Koenig, whose home leave began before I arrived in Dhaka. The review of DSS is far more complete than that of the MCH-FP Extension Project because I have far greater knowledge of that portion of the PSED program. The MCH-FP project is more focused in its responsibilities and has undergone various external donor and government reviews.

Copies of my response to Dr. Eeckels request for this review, memos I wrote to Dr. Michael Rowland (1985), Dr. Badrud Duza, Dr M. Koenig, and Dr. B. Wojtyniak (1987), the Programme Committee and Dr. Eeckels (1988) and Dr. Dilip Mahalanabis (1989), and both the proposal and the report to the Ford Foundation for the research training workshops that Andrew Foster and I have been involved in here are attached as appendices to this report.

The review is divided into four parts:

1) an introduction which describes the projects and some of their purposes and accomplishments;

2) a discussion of the problems of these projects and of social science and field-based research within the Centre;

3) a detailed (and far too lengthy) discussion of the current activities and responsibilities of the Demographic Surveillance System; and

4) a brief discussion of the MCH-FP Extension Project.

Recommendations are scattered throughout parts 2-4 and are highlighted by asterisks (***). They are presented again at the end of the report for convenient reference, but all explanatory material is in the text.

Part 1: Introduction

The Demographic Surveillance System covers a population of approximately 200,000 in Matlab and somewhat less than half that number in Teknaf. Vital statistics (births, deaths, marriages, divorces, in- and out-migration) data are collected through visits at quite short intervals to every household. Periodic censuses have been carried out with two purposes in mind: to check the accuracy of the vital statistics data and to collect additional information on the household (size and construction of house, ownership of land, livestock, and certain items (e.g. radio), source of water, education of individuals, occupation). Censuses were carried out in 1966, 1968 (only in villages added to the DSS at that point), 1970 (only in those villages included in 1966), 1974, and 1982 (only in the 149 villages retained in the DSS after the area covered was reduced).

There are two unique characteristics of the DSS and the Matlab project:

i) There is no other place in the developing world where vital statistics are being collected accurately over a long time period, so that annual and seasonal fluctuations and variation with age can be assessed and the variation with changes in the physical and socioeconomic environment described and studied.

   The long time-series of data published in the vital statistics reports is itself an achievement of note. The Matlab data provide the best information for Bangladesh (and, indeed, for any developing country) on population growth and change over the last quarter-century.

ii) The division of the Matlab surveillance area into two parts, the treatment and comparison areas, permits evaluation of the impact of intervention programs over both the short and the long-term. Intervention programs of various sorts, notably in family planning and maternal and child health, have been introduced over the years in the treatment area, whereas the comparison area receives only the government health and family planning services. Again, there is no other place in the developing world where such accurate evaluation of impact has been feasible. This type of system is deemed so valuable that the possibility of replicating the DSS in the African context, albeit in more limited fashion, is under discussion at the Rockefeller and other foundations.

In addition, this is one of the very few places in the developing world where studies that require accurate information on the past history of an individual (e.g. his or her age) are feasible.

Population, Family Planning, and Health

o The DSS conclusively demonstrated that population growth rates in Bangladesh are extremely high - that fertility is sufficiently higher than mortality that population is growing by well over two percent a year. Rates of this magnitude result in population doubling in less than 30 years.

Reasonable projections forecast an increase from a population of 90 million in 1981 to 199 million in 2011. Bangladesh is already the most densely populated country in the world, and there is no other predominantly rural country that approaches its density.

I will not argue, as some do, that rapid population growth is always a hindrance to overall socioeconomic development and to improvements in health. There is general agreement, however, that in the Bangladesh context, rapid population growth is leading to lower per capita calorie intake and is a major hindrance to improving the conditions of the Bangladeshi population, including sanitation and water supply which are directly related to diarrhoeal disease.

o Let me inject a little history because I hear little at ICDDR,B about some of the past accomplishments of which the Centre should certainly be proud. In the early years of the Cholera Research Laboratory, epidemiologists became concerned about the determinants of population growth. Henry Mosley and Lincoln Chen and their colleagues set up one of the first studies that followed a small group of women longitudinally and, every month, performed pregnancy tests and obtained information on whether they were breastfeeding and whether and when they menstruated. The study, begun in 1969 and ended by the 1971 war, conclusively demonstrated the extremely long time between a live birth and resumption of menses (18 months on average) experienced by Matlab women and the relationship to breastfeeding. Later studies, in the 1970s, gathered more detailed information so that the relationship between nutritional status and fertility could be assessed. Others looked at breastfeeding patterns in relation to postpartum anovulation. Much of the basic endocrinological research on breastfeeding and resumption of ovulation currently under way at laboratories around the world is a direct outgrowth of the work carried out here that was possible only because of the DSS.

o The concern about population growth and the belief that it was related to health and survival led to introduction of a family planning program in Matlab in the mid-1970s. The first program had little success. Investigators at the Centre became convinced that characteristics of the program itself, the delivery system, had to be redesigned so that the workers were acceptable to the clients and that the program provided sufficient education prior to use of a method and sufficient followup so that complications or side effects were handled promptly. The maternal and child health and family planning program (MCH-FP) that was introduced in Matlab in 1977 has been extremely successful. Contraceptive prevalence rates are about 50 per cent in the area in which the program was introduced, and far lower in the comparison area.

This is one of the few clear demonstrations of the impact of a specific intervention program. Only rarely has serious attention been given to the way a program operates and how it affects outcome and even more rarely have provisions been made for serious evaluation of a program.

Again I hear little at the Centre about the value of this accomplishment. The program has demonstrated that:

i) poor, illiterate women can and will make decisions about fertility

if given the opportunity to do so;

ii) characteristics of a program of service delivery, and here I consider MCH-FP only an example of health programs, matter;

iii) evaluation must be built into the design of interventions and controlled studies comparing intervention to no intervention or two types of intervention are the only way to evaluate program impact.

o A strength of the MCH-FP program has been its focus on "operations research" and "systems research". It has developed a mini-version of the DSS based on a Sample Registration System (SRS) that follows a much smaller population, collects directly relevant information, quickly processes it on PC's, and analyzes it for rapid feedback to field workers. It has also developed a Record Keeping System (RKS) that allows field workers to keep track of data on the women and children in a form that can be transferred easily into a database. Both of these products, the SRS and the RKS, can now run on microcomputers and are being adopted by government and other family planning and health programs. Two comments: The system works so quickly that, by August 1989 mortality rates for the area I visited, Sirajganj, were available through March 1989. A survey of the impact of the September 1988 flood was fielded late in 1988 and the data are ready for analysis.

o The success of the Matlab program led to the MCH-FP Extension Project, which is now attempting to help the Bangladesh government transfer some of the programmatic lessons of Matlab to its family planning program and, more recently, to its health program.

It has also led to efforts of other organizations within and outside Bangladesh to work with NGO's and government family planning programs to improve their design and implementation. A final note: last month the International Union for the Scientific Study of Population, the professional association of demographers, sponsored a meeting in Tunis to consider design and evaluation of family planning programs that was a direct outgrowth of the Matlab and Extension Project experience.

o There are, however, many problems faced by these projects: they could be improved and ICDDR,B could provide a better environment for them and for field-based and social science-derived research in general.

I therefore turn next to consideration of some of the problems I perceive.

Part 2: PROBLEMS AND RELATED RECOMMENDATIONS

The DSS project is intended to provide services (data collection and preparation, computer services) that benefit all parts of ICDDR,B and to carry out research using the existing data. The MCH-FP Extension Project also depends upon large-scale data collection and processing to carry out its objectives.

Major problems of the Division include:

i) hiring problems, including inappropriate hiring in the past, so that crucial decisions were made by people who did not understand data collection and/or research priorities for quantitative data of the type collected;

ii) insufficient staff with skills necessary for developing projects and proposals and for analyzing data;

iii) an organization (and pay scale) that undervalues the positions related to data collection and preparation;

iv) research priorities within the Centre that do not include areas for which these data may be most relevant (e.g. studies of family structure and change) or that consider demographic and social science research in general only in relation to diarrhoeal disease or nutrition (e.g. fertility);

v) there is too much for the project directors to do - they cannot run large organizations while at the same time improving data collection, running computer operations, increasing the research skills of the staff, designing research programs, supervising all research projects, and dealing with funding agencies and, in the case of the Extension Project, various levels of the Bangladesh government.

I will discuss each of these problems (and make some proposals) in turn.

i) Inappropriate hiring in the past and general hiring problems:

The comments I will make in no way reflect on the personal characteristics of the men who held leadership positions in PSED, Community Health and DSS, but rather on their qualifications for the jobs. The Centre must take some responsibility for hiring procedures that permitted "square pegs to be pushed into round slots" - these positions are not suitable for on-the-job training in basic skills needed for them - and for failure to define positions rationally.

Associate Director:

o Until recently, the Population Studies and Extension Division had an Associate Director who had little relevant experience. He had no experience handling large data sets or in quantitative demographic research or in administration of large organizations or in computers or in health. He was a sociologist who was primarily interested in social demography and carried out

his work using small data sets collected from a few individuals. Small wonder that both he and the Centre were unhappy.

o Had the individual been appropriate for the Centre activities, the position would still have been untenable. No one has ever been able to explain to me what a Director was supposed to do in a Division that consisted of two large projects, each of which had a project director who was responsible for its activities. I see no sense in hiring a new Associate Director until the responsibilities of the position are better defined.

o Until a few years ago, the activities of PSED were part of the Community Health Division, which again was headed by an fine person who simply did not understand the goals, methods, and procedures of projects for which supposedly he was responsible.

Project Director, DSS:

o Similarly, the previous director of the DSS was a good statistician, but someone who had no administrative experience, no knowledge of computers, and no social science or demographic expertise. He did not have enough experience to determine the problems of the DSS quickly or to provide research leadership or to set up the parameters for the new database. The decisions on linkage criteria, for example, were made primarily by the outside statistical consultant rather than by individuals familiar with all aspects of data collection and use. All the good will in the world cannot make it possible to do the needed job without prior experience.

Effects of inappropriate leadership

o If the Board doubts these criticisms, I would recommend reading the original proposal that was sent to the Canadian donors for the current round of continuation of DSS funding.

o Unfortunately, as a result of the vacancy in Division leadership, neither the MCH-FP project nor the DSS are represented on the Council of Associate Directors (CAD), so that decisions that seriously affect these projects are being made by people who know little about them.

o The decision to close Teknaf is necessitated by lack of funding. In part this lack is due to poor leadership and poor research productivity in the past. It is difficult now to tell how much research potential will be lost by this decision.

o The DSS is extremely expensive to run in part because of lack of research into ways of reducing cost of the operation without diminishing the product.

Problems with hiring and consultancies

o In the past, even funded positions within the MCH-FP Extension Project were affected by a Centre hiring freeze. Michael Koenig has done the

work of four senior scientists because the Project was not able to replace people who left or expand as the scope of work increased.

o Consultants, several of whom were coming with outside funding, were not approved or approval was inordinately delayed. The approval for Dr. Ruth Simmons, who has a long history of contributions to the Project and who was coming to Bangladesh as part of a sabbatical leave from the University of Michigan, is a good example. Her stay was not approved until almost the day of her departure from the US.

o There are unfilled positions in the MCH-FP Extension Project at all levels in part because of delays and obstruction within the Centre administration.

Current and future appointments:

The Centre can attract qualified staff.

o A major improvement came with the appointment of Dr. Michael Strong as the DSS Project Director. (Here I must state that I am prejudiced: I urged Mike to apply for the position because I believe that he has the kind of background required for it.) The criteria I used in thinking about candidates include: understanding of data collection and the needs for accuracy and speed, computer expertise in handling demographic data, clear ideas about the kinds of research that can and should be carried out, experience handling and motivating staff who are involved in routine work, and teaching skill. The final criterion was ability as an administrator. Mike more than satisfies all of these. It is most unfortunate that the arrival of the first project director who could really oversee the entire system coincided with the collapse of funding.

o The appointment of Dr. R. Bairagi is also heartening. Dr. Bairagi is a Bangladeshi who meets all the professional criteria for international appointments and whose research interests in nutrition, health, and population are directly related to the Centre's goals. He is also a good biostatistician who can provide consultative services to other parts of the Centre and whose excellent teaching skills could be utilized for staff training.

Again, however, the hiring was carried out in a disorganized fashion and there is no clearly defined position description.

o Dr. Maxine Whittaker is a fine addition to MCH-FP Extension Project. She is a well-trained physician with public health training and appropriate experience and skills.

RECOMMENDATIONS

*** Recruitment of local staff at all levels and of short or long-term expatriate staff should and can be improved.

*** Position descriptions should be prepared.

*** The Senior Scientific Administrations and the Board of Directors should take responsibility for understanding the work of this Division well enough to make informed decisions. In addition, I believe a Scientific Advisory Committee for the Division should be established to help make decisions and establish a research program. The recommendation is repeated below in greater detail.

ii) Insufficient staff with research skills

o The only DSS staff qualified to carry out independent studies are Strong and Bairagi. There are a number of more junior staff who can work well in collaboration with others who can design projects and help determine research priorities. Too much effort has gone into small projects that do not seem to be terribly important or into duplication of efforts on projects that address similar topics but are not coordinated. For example, there are too many studies of sex differentials in mortality. They have documented that females have higher mortality than males after the neonatal period and up to late middle age, and were differentially affected by the 1974-75 famine. Further studies are justifiable only if they look at changes in the sex difference or at causes or consequences of this difference.

Koenig and, now, Whittaker are the only MCH-FP staff members qualified at the international level.

o The division staff is, in general, undertrained in computer use. It is responsible for handling huge data sets and for carrying out reasonably difficult analyses. There is tremendous waste of resources and money because staff membkers simply don't know how to use the computer well. There needs to be a new emphasis on user training by CIS. If the computer staff cannot provide these services, consideration must be given to adding staff members who can.

o Both projects are investing heavily in staff development by sending people to study for master's degrees and Ph.D.'s at good institutions, primarily Australian National University, the University of Michigan, the Johns Hopkins University, and, to a lesser extent, the London School of Hygiene and Tropical Medicine. Their return should strengthen the projects considerably. There will, however, be a continuing need for research supervision and direction. New Ph.D.'s in general are far more productive in a directed research environment than if left completely on their own to devise a new agenda and carry it out. The need for additional senior staff or consultants remains critical.

o There is great need for help in writing papers and reports in English.

RECOMMENDATIONS

*** Continue the efforts at staff development through sending people for

training as funds are available. Improve, however, the process of selection. The Graduate Record Exams (GREs) and the Test of English as a Foreign Language (TOEFL) have proved valuable tools, both at Princeton University and the University of Pennsylvania, for screening candidates from developing countries. We found repeatedly that social scientists who could not perform reasonably well on the mathematics and analytical portions of the GREs and on the TOEFL found it impossible to develop these skills quickly enough to perform well and benefit from the experience. (We ignore the verbal part of the GREs, even for foreign students from other English-speaking countries - it requires far too much experience with US testing practices.

These tests could be used to screen staff who want support for additional training.

*** Develop better Centre staff training programs in effective and efficient computer use.

*** Provide experience in learning English and writing skills.

*** Provide additional research training within the Centre. The Workshops that Andrew Foster and I have run are only one possible model. Our proposal and report to Ford Foundation are attached as Report Appendix 6.

iii) The organization undervalues data collection and preparation

o The lack of research coordination and collaboration and the uninspired quality of much of the research is due in part to the incentive structure established at the Centre. Rewards come for published papers - and only to the senior author. There is no incentive to be good at administration of the data collection systems or at data preparation or to think through a program of research. There is also little incentive for teamwork. Unfortunately most good quantitative social science is carried out collaboratively.

RECOMMENDATIONS

*** The work of the Division could be improved by rewriting job descriptions to reflect the tasks that need to be done and by providing a ladder of advancement for technical experts who do not necessarily author research papers.

*** Unfortunately, such reorganization may involve discontinuation of certain types of positions (e.g. fewer coders and data checkers will be needed in Dhaka if computer data entry is working as it should in Matlab).

iv) Research priorities within the Centre:

Many of the problems of this Division reflect the more general problems of social science research within the Centre. There is a distinct clash of two research paradigms or styles. I will discuss briefly only two of the ways in which I see this clash affecting decision-making and priority setting

within the Centre in regard to PSED.

Data ownership and use

o Quantitative social science frequently is based on large-scale data sets that require huge data collection or compilation effort. The best of these data sets are used for a wide range of purposes, often including many not originally contemplated by the originators.

o This situation leads to a quite different view of data ownership than is prevalent in the biomedical sciences. It is assumed that data will be collected for multiple purposes and be used by many investigators. In fact, there are provisions in many cases that data gathered with government or other donor funding will be made available to users who had nothing to do with the original collection. Frequently, when data collection is planned, advice will is sought to increase the purposes for which the information will be applicable.

Several examples: the World Fertility Survey data from nearly 40 countries have been employed by researchers at the original center but also by investigators in many countries and in many universities or other research organizations around the world. A condition of the Demographic and Health Surveys that are in process in over 30 countries is that data tapes be made available within a relatively short period after each survey is completed. An example comparable to the DSS involves Michael Strong. He spearheaded the construction of a computerized version of the US Census of 1910, which was available as basic records on microfilm. He was responsible for the administration and decision-making involved in preparing a national sample of records. This tape is now available for public use; he and his colleagues at Penn can carry out the analyses they planned, but so can many other users.

ICDDR,B is sitting on a virtual mine of data. No one will ever know how valuable it is until it is analyzed; nor can any one small group figure out all the potential uses.

RECOMMENDATION

*** The Centre and its staff would benefit if ways of opening these data to other users, while at the same time increasing the research skills of the staff, can be formulated. A system of collaboration with research institutions in developed countries, of inviting scholars to come to Dhaka on sabbatical or other study leaves, of welcoming pre- and post-doctoral students could, based on my own experience here, increase research productivity and benefit all participants.

The mechanisms would have to be developed carefully, because there would have to be sufficient support staff for access to the data to be reasonably easy. The datasets are complex; even experienced individuals take some time and tutoring to learn the systems.

*** If more junior people come, the burden of supervision cannot fall

completely on the already overburdened Centre staff. Rather, there would have to be provisions for supervision from home institutions - whether they be universities in Bangladesh or other countries.

Socioeconomic determinants of disease

Social scientists view disease processes as resulting, at least in part, from social and economic factors. For example, many studies have documented that infants of better educated women have better survival chances, and that this effect is seen even when the level of education is quite low. Social scientistis also believe that living conditions, including household composition, attitudes toward people of different ages, marital statuses, and gender, may influence health and disease and the ability of individuals to prevent and/or obtain treatment for various conditions. The availability and quality of service programs is also considered consequential. Henry Mosley and Lincoln Chen offer a clear statement, derived from their work at the Centre, of the network of social and economic as well as more directly health factors that can affect child survival. [1]

This point of view is not well-represented at the Centre; yet much of the data available or easily collectable speaks directly to the kinds of questions a social scientist interested in health and population change would ask.

RECOMMENDATION

*** The time is overdue for the Centre to consider the place of social science and social scientists in the efforts here.

v) There is too much for project directors to do

Finally, even were all senior positions filled, there is simply too much for the project directors in this division to do. They cannot run large organizations while at the same time improving data collection, running computer operations, increasing the research skills of the staff, designing a research program, and supervising all research projects.

*** The needs to bring in people for short to medium terms who can help with staff development and to redefine positions so that staff is better utilized are urgent.

*** A Science Advisory Group could help develop a reasonable research program and reasonable collaborative arrangements. There is urgency that data begin to be analyzed so that the value of the DSS, in particular, can be assessed.

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[1] W. Henry Mosley and Lincoln C. Chen, 1984. "An analytical framework for the study of child survival in developing countries." In W. Henry Mosley and Lincoln C. Chen (eds.), Child Survival: Strategies for Research: 25-45. Supplement to Vol. 10, Population and Development Review.

Part 3: THE DEMOGRAPHIC SURVEILLANCE SYSTEM

The rationale for the DSS remains as compelling as when it was first established. The questions to be addressed in this report, therefore, include:

How well is the system working? Are data being collected accurately and made available in timely fashion? Are the services (provision of sampling frame for other studies, timely production of basic statistics, provision of computer services, provision of data for analysis) functioning well? and how can they be improved? Even if financial support can be found, should the project continue at its current level?

The responsibilities of the DSS include:

1. Design of the system for collecting vital statistics information in Matlab and Teknaf;

2. Collecting the information;

3. Entry of the data in a form suitable for processing;

4. Preparation of annual vital statistics reports for both areas;

5. Provision of household and individual listings so that samples can be drawn from the areas for special projects;

6. Provision of additional data on individuals selected for special studies;

7. Collection of data for some of the special studies;

8. Provision of computer services through CIS (and administration of the computer staff);

9. Development of a database that will permit vital statistics for an individual or a household to be linked;

10. Research using data from the DSS and related ICDDR,B studies.

They are each discussed below.

1. DESIGN OF THE SYSTEM FOR COLLECTING VITAL STATISTICS INFORMATION IN MATLAB AND TEKNAF and

2. COLLECTING THE INFORMATION

Description:

Basic data collection is carried out by locally-based women. In Matlab,

they are literate women from respected families. They visit households in their villages on a regular basis and record information in their handwritten books. Male supervisors make the rounds with the women once a month and transfer the data to forms for processing. In Teknaf, there are so few literate women that visits to the household are made by pairs consisting of a woman who goes into the house and a literate man to whom she calls out the information.

Clearly the field administrators in Matlab are devoted to their task. Mr. Sardar and Mr. Chakraborty are excellent. I have not visited Teknaf recently enough to comment first-hand on its staffing, but I understand it is equally good.

Review:

The data collection system has remained virtually unchanged since its early days. It does the job it was designed for but it can be compared to using today an instrument (e.g. a camera, an electron microscope, etc.) that was designed more than 25 years ago. Data collection is cumbersome and expensive and the system does not do as much as we would like and that may be feasible.

Vital Statistics

The current DSS senior staff realize there is potential for more efficient data collection, but that studies need to be done to ensure that any "cure" implemented is actually beneficial. Two strategies need to be considered for the ongoing data collection:

i) Reduce the frequency of visits; and

ii) Reduce the number of villages covered.

It is possible that the conclusion reached may be that both should be done.

Data are in hand for a study of the effects of these alternatives on quality of information obtained.

i) The frequency of visits has been different in the comparison and treatment areas of Matlab (biweekly and weekly, respectively) and in Teknaf (monthly). The MCH-FP Extension Project collects data every three months. Demographic and statistical techniques are available to compare the quality of reporting according to spacing of visits.[2] The point here is that research

[2] For example, the reporting of spontaneous abortions should be more accurate the more frequently the households are visited. This logic should imply that the reported spontaneous abortion rate should be highest for Matlab treatment area, next for the comparison area, lower for Teknaf, and still lower for Sirajganj and the other Extension Project areas. I would interpret

that would inform decision-making is feasible at ICDDR,B.

ii) Similarly, one may ask whether such a large population is necessary to make possible the kinds of studies that are being carried out in Matlab and maintain the accuracy of the vital statistics. Again, data are in hand that can be used to study this question. [3]

RECOMMENDATION

*** High priority should be given to research on changes in the DSS to make the system less costly while retaining its accuracy and capacity for special studies.

A note of caution: The problems of implementing changes may be enormous, especially if they involve reduction in staff.

Censuses

Alan Sunter, the consultant sent by Canadian CIDA to help with designing the DSS database (which is discussed later), has repeated recommended a change to a "rolling census", in which the kinds of socioeconomic information

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such a finding as indicating that the reporting of this type of event improves with frequency of visits, not as a true difference in the rates. This and related research could help determine whether less frequent collection would significantly reduce the quality of the data.

It is also possible that a conclusion may be reached not to change the frequency of visits but to collect vital statistics at longer intervals, say monthly, leaving time for gathering other kinds of information.

[3] There is a large dataset, known as the YETI, that follows every person who was present in the 1982 census for the period 1974-1982. All information for a particular individual is arranged in sequence by date of collection: the 1974 census (if present at that time), birth, death, and/or migration recorded between 1974 and the 1978 census, the 1978 census, and then any vital events between then and the 1982 census. Computer experiments could be performed using these data to see if studies would be significantly affected by a reduction in the population size.

For example, using a subset of the villages (e.g. half of them) would the migration rates calculated be very much different from those for the entire population? (I pick migration because the rate is low and larger samples may be needed for a given level of accuracy). Since much of the value of the DSS lies in the longitudinal nature of the data collection, a test could be made of a problem that requires following an individual over time (e.g. from menarche to first birth). If the number of villages were halved, would there be too few cases to carry out the study? Would the results be substantially different? This kind of work would be of intrinsic interest as well, because of the possibility of setting up similar data collection efforts outside of Bangladesh.

collected in the censuses is obtained each month from small segments of the community. Trained interviewers would visit households on a schedule that ensured that each was visited at a predetermined interval, say every three years or every five years. The advantages of this system include the availability of recent socioeconomic data for a large portion of the population at any given data, so that seasonal patterns and secular change can be detected, and the efficiency of having it as part of the regular operation of the DSS rather than a huge task that periodically disrupts the entire system.

RECOMMENDATION

*** The DSS Senior Staff members believe research into the feasibility of the "rolling census" should be given high priority, and I concur.

3. ENTRY OF THE DATA IN A FORM SUITABLE FOR PROCESSING

Description

A major problem in the past was that the forms filled out for each type of vital event were sent to Dhaka for computer entry. Only the most glaring inconsistencies and errors could be detected and returned to the field site for correction. Record linkage has been quite difficult because of errors and because these errors could only be checked long after they occurred. This slow and cumbersome system was perhaps the only one feasible at the start of the DSS, but there was little reason to have that system continue until 1989.

Finally, there is now a portable computer in Matlab and a data-entry program that does routine checks, so that a) data will arrive in Dhaka in computer-readable form, b) they should be in far cleaner form than in the past and c) they should arrive quickly.

Review

Five years ago, I was told flatly that staff in Matlab would never accept or be able to use computers. This illustrates one of the major problems that needed to be addressed in DSS: resistance to changing the system as technology has improved and as knowledge has cumulated on the basis of the system itself. This resistance appears to me to have come from Dhaka from senior administrators and decision-makers who did not have sufficient knowledge of the system to evaluate it and consider improvements.

That the situation has changed is a credit to the institution. The catch-up costs because it was not changed earlier are, however, considerable.

4. PREPARATION OF ANNUAL VITAL STATISTICS REPORTS FOR BOTH AREAS

Description

Reports on vital events and migration are available for Matlab for the years 1966-1983. The 1985 data are about to be released. As mentioned earlier, this series provides the best information on vital rates in a developing country.

There are two kinds of uses of the DSS data: those that require that information for an individual be linked over time (e.g. finding the date of death for a specific baby born in 1983) and those that require simply the counts of the number of events in a time period (e.g. the death rate can be calculated from the number of deaths in 1983 divided by (the population at the start of 1983 - (number of deaths) + (number of births) - (number of outmigrations) + (number of inmigrations)). Counts can (and are) made available much sooner than linked information.

Review

Clearly, the publication of vital statistics needs to be speeded up. The task should become a routine one, with computer programs prepared that can be used every year and a reporting format on a word processor that will permit desk-top publication.

The current lag is due to a great extent to diversion of effort into development of the database. The production schedule should be easy to speed up with the more rapid availability of data from the computer entry in Matlab and the completion of entry of earlier data into the database (see below).

A comparative note: the death rates from Sirajganj, where the MCH-FP extension project collects data on a population of over 30,000, are available within 3 months of the end of any period. One expects a longer lag with the much larger populations the DSS deals with, but certainly the operation should be speeded up.

5. PROVISION OF HOUSEHOLD AND INDIVIDUAL LISTINGS SO THAT SAMPLES CAN BE DRAWN FROM THE AREAS FOR SPECIAL PROJECTS

Description

One of the purposes of the DSS was to provide a sampling frame from which individuals could be drawn for specific studies. An up-to-date listing of all individuals present in the area is, therefore, required.

Such a listing is obtainable only if the most recent census can be updated to a point in the recent past by addition of all births and inmigrants and deletion of those who have died or out-migrated.

Review

Because of the slowness of the data processing, it is not currently feasible to get a listing that is current to within the past few years without a major record linkage operation and hand checks. The new database should improve this situation markedly.

6. PROVISION OF ADDITIONAL DATA ON INDIVIDUALS SELECTED FOR SPECIAL STUDIES

Description

The DSS should be able to provide data on individual histories (e.g. ages; date of birth for those born since 1966, date of in-migration, date of marriage, divorce, birth of children, death of spouse, household composition, occupation, etc.).

Review

This information is available insofar as the data from Matlab has been processed in Dhaka, but is not easily obtainable. For example, suppose the history up to 1989 is wanted for a group of individuals. From the Yeti, whether or not the person was present in 1974, 1978, and 1982 can be determined, as well as the date of inmigration if it occurred in that period. Any births to the women can be listed. Also date of birth for children born during that period can be obtained. In order to see if these people had been married or divorced, a much more complicated procedure is required.

Marriage and divorce data are listed by individual number on tapes for each single year. Therefore, these tapes for each year from 1974 to 1982 would have to be searched to see if the individuals in our sample experiences either marriage or divorce in this period.

For the period after 1982, several tapes for each year would have to be searched: the tape for marriage and divorce, one for births, one for deaths, and one for migration. Only in this way could the individual history up to the recent period be reconstructed.

At present these tapes are available for all years up to 1987.

Again, this is a costly and time-consuming procedure and is currently not anywhere near up to date. The new database that is being constructed should rectify this situation.

7. COLLECTION OF DATA FOR SOME OF THE SPECIAL STUDIES

The women who go to the households have frequently be used to collect additional data and are involved in the MCH-FP program in the treatment area.

I have not been able to review the extent to which additional data collection places unusual burdens on them or whether it adds additional interest to their work. If any changes in the data collection are contemplated, the need for special, one-time or short-term, additional data should be considered.

8. PROVISION OF COMPUTER SERVICES THROUGH CIS (AND ADMINISTRATION OF THE COMPUTER STAFF)

Description

The computer system now functions remarkably well. With funding from Canadian CIDA, an IBM 4361 was installed in 1985 and well-qualified computer systems people brought to ICDDR,B for several years. The original DSS systems development manager, Hira Ashraf, left in June, and no replacement has been appointed. It is felt that there is no longer a need for a computer specialist at that level, a decision with which I concur.

Review

The computer center functions well for those who know how to use it. I see two main problems: cost of use and need for user services and training.

Cost: The computer charges are far out of line. Last year, when I checked, the costs were considerably higher than at Princeton University or the University of Pennsylvania, the two schools with which I was then familiar. In addition, there are no provisions for unfunded research.

I understand the charges are now being reduced and concur with this decision. I also recommend that provisions be made for researchers and research projects to have some access to the computer without having to pay the usual charges. The purposes would be to encourage staff members to experiment so that they increase their expertise and learn efficient ways of using the computer and to encourage pilot studies that would lead to development of new projects.

Both the universities I have been associated with for the past 20 years offer such free accounts annually to all faculty, students, and staff. They are considered a good investment in research and one that costs little, since the computer must be kept going anyway.

User services: It is not easy to obtain advice on how to use the system and to find manuals, etc. In addition, I find that many staff members are extremely wasteful of computer time. They simply do not know efficient ways of handling the very large data sets that are part of DSS. Few have received any formal training in use of the new computer or new analytic computer programs (e.g. SAS).

This situation is hardly surprising since the system is relatively new and since most staff were hired before its arrival. It does, however, beg for

change. There needs to be a user clinic where people can go for advice. The computer programmers should be trained to help others learn how to use the system, rather than simply doing the job for them. Brief training courses are needed that are taught at the appropriate beginner level and systematically present material.

Unfortunately, some of the staff of DSS in particular, were hired in the days of hand-coding and laborious tabulation and have not converted to the new technologies. I would recommend offering opportunities for training, but then some consideration will probably have to be given to eliminating some types of unskilled jobs.

A great improvement would be to develop way of warning staff about the computer charges they are incurring. All staff need to be able to convert easily the information they receive on computer use into the cost. There is no simple way to do this crucial step now.

RECOMMENDATIONS

*** Review computer cost structure.

*** Encourage computer use by making some provisions for research that is not supported by outside funds and for pilot studies that would lead to research proposals.

*** Provide training in efficient use of the computer.

*** Develop an easy way for users to find out how much they are spending.

9. DEVELOPMENT OF A DATABASE THAT WILL PERMIT VITAL STATISTICS FOR AN INDIVIDUAL OR A HOUSEHOLD TO BE LINKED

Description

In 1985, with funding from Canadian CIDA, work began on linking all of the DSS records from 1982 on in a database that would permit relatively easy retrievable of information. It is my understanding that data through 1986 have been entered, but there are still many cases of records that contain discrepancies or inconsistencies and have to be returned to the field for correction before they can be added. Since these cases represent a sizable percent of all individuals, the database is not yet usable.

When completed, the system would permit up-to-date listing of all individuals present on a specified date and generation of the types of histories already described. Data entry should be quite rapid so that information should eventully be available to within the last six months or so.

Although the output from DSS has slowed markedly while the database is under construction, completion should enable greater flexibility in analysis and reporting and greater speed in the future.

Work has slowed considerably because of lack of funding. Completion of the catch-up phase of database development should be given extremely high priority.

Review

Some of the problems with producing the database have to do with the strictness of the criteria for matching - e.g. to match a new death record to an individual in the database, the recorded age at death must exactly match the birth date already in the database for that person. The strictness of this criterion may make the proportion of records that can't be matched quite large and therefore slow the operation down considerably as rechecks have to be made.

When the database is available, it will, as already mentioned cover only the years 1982 on. A major consideration must be the addition of the earlier data (the Yeti information would be sufficient if marriages and divorces can be added to that dataset). Also, the usefulness of the information for research purposes would be greatly enhanced if there are linkages to the many special purpose data sets that are archived at the Centre. For example, in one of the vaccine trials, the "placebo" was a tetanus injection. There is good evidence that the protective effect of tetanus toxoid lasts well beyond the time when booster shots are recommended. One question of interest is whether infants born to mothers who received tetanus toxoid as girls are less likely to die of neonatal tetanus. This question could easily be investigated if the record for each person in the database contained information on whether that person participated in that vaccine trial, so that dataset could be checked to find out whether he or she received cholera vaccine or tetanus toxoid. There are many other studies waiting to be done if the links between the DSS and the more detailed, perhaps smaller-scale studies can be made.

Some of the problems with developing the database reflect poor hiring decisions in the past for high level positions in DSS and PSED. There is little use now wasting time in regrets over past appointments, but the Centre hired people to run the DSS who did not have the requisite experience and skills. This job is too large to be learned without fundamental background and experience. It required someone who was familiar with computers and with large databases and who knew a fair amount about research priorities in demography and about demographic analysis. Unfortunately, the decisions were made in the past by administrators (and Board members) who also did not have the requisite training to understand what kind of background was needed; nor did they know where to advertise or look for good candidates.

RECOMMENDATIONS

*** Give highest priority to bringing the database up-to-date. Research that depends on linked records, calculation of vital statistics, and special studies are all being delayed until its completion.

*** Consider reviewing the matching criteria for linking records to see if they are too stringent.

10. RESEARCH USING DATA FROM THE DSS AND RELATED ICDDR,B STUDIES

There are five types of research that I believe should be the priorities of the DSS:

i) methodological research on data collection systems;
ii) description of vital statistics in a rural area of a developing country;
iii) development of data sets based on existing information for analysis;
iv) analytic studies using these data sets;
v) new studies that take advantage of the existence of accurate information on living arrangements, ages, vital events, etc.

The research record of the DSS varies in each of these areas.

i) Methodological research on data collection systems

One of the more important studies, in my view, that came out of Matlab seems to be totally unknown to senior staff at the Centre and certainly to the Board. I refer to a methodological study carried out by Stan Becker and Simeen Mahmoud. One of the important questions in population studies of developing countries is the accuracy of the data that can be collected on fertility. The standard procedure is to ask women to report all of their pregnancies, by date, and whether or not the outcome was a live birth. There is also an argument as to whether it is better to ask these questions starting with the most recent birth and working backwards to the first birth, or to start with the first birth a woman had.

Matlab was the only place in the world where accurate records were available for a long period of time against which women's responses could be checked. Becker and Mahmoud carried out a survey in which half the women were asked the forward questions and half the backward set. Their results demonstrate conclusively that less than half of the non-live-birth pregnancies are recorded, whereas under 2 percent of live births are missed. They also demonstrate that, at least in Bangladesh, working backward seems to be better. Another relevant result is that women seem to report accurately the Bengali month of a birth. These results were quite important and relevant to the design of other data collection procedures for Bangladesh and other countries that are far less costly than the DSS.

There is another important and, again, little-known result of this study. The investigators directly addressed the issue of whether the activity in Matlab has made this area different from the rest of the country, so that no findings can be extrapolated to the country at large. Their reasoning was as follows: if Matlab has been "contaminated" by repeated data collection, women should know the dates of their pregnancies and births better than women who lived outside the DSS areas. They therefore also surveyed a comparable group of women from a different area. Their findings? No difference.

There is potential for other equally important studies of methods of collecting health and demographic information. Yet this opportunity is not

being capitalized on - a regrettable mistake in my mind.

Similarly, the kind of research into streamlining the data collection system that could have gone on has not. The current project director clearly recognizes the priority need for such studies.

ii) Description of vital statistics in a rural area of a developing country

The reports on Matlab and Teknaf are a basic reference for all demographers interested in developing countries. Again, I rarely hear them touted as a major accomplishment of the Centre - an unfortunate example of those "close to home" not valuing what they have. As described earlier, a priority is to speed up production of these statistics.

iii) Development of data sets based on existing information for analysis

Many of the studies that could be carried out cannot because the data are not available in a form suitable for analysis. Records of events may exist and data on, say, nutritional status have been collected, but until the data for an individual are linked, they are not usable information.

There are many linked data sets that were created for single studies here. Few of these remain; none, to the best of my knowledge, are well-documented. They were created for special purposes and then either are regarded as the property of a single researcher or destroyed after being used. Little attention has been paid to the fact that these data sets, perhaps with some additional variables, could have been set up in a way that they were usable for a variety of purposes.

The development of such data sets is a time-consuming first stage in research. Yet the Centre does not seem to even credit or value this stage.

Two data sets have been created by investigators at Johns Hopkins University working in collaboration with ICDDR,B in the period before the Centre had the computer capacity needed for these efforts. One contains data on events prior to 1974 (I believe 1968-1974 data are included) and the second is the Yeti (covering 1974-1982).

To the best of my knowledge, no one at ICDDR,B or elsewhere used these data prior to the workshops here in the past year that are based on the Yeti. There are several reasons. From my own experience with the Yeti, it is a difficult data set to handle. But so are many other social science data sets including the US Census sample tape, the World Fertility Surveys, etc. The main problem is access to the data. The Rockefeller Foundation supported the work at Hopkins. I believe there was a provision in the agreement that the resulting tape be made available on a public use basis. So far this condition has not been met.

The Centre needs a policy that requires documentation of all created data sets and provision for turning them over to the Archives.

It needs to encourage widespread use of the existing data, both within and outside the Centre.

iv) Analytic studies using these data sets

Not very much has come out based on the DSS data alone. Part of the problem is the difficulty of using the data, which will be somewhat alleviated when the new database is operational. Part of the problem is that few people here can manipulate the masses of data. There are problems, as mentioned, with computer skills and with research skills.

Some important studies have, however, been carried - e.g. on the effects of famine, on socioeconomic differentials in mortality, etc.

Among the most important research products, however, have been the analyses of the special studies that were made possible by existence of the DSS - e.g. the determinants of natural fertility study (which provided some of the best information on the relationship (or lack thereof) between nutrition and fertility) and the study of age at menarche in relation to nutritional status.

Clearly research productivity needs to be improved. I am convinced, however, that research productivity is not being measured appropriately. The data sets created are not considered a product. The studies that make use of the DSS but also collect or utilize other information are not credited to the DSS in any way.

Consideration should be given to ensuring that "research" is defined in a way that values and credits these activities in reasonable fashion.

v) New studies that take advantage of the existence of accurate information on living arrangements, ages, vital events, etc.

In recent years, few such studies seem to have been undertaken. One of the first new studies is currently in the pilot stage. It asks whether early childbearing by malnourished young girls has long-term effects. The sample will be the girls who participated in the menarche study. There are good nutritional measures around the time of puberty. Records of their marriages and births (especially age at first birth) will be linked. They will be identified and their current status and the status of their children recorded. I know of no other place in the world where a study of this type, that requires accurate information collected over a long period of time, can be carried out.

Other studies are uniquely possible here. A major issue in development policy is the role of attitudes toward women and whether changes in these attitudes are related to other steps in socioeconomic development. Matlab residents now have had long exposure to working women who are Centre employees. Are their attitudes toward women and toward women's roles different than residents of neighboring areas? Are they more likely to favor education for their daughters, for example. New data collection would be

required, but the questions could easily be asked in one of the regular household visits.

A final recommendation is, I believe, in order.

*** Evaluate the Matlab experience: Despite the many years of data collection and research in Matlab, relatively little about the project is available in easily accessible form. Few currently at the Centre know the full scope of its contributions.

Last year Dr. Badrud Duza, Andrew Foster, and I discussed preparing either an edited volume or a monograph, to summaryze what has been learned about the population of Matlab, what is generalizable to other countries, what was tried, and what worked, and evaluate whether the program should continue in its present form or change emphasis. In particular, we planned to assess the value of continuous record-keeping of the frequency and duration carried out in Matlab. I still hope to work on this project, but believe the Centre might want to make it a high priority of its own.

I also recommend that the Board encourage a comparable summarization and evaluation of the Centre's epidemiological research and the various interventions - in maternal and child health and family planning, specifically.

Part 4. THE MCH-FP EXTENSION PROJECT

The responsibilities of this project include:

1. Continuation of MCH-FP data collection in Matlab using the microcomputer-based Record Keeping System (RKS);

2. Continuing development of the Sample Registration System (SRS), that also utilizes microcomputers;

3. Dissemination of these systems to other organizations and countries;

4. Research on the impact of the MCH-FP project in Matlab using the RKS;

5. Testing the transferability of elements of the Matlab service delivery system to the Bangladesh family planning and health service systems;

6. Technical assistance to the Bangladesh Government

i) in managing the hiring and training 10,000 additional female health workers (Family Welfare Assistants);

ii) in expanding the range of methods offered in the program;

iii) in strengthening management and supervisory capacities, including adapting the Record Keeping Book (RKB) used by workers in Matlab for data collection;

iv) in decentralizing paramedical services.

7. Activities to strengthen the MCH component of the Government program are planned for the future.

The steady stream of research papers and the attention given to this project by researchers, governments, and non-governmental organizations world-wide attest to the importance of this project.

The methods used range from large-scale quantitative studies to interviews with small groups on narrowly defined topics (the "focus group" approach). The research topics include tracking contraceptive acceptance, discontinuation rates, and prevalence; operations research on the effects of different types of delivery systems and the characteristics of systems in relation to their impact.

Most of the work has already been described earlier. Here I will describe only the design of

5. Testing the transferability of elements of the Matlab service delivery system to the Bangladesh family planning and health service systems

The Matlab system is based on special resources and an unusual

operational structure that is to complex and expensive to be replicated in a national program. The success of the MCH-FP program there, however, led to a request by the Government of Bangladesh to test the transferability of elements of the system to its own program. Two study areas were selected by the Government: Sirajgonj sub-district in central Bangladesh and Abhoynagar sub-district near the western border of Bangladesh with India.

Matched adjacent areas, in which no new services were to be introduced, were then selected for comparison.

The research design permits careful evaluation of all interventions while attempt to see how well programs work under the kinds of circumstances one finds in the "real world" rather than in the special "laboratory" of Matlab.

In order to assess the impact, a sample of households is visited every three months to collect information on vital events and contraceptive use, discontinuation, and complications, and on visits from the government program workers.

The study is carefully designed and implemented. I believe it is most unfortunate that few people in the Centre outside the Division seem to know or care about the purposes of this project. Although the first stage was restricted to family planning, the project provides a model for developing and evaluating health care delivery systems in terms of meeting the needs of the people they are intended to serve.

SUMMARY OF RECOMMENDATIONS

Hiring problems

*** Recruitment of local staff at all levels and of short or long-term expatriate staff should and can be improved.

*** Position descriptions should be prepared.

*** The Senior Scientific Administrations and the Board of Directors should take responsibility for understanding the work of this Division well enough to make informed decisions. In addition, I believe a Scientific Advisory Committee for the Division should be established to help make decisions and establish a research program. The recommendation is repeated below in greater detail.

Developing staff research skills

*** Continue the efforts at staff development through sending people for training as funds are available. Improve, however, the process of selection. The Graduate Record Exams (GREs) and the Test of English as a Foreign Language (TOEFL) have proved valuable tools, both at Princeton University and the University of Pennsylvania, for screening candidates from developing countries. We found repeatedly that social scientists who could not perform reasonably well on the mathematics and analytical portions of the GREs and on the TOEFL found it impossible to develop these skills quickly enough to perform well and benefit from the experience. (We ignore the verbal part of the GREs, even for foreign students from other English-speaking countries - it requires far too much experience with US testing practices.

These tests could be used to screen staff who want support for additional training.

*** Develop better Centre staff training programs in effective and efficient computer use.

*** Provide experience in learning English and writing skills.

*** Provide additional research training within the Centre. The Workshops that Andrew Foster and I have run are only one possible model. Our proposal and report to Ford Foundation are attached as Report Appendix 6.

Place greater value on data collection and preparation

*** The work of the Division could be improved by rewriting job descriptions to reflect the tasks that need to be done and by providing a ladder of advancement for technical experts who do not necessarily author research papers.

*** Unfortunately, such reorganization may involve discontinuation of certain types of positions (e.g. fewer coders and data checkers will be needed in Dhaka if computer data entry is working as it should in Matlab).

Research priorities and data use

*** The Centre and its staff would benefit if ways of opening these data to other users, while at the same time increasing the research skills of the staff, can be formulated. A system of collaboration with research institutions in developed countries, of inviting scholars to come to Dhaka on sabbatical or other study leaves, of welcoming pre- and post-doctoral students could, based on my own experience here, increase research productivity and benefit all participants.

The mechanisms would have to be developed carefully, because there would have to be sufficient support staff for access to the data to be reasonably easy. The datasets are complex; even experienced individuals take some time and tutoring to learn the systems.

*** If more junior people come, the burden of supervision cannot fall completely on the already overburdened Centre staff. Rather, there would have to be provisions for supervision from home institutions - whether they be universities in Bangladesh or other countries.

*** The time is overdue for the Centre to consider the place of social science and social scientists in the efforts here.

Improvement of research planning and staf development

*** The needs to bring in people for short to medium terms who can help with staff development and to redefine positions so that staff is better utilized are urgent.

*** A Science Advisory Group could help develop a reasonable research program and reasonable collaborative arrangements. There is urgency that data begin to be analyzed so that the value of the DSS, in particular, can be assessed.

Recommendations for the DSS

*** High priority should be given to research on changes in the DSS to make the system less costly while retaining its accuracy and capacity for special studies.

A note of caution: The problems of implementing changes may be enormous, especially if they involve reduction in staff.

*** The DSS Senior Staff members believe research into the feasibility of the "rolling census" should be given high priority, and I concur.

*** Review computer cost structure.

*** Encourage computer use by making some provisions for research that is not supported by outside funds and for pilot studies that would lead to research proposals.

*** Provide training in efficient use of the computer.

*** Develop an easy way for users to find out how much they are spending.

*** Give highest priority to bringing the database up-to-date. Research that depends on linked records, calculation of vital statistics, and special studies are all being delayed until its completion.

*** Consider reviewing the matching criteria for linking records for the database to see if they are too stringent.

*** There are five types of research that I believe should be the priorities of the DSS:

i) methodological research on data collection systems;
ii) description of vital statistics in a rural area of a developing country;
iii) development of data sets based on existing information for analysis;
iv) analytic studies using these data sets;
v) new studies that take advantage of the existence of accurate information on living arrangements, ages, vital events, etc.

*** Evaluate the Matlab experience: Despite the many years of data collection and research in Matlab, relatively little about the project is available in easily accessible form. Few currently at the Centre know the full scope of its contributions.

Last year Dr. Badrud Duza, Andrew Foster, and I discussed preparing either an edited volume or a monograph, to summaryze what has been learned about the population of Matlab, what is generalizable to other countries, what was tried, and what worked, and evaluate whether the program should continue in its present form or change emphasis. In particular, we planned to assess the value of continuous record-keeping of the frequency and duration carried out in Matlab. I still hope to work on this project, but believe the Centre might want to make it a high priority of its own.

I also recommend that the Board encourage a comparable summarization and evaluation of the Centre's epidemiological research and the various interventions - in maternal and child health and family planning, specifically.

1990 EXTERNAL REVIEWS

1990 EXTERNAL REVIEWS

Paragraph 12(3) of the Ordinance reads:

> "The Board shall convene, at least once in two years, an external Scientific Review Committee from developing and developed countries of such members as the Board may decide for the purpose of carrying out a technical review of the scientific programmes of the Centre."

In November 1986 there was an External Review of the Population Sciences Division and of the Community Medicine Division (now CHD), and in November 1988 an External Review of the Clincial Sciences Division. Accordingly, the next Scientific External Review should be held sometime in 1990.

In addition to the above reviews the Programme Committee of the Board has held reviews of the Laboratory Sciences Division (March 1989), the Community Health Division (June 1989) and of the Population Sciences Division (August 1989).

The Donors supporting the Centre plan to have their own External Review of the Centre in 1990. This review will be in two phases (i) and review of management issues and an inventory and summary of past scientific reviews and (ii) a scientific review (concentrating on points missed by earlier reviews). Whether it will be necessary to have part (ii) will depend on the outcome of part (i). It is expected that part (i) will be held in early March and part (ii) in April/May but actual dates will depend on availability of reviewers.

It is suggested that the Board resolves that the External Review being planned by Donors, being both a scientific and management review, more than covers the expectations of the Ordinance and as such should be the Scientific External Review as mandated for 1990.

../2.

Action to be taken:

1. Either agree that the Donors' External Review is sufficient and pass a resolution accordingly.

OR

2. Decide to go ahead with own Scientific External Review. If so, a decision needs to be made:
   (a) when the review will be held;
   (b) which division/s will be reviewed;
   (c) names of reviewers.

ESTABLISHMENT OF SCIENTIFIC ADVISORY TEAMS

ICDDR,B SCIENTIFIC WORKING GROUPS

It is proposed to create a small group of high level scientists who would act as a scientific advisory and review group in defining and reviewing the Centre's scientific activities.

A. The group would be formed by drawing on a selection of global peer group for each of the four scientific divisions.

B. Members would be chosen from among experts with particular interest and expertise in the priority research topics of the division and some understanding and appreciation for the Centre's aims and objectives. Functionally the group should extend and expand the scientific expertise of the divisions; therefore, members should be chosen keeping this point in view.

C. A small group of three members for each division would be functionally appropriate; one member from the Programme Committee of ICDDR,B Board of Trustees with scientific expertise in the relevant fields may be co-opted and he should then act in his personal capacity as its member. The Associate Director of the respective division will act as the Secretary of the group and will be responsible for organizing the meetings, preparing minutes and taking follow-up actions.

D. The groups could meet once a year and their terms of reference could include:

1. review research priorities and assist in their development; assist in the development of research plans on priority topics;

2. monitor and evaluate the technical and scientific progress of research projects;

3. coordinate with other research efforts in its field of activity;
4. assist in the development of collaborative research in priority areas;
5. prepare reports for the major external review teams.

E. Members will serve on a 3-year term and may be reappointed for a second 3-year term. The names of members will be proposed by the respective Associate Directors; in the absence of a Scientific Associate Director, the Director will propose names in consultation with senior scientists of the division.

FINANCE COMMITTEE REPORT

REVISED

REPORT OF THE FINANCE COMMITTEE MEETING HELD ON DECEMBER 13, 1989 AT 02:15 P.M.
VENUE: DIRECTOR'S CONFERENCE ROOM

Members Present:
Dr. M.H. Merson (Acting Chairman of the Committee)
Dr. D. Habte (Director & Ex-officio member)
Dr. P. Sumbung (Chairman of the Board and Ex-officio member)
Mr. M.K. Anwar
Dr. Y.Y. Al-Mazrou
Prof. H. Tanaka

Members Absent: Prof. R.G. Feachem (Chairman of the Committee)

Invited:
Mr. John F. Winkelmann
Mr. M.R. Khalili
Ms. Loretta Saldanha

1. Approval of Agenda

The Agenda was approved.

2. 1989 Financial Status

The Committee reviewed the financial status for 1989. It noted that revenues (including carry-over Funds) were projected to be $457,000 less and expenditures $276,000 less than at the June meeting. Thus, the projected deficit would be $245,000 as compared to $64,000 projected in June.

Major causes of this increased deficit included additional compensation paid at the termination of contracts for 2 international

staff, and over-expenditure in staff salaries and benefits in DSS and the Training Division. A detailed analysis of the 1989 Income and Expenditure is contained in Table 1,2,3 and 4.

3. 1990 Budget

3.1 *Contribution from Donors*

Anticipated contributions from Donors for 1990 are shown in Table 5. A total of 19 donors are expected to contribute $9.4 million. The Committee noted that CIDA support for DSS would end at the end of 1989. Negotiations are currently underway with the Dutch Government to provide support for the DSS project. The final outcome of these negotiations is expected in early 1990.

The Committee noted that DANIDA planned to substantially reduce its contribution (now restricted only to the Child Health Programme) and that Ford Foundation would no longer be supporting the ECPP.

In addition to financial contributions indicated in the Tables, the Centre will continue to receive in kind support from Bangladesh, Belgium, DANIDA and WUSC. Support from Bangladesh includes facilities in Dhaka at no charge, as well as exemptions from taxes and duties. Support from other countries is by way of seconded personnel to the Centre.

3.2 *Income*

A detailed analysis of the 1990 budget for Income and Expenditures is contained in Tables 1,2,3, and 4.

Total income for 1990 is estimated at $9.4 million as compared to $11.8 million in 1989, a reduction of 20%. Central fund revenues are projected to increase by $80,000 or 4%, with Project funds decreasing by $2.5 million or 25%. The decrease in Project funds results from a reduction in carryover funds from 1989 to 1990 of $816,000 as compared to 1988 to 1989, and a reduction in donor contributions of $1,640,000. The decrease from Donors includes $886,000 for capital and $754,000 for projects. Included in the income projection is $909,000 from the Dutch Government for support of the DSS project, previously funded by CIDA. As indicated above, negotiations have not been finalyzed and if they are not successful, the future of DSS is clearly in immediate jeopardy.

3.3 *Expenditures*

Total projected cash expenditures (without depreciation) is $10,666,000 as compared to $12,068,000 in 1989. This is reduction of 12% and is felt to represent a minimal operational budget for the Centre. It represents a budget of $1.0 million less than that prepared in the Stratetgic Plan 1990-1994.

Central fund expenditures are estimated to be $4,006,000, an increase of 7%, and Project Fund expenditures are estimated to be $6,660,000, a reduction of 20%. While local and international staff salaries decreased by 5% and 13%, respectively, between 1989 and 1990, they account, respectively, for 53% and 11% of expenditures.

The increase in Central funded expenditures is primarily due to increase in local salaries and supplies and materials. Local salary increase is because of annual step increases for staff and payment of salaries to some core staff completing project assignments and returning to core funded activities. The increase in supplies and materials is primarily for the Treatment Centre (these had been purchased in 1989 from Project Funds).

The decrease in Project funded expenditures is primarily due to a decrease in the number of staff paid local salaries or international salaries, and in supplies and materials. Local salaries have decreased due to staff reductions with the completion of the Vaccine Field Trial, the Risk Factors for Shigellosis research project, and the closure of the Teknaf Field Station. International salaries decreased as two International positions in which contracts were completed in 1989 will not be staffed in 1990. Similarly, supplies and materials also decreased with completion of projects and the closure of Teknaf.

Capital expenditures will decrease due to the completion of construction of the new Matlab Treatment Centre and a partial floor over the Library Building, and renovations of the Dhaka Treatment Centre. No major new capital expenditures are planned in 1990.

3.4 *Deficit*

Based on the above the projected cash deficit is $1,208,000 of which $676,000 is in Central funded activities and $542,000 is in Projects Funded activities. The Central funded deficit is primarily due to the impact of salary increases provided in 1988 and 1989 and a decline in indirect project (overhead) revenues. Project funded deficit is primarily due to the need to support -

(a) salaries of two international project staff in Community Health Division and Population Sciences Division and local staff in the Training Division;

(b) projects for which donor support has ended; and

(c) projects for which only partial funding is available.

An increase in Donor support is essential to avoid a deficit of this size, which has not existed since 1985 (Graph 2(a) shows the annual surplus/deficit of the Centre over the past 10 years).

3.5 *Accumulated Cash Deficit*

Should the projected deficit materialize, the accumulated cash deficit would increase from $1,295,000 at the end of 1989 to $2,518,000 at the end of 1990 (Graph 2(b) indicates the trend in

the accumulated deficit over the past 10 years). The Centre has no ability to finance this deficit other than by way of Bank overdraft or possible expenditure of the reserve funds which currently hold $1.7 million. The maximum overdraft available to the Centre is $3,000,000. Depending on the timing of receipts from donors, the Centre may face a severe cash flow problem during 1990. It would also find itself in the same financial situation it found itself at the end of 1985.

3.6 ***Bank Balance***

Graph 1 shows the estimated bank overdraft for 1990. Based on donor pledges, it is projected that by the end of 1990 the Centres overdraft will reach a high of approximately $2.1 million.

<u>Overview</u>

i) The Finance Committee recommends acceptance of the proposed 1990 Budget, believing it represented the minimum amount required to maintain a thriving International Research Centre.

ii) The Committee believes that the projected deficit of $1.2 million would present a major crisis to the Centre if allowed to occur and felt that maximum efforts should be made to be sure that it does not. It noted that the Director had taken the following steps to reduce expenditure in 1990.

- no increase in salaries or allowances for local and international staff;
- a continued freeze on all new recruitments for local staff, existing staff will be reassigned to fill positions where necessary;
- no extension for employees reaching retirement age;
- Guest House II will be closed;
- consideration of obtaining certain services through contracts, rather than through full-time staff.

The Committee welcomed these initiatives and advised Centre Management that it must further review activities to find additional ways of reducing salary costs and other expenditures. Meanwhile, a strong appeal should be made to the donor community to provide the funds required to avoid this deficit.

iii) The Committee instructed the Director to carry out a review of the financial position of the Centre in February/March with the assistance of the Executive Committee of the Board being convened at this time. By this time is was felt that the Centre would have a better indication of the level of support it may expect from Donors in 1990. If it appears that any deficit is to be expected, the Director must prepare a revised budget for consideration at the May Board meeting which avoids this deficit.

iv) The Committee agreed that funds from the Reserve Fund may be used, but only for "bridge" funding if confirmed Donor funding is in place, and only to the extent of income earned on the Reserve Fund in 1989, expected to be approximately $150,000.

4. Staff Salaries and Allowances

The Committee endorses the Director's proposal that no increases be made in Local or International salaries or allowances in 1990.

5. Miscellaneous

5.1 *Separation Payment Fund Board*

The Centre has a Separation Payments Fund for its local employees maintained outside the Centre's operation. In November, 1985 the Board constituted Trustees named "Separation Payment Fund Board" to look into the operation of the Fund. The membership of the "Separation Payments Fund Board" as determined by the Board, consisted of:

- the Associate Director, Resources Development (mandatory member);
- the Chief Finance Officer (mandatory member);
- an Associate Director (representative of senior management);
- the Chief Personnel Officer (representataive of senior management);

- five subscriber staff to be appointed by SWA (the member representing subscriber staff should exceed management by one).

In view of the changes in personnel in management positions, it is necessary to reconstitute the Board. The Committee recommends the changes as follows:

- the Associate Director, Finance (Chairman, mandatory);
- the Chief Personnel Officer (Secretary, mandatory);
- an Associate Director (representative of senior management);
- Head, Matlab Station (representative of senior management);
- five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).

The new Board should draft by laws for the Fund and place these before the next Board Meeting for approval.

TABLE 1

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988		Projected 1989		Increase Over 1988	Budget 1990		Increase Over 1989
A. Income			(In thousand US Dollars)					
Central Funds	16%	1,752	16%	1,839	5%	20%	1,920	4%
Project Funds (Direct Cost)	71%	7,813	72%	8,534	9%	66%	6,268	-27%
Project Funds (Indirect Cost)	13%	1,450	12%	1,450	0%	13%	1,260	-13%
Total Income	100%	11,015	100%	11,823	7%	100%	9,448	-20%
B. Expenditure								
Local salaries	47%	5,363	50%	6,511	21%	53%	6,191	-5%
International salaries	12%	1,320	11%	1,468	11%	11%	1,271	-13%
Consultants	3%	378	2%	224	-41%	3%	302	35%
Mandatory committees	1%	113	1%	158	40%	1%	134	-15%
Travel	4%	430	2%	287	-33%	2%	240	-16%
Supply and materials	14%	1,570	9%	1,239	-21%	10%	1,171	-5%
Other contractual services	10%	1,143	10%	1,304	14%	11%	1,257	-4%
Interdepartmental services	14%	1,592	11%	1,384	-13%	12%	1,376	-1%
Depreciation	8%	862	8%	1,043	21%	8%	983	-6%
Total Operating	113%	12,771	104%	13,618	7%	111%	12,925	-5%
Less:Recovery	18%	2,089	13%	1,657	-21%	13%	1,476	-11%
Net Operating	94%	10,682	91%	11,961	12%	98%	11,449	-4%
Add:Capital expenditure	6%	630	9%	1,150	83%	2%	200	-83%
Total Expenditure	100%	11,312	100%	13,111	16%	100%	11,649	-11%
C. Surplus/(deficit)		(297)		(1,288)			(2,201)	

TABLE 2

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988			Projected 1989			Budget 1990			Increase/-Decrease Over 1989		
A. Income	(In thousand US Dollars)											
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
Central Funds	1,752	0	1,752	1,839	0	1,839	1,920	0	1,920	4%	0%	4%
Project Funds (Direct)	605	7,208	7,813	300	8,234	8,534	150	6,118	6,268	-50%	-26%	-27%
Project Funds (Indirect)	1,450	0	1,450	1,450	0	1,450	1,260	0	1,260	-13%	0%	-13%
Total income	3,807	7,208	11,015	3,589	8,234	11,823	3,330	6,118	9,448	-7%	-26%	-20%
B. Expenditure												
Local salaries	2,581	2,782	5,363	2,792	3,719	6,511	2,962	3,229	6,191	6%	-13%	-5%
International salaries	390	930	1,320	479	989	1,468	423	848	1,271	-12%	-14%	-13%
Consultants	16	362	378	16	208	224	9	293	302	-44%	41%	35%
Mandatory committees	112	1	113	156	2	158	134	0	134	-14%	0%	-15%
Travel	64	366	430	48	239	287	66	174	240	38%	-27%	-16%
Supply and materials	750	820	1,570	492	747	1,239	597	574	1,171	21%	-23%	-5%
Other contractual services	528	615	1,143	569	735	1,304	567	690	1,257	-0%	-6%	-4%
Interdepartmental services	722	870	1,592	657	727	1,384	613	763	1,376	-7%	5%	-1%
Depreciation	862	0	862	995	48	1,043	961	22	983	-3%	0%	-6%
Total Operating	6,025	6,746	12,771	6,204	7,414	13,618	6,332	6,593	12,925	2%	-11%	-5%
Less:Recovery	2,082	7	2,089	1,652	5	1,657	1,476	0	1,476	-11%	-100%	-11%
Net Operating	3,943	6,739	10,682	4,552	7,409	11,961	4,856	6,593	11,449	7%	-11%	-4%
Add:Capital expenditure	161	469	630	175	975	1,150	111	89	200	-37%	-91%	-83%
Total Expenditure	4,104	7,208	11,312	4,727	8,384	13,111	4,967	6,682	11,649	5%	-20%	-11%
C. Surplus/(deficit)	(297)	0	(297)	(1,138)	(150)	(1,288)	(1,637)	(564)	(2,201)	44%	0%	71%

TABLE 3

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990
(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease Over 1989		
		Funding Source:				Funding Source:				Funding Source:				Funding Sources	
	Total	Central	Project		Total	Central	Project		Total	Central	Project		Total	Central	Project
CLINICAL SCIENCE															
CSD Scientific Management	1.9%	202		202	1.8%	230		230	2.2%	251		251	9%		9%
Invasive Diarrhoea	1.3%	132		132	1.3%	165		165	1.3%	154		154	-7%		-7%
Watery Diarrhoea	1.7%	173		173	1.5%	195		195	1.6%	188		188	-4%		-4%
Persistant/Prolonged Diar.	0.0%	2		2	0.1%	15		15	0.2%	19		19	27%		27%
Nutritional Management	0.3%	30		30	0.6%	75		75	1.1%	131		131	75%		75%
Child Survival	1.0%	106		106	1.5%	200		200	1.7%	194		194	-3%		-3%
Clinical Research Support	4.5%	472	362	110	4.0%	525	375	150	4.3%	499	432	67	-5%	15%	-55%
Total Clinical Science	10.7%	1,117	362	755	10.7%	1,405	375	1,030	12.3%	1,436	432	1,004	2%	15%	-3%
LAB SCIENCES															
LSD Scientific Management	2.4%	251	(3)	254	4.6%	600	40	560	3.0%	351		351	-42%	-100%	-37%
Invasive Diarrhoea	3.6%	376		376	2.4%	312		312	1.2%	141		141	-55%		-55%
Watery Diarrhoea(CVT)	7.2%	754		754	1.8%	240		240	0.0%			0	-100%		-100%
Persistent/Prolonged Diar.	0.0%	1		1	0.0%	5		5	0.4%	52		52	940%		940%
Viral Diarrhoea	0.2%	26		26	0.6%	75		75	1.1%	126		126	68%		68%
Simple Diagnostic Test	0.2%	22		22	0.1%	15		15	1.3%	148		148	887%		887%
Microbial Ecology	0.7%	68		68	0.3%	45		45	0.0%			0	-100%		-100%
Laboratory Research and Devel.	0.2%	17	(64)	81	5.1%	675	425	250	7.0%	819	600	219	21%	41%	-12%
Miscellaneous Research	0.3%	31		31	0.2%	31		31	0.1%	15		15	-52%		-52%
Total Lab Sciences	14.8%	1,546	(67)	1,613	15.2%	1,998	465	1,533	14.2%	1,652	600	1,052	-17%	29%	-31%
COMMUNITY HEALTH															
CHD Scientific Management	1.1%	113	65	48	1.4%	190		190	1.4%	166		166	-13%		-13%
Invasive Diarrhoea	0.0%	0		0	0.0%	0		0	0.0%	0		0			
Watery Diarrhoea	0.3%	30		30	0.0%	3		3	0.0%			0	-100%		-100%
Persistent/Prolonged Diarrhoea	1.8%	190		190	1.0%	127		127	0.0%			0	-100%		-100%
Malnutritiol and Diarrhoea	0.3%	30		30	0.1%	15		15	0.0%			0	-100%		-100%
Maternal Health and Child Survival	4.5%	470		470	5.3%	691		691	5.7%	659		659	-5%		-5%
Diarrhoea Preventive Intervention	1.2%	122		122	0.1%	14		14	0.1%	9		9	-36%		-36%
Miscellaneous Epid. Research	0.4%	37		37	0.4%	47		47	0.1%	6		6	-87%		-87%
Total Community Health	9.5%	992	65	927	8.3%	1,087	0	1,087	7.2%	840	0	840	-23%		-23%
POPULATION STUDIES															
PSD Scientific Management	1.2%	125	8	117	0.7%	97	27	70	0.9%	107		107	10%		53%
Matlab Demographic Surveillance	7.1%	747		747	5.7%	753		753	6.4%	746		746	-1%		-1%
Teknaf Demographic Surveillance	1.4%	146		146	1.3%	174		174	0.0%			0	-100%		-100%
MCH-FP Extention Project	8.5%	884		884	8.6%	1,129		1,129	8.5%	995		995	-12%		-12%
Total Population Studies	18.2%	1,902	8	1,894	16.4%	2,153	27	2,126	15.9%	1,848	0	1,848	-14%		-13%
HEALTH CARE OPERATIONS RESEARCH															

Continued 2

TABLE 3 (2)

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990
(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease Over 1989		
		Funding Source:				Funding Source:				Funding Source:			Funding Sources		
	Total	Central	Project:		Total	Central	Project:		Total	Central	Project:		Total	Central	Project
Urban Volunteer Programme	6.6%	685		685	8.4%	1,100		1,100	9.2%	1,073		1,073	-2%		-2%
Epidemic Control Preparedness Prog.	1.6%	162		162	1.0%	129		129	0.7%	76		76	-41%		-41%
Total Health Care Oper.Research	8.1%	847	0	847	9.4%	1,229	0	1,229	9.9%	1,149	0	1,149	-7%		-7%
HEALTH CARE SERVICES															
Health Care Services Management	0.6%	66	66		0.7%	92	92		0.8%	96	96	0	4%	4%	
Dhaka Treatment Facilities	7.9%	826	744	82	7.2%	950	889	61	7.4%	867	867	0	-9%	-2%	-100%
Matlab Treatment Facilities	3.0%	311	289	22	4.1%	537	137	400	3.5%	402		402	-25%	-100%	1%
Teknaf Treatment Facilities	0.5%	51		51	0.4%	52		52	0.0%			0	-100%		-100%
Total Health Care Services	12.0%	1,254	1,099	155	12.4%	1,631	1,118	513	11.7%	1,365	963	402	-16%	-14%	-22%
COMPUTER INFORMATION SERVICES	-0.5%	(50)	(128)	78	1.3%	170	170		1.7%	198	198	0	16%	16%	
TRAINING AND DISSEMINATION															
Training and Dissem. Management	0.8%	84	1	83	0.7%	92		92	0.9%	105	1	104	14%		13%
National Courses	0.0%	4		4	0.0%	1		1	0.0%			0	-100%		-100%
International Courses	0.7%	69		69	0.6%	84		84	0.0%			0	-100%		-100%
Institutional Collaboration	1.8%	191		191	0.3%	34		34	0.2%	29		29	-15%		-15%
Staff Development	0.1%	8	3	5	0.7%	97		97	0.0%			0	-100%		-100%
Technical Assistance	4.4%	460		460	1.0%	130		130	0.0%			0	-100%		-100%
Library and Dissemination	2.1%	216	150	66	2.8%	361	156	205	3.5%	409	241	168	13%	54%	-18%
Total Training and Dissemination	9.9%	1,032	154	878	6.1%	799	156	643	4.7%	543	242	301	-32%	55%	-53%
CENTRAL MANAGT AND SUPPORT SERVICES															
Board of Trustees	1.1%	120	120		1.1%	146	146		1.0%	115	115	0	-21%	-21%	
Programme Co-ordination Committee	0.1%	9	9		0.1%	9	9		0.4%	52	52	0	478%	478%	
Central Scientific Management	4.1%	426	374	52	4.3%	560	490	70	5.2%	609	523	86	9%	7%	23%
Other scientific Committees	0.2%	21	21		0.2%	30	30		0.1%	14	14	0	-53%	-53%	
Resources Development	1.8%	186	182	4	1.1%	145	145		1.4%	168	168	0	16%	16%	
Administration	5.9%	617	617		5.3%	694	694		6.5%	758	758	0	9%	9%	
Personnel	2.2%	233	233		2.1%	280	280		2.7%	310	310	0	11%	11%	
Finance	1.9%	198	193	5	2.9%	383	230	153	1.9%	221	221		-42%	-4%	-100%
Depreciation Pool					3.0%	392	392		3.2%	371	371		-5%	-5%	
Total Central Management	17.3%	1,810	1,749	61	20.1%	2,639	2,416	223	22.5%	2,618	2,532	86	-1%	5%	-61%
TOTAL ICDDR,B CENTRE	100.0%	10,450	3,242	7,208	100.0%	13,111	4,727	8,384	100.0%	11,649	4,967	6,682	-11%	5%	-20%

TABLE 4

REVENUE ESTIMATES FOR 1989 AND 1990
(In thousand US Dollars)

DONOR NAME	(Recvl.)/Adv C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Recvl.)/Adv C/O to 1990	Est.Receipt 1990	Est.Income 1990	(Recvl.)/Adv C/O to 1991
CENTRAL FUNDS:							
AUSTRALIA		192	192	0	200	200	0
BANGLADESH	(7)	30	30	(7)	30	30	(7)
BELGIUM	(24)	23	30	(31)	30	30	(31)
SAUDI ARABIA				0			0
UNITED STATES - AID		300	300	0	300	300	0
SWITZERLAND		709	709	0	700	700	0
SWEDEN - SAREC		150	75	75	150	150	75
UNITED KINGDOM - ODA		253	253	0	260	260	0
UNICEF		250	250	0	250	250	0
TOTAL	(31)	1,907	1,839	36	1,920	1,920	36
PROJECT FUNDS:							
AGA KHAN FOUNDATION	133	0	60	73			73
ARAB GULF FUND	(235)	235		0			0
AUSTRALIA	(0)	46	27	19			19
BELGIUM	159	137	296	0	250	250	0
CIDA - TRAINING	138	68	80	126		17	109
CIDA - OSS	(229)	1,102	1,082	(208)	208		(0)
IDRC-DISC	(10)	34	24	0	47	47	0
DANIDA		663	437	226		226	0
FORD FOUNDATION	134	14	131	17	53	70	(0)
IBRD/WORLD BANK	(20)	21	1	(0)			(0)
JAPAN	85	380	465	(0)	380	380	(0)
BAYER AG		70	30	40	48	88	0
NORAD	215	109	324	0	318	318	0
NETHERLANDS	31	38	124	(55)	1,079	1,024	0
SDC - DISC & OTHERS	(47)	432	386	0	126	126	0
SAUDI ARABIA	(406)	406	0	(0)			(0)
SEARL - FRANCE	(7)	30	23	0	26	26	0
UNDP/WHO	(229)	600	371	0	300	300	0
UNITED STATES:				0			0
COOPERATIVE	87	2,002	2,089	(0)	1,200	1,200	(0)
UVP	232	1,050	1,103	179	1,185	1,185	179
MCH-FP	(322)	1,904	1,400	182	1,299	1,299	182
WELCOME TRUST	(5)	15	10	0			0
WUSC	(27)	851	824	(0)	820	820	(0)
WHO	94	160	241	13	139	152	(0)
FLOOD RELIEF	101	354	415	40			40
OTHERS	(10)	52	43	0			0
TOTAL	(138)	10,774	9,984	652	7,478	7,528	602
GRAND TOTAL	(170)	12,681	11,823	688	9,398	9,448	638

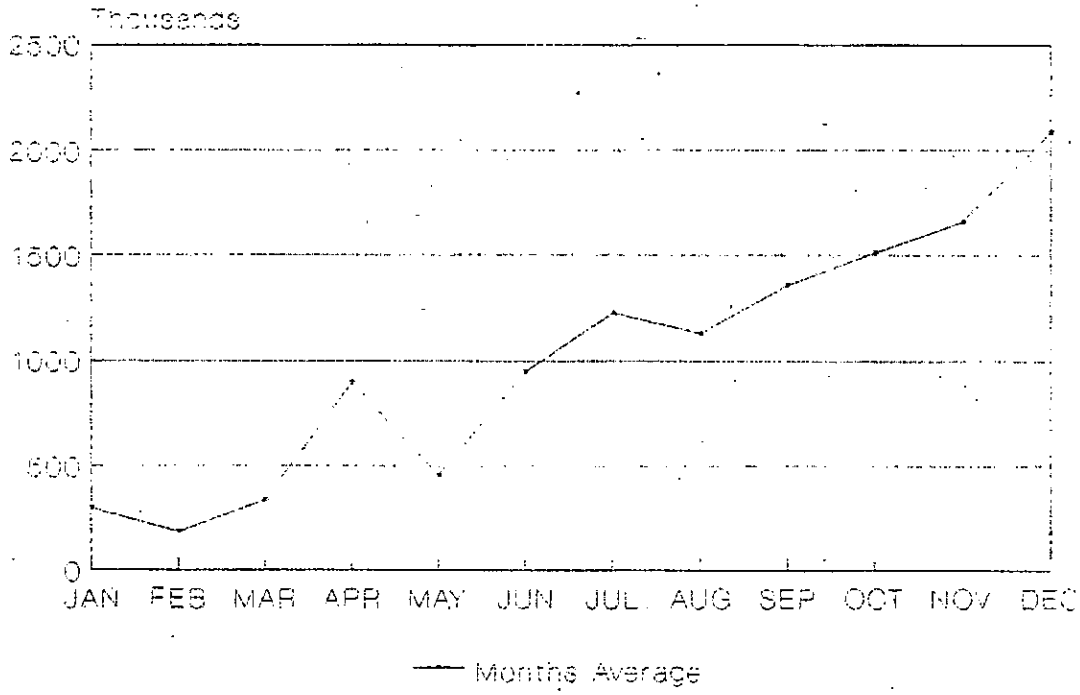
TABLE 5

INCOME 1990

DONOR NAME	CONFIRMED	ESTIMATE	TOTAL PROJECTED	1989
CENTRAL FUNDS:				
AUSTRALIA		200,000	200,000	192,000
BANGLADESH	15,000	15,000	30,000	30,000
BELGIUM	30,000		30,000	30,000
SAUDI ARABIA			0	0
UNITED STATES - AID	300,000		300,000	300,000
SWITZERLAND		700,000	700,000	709,000
SWEDEN - SAREC	150,000		150,000	75,000
UNITED KINGDOM - ODA		260,000	260,000	253,000
UNICEF		250,000	250,000	250,000
TOTAL	495,000	1,425,000	1,920,000	1,839,000
PROJECT FUNDS:				
AGA KHAN FOUNDATION				60,000
AUSTRALIA			0	27,194
BAYER	88,048		88,048	30,000
BELGIUM	250,000		250,000	296,035
CIDA - TRAINING	17,161		17,161	80,000
CIDA - DSS			0	1,081,583
IDRC	46,539		46,539	24,000
DANIDA	226,138		226,138	436,819
SEARLE		25,781	25,781	22,791
FORD FOUNDATION	70,461		70,461	130,707
IBRD/WORLD BANK			0	1,264
JAPAN		380,000	380,000	465,088
NORAD	318,000		318,000	324,000
NETHERLANDS	114,561	909,374	1,023,935	123,660
SDC - DISC & OTHERS		126,355	126,355	385,540
SAUDI ARABIA			0	32
UNDP/WHO		300,000	300,000	370,626
UNITED STATES:			0	
COOPERATIVE	1,200,000		1,200,000	2,089,107
UVP	1,184,853		1,184,853	1,103,408
MCH-FP	1,298,739		1,298,739	1,400,000
WELCOME TRUST			0	9,509
WUSC	820,000		820,000	824,000
WHO	151,473		151,473	241,144
FLOOD RELIEF				415,000
OTHERS				42,742
TOTAL	5,785,973	1,741,510 *	7,527,483	9,984,249
GRAND TOTAL	6,280,973 *	3,166,510 *	9,447,483 *	11,823,249

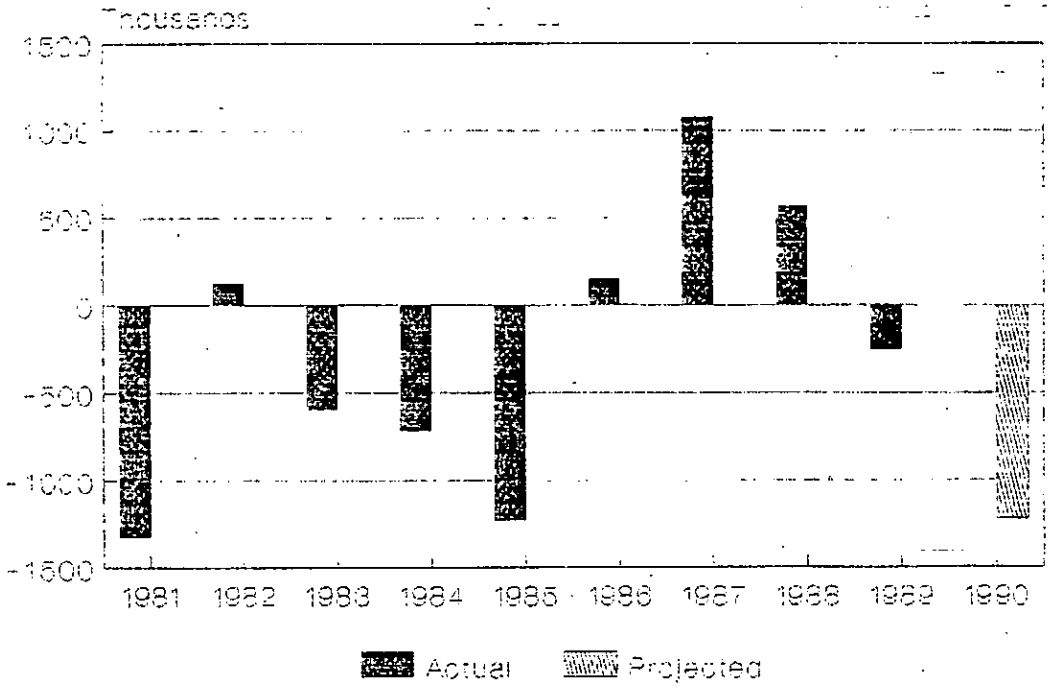
GRAPH 1

PROJECTED OVERDRAFT 1990



GRAPH 2(A)

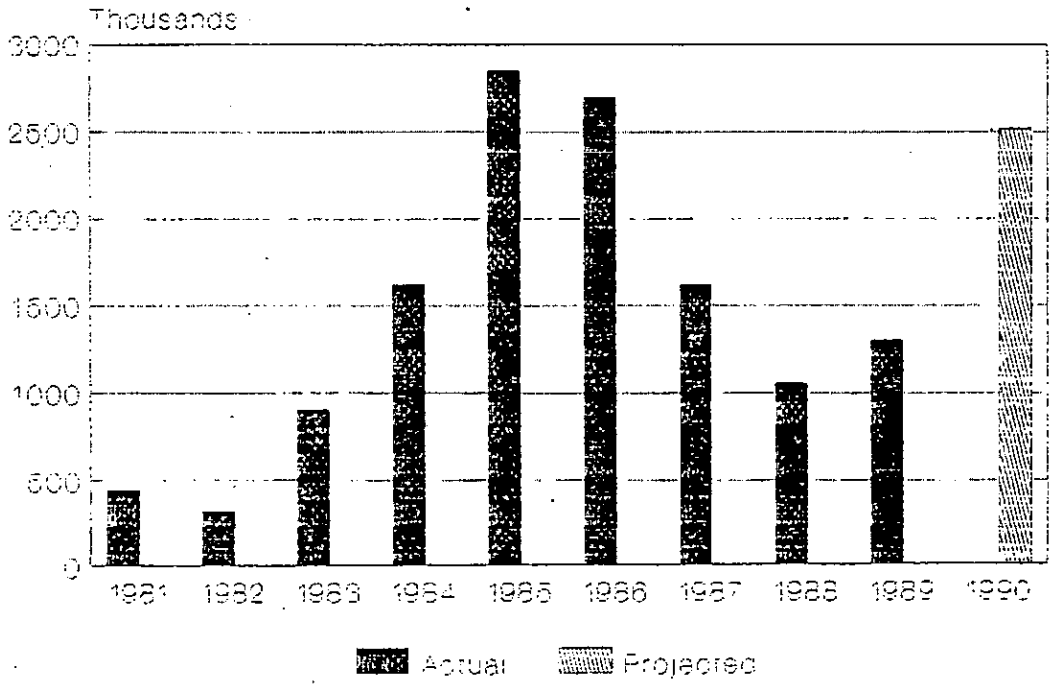
OPERATING SURPLUS/DEFICIT



Before provision for depreciation

GRAPH 2(B)

CUMULATIVE DEFICIT



Before provision for depreciation

FINANCE COMMITTEE: BOARD RESOLUTIONS

DECEMBER 15, 1989

Resolution 1

The Board resolves that the report from the Finance Committee be accepted as presented.

Resolution 2

The Board resolves that the 1990 ICDDR,B Budget to an amount of $10.7 million be accepted, as presented, recognizing that it represents the minimum amount required to maintain a thriving international research centre.

Resolution 3

The Board resolves that the Director carry out a review of the financial situation of the Centre in February/March with the Executive Committee of the Board and prepare a revised 1990 budget for the May meeting of the Board that, if necessary, avoids a deficit.

Resolution 4

The Board resolves that the Separation Payment Fund Board of the Centre be reconstituted as follows:

- the Associate Director, Finance (Chairman, mandatory);
- the Chief Personnel Officer (Secretary, Mandatory);
- an Associate Director (representative of senior management);
- Head, Matlab Station (representative of senior management);
- five subscriber staff to be appointed by SWA (the number representing subscriber staff should exceed management by one).

RESOURCES DEVELOPMENT REPORT

FINANCIAL REPORT

7(a)/BT/Dec. 89

RESOURCES DEVELOPMENT

The total projected receipts for 1990 are $9.4 million as outlined in Table 7. Currently the Centre has firm comittments of $6.3 million and estimates an additional $3.1 million will be received. These funds will be received from 19 different Donor Countries and Agencies.

Central Funds - The Centre expects to receive Central funds from Australia, Bangladesh, Belgium, U.S.AID/Washington, Switzerland, Sweden/SAREC, United Kingdom/ODA and UNICEF. Committments have been received from Bangladesh Belgium, U.S.AID, and Sweden/SAREC. It is anticipated that Australia, Swtizerland, United Kingdom/ODA and UNICEF will continue their annual support of Central funds to the Centre.

During 1989, the Belgium Government entered into an agreement for five years providing both Central funds and Projects funds as well as seconded staff to the Centre.

Project Funds - As already mentioned the Belgium Government has entered in a five year agreement to provide funds for the UVP project and the Dhaka Treatment Centre.

The CIDA, DSS grant will not be renewed beyond 1989. Negotiations are underway with the Dutch Government to fund this project for a three year period. No final agreement has yet been reached,.

The DANIDA grant has been extended for a one year period for the Child Health Program only. Previously, DANIDA also provided support to the Dhaka Treatment Centre.

The Ford Foundation grant for support the ECPP project expired in 1989 and was not renewed.

The Japanese grant for 1990 has not been confirmed, however discussions are underway with the Japanese for increased support to the Centre. It is expected an agreement will be reached during the year.

NORAD has agreed to extend their agreement for support to the Matlab MCH-FP project for one year to the end of 1990.

Negotiations are underway with Switzerland for their continued support to the Library and Publications activities and Staff Development programme. It is anticipated that an agreement will be reached in early 1990.

The UNDP/WHO Clinical Research grant has not been confirmed for 1990. Indications are, that the level of support may be reduced in 1990.

USAID/Dhaka support for the UVP project and the MCH-FP extension project will continue in 1990.

USAID/Washington has confirmed that the current Co-operative Agreement scheduled to expire at the end of 1989 will be extended for one year, with a new Co-operative agreement to be negotiated during 1990.

The WUSC support for Matlab activities will continue in 1990.

In kind support - The Centre will continue to receive in kind support from Bangladesh, Belgium, DANIDA, and WUSC. Support from Bangladesh includes facilities provided to the Centre in Dhaka at no charge, in addition to exemptions of taxes and duties. Support from the other countries is by way of seconded personnel to ICDDR,B.

RESORC-4

TABLE 7

INCOME 1990

DONOR NAME	CONFIRMED	ESTIMATE	TOTAL PROJECTED	1989
CENTRAL FUNDS:				
AUSTRALIA		200,000	200,000	192,000
BANGLADESH	15,000	15,000	30,000	30,000
BELGIUM	30,000		30,000	30,000
SAUDI ARABIA			0	0
UNITED STATES - AID	300,000		300,000	300,000
SWITZERLAND		700,000	700,000	709,000
SWEDEN - SAREC	150,000		150,000	75,000
UNITED KINGDOM - ODA		260,000	260,000	253,000
UNICEF		250,000	250,000	250,000
TOTAL	495,000	1,425,000	1,920,000	1,839,000
PROJECT FUNDS:				
AGA KHAN FOUNDATION				60,000
AUSTRALIA			0	27,194
BAYER	88,048		88,048	30,000
BELGIUM	250,000		250,000	296,035
CIDA - TRAINING	17,161		17,161	80,000
CIDA - DSS			0	1,081,583
IDRC	46,539		46,539	24,000
DANIDA	226,138		226,138	436,819
SEARLE		25,781	25,781	22,791
FORD FOUNDATION	70,461		70,461	130,707
IBRD/WORLD BANK			0	1,264
JAPAN		380,000	380,000	465,088
NORAD	318,000		318,000	324,000
NETHERLANDS	114,561	909,374	1,023,935	123,660
SDC - DISC & OTHERS		126,355	126,355	385,540
SAUDI ARABIA			0	32
UNDP/WHO		300,000	300,000	370,626
UNITED STATES:			0	
COOPERATIVE	1,200,000		1,200,000	2,089,107
UVP	1,184,853		1,184,853	1,103,408
MCH-FP	1,298,739		1,298,739	1,400,000
WELCOME TRUST			0	9,509
WUSC	820,000		820,000	824,000
WHO	151,473		151,473	241,144
FLOOD RELIEF				415,000
OTHERS				42,742
TOTAL	5,785,973	1,741,510 *	7,527,483	9,984,249
GRAND TOTAL	6,280,973 *	3,166,510 *	9,447,483 *	11,823,249

1989 BUDGET

1989 BUDGET

A detailed analysis of the 1989 income and expenditure budget, as revised in November 1989, compared to 1988 actual figures is contained in Table 1,2, and 3.

Income - Total income for 1989 is estimated at $11,823,000. This is $457,000 less than was estimated in the June Board Meeting. The decrease in central funds is $68,000 and in project fund is $389,000. A detailed analysis of income by Donor is contained in Table 4.

Decrease in central funds is due to the Sweden - SAREC contribution of $150,000 being for the period July 1989 to June 1990. Only 50% ($75,000), of this contribution will be income in 1989. In the June budget, the full amount was projected as income for 1989. Total central funds are projected to increase by 5% over 1988 to $1,839,000 from $1,752,000.

The decrease in project funds is primarily due to a decrease in funds to be received under the U.S.AID Co-operative Agreement of $400,000. In June, income under this agreement was projected at $2.4 million, however, income of only $2.0 million will be received in 1989. Total project funds are estimated to increase by 8% over 1988 to $9,984,000 from $9,263,000.

Expenditure - Total expenditures, without depreciation, are projected to be $12,068,000. This is $276,000 less than was estimated in the June Board meeting. A reduction in expenditures is projected for local salaries ($122,000), consultants ($199,000) and other contractual services ($202,000). Local salaries were reduced by restricting overtime and the termination of project employees upon the completion of projects. Reductions in the other areas result from close monitoring of all expenditures, particularly in the project funded areas. The increase in international salaries of $101,000 results from additional compensation paid, at the termination of the contracts, for 2 international staff.

Deficit - The projected cash deficit for 1989 is $245,000. The deficit in centrally funded expenditures is $143,000, and, $102,000 in project funded expenditures. At the June Board meeting a deficit of $64,000, all in centrally funded expenditures was estimated. The reduction in centeral funds revenue of $75,000, with respect to the accounting for the Sweden - SAREC contribution, is the primary cause of the increased projected deficit in central funds. The deficit in project funded areas is due to a projected over-expenditure of $50,000 in DSS and $50,000 in the Training Division.

Negotiations are currently underway with the Arab Gulf Fund, through UNDP, for continued support of the Centres activities. If these negotiations are successfully completed, a contribution of $300,000 for 1989 activities is anticipated. This would see the Centre end the year with no deficit.

BOT:BUDGET.3

TABLE 1

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988		Projected 1989		Increase Over 1988	Budget 1990		Increase Over 1989
A. Income			(In thousand US Dollars)					
Central Funds	16%	1,752	16%	1,839	5%	20%	1,920	4%
Project Funds (Direct Cost)	71%	7,813	72%	8,534	9%	66%	6,268	-27%
Project Funds (Indirect Cost)	13%	1,450	12%	1,450	0%	13%	1,260	-13%
Total Income	100%	11,015	100%	11,823	7%	100%	9,448	-20%
B. Expenditure								
Local salaries	47%	5,363	50%	6,511	21%	53%	6,191	-5%
International salaries	12%	1,320	11%	1,468	11%	11%	1,271	-13%
Consultants	3%	378	2%	224	-41%	3%	302	35%
Mandatory committees	1%	113	1%	158	40%	1%	134	-15%
Travel	4%	430	2%	287	-33%	2%	240	-16%
Supply and materials	14%	1,570	9%	1,239	-21%	10%	1,171	-5%
Other contractual services	10%	1,143	10%	1,304	14%	11%	1,257	-4%
Interdepartmental services	14%	1,592	11%	1,384	-13%	12%	1,376	-1%
Depreciation	8%	862	8%	1,043	21%	8%	983	-6%
Total Operating	113%	12,771	104%	13,618	7%	111%	12,925	-5%
Less:Recovery	18%	2,089	13%	1,657	-21%	13%	1,476	-11%
Net Operating	94%	10,682	91%	11,961	12%	98%	11,449	-4%
Add:Capital expenditure	6%	630	9%	1,150	83%	2%	200	-83%
Total Expenditure	100%	11,312	100%	13,111	16%	100%	11,649	-11%
C. Surplus/(deficit)		(297)		(1,288)			(2,201)	

TABLE 2

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988			Projected 1989			Budget 1990			Increase/-Decrease Over 1989		
A.Income				(In thousand US Dollars)								
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
Central Funds	1,752	0	1,752	1,839	0	1,839	1,920	0	1,920	4%	0%	4%
Project Funds (Direct)	605	7,208	7,813	300	8,234	8,534	150	6,118	6,268	-50%	-26%	-27%
Project Funds (Indirect)	1,450	0	1,450	1,450	0	1,450	1,260	0	1,260	-13%	0%	-13%
Total income	3,807	7,208	11,015	3,589	8,234	11,823	3,330	6,118	9,448	-7%	-26%	-20%
B. Expenditure												
Local salaries	2,581	2,782	5,363	2,792	3,719	6,511	2,962	3,229	6,191	6%	-13%	-5%
International salaries	390	930	1,320	479	989	1,468	423	848	1,271	-12%	-14%	-13%
Consultants	16	362	378	16	208	224	9	293	302	-44%	41%	35%
Mandatory committees	112	1	113	156	2	158	134	0	134	-14%	0%	-15%
Travel	64	366	430	48	239	287	66	174	240	38%	-27%	-16%
Supply and materials	750	820	1,570	492	747	1,239	597	574	1,171	21%	-23%	-5%
Other contractual services	528	615	1,143	569	735	1,304	567	690	1,257	-0%	-6%	-4%
Interdepartmental services	722	870	1,592	657	727	1,384	613	763	1,376	-7%	5%	-1%
Depreciation	862	0	862	995	48	1,043	961	22	983	-3%	0%	-6%
Total Operating	6,025	6,746	12,771	6,204	7,414	13,618	6,332	6,593	12,925	2%	-11%	-5%
Less:Recovery	2,082	7	2,089	1,652	5	1,657	1,476	0	1,476	-11%	-100%	-11%
Net Operating	3,943	6,739	10,682	4,552	7,409	11,961	4,856	6,593	11,449	7%	-11%	-4%
Add:Capital expenditure	161	469	630	175	975	1,150	111	89	200	-37%	-91%	-83%
Total Expenditure	4,104	7,208	11,312	4,727	8,384	13,111	4,967	6,682	11,649	5%	-20%	-11%
C. Surplus/(deficit)	(297)	0	(297)	(1,138)	(150)	(1,288)	(1,637)	(564)	(2,201)	44%	0%	71%

TABLE 3

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990.
(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease Over 1989		
		Funding Source:				Funding Source:				Funding Source:				Funding Sources	
	Total	Central	Project:		Total	Central	Project:		Total	Central	Project:		Total	Central	Project
CLINICAL SCIENCE															
CSD Scientific Management	1.9%	202		202	1.8%	230		230	2.2%	251		251	9%		9%
Invasive Diarrhoea	1.3%	132		132	1.3%	165		165	1.3%	154		154	-7%		-7%
Watery Diarrhoea	1.7%	173		173	1.5%	195		195	1.6%	188		188	-4%		-4%
Persistent/Prolonged Diar.	0.0%	2		2	0.1%	15		15	0.2%	19		19	27%		27%
Nutritional Management	0.3%	30		30	0.6%	75		75	1.1%	131		131	75%		75%
Child Survival	1.0%	106		106	1.5%	200		200	1.7%	194		194	-3%		-3%
Clinical Research Support	4.5%	472	362	110	4.0%	525	375	150	4.3%	499	432	67	-5%	15%	-55%
Total Clinical Science	10.7%	1,117	362	755	10.7%	1,405	375	1,030	12.3%	1,436	432	1,004	2%	15%	-3%
LAB SCIENCES															
LSD Scientific Management	2.4%	251	(3)	254	4.6%	600	40	560	3.0%	351		351	-42%	-100%	-37%
Invasive Diarrhoea	3.6%	376		376	2.4%	312		312	1.2%	141		141	-55%		-55%
Watery Diarrhoea(CVT)	7.2%	754		754	1.8%	240		240	0.0%			0	-100%		-100%
Persistent/Prolonged Diar.	0.0%	1		1	0.0%	5		5	0.4%	52		52	940%		940%
Viral Diarrhoea	0.2%	26		26	0.6%	75		75	1.1%	126		126	68%		68%
Simple Diagnostic Test	0.2%	22		22	0.1%	15		15	1.3%	148		148	887%		887%
Microbial Ecology	0.7%	68		68	0.3%	45		45	0.0%			0	-100%		-100%
Laboratory Research and Devel.	0.2%	17	(64)	81	5.1%	675	425	250	7.0%	819	600	219	21%	41%	-12%
Miscellaneous Research	0.3%	31		31	0.2%	31		31	0.1%	15		15	-52%		-52%
Total Lab Sciences	14.8%	1,546	(67)	1,613	15.2%	1,998	465	1,533	14.2%	1,652	600	1,052	-17%	29%	-31%
COMMUNITY HEALTH															
CHD Scientific Management	1.1%	113	65	48	1.4%	190		190	1.4%	166		166	-13%		-13%
Invasive Diarrhoea	0.0%	0		0	0.0%	0		0	0.0%	0		0			
Watery Diarrhoea	0.3%	30		30	0.0%	3		3	0.0%			0	-100%		-100%
Persistent/Prolonged Diarrhoea	1.8%	190		190	1.0%	127		127	0.0%			0	-100%		-100%
Malnutritiol and Diarrhoea	0.3%	30		30	0.1%	15		15	0.0%			0	-100%		-100%
Maternal Health and Child Survival	4.5%	470		470	5.3%	691		691	5.7%	659		659	-5%		-5%
Diarrhoea Preventive Intervention	1.2%	122		122	0.1%	14		14	0.1%	9		9	-36%		-36%
Miscellaneous Epid. Research	0.4%	37		37	0.4%	47		47	0.1%	6		6	-87%		-87%
Total Community Health	9.5%	992	65	927	8.3%	1,087	0	1,087	7.2%	840	0	840	-23%		-23%
POPULATION STUDIES															
PSD Scientific Management	1.2%	125	8	117	0.7%	97	27	70	0.9%	107		107	10%		53%
Matlab Demographic Surveillance	7.1%	747		747	5.7%	753		753	6.4%	746		746	-1%		-1%
Teknaf Demographic Surveillance	1.4%	146		146	1.3%	174		174	0.0%			0	-100%		-100%
MCH-FP Extention Project	8.5%	884		884	8.6%	1,129		1,129	8.5%	995		995	-12%		-12%
Total Population Studies	18.2%	1,902	8	1,894	16.4%	2,153	27	2,126	15.9%	1,848	0	1,848	-14%		-13%
HEALTH CARE OPERATIONS RESEARCH															

Continued 2

TABLE 3 (2)

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990

(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease O	
		Total	Funding Source: Central	Project		Total	Funding Source: Central	Project		Total	Funding Source: Central	Project	Total	Funding Sou: Central
Urban Volunteer Programme	6.6%	685		685	8.4%	1,100		1,100	9.2%	1,073		1,073	-2%	
Epidemic Control Preparedness Prog.	1.6%	162		162	1.0%	129		129	0.7%	76		76	-41%	
Total Health Care Oper.Research	8.1%	847	0	847	9.4%	1,229	0	1,229	9.9%	1,149	0	1,149	-7%	
HEALTH CARE SERVICES														
Health Care Services Management	0.6%	66	66		0.7%	92	92		0.8%	96	96	0	4%	4%
Dhaka Treatment Facilities	7.9%	826	744	82	7.2%	950	889	61	7.4%	867	867	0	-9%	-2%
Matlab Treatment Facilities	3.0%	311	289	22	4.1%	537	137	400	3.5%	402		402	-25%	-100%
Teknaf Treatment Facilities	0.5%	51		51	0.4%	52		52	0.0%			0	-100%	
Total Health Care Services	12.0%	1,254	1,099	155	12.4%	1,631	1,118	513	11.7%	1,365	963	402	-16%	-14%
COMPUTER INFORMATION SERVICES	-0.5%	(50)	(128)	78	1.3%	170	170		1.7%	198	198	0	16%	16%
TRAINING AND DISSEMINATION														
Training and Dissem. Management	0.8%	84	1	83	0.7%	92		92	0.9%	105	1	104	14%	
National Courses	0.0%	4		4	0.0%	1		1	0.0%			0	-100%	
International Courses	0.7%	69		69	0.6%	84		84	0.0%			0	-100%	
Institutional Collaboration	1.8%	191		191	0.3%	34		34	0.2%	29		29	-15%	
Staff Development	0.1%	8	3	5	0.7%	97		97	0.0%			0	-100%	
Technical Assistance	4.4%	460		460	1.0%	130		130	0.0%			0	-100%	
Library and Dissemination	2.1%	216	150	66	2.8%	361	156	205	3.5%	409	241	168	13%	54%
Total Training and Dissemination	9.9%	1,032	154	878	6.1%	799	156	643	4.7%	543	242	301	-32%	55%
CENTRAL MANAGT AND SUPPORT SERVICES														
Board of Trustees	1.1%	120	120		1.1%	146	146		1.0%	115	115	0	-21%	-21%
Programme Co-ordination Committee	0.1%	9	9		0.1%	9	9		0.4%	52	52	0	478%	478%
Central Scientific Management	4.1%	426	374	52	4.3%	560	490	70	5.2%	609	523	86	9%	7%
Other scientific Committees	0.2%	21	21		0.2%	30	30		0.1%	14	14	0	-53%	-53%
Resources Development	1.8%	186	182	4	1.1%	145	145		1.4%	168	168	0	16%	16%
Administration	5.9%	617	617		5.3%	694	694		6.5%	758	758	0	9%	9%
Personnel	2.2%	233	233		2.1%	280	280		2.7%	310	310	0	11%	11%
Finance	1.9%	198	193	5	2.9%	383	230	153	1.9%	221	221		-42%	-4%
Depreciation Pool					3.0%	392	392		3.2%	371	371		-5%	-5%
Total Central Management	17.3%	1,810	1,749	61	20.1%	2,639	2,416	223	22.5%	2,618	2,532	86	-1%	5%
TOTAL ICDDR,B CENTRE	100.0%	10,450	3,242	7,208	100.0%	13,111	4,727	8,384	100.0%	11,649	4,967	6,682	-11%	5%

TABLE 4

REVENUE ESTIMATES FOR 1989 AND 1990
(In thousand US Dollars)

DONOR NAME	(Recvl.)/Adv C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Recvl.)/Adv C/O to 1990	Est.Receipt 1990	Est.Income 1990	(Recvl.)/Adv C/O to 1991
CENTRAL FUNDS:							
AUSTRALIA		192	192	0	200	200	0
BANGLADESH	(7)	30	30	(7)	30	30	(7)
BELGIUM	(24)	23	30	(31)	30	30	(31)
SAUDI ARABIA				0			0
UNITED STATES - AID		300	300	0	300	300	0
SWITZERLAND		709	709	0	700	700	0
SWEDEN - SAREC		150	75	75	150	150	75
UNITED KINGDOM - ODA		253	253	0	260	260	0
UNICEF		250	250	0	250	250	0
TOTAL	(31)	1,907	1,839	36	1,920	1,920	36
PROJECT FUNDS:							
AGA KHAN FOUNDATION	133	0	60	73			73
ARAB GULF FUND	(235)	235		0			0
AUSTRALIA	(0)	46	27	19			19
BELGIUM	159	137	296	0	250	250	0
CIDA - TRAINING	138	68	80	126		17	109
CIDA - DSS	(229)	1,102	1,082	(208)	208		(0)
IDRC-DISC	(10)	34	24	0	47	47	0
DANIDA		663	437	226		226	0
FORD FOUNDATION	134	14	131	17	53	70	(0)
IBRD/WORLD BANK	(20)	21	1	(0)			(0)
JAPAN	85	380	465	(0)	380	380	(0)
BAYER AG		70	30	40	48	88	0
MORAD	215	109	324	0	318	318	0
NETHERLANDS	31	38	124	(55)	1,079	1,024	0
SDC - DISC & OTHERS	(47)	432	386	0	126	126	0
SAUDI ARABIA	(406)	406	0	(0)			(0)
SEARL - FRANCE	(7)	30	23	0	26	26	0
UNDP/WHO	(229)	600	371	0	300	300	0
UNITED STATES:				0			0
COOPERATIVE	87	2,002	2,089	(0)	1,200	1,200	(0)
UVP	232	1,050	1,103	179	1,185	1,185	179
MCH-FP	(322)	1,904	1,400	182	1,299	1,299	182
WELCOME TRUST	(5)	15	10	0			0
WUSC	(27)	851	824	(0)	820	820	(0)
WHO	94	160	241	13	139	152	(0)
FLOOD RELIEF	101	354	415	40			40
OTHERS	(10)	52	43	0			0
TOTAL	(138)	10,774	9,994	652	7,478	7,528	602
GRAND TOTAL	(170)	12,681	11,023	688	9,398	9,448	638

1990 BUDGET

1990 BUDGET

A detailed analysis of the Income and Expenditure budget for 1990, compared to the budget for 1989 and the actual expenditures for 1988 is contained in table 1,2,3, & 4.

Income - Projected income for the year is $9,448,000, a decrease of $2,375,000 or 20% from 1989. Central fund revenues are projected to increase by $80,000 or 4%. Project funds are projected to decrease by $2,456,000 or 25%. This decrease is due to two factors, a reduction in the level of support by several donors in 1990, and a reduction of $500,000 in carryover funds from 1989 to 1990 as compared to 1988 to 1989. The agreement with Canadian CIDA for funding of DSS will end at the end of 1989. Negotiations are underway with the Dutch Government for funding for DSS in 1990. No final agreement has been reached, however, $909,000 has been included in our revenue projections. If this does not materialize than the future of DSS is in jeopardy. A detailed analysis of expected revenue, by donor, is provided in Table 4.

Expenditures - Total expenditures not including depreciation, are projected to be $10,666,000, compared to $12,068,000 in 1989. This is a reduction of 12%. Central Fund expenditures are estimated to be $4,006,000, an increase of 7% and Project Fund expenditures are estimated to be $6,660,000, a reduction 20%.

The increase in Central funded expenditures is primarily due to increase in local salaries and supplies and materials. Local salary increase is because of annual step increases for staff and core staff completing project assignments and now being charged to Central funds. The increase in supplies and materials is primarily in the Treatment Centre.

The decrease in Project funded expenditures is primarily due to a decrease in local salaries, international salaries, and supplies and materials. Local salaries have decreased due to staff reductions with the completion of the Vaccine Field Trial, and the Risk Factors for Shigellosis. The closure of the Teknaf Field Station also resulted in a reduction of staff. International salaries decreased as two International positions in which contracts were completed in 1989 will not be staffed in 1990. Similarly, supplies and materials also decreased with completion of projects and the closure of Teknaf.

Capital expenditures will decrease due to the completion of construction of the new Matlab Treatment Centre and addition of a partial floor over the Library Building. Renovations of the Dhaka Treatment Centre are also scheduled to be completed by the end of 1989. No major new capital expenditures are planned in 1990.

Deficit - The projected cash deficit is $1,208,000. The deficit in Central fund is projected at $676,000 and in Project funds is $542,000. The deficit is primarily due to the impact of the salary increases provided in 1988 and 1989 and the decline in both direct and indirect project revenues. Without a significant increase in donor support, the activities of the Centre will have to be further curtailed. This can only be achieved through a significant reduction in staff and project activity. The deficit of the Centre may be considerably larger than projected if the current negotiations for funding of the the DSS project are not successful.

Accumulated Cash Deficit - The accumulated cash deficit will increase from $1,055,000 at the end of 1988 to $2,518,000 at the end of 1990. The Centre has no ability to finance this deficit other than by way of Bank overdraft. The maximum overdraft available to the Centre is $3,000,000. Depending on the timing of receipts from donors, the Centre may face a severe cash flow problem by the end of 1990.

Bank Balance - Table 5 and 6 provides a monthly cash flow analysis and Graph 1 shows the estimated bank overdraft for 1990. It is projected that by the end of 1990 the Centres overdraft

will be approximately $2.1 million. The 2 major donor agreements not yet finalized, U.S.AID Co-operative Agreement extension and Dutch Government agreement for DSS, could result in a serious cash flow problem for the Centre, unless they are finalized early in 1990.

BUDGET-2

TABLE 1

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988		Projected 1989		Increase Over 1988	Budget 1990		Increase Over 1989
A. Income			(In thousand US Dollars)					
Central Funds	16%	1,752	16%	1,839	5%	20%	1,920	4%
Project Funds (Direct Cost)	71%	7,813	72%	8,534	9%	66%	6,268	-27%
Project Funds (Indirect Cost)	13%	1,450	12%	1,450	0%	13%	1,260	-13%
Total Income	100%	11,015	100%	11,823	7%	100%	9,448	-20%
B. Expenditure								
Local salaries	47%	5,363	50%	6,511	21%	53%	6,191	-5%
International salaries	12%	1,320	11%	1,468	11%	11%	1,271	-13%
Consultants	3%	378	2%	224	-41%	3%	302	35%
Mandatory committees	1%	113	1%	158	40%	1%	134	-15%
Travel	4%	430	2%	287	-33%	2%	240	-16%
Supply and materials	14%	1,570	9%	1,239	-21%	10%	1,171	-5%
Other contractual services	10%	1,143	10%	1,304	14%	11%	1,257	-4%
Interdepartmental services	14%	1,592	11%	1,384	-13%	12%	1,376	-1%
Depreciation	8%	862	8%	1,043	21%	8%	983	-6%
Total Operating	113%	12,771	104%	13,618	7%	111%	12,925	-5%
Less:Recovery	18%	2,089	13%	1,657	-21%	13%	1,476	-11%
Net Operating	94%	10,682	91%	11,961	12%	98%	11,449	-4%
Add:Capital expenditure	6%	630	9%	1,150	83%	2%	200	-83%
Total Expenditure	100%	11,312	100%	13,111	16%	100%	11,649	-11%
C. Surplus/(deficit)		(297)		(1,288)			(2,201)	

TABLE 2

INCOME AND EXPENDITURE FOR 1988 THRU 1990

	Actual 1988			Projected 1989			Budget 1990			Increase/-Decrease Over 1989		
A.Income	(In thousand US Dollars)											
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
Central Funds	1,752	0	1,752	1,839	0	1,839	1,920	0	1,920	4%	0%	4%
Project Funds (Direct)	605	7,208	7,813	300	8,234	8,534	150	6,118	6,268	-50%	-26%	-27%
Project Funds (Indirect)	1,450	0	1,450	1,450	0	1,450	1,260	0	1,260	-13%	0%	-13%
Total income	3,807	7,208	11,015	3,589	8,234	11,823	3,330	6,118	9,448	-7%	-26%	-20%
B. Expenditure												
Local salaries	2,581	2,782	5,363	2,792	3,719	6,511	2,962	3,229	6,191	6%	-13%	-5%
International salaries	390	930	1,320	479	989	1,468	423	848	1,271	-12%	-14%	-13%
Consultants	16	362	378	16	208	224	9	293	302	-44%	41%	35%
Mandatory committees	112	1	113	156	2	158	134	0	134	-14%	0%	-15%
Travel	64	366	430	48	239	287	66	174	240	38%	-27%	-16%
Supply and materials	750	820	1,570	492	747	1,239	597	574	1,171	21%	-23%	-5%
Other contractual services	528	615	1,143	569	735	1,304	567	690	1,257	-0%	-6%	-4%
Interdepartmental services	722	870	1,592	657	727	1,384	613	763	1,376	-7%	5%	-1%
Depreciation	862	0	862	995	48	1,043	961	22	983	-3%	0%	-6%
Total Operating	6,025	6,746	12,771	6,204	7,414	13,618	6,332	6,593	12,925	2%	-11%	-5%
Less:Recovery	2,082	7	2,089	1,652	5	1,657	1,476	0	1,476	-11%	-100%	-11%
Net Operating	3,943	6,739	10,682	4,552	7,409	11,961	4,856	6,593	11,449	7%	-11%	-4%
Add:Capital expenditure	161	469	630	175	975	1,150	111	89	200	-37%	-91%	-83%
Total Expenditure	4,104	7,208	11,312	4,727	8,384	13,111	4,967	6,682	11,649	5%	-20%	-11%
C. Surplus/(deficit)	(297)	0	(297)	(1,138)	(150)	(1,288)	(1,637)	(564)	(2,201)	44%	0%	71%

TABLE 3

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990
(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease Over 1989		
			Funding Source:				Funding Source:				Funding Source:			Funding Sources	
		Total	Central	Project		Total	Central	Project		Total	Central	Project	Total	Central	Project
CLINICAL SCIENCE															
CSD Scientific Management	1.9%	202		202	1.8%	230		230	2.2%	251		251	9%		9%
Invasive Diarrhoea	1.3%	132		132	1.3%	165		165	1.3%	154		154	-7%		-7%
Watery Diarrhoea	1.7%	173		173	1.5%	195		195	1.6%	188		188	-4%		-4%
Persistent/Prolonged Diar.	0.0%	2		2	0.1%	15		15	0.2%	19		19	27%		27%
Nutritional Management	0.3%	30		30	0.6%	75		75	1.1%	131		131	75%		75%
Child Survival	1.0%	106		106	1.5%	200		200	1.7%	194		194	-3%		-3%
Clinical Research Support	4.5%	472	362	110	4.0%	525	375	150	4.3%	499	432	67	-5%	15%	-55%
Total Clinical Science	10.7%	1,117	362	755	10.7%	1,405	375	1,030	12.3%	1,436	432	1,004	2%	15%	-3%
LAB SCIENCES															
LSD Scientific Management	2.4%	251	(3)	254	4.6%	600	40	560	3.0%	351		351	-42%	-100%	-37%
Invasive Diarrhoea	3.6%	376		376	2.4%	312		312	1.2%	141		141	-55%		-55%
Watery Diarrhoea(CVT)	7.2%	754		754	1.8%	240		240	0.0%			0	-100%		-100%
Persistent/Prolonged Diar.	0.0%	1		1	0.0%	5		5	0.4%	52		52	940%		940%
Viral Diarrhoea	0.2%	26		26	0.6%	75		75	1.1%	126		126	68%		68%
Simple Diagnostic Test	0.2%	22		22	0.1%	15		15	1.3%	148		148	887%		887%
Microbial Ecology	0.7%	68		68	0.3%	45		45	0.0%			0	-100%		-100%
Laboratory Research and Devel.	0.2%	17	(64)	81	5.1%	675	425	250	7.0%	819	600	219	21%	41%	-12%
Miscellaneous Research	0.3%	31		31	0.2%	31		31	0.1%	15		15	-52%		-52%
Total Lab Sciences	14.8%	1,546	(67)	1,613	15.2%	1,998	465	1,533	14.2%	1,652	600	1,052	-17%	29%	-31%
COMMUNITY HEALTH															
CHD Scientific Management	1.1%	113	65	48	1.4%	190		190	1.4%	166		166	-13%		-13%
Invasive Diarrhoea	0.0%	0		0	0.0%	0		0	0.0%	0		0			
Watery Diarrhoea	0.3%	30		30	0.0%	3		3	0.0%			0	-100%		-100%
Persistent/Prolonged Diarrhoea	1.8%	190		190	1.0%	127		127	0.0%			0	-100%		-100%
Malnutritiol and Diarrhoea	0.3%	30		30	0.1%	15		15	0.0%			0	-100%		-100%
Maternal Health and Child Survival	4.5%	470		470	5.3%	691		691	5.7%	659		659	-5%		-5%
Diarrhoea Preventive Intervention	1.2%	122		122	0.1%	14		14	0.1%	9		9	-36%		-36%
Miscellaneous Epid. Research	0.4%	37		37	0.4%	47		47	0.1%	6		6	-87%		-87%
Total Community Health	9.5%	992	65	927	8.3%	1,087	0	1,087	7.2%	840	0	840	-23%		-23%
POPULATION STUDIES															
PSD Scientific Management	1.2%	125	8	117	0.7%	97	27	70	0.9%	107		107	10%		53%
Matlab Demographic Surveillance	7.1%	747		747	5.7%	753		753	6.4%	746		746	-1%		-1%
Teknaf Demographic Surveillance	1.4%	146		146	1.3%	174		174	0.0%			0	-100%		-100%
MCH-FP Extention Project	8.5%	884		884	8.6%	1,129		1,129	8.5%	995		995	-12%		-12%
Total Population Studies	18.2%	1,902	3	1,894	16.4%	2,153	27	2,126	15.9%	1,848	0	1,848	-14%		-13%
HEALTH CARE OPERATIONS RESEARCH															

Continued 2

TABLE 3 (2)

PROGRAMME WISE EXPENDITURE FOR 1988 THRU 1990
(In thousand US Dollar)

Activity	1988 (Actual)				1989 (Projected)				1990 (Budget)				Increase/-Decrease Over 1989		
		Funding Source:				Funding Source:				Funding Source:			Funding Sources		
	Total	Central	Project:		Total	Central	Project:		Total	Central	Project:		Total	Central	Project
Urban Volunteer Programme	6.6%	685		685	8.4%	1,100		1,100	9.2%	1,073		1,073	-2%		-2%
Epidemic Control Preparedness Prog.	1.6%	162		162	1.0%	129		129	0.7%	76		76	-41%		-41%
Total Health Care Oper.Research	8.1%	847	0	847	9.4%	1,229	0	1,229	9.9%	1,149	0	1,149	-7%		-7%
HEALTH CARE SERVICES															
Health Care Services Management	0.6%	66	66		0.7%	92	92		0.8%	96	96	0	4%	4%	
Dhaka Treatment Facilities	7.9%	826	744	82	7.2%	950	889	61	7.4%	867	867	0	-9%	-2%	-100%
Matlab Treatment Facilities	3.0%	311	289	22	4.1%	537	137	400	3.5%	402		402	-25%	-100%	1%
Teknaf Treatment Facilities	0.5%	51		51	0.4%	52		52	0.0%			0	-100%		-100%
Total Health Care Services	12.0%	1,254	1,099	155	12.4%	1,631	1,118	513	11.7%	1,365	963	402	-16%	-14%	-22%
COMPUTER INFORMATION SERVICES	-0.5%	(50)	(128)	78	1.3%	170	170		1.7%	198	198	0	16%	16%	
TRAINING AND DISSEMINATION															
Training and Dissem. Management	0.8%	84	1	83	0.7%	92		92	0.9%	105	1	104	14%		13%
National Courses	0.0%	4		4	0.0%	1		1	0.0%			0	-100%		-100%
International Courses	0.7%	69		69	0.6%	84		84	0.0%			0	-100%		-100%
Institutional Collaboration	1.8%	191		191	0.3%	34		34	0.2%	29		29	-15%		-15%
Staff Development	0.1%	8	3	5	0.7%	97		97	0.0%			0	-100%		-100%
Technical Assistance	4.4%	460		460	1.0%	130		130	0.0%			0	-100%		-100%
Library and Dissemination	2.1%	216	150	66	2.8%	361	156	205	3.5%	409	241	168	13%	54%	-18%
Total Training and Dissemination	9.9%	1,032	154	878	6.1%	799	156	643	4.7%	543	242	301	-32%	55%	-53%
CENTRAL MANAGT AND SUPPORT SERVICES															
Board of Trustees	1.1%	120	120		1.1%	146	146		1.0%	115	115	0	-21%	-21%	
Programme Co-ordination Committee	0.1%	9	9		0.1%	9	9		0.4%	52	52	0	478%	478%	
Central Scientific Management	4.1%	426	374	52	4.3%	560	490	70	5.2%	609	523	86	9%	7%	23%
Other scientific Committees	0.2%	21	21		0.2%	30	30		0.1%	14	14	0	-53%	-53%	
Resources Development	1.8%	186	182	4	1.1%	145	145		1.4%	168	168	0	16%	16%	
Administration	5.9%	617	617		5.3%	694	694		6.5%	758	758	0	9%	9%	
Personnel	2.2%	233	233		2.1%	280	280		2.7%	310	310	0	11%	11%	
Finance	1.9%	198	193	5	2.9%	383	230	153	1.9%	221	221		-42%	-4%	-100%
Depreciation Pool					3.0%	392	392		3.2%	371	371		-5%	-5%	
Total Central Management	17.3%	1,810	1,749	61	20.1%	2,639	2,416	223	22.5%	2,618	2,532	86	-1%	5%	-61%
TOTAL ICDDR,B CENTRE	100.0%	10,450	3,242	7,208	100.0%	13,111	4,727	8,384	100.0%	11,649	4,967	6,682	-11%	5%	-20%

TABLE 4

REVENUE ESTIMATES FOR 1989 AND 1990
(In thousand US Dollars)

DONOR NAME	(Recvl.)/Adv C/O from 1988	Est.Receipt 1989	Est.Income 1989	(Recvl.)/Adv C/O to 1990	Est.Receipt 1990	Est.Income 1990	(Recvl.)/Adv C/O to 1991
CENTRAL FUNDS:							
AUSTRALIA		192	192	0	200	200	0
BANGLADESH	(7)	30	30	(7)	30	30	(7)
BELGIUM	(24)	23	30	(31)	30	30	(31)
SAUDI ARABIA				0			0
UNITED STATES - AID		300	300	0	300	300	0
SWITZERLAND		709	709	0	700	700	0
SWEDEN - SAREC		150	75	75	150	150	75
UNITED KINGDOM - ODA		253	253	0	260	260	0
UNICEF		250	250	0	250	250	0
TOTAL	(31)	1,907	1,839	36	1,920	1,920	36
PROJECT FUNDS:							
AGA KHAN FOUNDATION	133	0	60	73			73
ARAB GULF FUND	(235)	235		0			0
AUSTRALIA	(0)	46	27	19			19
BELGIUM	159	137	296	0	250	250	0
CIDA - TRAINING	138	68	80	126		17	109
CIDA - OSS	(229)	1,102	1,082	(208)	208		(0)
IDRC-DISC	(10)	34	24	0	47	47	0
DANIDA		663	437	226		226	0
FORD FOUNDATION	134	14	131	17	53	70	(0)
IBRD/WORLD BANK	(20)	21	1	(0)			(0)
JAPAN	85	380	465	(0)	380	380	(0)
BAYER AG		70	30	40	48	88	0
NORAD	215	109	324	0	318	318	0
NETHERLANDS	31	38	124	(55)	1,079	1,024	0
SDC - DISC & OTHERS	(47)	432	386	0	126	126	0
SAUDI ARABIA	(406)	406	0	(0)			(0)
SEARL - FRANCE	(7)	30	23	0	26	26	0
UNDP/WHO	(229)	600	371	0	300	300	0
UNITED STATES:				0			0
COOPERATIVE	87	2,002	2,089	(0)	1,200	1,200	(0)
UVP	232	1,050	1,103	179	1,185	1,185	179
MCH-FP	(322)	1,904	1,400	182	1,299	1,299	182
WELCOME TRUST	(5)	15	10	0			0
WUSC	(27)	351	824	(0)	820	820	(0)
WHO	94	160	241	13	139	152	(0)
FLOOD RELIEF	101	354	415	40			40
OTHERS	(10)	52	43	0			0
TOTAL	(138)	10,774	9,984	652	7,478	7,528	802
GRAND TOTAL	(170)	12,681	11,823	688	9,398	9,448	838

TABLE 5

ANALYSIS OF MONTHLY RECEIPTS FOR 1990

DONOR NAME	TOTAL	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
CENTRAL FUNDS:													
AUSTRALIA	200									200			
BANGLADESH	30		7				8				7		8
BELGIUM	30		30										
SAUDI ARABIA	0												
UNITED STATES - AID	300					300							
SWITZERLAND	700	700											
SWEDEN - SAREC	150			150									
UNITED KINGDOM - ODA	260		260										
UNICEF	250												250
TOTAL	1,920	700	297	150	0	300	8	0	0	200	7	0	258
PROJECT FUNDS:													
AGA KHAN FOUNDATION													
ARAB GULF FUND	0												
BAYER	48						48						
BELGIUM	250		250										
CIDA - TRAINING	0												
CIDA - DSS	208			208									
IDRC	47				47								
DANIDA	0												
SEARLE	26				26								
FORD FOUNDATION	53					53							
IBRD/WORLD BANK	0												
JAPAN	380								380				
NORAD/WUSC	636	343	25	25	25	25	25	28	28	28	28	28	28
NETHERLANDS	1,079	55				324		350			350		
SDC - DISC & OTHERS	126			126									
SAUDI ARABIA	0												
UNDP/WHO	300		100				100			100			
UNITED STATES:	0												
COOPERATIVE	1,200					500			350			350	
UVP	1,185	85	100	100	100	100	100	100	100	100	100	100	100
MCH-FP	1,299	100	100	100	100	100	100	100	100	100	125	125	149
WELCOME TRUST	0												
WUSC	502	40	40	40	40	40	40	40	40	40	40	50	52
WHO	139		50				89						
FLOOD RELIEF													
OTHERS													
TOTAL	7,478	623	665	599	338	1,142	502	618	998	368	643	653	329
GRAND TOTAL	9,398	1,323	962	749	338	1,442	510	618	998	568	650	653	587

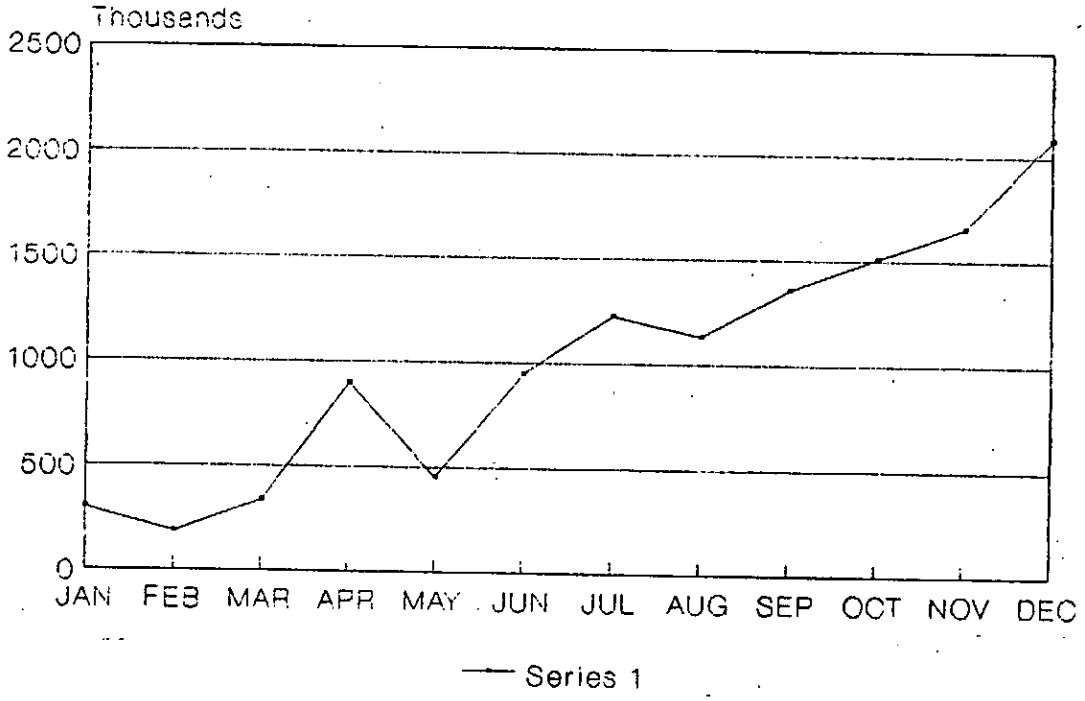
TABLE 6

CASH FLOW ANALYSIS FOR 1990
(In thousand US Dollars)

MONTHS	RECEIPTS	PAYMENTS	BALANCE
Opening Balance at 1 January 1990			(819)
January	1,323	800	(296)
February	962	850	(184)
March	749	900	(335)
April	338	900	(897)
May	1,442	1,000	(455)
June	510	1,000	(945)
July	618	900	(1,227)
August	998	900	(1,129)
September	568	800	(1,361)
October	650	800	(1,511)
November	653	800	(1,658)
December	587	1,016	(2,087)
Closing Balance at 31 December 1990			(2,087)
Total	9,398	10,666	

GRAPH I

PROJECTED OVERDRAFT 1990



PROPOSAL RE: LOCAL SALARIES

STAFF SALARIES AND ALLOWANCES

Local Salaries - To date, the UN salary increase of April 1988 has not been implemented. The Personnel & Selection Committee of the Board will be considering a revised salary policy for local staff.

No provision has been made in the 1990 budget for any increase in salary or allowances for local staff. With the current financial status of the Centre, no increases are recommended.

SALARY.5

PROPORSAL RE: INTERNATIONAL SALARIES

STAFF SALARIES AND ALLOWANCES

International Salaries - As reported in the June meeting, the UN post adjustment factor has increased from +8 to +15 as well as dependant allowance and pensionable remuneration have also increased.

No provision has been made in the 1990 budget for any increase in salary or allowances for international employees. Considering the current financial status of the Centre, no increases are recommended.

SALARY.5

PERSONNEL & SELECTION COMMITTEE REPORT

REPORT OF THE PERSONNEL & SELECTION COMMITTEE MEETING HELD ON 13 DECEMBER, 1989

1. Overview of the staffing situation

1.1 In reviewing the tables presented, the Committee appreciated the conscious effort the Centre is making to reduce its staff.

2. Staffing

2.1 **Recruitment of international professional staff**

(a) SENIOR SCIENTIST, HEAD COMMMUNITY HEALTH DIVSN, P6

2.1.1 It was agreed that normally whatever can be done has been done (this is the second time the position has been advertised).

2.1.2 It is recommended to the Board that it should now be left to the Director to decide as to how best to proceed with recruitment to this position, assuring him that the Board will give whatever assistance it can.

(b) SENIOR SCIENTIST, HEAD, POPULATION SCIENCES DIVSN, P6

2.1.3 As requested, the Centre wrote to UNFPA requesting that Dr Atiqur Rahman Khan be seconded to the Centre. A response has been received from them advising that they cannot release him. However, they have asked the Centre to propose a project proposal for funding and suggested that this should go beyond just requesting for funding for the Division Head position.

(c) SENIOR SCIENTIST (PSD), P5

2.1.4 It is recommended that the Board approves the creation of this post provided project money is found to fund it.

(d) MCH-FP PHYSICIAN (PROJECT DIRECTOR), P5

2.1.5 Short listing has been done for this position and the Centre has been advised to go ahead with reference checks.

2.1.6 In lieu of the above, it is recommended to the Board that an Executive Committee be formed, to meet before next Board Meeting, to review and interview the short listed

candidates for this post.

(e) NUTRITIONIST, P3

2.1.7 As applications for this position are being received now, it is recommended to the Board that the Executive Committee (mentioned in 2.1.6 above) also review and interview short listed candidates for this post. In doing so, however, the Executive Committee should be cautioned to take into account the financial situation of the Centre and even though they may identify a suitable candidate, an appointment should not be made unless the financial situation of the Centre allows it.

(f) SENIOR SCIENTIST AND HEAD, LABORATORY SCIENCES DIVISION, P6

2.1.8 In view of the fact that Dr Saul Tzipori may regrettably not be available after the end of his contract (August 1990), it is recommended to the Board that this position be advertised now.

2.1.9 The Committee expressed its profound gratitude to Dr Tzipori for his excellent

services and recognized that the Centre's obligations to him should be honoured to the end of his contract. It is recommended that the Board passes a resolution to this effect.

2.2 Information on seconded staff

2.2.1 The Committee noted that the WUSC seconded staff (a) Ms Churamonie Jagdeo, Nurse/Health Trainer and (b) Ms Michelle Munro, Nurse/Health Educator have joined the Centre.

3. Working Papers

3.1 Selection of Trustees

3.1.1 It is recommended to the Board that the nomination of Professor Fred S.Mhalu, Professor of Medical Microbiology at the Muhimbili Medical Centre, University of Dar Es Salaam be accepted to fill the vacancy created when Professor D. Habte took over as Director of the Centre.

3.1.2 It is recommended to the Board that the nomination of Dr Takashi Wagatsuma, Director of the Deparmtne of International Cooperation at the National Medical Center Hospital in Tokyo be accepted to fill the vacancy created

by the resignation of Professor H. Tanaka.

3.1.3 It is recommended to the Board that the members at large whose term ends on 30 June, 1990 be re-appointed for a second term. Those involved are Dr D. Ashley, Prof. F.S. Mhalu (if he accepts), Prof. A. Lindberg and Prof. V.I. Mathan.

3.1.4 It is for the Government of Bangladesh to advise whether or not they wish Mr M.K. Anwar to continue for a second term (from 1 July, 1990).

3.2 Salary proposal NO and GS staff

3.2.1 It is recommended to the Board that the salaries of all staff (including international level) be frozen for 1990, i.e. there would be no salary increase but the annual step increase will be allowed.

3.2.2 The Committee accepted that a policy paper be presented next meeting and recommends to the Board that the Centre commission a study which would take into account both options mentioned in the paper presented to the Committee and the possibility of combining

the options. To carry out this study the Centre would require the assistance of a local management consulting firm.

Full discussions on these and other items are recorded in the minutes of the meeting.

:jc

13.12.89

DRAFT RESOLUTIONS

1. The Board resolves that the report of the Personnel & Selection Committee be accepted.

2. The Board resolves that the position of Senior Scientist (PSD) at P5 level be created provided project money is available to fund this position.

3. The Board resolves that an Executive Committee be formed, to meet before next Board Meeting, to interview and select an appointee for the MCH-FP Physician (Project Director), at P5 level, position. The members of this Committee should include, as a minumum, Mr Taslimur Rahman, Professor D. Habte, and Dr P. Sumbung.

4. The Board resolves that the Executive Committee mentioned in Resolution BT/Dec. 89 also interview the short listed candidates for the Nutritionist, at P3 level, position. Before appointing someone to this position, the Committee should ensure that the financial situation of the Centre allows such an appointment to be made.

5. The Board resolves that the position of Senior Scientist and Head, Laboratory Sciences Division at the P6 level be advertised immediately.

6. The Board resolves that it expresses its profound gratitude to Dr Saul Tzipori for his excellent services to the Centre and recognizes that the Centre's obligations to him should be honoured to the end of his current contract.

7. The Board resolves that Professor Fred S. Mhalu, from Tanzania, be appointed as a Trustee, with immediate effect, to complete Professor D. Habte's term.

8. The Board resolves that Dr Takashi Wagatsuma, from Japan, be appointed as a Trustee, with immediate effect, to complete Professor H. Tanaka's term.

9. The Board resolves that Dr D. Ashley, Professors D. Lindberg, V.I. Mathan and F.S. Mhalu (if he accepts his appointment) be re-appointed to the Board for a second

term of 3 years from 1 July, 1990.

10. The Board resolves that there be a salary freeze for all staff for 1990. This does not include the annual step increase.

OVERVIEW OF STAFFING SITUATION

Agenda 8(a)/BT/89

OVERVIEW OF THE STAFFING SITUATION

The staffing status (Fixed-Term) of the Centre as of December 01, 1989 along with a projection for January 01, 1990 is enclosed with a list of the international professional staff. Also enclosed is a table showing the projected staffing status of the Seconded, Short-term, Consultants, Community Health Workers & Urban Volunteers who are working at the Centre mostly on temporary basis and for whom the Centre does not have any obligation.

MANPOWER STAFFING

CF = Core funded
CPF = Core Project funded
PF = Project funded

Functional Area	1985 (Dec 31)	1986 (Dec 31)	1987 (Nov 01)	1988 (Apr 01)	1988 (Oct 31)	1989 (May 31)	1989 (Dec 01)	PROJECTED STATUS 1990 (Jan 01)
-International Professional staff	34	19	11	16	19	19	16	15
-Research (Scientific & Support)	441	404	423	433 CF-307 PF-126	469 CF-319 PF-150	477 CF-322 PF-155	379 CF -209 CPF- 49 PF -121	366 CF -208 CPF- 41 PF -117
-Research (Administration)	-	-	-	215 CF-159 PF- 56	211 CF-166 PF- 45	212 CF-165 PF- 47	274 CF -187 CPF- 37 PF - 50	256 CF -186 CPF- 23 PF - 47
-Field	510	494	534	249 CF- 89 PF-160	262 CF- 83 PF-179	274 CF- 83 PF-191	261 CF - 9 CPF- 71 PF -181	232 CF - 7 CPF- 63 PF -162
-Administration (Support Services)	459	435	443	236 CF-235 PF- 1	240 CF-238 PF- 2	239 CF-238 PF- 1	241 CF -239 CPF- 1 PF - 1	240 CF -238 CPF- 1 PF - 1
Total	1444*	1352*	1411*	1149**	1201**	1221**	1171**	1109**

* Inclusive of short-term staff, Community Health Workers and Urban Volunteers.
** Excluding short-term staff, Community Health Workers and Urban Volunteers.

20 Nov 89/au:

ICDDR,B

STAFFING STATUS
(FIXED-TERM)
As of December 01, 1989

Sl. No.	LOCATION	Int'l Profe-ssional	Regular & Project		TOTAL
			NO	GS	
1.	Director's Office	2	-	1	3
2.	Community Health Division	2	31[1/]	260[2/]	293
3.	Clinical Sciences Division	4	38	153	195
4.	Laboratory Sciences Division	3	30	132[3/]	165
5.	Population Science & Extension Division	3	34	204	241
6.	Resources Development	1	3	-	4
7.	Support Services	1	14	203	218
8.	Finance	-	8	19	27
9.	Training & Extension	-	7	18	25
	TOTAL	**16**	**165**	**990**	**1171**
	October 31, 1989 - Total :	16	170 (-5)	1011 (-21)[4/]	1197 (-26)

1/ Unfunded staff - 1

2/ Unfunded staff - 7

3/ Unfunded staff - 1

4/ To be released from LSD, Giardia & Ascaris Projects, VTP, etc.

20.11.89/au

INTERNATIONAL STAFFING STATUS
AS OF DECEMBER 1989
REGULAR INTERNATIONAL PROFESSIONAL STAFF

SL. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
FIXED TERM							
1.	Alam, Dr. A. N.	Bangladesh	Head, Clinical Research Centre	P4	01.07.86	30.06.92	
2.	Albert, Dr. M. John	India	Research Microbiologist	P3	04.05.89	03.05.92	
3.	Ali, Mr. M. Iqbal	Bangladesh	Programme Officer	P1	16.06.85	15.06.91	
4.	Chowdhury, Ms.Judith A.	Australia	Executive Assistant	P1	16.06.85	15.06.91	
5.	Fauveau, Dr. V.	France	MCH-FP Physician	P4	01.01.86	31.12.91	
6.	Habte, Prof. Demissie	Ethiopia	Director	ADG	12.08.89	11.08.90	
7.	Henry, Dr.Fitzroy	Guyana	Nutritionist/ Epidemiologist	P3	01.01.84	31.12.89	
8.	Islam, Dr. M.Moyenul	Bangladesh	Research Pathologist	P4	01.08.88	31.07.91	
9.	Mahbub, Mr. M.A.	Bangladesh	Associate Director, A&P	P6	01.07.87	30.06.91	

SL. No.	Name	Nationality	Title	Pay Level	Contract Start date	Contract End date	Remarks
10.	Mahalanabis, Dr. D.	India	Senior Scientist & Associate Director,CSD	P6	04.01.88	03.01.91	
11.	Mostafa, Mr. A.H.	Australia	Computer Information Services Manager	P4	24.01.88	23.01.91	
12.	Patra, Dr. F.C.	India	Assistant Scientist	P1	01.02.89	31.12.89	
13.	Strong, Dr. M. A.	USA	Sr.Scientist & Head,DSS	P5	01.09.88	31.08.91	
14.	Tzipori, Dr. Saul	Australia	Sr. Scientist & Associate Director,LSD	P6	10.08.88	09.08.90	
15.	Van Loon, Dr. F.P.L.	Netherlands	Scientist	P4	24.07.84	30.06.90	
16.	Wai, Dr. Lokky	Canada	Demographer-Scientist	P4	15.04.88	14.04.91	

ICDDR,B

PROJECTED STAFFING STATUS
(SECONDED, SHORT-TERM, CONSULTANTS, CHWs & UVs)
As of December 01, 1989

Sl. No.	LOCATION	International Seconded	Int'l Prof (Short-term)	Consultant	Short-term NO	Short-term GS	CHW	UV	TOTAL
1.	Community Health Division	5	-	1	10	41	110	220	387
2.	Clinical Sciences Division	6	-	2	3	22		4	37
3.	Laboratory Sciences Division	1	1	2	3	4	2		13
4.	Population Science & Extension Division	5	2	2	1	5	42		57
5.	Support Services	-	-	-	1	5			6
6.	Finance	-	1	-	-	1			2
7.	Training & Extension	-	-	2					2
	TOTAL	18	3	9	18	78	154	224	504
	October 31, 1989 - Total :	20 (-2)	3	5 (+4)	20 (-2)	87 (-9)	154	224	513 (-9)

CHW = Community Health Workers
UV = Urban Volunteers

20.11.89/au:

SHORT-TERM

Sl. No.	Name	Nationality	Title	Level	Start Date	End Date
1.	Bairagi, Dr. R.	Bangladesh	Senior Scientist	P5	15.01.89	14.12.89
2.	Unicomb, Ms. Leanne	Australia	Research Virologist	P2	20.03.89	19.02.90
3.	Whittaker, Dr. Maxine	Australia	Operations Research Scientist	P4	15.07.89	14.06.90

SECONDED STAFF

Sl. No.	Name	Nationality	Title	Start Date	End Date
1.	Bingnan, Dr. Fu	China	Visiting Scientist	11.04.88	Open
2.	Bennish, Dr. M.	U.S.A.	Scientist	31.10.88	Open
3.	Besser, Dr. Richard	U.S.A.	Associate Scientist	04.05.89	03.05.90
4.	Hall, Dr. Andrew	U.K.	Visiting Scientist	09.05.84	Open
5.	Jagdeo, Ms.Churamonie	Canada	Nurse/Health Trainer	27.06.89	26.06.92
6.	Koenig, Dr. Michael	U.S.A.	Scientist	17.02.84	Open
7.	Maru, Dr.Rushikesh	India	Operations Research Scientist	11.09.89	10.09.91
8.	Munro, Ms. Michelle	Canada	Nurse Health Educator	23.06.89	22.06.92
9.	Nielsen, Ms. Birthe	Denmark	Immunization Coord.	18.08.88	13.08.90
10.	Patterson, Mr. David	U.S.A.	Research Fellow	22.09.87	

Sl. No.	Name	Nationality	Title	Start Date	End Date
11.	Silimperi, Dr. Diana	U.S.A.	Project Director, UVP	20.04.87	19.04.90
12.	Sorensen, Ms. Nina	Denmark	Teaching Coordinator	05.03.88	04.03.90
13.	Stark, Ms. Nancy	U.S.A.	Fellow	16.03.89	15.03.90
14.	Stewart, Dr. Kate	U.S.A.	Associate Scientist	Jan. 1988	31.08.90
15.	Thilsted, Dr. S.	Denmark	Nutrition Coordinator	05.03.88	04.03.90
16.	Winkelmann, Mr. John	Canada	Associate Director, Finance	27.09.88	26.09.91

RECRUITMENT

Agenda 8(b)i/BT/89

Senior Scientist & Head, Community Health Division P6

Ref BOT Resolution 18/June '89, this position was advertised both nationally and internationally. Further, the vacancy announcement was sent to all the potential sources, i.e., BOT Members, Heads of Diplomatic Missions and UN Agencies in Dhaka. The Acting Director of CDC, Atlanta, WHO officials in Geneva and several prominent institutional heads were contacted and their assistance requested.

In response to this, only 13 applications were received including one from Dr. K.M.A. Aziz, an internal candidate, None of the applicants has been found suitable. Dr. Nieberg from CDC, Atlanta who had shown interest for the position was also not found suitable to fulfil the research and management expertise required for the position.

This is a top management Senior Scientist level position and the incumbent is to head an important division. As such a more aggressive search for a candidate matching the requirements of this position is required to be made.

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

ADVERTISEMENT

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aims are to conduct research and training in diarrhoeal diseases and related subject of nutrition and fertility, and to develop improved health programmes for control of diarrhoeal diseases in developing countries. It is also involved in major demographic surveys. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences.

Salary scales, rules and regulations are similar to those followed by the UN/WHO. The 1,400 employees include 200 researchers coming from 13 countries. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

Candidates are being sought for the following positions. These positions carry a UN/WHO based salary depending on qualifications, experience and number of dependants.

1. SENIOR SCIENTIST & HEAD, COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of D1).

Duties/Functions

This individual will conduct coordinate and direct the research and allied activities of the Community Health Division which is one of the four scientific divisions of the ICDDR,B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this Division.

The location of the Division's work is in Dhaka and Matlab (approximately 40 Km from Dhaka). The Division is staffed by 500 scientific, clinical and support staff.

Qualifications and Experience

A Ph.D or a medical degree with specialization in Community Health or Research Epidemiology method and/or Social Anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate

Contd.....P/2

will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

The position is equivalent to a full professor in academia. Experience in Tropical Medicine and connections with sicentific institutions in developed and developing countries would be advantageous.

2. MCH-FP PHYSICIAN

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

This individual will administer the functioning of the Matlab MCH-FP Project which currently has an annual budget of approximately US $ 600,000. This involves design, monitoring, implementing and evaluating selected primary health care activities and associated research and to develop linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh.

Qualifications and Experience

A medical degree with specialization in Paediatrics, Tropical Medicine and/or Gynae/Obstetrics with Post Graduate Diploma in Public Health/Master of Public Health or Ph.D. Experience in primary health care in developing countries, research experience in community based studies with publications in peer-review journals desirable. Work experience in South Asia region will be an advantage.

Applications and a detailed CV, together with names and addresses of 3 references should be sent to the Personnel Manager (Professional), ICDDR,B, G.P.O. Box No. 128, Dhaka-1000, Bangladesh. Applications will be received up to six weeks after the appearance of this advertisement.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

GPO BOX 128, Dhaka-1000, Bangladesh

Title: Senior Scientist - Head Community Medicine Division

Grade: P4 - P6 (UN Scale)

Objectives: To direct and conduct epidemiological studies and design and evaluate health intervention studies related to diarrhoeal diseases including shigellosis and chronic diarrhoea and other major causes of childhood morbidity and mortality in the context of rural and urban health programme.

Duties:

- To coordinate and direct the research, service and related activities of the Community Medicine Division.
- To develop and carry out scientific protocols.
- To administer the overall functions of the division and advise the scientific staff.
- To evalute and direct the activities of the Matlab Field Station.
- To contribute to the development of career structure for the scientific and clinical staff and attempt to integrate the inservice training with that carried out by appropriate national institutions.
- To foster active collaboration with research institutions in Bangladesh and abroad.
- To obtain International competetive research grants.

Qualifications:

Education: A medical degree with specialization in Public Health and/or Epidemiology.

Experience: A minimum of 15 years experience in primary health care or health services research including tropical medicine; out of which at least 5 years as a Senior Team Leader. Must have proven scientific ability as evidenced by a record of original work published in International peer-reviewed scientific journals. Good connections with International Scientific Institutions.

Language skills: Excellent knowledge of spoken and written English.

Salary range: US$ 32,605 to US$ 49,287 (with dependants)
US$ 30,275 to US$ 45,283 (single status) depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and and allowances.

Date of joining: As soon as possible.

Senior Scientist, Head Population Sciences Division P6

To fill up the vacant position of Head, PSD, Dr. Nafis Sadik, Executive Director, UNFPA has been formally approached for seconding Dr. Atiqur Rahman Khan to ICDDR,B. Our request has also been supported by the resident representative of UNFPA in Dhaka.

No reply however, has yet been received.

Dr. Atiqur Rahman Khan was interviewed for the position of Operations Research Scientist with MCH-FP (Extn) project. Comments of the interviewers Drs. D. A. Henderson and Barnett Baron are enclosed for reference.

COMMENTS/RECOMMENDATIONS:
(On Dr. R. Maru)

Outstanding candidate with excellent credentials; most personable in inerview setting; current activities and recent experience mesh well with anticipated responsibilities. The rating of 's' signifies charecteristics which are fully responsive to needs of position.

INTERVIEWER: Dr. A. Hendarson

(on Dr. A.R. Khan)

Dr. Khan is clearly an outstanding candidate for service at ICDDR,B. He is highly regarded by others at Hopkins who have worked with him - The works "international status", "a real leader", "maturity" and " one of the best in the field" being used by many. The reservation which I and my colleagues had - indeed, The only reservation - is that his stature and experience better qualify him for the position of an Associate Director than they do for an operations research scientist. It is for this reason only that I would rate him a stool below the other candidate. I would hope that some action might be possible to bring him to ICDDR,B as he would bring distinction to the Institution as well as leadership in the social seience field. Such leadership is most important and needed at the time.

INTERVIEWER: Dr.A. HENDERSON

ICDDR,B

PERSONNEL DEPARTMENT

Interview Rating Sheet
Interview Rating Sheet

Name of Applicant : Dr. Atiqur Rahman Khan

Position Applied : Operations Research Scientist Level : P-4

Date of Interview : 12.12.88

I. PROJECTION (20%)

1. Presentation of oneself
2. Self confidence
3. Verbal communication skills
4. Rapport

5	4	3	2	1	SCORE
X					
X					
X					
X					
				TOTAL SCORE	20

II. APTITUDE (20%)

1. Comprehensive
2. Interest
3. Reasoning
4. Flexibility

5	4	3	2	1	SCORE
X					
X					
X					
X					
				TOTAL SCORE	20

III. TECHNICAL ABILITY (60%)

1. Education
2. Relevance of Experience
3. Potential for Organizational Growth

5	4	3	2	1	SCORE
X					
	X				
X					
				TOTAL SCORE	14

COMMENTS/RECOMMENDATIONS:

Dr Khan is clearly an outstanding candidate for service at ICDDR, B. He is highly regarded by others at Hopkins who have worked with him - the words "international stature" "in vogue" under "initiative" and "one of the best in the field" being used by many. The reservation which I and my colleagues had - indeed, the only reservation - is that his stature and experience better qualify him for the position of an Associate Director than they do for an operations research scientist. It is for this reason only that I would rate him a couple below the other candidate. I would hope that some action might be possible to bring him to ICDDR, B as I would bring distinction to the Institute as well as leadership in the social sciences field. Such leadership is most important and needed at this time.

INTERVIEWER: D. A. Henderson

AH:rcp

ICDDR,B

PERSONNEL DEPARTMENT

Interview Rating Sheet

Interview Rating Sheet

Name of Applicant : Atiqur Rahman Khan

Position Applied : Operations Research Scientist Level : P-4

Date of Interview : December 20, 1988

I. PROJECTION (20%)

1. Presentation of oneself
2. Self confidence
3. Verbal communication skills
4. Rapport

5	4	3	2	1	SCORE
✓					5
✓					5
✓					5
✓					5
				TOTAL SCORE	20

II. APTITUDE (20%)

1. Comprehensive
2. Interest
3. Reasoning
4. Flexibility

5	4	3	2	1	SCORE
✓					5
		✓			3
✓					5
✓					5
				TOTAL SCORE	18

III. TECHNICAL ABILITY (60%)

1. Education
2. Relevance of Experience
3. Potential for Organizational Growth

5	4	3	2	1	SCORE
	✓				4
		✓			3
✓					5
				TOTAL SCORE	12

COMMENTS/RECOMMENDATIONS: He is both too senior for the post in terms of current UN rank (P-5) and previous Bangladesh experience, and at the same time does not have the qualitative on field-survey experience necessary for the post. It would be very awkward for him to work in a position subordinate to the present Project Director. In general, his substantive qualifications are only partly applicable to the advertised post, and he is not as well qualified as Dr. Mary. On the other hand, he would be a strong candidate for an Associate Director position where he would not be responsible for detailed technical activities.

INTERVIEWER: Barrett F. Baron Population Council

lhrcp

ion Council

PERSONAL AND CONFIDENTIAL

January 3, 1989

TO: Dr. Roger Eeckels
Director, ICDDR,B

FROM: Barnett F. Baron BFB
Senior Associate, The Population Council

SUBJECT: Interviews of Candidates for the Operations Research Scientist Position (MCH/FP Extension Project)

Enclosed are the completed Interview Rating Sheets for Dr. Rushikesh Maru and Dr. Atiqur Rahman Khan, both candidates for the post of Operations Research Scientist in the MCH/FP Extension Project. The Centre is indeed fortunate in being able to select from among two such attractive candidates.

On balance, I strongly recommend that Dr. Maru be offered the position. He is exceptionally well-qualified by virtue of his education, experience, and familiarity with South Asian public health systems. He has conducted relevant research in India, has taught relevant courses in India and at the University of Michigan, and has a strong professional interest in the utilization of research for policy-making and program implementation purposes. Moreover, he is somewhat familiar with the MCH/FP Extension Project and the ICDDR,B and is looking forward to a minimum of two years in Dhaka. I think he would work well with Project staff at all levels, and is aware of the expectation that he would assume increasing levels of administrative responsibility within the Project over time.

Dr. Khan is a well-known MCH/FP specialist both within Bangladesh and internationally. With respect to the position of Operations Research Scientist, however, it must be noted that his experience is more clinically-oriented than qualitative in nature. He has not conducted programmatically-oriented "operations research" of the kind on which the Extension Project is based, nor has he had data collection experience at the field level of the kind required. On the merits, I find him to be a less well-qualified candidate than Dr. Maru <u>for the post advertised</u>. There is a practical difficulty as well. Dr. Khan currently holds a P-5 rank within the UN system, whereas the Operations Research Scientist post has a P-2 to P-4 ranking. Given Dr. Khan's previous senior position in the Bangladesh Planning Commission and his current P-5 post at UNFPA, it would be awkward at best-- for him and for other Bangladeshi staff at ICDDR,B-- for Dr. Khan to be in a position subordinate to that of the present Project Director. Nor would he be the appropriate

person to relieve the present Project Director of day-to-day administrative responsibilities.

Should there be an opening in due course at the Associate Director level, to replace Dr. Duza, I think Dr. Khan would be an excellent candidate. He has the broad experience required, familiarity with current scientific literature and needs within the population field, an excellent publications record in his own area of specialization, and an earned international reputation.

As you requested, I sent telex and fax messages to two of Dr. Maru's referees, Professor J.K. Satia and Dr. David Korten, requesting written recommendations. I received the following reply from Dr. Satia today, which is a copy of his earlier letter sent to Dr. Duza on December 21. I have not yet heard from Dr. Korten.

Rubina
copy to AD, A&P

Copy sent 1.7.89 File 8 g0.68.89

Government of the People's Republic of Bangladesh
Ministry of Health and Family Planning
(Health Wing)

No. PHS/2c - 1/84/169 Dated 21. 6. 1989.

Subject :- Vacancy created by the resignation of Dr. Badrud Duza.

The undersigned is directed to enclose the memo along with its enclosure dated May 30, 1989 of the World Bank on the subject quated above .

Enclosure :- as above
(in original)

(Md Tozammal Hossain)
Sr. Asstt. Secretary .

Director
ICDDR,B
Mohakhali,
Dhaka .

(9)

RECEIVED
25 JUN 1989
I.C.D.D.R,B.

Leave for D.H.

ank
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IONAL DEVELOPMENT ASSOCIATION

1818 H Street, N.W.
Washington, D.C. 20433
U.S.A.

(202) 477-1234
Cable Address: INTBAFRAD
Cable Address: INDEVAS

May 30, 1989

All ICDDR,B Board Members

Dear Fellow Board Member:

I write to you in connection with the vacancy created by the resignation of Dr. Badrud Duza. I suggest that a strong candidate for this position is Dr. Atiqur Rahman Khan, whose CV I attach.

Dr. Khan is working with UNFPA in New York (at a P5 level). He is an experienced and well-known family planning physician and policy-maker. He gave a seminar here last week and I talked to him. He could be very interested in the post, especially if it were on secondment from UNFPA. There appears to be a prospect, not only that UNFPA would second him, but that they would pay for his post also.

Dr. Khan comes highly recommended by Dr. Tony Measham (World Bank) and Dr. Jim Phillips (Population Council).

I am circulating this information in advance of the meeting in order that you may make your own enquiries before we discuss it in Dhaka.

Sincerely,

Richard G. Feachem
Principal Public Health Specialist
Population, Health & Nutrition Division
Population & Human Resources Department

Enclosure

BIOGRAPHIC DATA OF
DR. ATIQUR RAHMAN KHAN

A. Particulars:

1.	Name	:	Atiqur Rahman Khan
2.	Father's Name	:	Late Sajed Ali Khan
3.	Date of birth	:	7 February 1937.
4.	Present address	:	Care: UNFPA, ~~Box # 30218~~ Rm 1705, 220 East 42 St. NY 10017. Nairobi, Kenya. Home: 67-53 Aldenham St. Rego Park NY 11374
5.	Permanent address	:	36 Swamibag Lane Dhaka- 1, Bangladesh.
6.	Family, Wife, Children:		Mufaweza Khan (Presently Executive Director, Concerned Women for Family Planning, Dhaka, Bangladesh).
			Two sons (Born March 1964 & October 1968).

B. Academic Qualifications

1. Dr. P.H. (Doctorate in Public Health) from Johns Hopkins University (USA) with a major in population dynamics, 1973.

2. M.P.H. from Johns Hopkins University (USA) with a major in Maternal and Child Health and population dynamics, 1965.

3. D.P.H. (Diploma in Public Health) from the Institute of Hygiene and Preventive Medicine in Lahore (Pakistan) under Punjab University, 1964.

4. M.B.B.S. from Dhaka Medical College, Dhaka University, December, 1960.

C. Academic Certificates

1. Successfully attended the Workshop on Communication, University of Chicago, 1965 (Summer).

2. Successfully participated in the Workshop on "Training Methodology and Strategy" in the University of North Carolina (Chapel Hill), 1967 (Summer).

D. International Assignments Presently. Senior Technical officer, Technical Division, UNFPA.

1. Technical Advisor for UNFPA in Nairobi, Kenya, from 2 April, 1987. Responsibilities include technical support to UNFPA programs in Kenya and other countries of the region as necessary.

2. Short Term Consultant, as member of UNFPA Need Assessment/Project Formulation Mission in Ethiopia for 3 weeks, 1-20 December 1986.

3. Short Term Consultant, as the Overall Project Preparation Consultant for a World Bank Project Formulation work in Ethiopia for 5 months, 15 May to 14 October 1986.

4. Short Term Consultant, as a member of the World Bank Project Preparation Mission to India, 15 March to 10 April, 1986.

5. Short Term Consultant for the World Bank in Washington for preparation of PHN Mission report on Somalia, 9-20 July 1984.

6. Short Term Consultant, as a member of the World Bank Mission on Population, Health and Nutrition to Somalia, 31 April to 16 May 1984, and for writing report in Washington DC, 9 to 20 July, 1984.

E. National Services (Starting : from the most recent job)

1. Joint Chief (Population Planning Section), Planning Commission, from 1 August 1980 to 1 March 1986.

Major responsibilities were formulation of policies relating to population control, family planning and maternal and child health and determination of national resources allocation for population, family planning and maternal and child health programmes and projects.

Held a substantive position of the Professor of Population Dynamics in the National Institute of Preventive and Social Medicine (NIPSOM) from July 1984, from which deputed to Planning Commission.

2. Director (Services and Training), Population Control and Family Planning Programme in Bangladesh, from 9 November 1979 to 1 August 1980.

Responsibilities included overall MCH and FP service strategy and policy direction and technical supervision of the family planning and MCH programmes at national level.

3. Director (Training) in the Bangladesh Family Planning Programme, from March 1978 to 9 November 1979.

Major responsibilities were planning, organization and supervision of training of all personnel in the family planning programme.

4. Founder Director (concurrent assignment), Bangladesh Fertility Research Programme, a semi-autonomous research organization, established in collaboration with Family Health International, North Carolina, USA, from July 1976 to October 1980.

Major responsibilities were organization, coordination and promotion of applied research in fertility regulation techniques, interpretation of research experience into meaningful programme implications and dissemination research related information to appropriate audience.

5. Deputy Director for Service Delivery in the Bangladesh Family Planning Programme, August 1975 to March 1978.

6. Director, National Postpartum Family Planning Programme, January 1974 to August 1975.

Founder Director (concurrent assignment), Family Planning Model Clinic and Research Centre, from July 1974 to February 1979. The clinic provides comprehensive family planning services, conducts contraceptive research and offers training of medical and para medical personnel in clinical contraception.

Project Director (concurrent assignment) Johns Hopkins Fertility Research Programme, July 1974 to June 1977. This project conducted applied research in current contraceptive technology, with particular reference to their implication for the national programme.

7. Deputy Director (Technical), Bangladesh Family Planning Board (in absentia), from 1 February 1972 to January 1974.

8. Doctoral studies in the Johns Hopkins University, August 1970 to October 1973.

9. Assistant Director (Training and Research) in the East Pakistan Family Planning Board, the official Government Programme, January 1966 to August 1970.

Major responsibilities were planning, organization and supervision of all training activities in the family planning programme, and coordination of programme-related research.

(Overlapping with above) Associate Professor of Hygiene and Preventive Medicine for Medical College, from 2 May 1967, and deputed to work in the F.P. Programme. Also assigned to teach Public Health in Dhaka Medical College till August 1970.

10. Lecturer- Physician (Assistant Professor, in the Para-medical Training Institute, Dhaka, July 1965 to January 1966.

11. Higher studies in the Johns Hopkins University, USA (for M.P.H.) September 1964 to June 1965.

12. Lecturer in the Para-medical Training Institute, Dhaka, from July 1964 to September 1964.

13. Higher studies in Public Health in the Institute of Public Health in Lahore, Pakistan (under University of Punjab), October 1963 to June 1964.

14. Medical Officer-in-Charge of the Labour Welfare Centre, in the Tejgaon Industrial Area, Dhaka, March 1, 1961 to October 1963.

Major responsibilities were to run an out-patient medical care facility and to act in an advisory role in promotion of occupational health.

F. Professional Affiliations/Experience at International Level

1. Member, International Advisory Board, Studies in Family Planning a publication of The Population Council, New York, USA, from January 1985 to December, 1987.

2. Chairman, Session 13: Permanent Contraception, Second Annual Conference of the Society for the Advancement of Contraception (SAC) in Jakarta, Indonesia, 26-30 November 1984.

3. Panel Moderator of the secion "Improving the Quality of Voluntary Surgical Contraception Services", and Resource Person in the Workshop on "Monitoring and Supervisory Mechanisms to ensure safety", 5th International Conference on Voluntary Surgical Contraception, WFHA-AVSC, Santo Domingo, Dominican Republic, 5-8 December, 1983.

4. Discussion Leader/Chairman, Task forces on "Monitoring and Supervision of Voluntary Surgical Contraception" in the meeting of the Expert Committee on Safety of Voluntary Surgical Contraceptive, Manila, 8-11 May, 1983.

5. Member, Advisory Committee, Reproductive Health Information service (RHIS), Seattle, USA, for publication of "OUTLOOK" from 1982.

6. Panel Moderator/Chairman of the special seminar on "Extending VSC to Rural, Remote and Peripheral Areas" in the 7th General Assembly of the World Federation of Health Agencies (WFHA-AVSC), Bangkok, 3-5 November, 1981.

7. Resource Person in the Workshop on Use of Epidemilogy in Evaluation of the Safety of Fertility Regulation Methods, organised by the Population Council and the Centre for Disease Control, held in Bangkok, from 21-26 September, 1981.

8. Moderator/Chairman for the Panel I and II in the Working Group I in the International Conference on Family Planning in the 1980's, 27-30 April, 1981 in Jakarta, Indonesia.

9. Member, Expert Study Committee for Expansion of Surgical Contraception, World Federation of Health Agencies for Voluntary Surgical Contraception, 1981.

10. Member, International Medical Advisory Board, International Women's Health Coalition, Washington, D.C. USA, from 1981.

11. Member, WHO Steering Committee on Long-Acting Systemic Agents for the Regulation of Fertility, World Health Organization, Geneva, 1980-83.

12. Chairman of The Board of Directors, Program for the Introduction and Adaptation of Contraceptive Technology (PIACT/International), Seattle, USA, from 1980 to 1983.

13. Member, Executive Committee, International Federation for Family Health, Research Triangle Park, North Carolina, USA, from 1977 to 1982.

14. Member, International Research Review Committee, for Internationalization of the erstwhile Cholera Research Laboratory into International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B).

15. Member, Board of Directors of the International Program for Introduction and Adaptation of Contraceptive Technology (PIACT/International), Seattle, USA, since November, 1977.

G. Other Professional Affiliation/Experience at National Level (Starting from the recent one)

1. Member, The Board of Governors (as a Chancellor's nominee) of the Institute of Statistical Research and Training (ISRT) of Dhaka University, from July 1983 to 1986.

2. Member, Committee of the Courses and Studies of the Institute of Statistical Research and Training, University of Dhaka, 1983 to 1986.

3. Member, Editorial Board of Bangladesh Medical Journal, Bangladesh Medical Association, Dhaka, from 1982 to 1985.

4. Member, Executive Council of Bangladesh Fertility Research Programme from 1982 to 1987.

5. Vice-President, Bangladesh Association for Maternal and Neo-natal Health (BAMANEH), from 1981.

6. President, PIACT, Bangladesh, since 1980.

7. Secretary General, Public Health Association of Bangladesh (PHAB), 1980 to 1983, and Vice-President of the Association from 1983 to 1985.

8. Co-Principal Investigator, Contraceptive Distribution Project in Matlab, under the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) (formerly Cholera Research Laboratory, 1975 to 1978.

9. Part-time teacher for the course of Diploma in Public Health in the Institute of Post-Graduate Medicine and Research (IPGMR), 1974-76.

10. Member, Advisory Committee for the Basic Health and Family Planning Study, sponsored by the Bangladesh Medical Research Council, from 1974 to 1979.

11. Member, Bangladesh Medical Research Council (BMRC) 1974-77 and coopted Member 1980-83 and from 1983 to 1986.

    Member, Executive Committee of BMRC 1974-76, and Member Protocol Review Committee of BMRC 1975-79 and from 1981 to 1985.

12. Elected General Secretary of the Public Health Association of Pakistan (East Zone) in 1969-70.

H. Professional Papers/Publications

1. Khan, A.R., "Some Aspects of Vasectomy Programme in East Pakistan", presented in the fourth R.C.D. seminar in October 1969 in Islamabad (Pakistan), and published in the proceeding of the same.

2. Khan, A.R., "Relationship Between Child Mortality and Subsequent Fertility Behaviour - Pakistan Experience", dissertation accepted by the Johns Hopkins University in fulfilment of the requirement of the doctorate degree, 1973.

3. Khan, A.R. et al., "A Study of Oral Pill Acceptors of the Bangladesh Postpartum Family Planning Programme", The Bangladesh Development Studies, Vol.III, No.I, Januauary 1975.

4. Khan, A.R.et al., "Menstrual Regulation Service - A Preliminary Report", presented in the International Seminar in Dhaka. February 1975, and published in the Bangladesh Medical Research Council (BMRC) Bulletin Vol. 1, No. 2, 1975.

5. Chowdhury, AKMA., Khan, A.R.et al., "The Effects of Child Mortality Experience on Subsequent Fertility in Pakistan and Bangladesh", presented in the seminar organized by the Committee for International Coordination of Research in Demography (CICRED), in Bangkok, May 1975, published in the 'Population Studies' London, Vol. 30, No. 2, July 1976.

6. Khan,A.R., "Methods of Birth Control", a paper presented in the seminar for press personnel, organized by UNESCO in Cox's Bazar, February 1975.

7. Khaleque, M.A., Khan, A.R. et al., "National Family Planning Programme of Bangladesh, Past, Present and Future", a background paper presented in the International Seminar on Population Policy, Dhaka, 15- 21 May, 1975.

8. Khan, A.R.et al., "A Preliminary Bibliography of Demographic and Family Planning Literature on Bangladesh Johns Hopkins University FRP Report no.3, Dhaka, May 1975, prepared for the International Seminar on Population Policy, Dhaka, 15-21 May, 1975.

9. Khan, A.R. et al., "Population Control and Family Planning: Strategy for Action", presented in the seminar on Integrated Rural Development, organized by the Institute of Engineers, Dhaka, November 29 to December 3, 1975, published in the proceedings, Volume II.

10. Khan, A.R.et al., "Household Contraceptive Distribution in Rural Bangladesh- Six Months Experience", a paper presented in the Regional Workshop on Village and Household Availability of Contraceptives, Manila, The Philippines, 7-10 June, 1976. Reviewed and synopsis printed in International Family Planning Digest, Vol.8, No. 4, July - August 1976.

11. Khan, A.R.et al., "Preliminary Experience with a Clinic-Based Oral Contraceptive Programme in Rural Bangladesh", Johns Hopkins University FRP Report No. 8, November 1976.

12. Khan, A.R.et al., "Experience with Norethisterone enanthate as Injectable Contraceptive", BMRC Bulletin, Vol. II, No. 2, December 1976.

13. Khan, A.R.et al., "Early Experience with Minilaparotomy and Culdoscopic Tubal Sterilization in Bangladesh", BFRP Technical Report No. 1, Dhaka, December, 1976.

14. Khan, A.R.et al., "The Family Planning Model Clinic and Research Centre, Evolution of Method Acceptance during the First Two Years, 1974-76", BFRP Technical Series No. 2, Dhaka, December 1976.

15. Khan, A.R. "Demand for Family Planning in Bangladesh", Rural Demography, a journal of Institute of Statistical Research and Training (ISRT), Vol. 2, No. 1 & 2, 1975.

16. Khan, A.R.et al., "Some Comparisons of Injectable Contraceptive in Urban and Rural Bangladesh", presented in the Workshop on 'The Role of Injectable Contraceptives in Bangladesh', sponsored by BFRP and JHU-FRP, 1 March 1977.

17. Khan, A.R.et al., "Comparisons of Urban and Rural Contraceptive Acceptors: A Preliminary Analysis", presented at the First National Statistical Conference, Bangladesh Statistical Association, Dhaka, 7-9 March, 1977.

18. Khan, A.R.et al., "Household Distribution of Contraceptives in Bangladesh: Rural Experience", presented in the Regional Conference on Village and Household Availability of Contraceptives, Tunis, 27-30 March, 1977 published in Rural Demography, Vol. 3, Nos. 1 & 2, 1976.

19. Khan, A.R.et al., "Pregnancy Termination by Vacuum Aspiration and D & C for 344 Patients at Model Clinic, Mohammadpur, Dhaka, BFRP Technical Report Series No. 3, Dhaka, June 1977.

20. Huber, S.C. Khan, A.R. and Huber, D.H., "Oral Contraceptives and Family Health in Rural Bangladesh, Johns Hopkins FRP Report Series No. 9, June 1977, Int. Journal of Gynaecol, & Obstet. 18: 268-274, 1980.

21. Rahman, M.M., Mia, M.A.I., Khan, A.R.et al., "A Survey of Basic Health Information of Rural Bangladesh", BMRC Bulletin, Vol. III, No. 1, June 1977.

22. Begum, S.F., Khan, A.R.et al., "A Comparison of Interval and Postpartum Tubectomy with Special Reference to Tubal Ring", presented in the 7th Asian Congress of Obstetrics and Gynaecology, Bangkok, 20-25 November, 1977, BFRP Technical Report Series No.4, August 1977.

23. Khan, A.R.et al., "Menstrual Regulation Services in Bangladesh: Model Clinic Experience", BFRP Technical Report Series No. 6, October 1977, presented at the BFRP Contributors Conference, 18 November 1977.

24. Khan, A.R., "Contraceptive Practice and its Relevance to Human Welfare", presented at the annual convention of Bangladesh Association of Scientists and Scientific Professions (BASSP), 4 December 1977.

25. Khan, A.R., "Transfer of Surgical Technology: Problems and Perspectives", presented at the 6th Expert Meeting on Applied Research and Programme Evaluation, Pattaya, Thailand, 27-28 November 1977.

26. Khan, A.R., "Family Planning Clinic Record System", presented at the 6th Expert Meeting on Applied Research and Programme Evaluation, Pattaya, Thailand, 27-28 November 1977.

27. Khan, A.R.et al., "Comparison of Norinyl and Combination-5", BMRC Bulletin, Vol. III, No. 2, December 1977.

28. Khan, A.R.et al., "Safety of Contraceptive Practice as compared to Non-Contraception", Bangladesh Medical Journal, Vol. 7, No. 1, January 1978.

29. Mia, M.A.I., Zoha, M.S., Haq, M.I., Khan, A.R.et al., "Basic Health Information of Rural Bangladesh", Bangladesh Medical Journal, Vol. 6, No. 4, April 1978.

30. Khan, A.R.et al., "Long Term Effects of Pill Use", a paper presented in the Third Annual Contributors Conference of BFRP, Dhaka,, 6 November 1978.

31. Khan, A.R.et al., "Acceptability of Male Sterilization in Bangladesh: Its Problems and Perspectives", presented at the 2nd National Conference on Voluntary Sterilization, Dhaka, 21-22 January 1978, published in the Bangladesh Development Studies, Vol. VI, No.2, Summer 1979.

32. Khan, A.R.et al., "A Followup Study of Vasectomy Clients in Rural Bangladesh", Int. Journal of Gynaecol. and Obstet. 17: 11-14, 1979.

33. Swenson, I., Jahan, E.A., and Khan, A.R., "A Followup Study of Tubectomy Clients in Bangladesh", Int. Journal of Gynaecol. and Obstet. 17: 47-50, 1979.

34. Khan, A.R.et al., "Preliminary Report on Comparative Experience with use on Minilaparotomy and Culdoscopic Tubal Sterilization at Model Clinic", presented at the First Asian Congress of Induced Abortion and Voluntary Sterilization, Bombay, 4-9 March, 1979.

35. Khan, A.R.et al., "Preliminary Report of a Comparative Study of Vasectomy with and without Prophylatic Antibiotic", presented at the Third Annual Contributors Conference of BFRP, Dhaka, 6 November 1978.

36. Khan, A.R.et al., "Comparative Cannula Study for Menstrual Regulation in Mohammadpur Model Clinic", presented at the First Asian Congress of Induced Abortion and Voluntary Sterilization, Bombay, 4-9 March, 1979.

37. Huber, D.H. and Khan, A.R., "Contraceptive Distribution in Bangladesh Villages : The Initial Impact, Studies in Family Planning, The Population Council, New York, Vol. 10, No. 8/9, August/September 1979.

38. Measham, A.R., Khan, A.R. and Huber, D.H., "Dizziness Associated with Discontinuation of Oral Contraceptives in Bangladesh ", Int. J.Gynaecol. & Obstet. 18: 109-112, 1980.

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66. Khan, A.R.et al., "Maternal Mortality in Rural Bangladesh", Studies in Family Planning, The Population Council, New York, Vol. 17, No. 1, January, 1986.

67. Khan, A.R., "Implications of Mortality Trends and Patterns for Economic, Health and Social Welfare Planning", presented at the Interim Meeting of the Study Directors of Analysis of Trends and Patterns of Mortality in the ESCAP region, 4-8 November 1985., Chiangmai, Thailand.

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Agenda 8(b)iii/BT/89

8(b)

Senior Scientist (PSD) P5

In BOT Meeting of June 1989, a proposal was put forward to establish a position of Senior Scientist in Population Sciences Division at P5 level and have a Demographer as replacement for Dr. Duza.

It was further reported that as an interim measure Dr. R. Bairagi was appointed on a Short-Term basis for 11 months which will expire on December 14, 1989.

According to both Dr. Michael Koenig and Dr. Michael Strong, Dr. R. Bairagi has been doing a good job and both of them feel the necessity of having a Demographer at this level in the Centre. They have been requested to provide an evaluation on Dr. Bairagi which will be presented during the meeting.

Hence, it is requested that the establishment of this position may be approved and the recruitment process may be commenced.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post	2. Post Number(s)	Effective date:
Senior Scientist		

3. STATUS
- ☐ NEW - to be established attach ICDDR,B-#9
- ☐ VACANT - for issuance of a vacancy notice, attach ICDDR,B-#8
- ☐ OCCUPIED - revised duties
- ☐ OCCUPIED - proposed change in grade, attach ICDDR,B-#8
- ☐ OTHER - explain

4. Present Grade	Approved Title	
P-5		
5. Division/Programme	CCOS	Classified grade
Population Science & Extension Div. (PSED)	Comments:	
6. Unit/Office/ Field Activity		
Demographic Surveillance System (DSS) & MCH-FP	Authorized by	
7. Official Station and Country	Title	Date
Dhaka, Bangladesh		

8. **ORGANIZATIONAL SETTING:** Attach the current organizational chart which clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade.

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

To undertake and conduct demographic and family planning studies and to collaborate with other units of the ICDDR,B for different health and epidemiological studies by maintaining and supplying demographic data and by offering statistical advice.

10. Summarize the assigned responsibilities.

To conduct and direct demographic and family planning studies, to collaborate with professionals of different units of the ICDDR,B and of other national institutions for demographic studies, to promote training activities and staff development of different units particularly of DSS and MCH-FP.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Good knowledge of population and public health particularly diarrhoeal disease of the developing world. Desire and ability to work with others and in institutions in developing countries.	
b) Level & field of study and extent of specialization	Ph.D. or equivalent in demography with strong background in statistics.	Advanced training in research methodology of public health research
c) Length & nature of practical experience at the national and/or international level	15 years research experience in population and public health.	Work experience in developing countries.
d) Languages required and the level & nature of their use	Good knowledge of English.	Working knowledge of Bangli.

12. Identify the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties which are performed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

	%
ICDDR,B has the largest and longest longitudinal vitae registration data in the developing world. Today hardly any demographic and epidemiological issues of the developing countries are discussed without referring to DSS and MCH-FP programmes of ICDDR,B. However, the vast population data that have been accumulated and the excellent setting that has been established for population and related studies over the years at ICDDR,B need the skill and expertise of several senior population scientists for their proper utilization. The incumbent is expected to conduct and analyze population studies, and to disseminate the results, home and abroad, through publications, and personal and institutional contacts.	

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.)

Recommendations by reviewers and review committees for having a senior population scientist with strong background in statistics and experience in public health research are expected to be available in some ICDDR,B papers.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

The incumbent is authroized to undertake new research and to contact other institutions, national and interantional, for that purpose within the guidelines of the ICDDR,B.

14. Describe:

- the type and extent of the supervision given to the post:

  All these are yet to be established. The incumbent joined the ICDDR,B only a week ago.

- how assignments are given:

- the guidance and assistance provided by the supervisor and/or others:

- the review and verification of the work while in progress or on completion:

These questions are not relevant to a senior researcher like Dr Bairagi. Ills.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
Professionals of all other units	Advice for study design and statistical analysis. Mainly for DSS, MCH-FP and CHD. Ills.

b) Outside the Organization

Title & level	Purpose
Universities, research institutions and funding agencies, national and international.	To collaborate with national institutions for institutional development by undertaking joint projects on financial assistance from funding agencies. To collaborate with universities and research institutions abroad. Ills

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
These are yet to be established		

Again irrelevant for this research position without line authority Ills

b) Total number of professional posts supervised directly and through subordinate supervisors: _____

c) Total number of general service posts supervised directly and through subordinate supervisors: _____

d) Title, classified grade and post number of supervisor's post: _____

17. Describe the most important decisions that the incumbent is authorized to take

To make a list of research topics that should be undertaken by DSS and MCH-FP.

18. Describe the most important recommendations expected of the incumbent

To prepare a list of population researchers in Bangladesh for collaboration work with ICDDR,B.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 5, on the Organization, and on the immediate unit.

No such error was done so far.

Again, items 17 - 19 cannot be answered in this particular case, and for researchers in general as.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

Does not arise.

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

	Name	Signature	Date
First level supervisor	.....	.....	.....
Second level supervisor, or Chief of Unit	.....	.....	.....
~~Regional or Divisional~~ Director ~~Programme Manager~~	E E EKELS		4/2/87

Also, please certify the organizational charges correct by signing and indicating the effective date.

↓ Dr. Bairagi has been left the choice whether he wants to belong to CHD or PSD. 4/2/87

CURRICULUM VITAE

RADHESHYAM BAIRAGI

ADDRESS	International Centre for Diarrhoeal Diseases Research, Bangladesh GPO Box 128, Dhaka 1000 Bangladesh.
NATIONALITY	Bangladeshi.
DATE OF BIRTH	April 20, 1940.

FORMAL EDUCATION

1981	Doctor of Science, The Johns Hopkins University, USA. Major: Demography.
1978	Master of Science, The Johns Hopkins University, USA. Major: Demography.
1962	Master of Science, The University of Dhaka, Bangladesh. Major: Statistics.

WORK EXPERIENCE

1989-to date	Senior Scientist, International Centre for Diarrhoeal Diseases Research, Bangladesh
1986-1989	Visiting Scientist, Population Studies Unit, Indian Statistical Institute, India.
1983-1986	Visiting Scholar and Population Council Fellow, Carolina Population Center, University of North Carolina at Chapel Hill, USA.
1983-1983	Research Associate, Department of Population Dynamics, The Johns Hopkins University, USA.
1982-1983	Visiting Fellow, International Population Program and Postdoctoral Associate, Division of Nutritional Sciences, Cornell University, USA.
1970-1982	Assistant Professor/Associate Professor, Institute of Statistical Research and Training (ISRT), University of Dhaka, Bangladesh.
1976-1977	Teaching and Research Assistant, Department of Population Dynamics and Department of International Health, The Johns Hopkins University, USA.

1967-1970	Statistician, Pak-SEATO Cholera Research Laboratory (presently ICDDR,B), East Pakistan.
1972-1974 & 1978-1982	Consultant, International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B).
1978-1982	Consultant, Companiganj Health Project, Christian Commission for Development in Bangladesh (CCDB).
1973-1974	Guest Lecturer in Biostatistics, Institute of Post-Graduate Medicine and Research, Bangladesh.

ADMINISTRATIVE EXPERIENCE

1972-1974	Housetutor, Jagannath Hall, University of Dhaka. (Supervised living, academic, and extracurricular activities of about 450 university students)

EDITOR

1982	Managing Editor of Rural Demography.
1978-1982	Associate Editor of The Dakter, Dhaka.

COUNTRIES VISITED

USA, Canada, UK, Switzerland, Italy, India, Thailand, Philippines.

LANGUAGE PROFICIENCY

Good knowledge of Bengali and English and working knowledge of French.

PROFICIENCY IN COMPUTER SCIENCE

Good knowledge of SAS and SPSS.

FELLOWSHIP

1985	The Population Council.
1974-1976	The Ford Foundation.

PUBLICATIONS

Bairagi, R.: A comparison of five anthropometric indices for identifying factors of malnutrition. American Journal of Epidemiology 126(2), August 1987 (in press).

Bairagi, R., M.K. Chowdhury, Y.J. Kim, G.T. Curlin, and R.H. Gray: The association between malnutrition and diarrhoea in rural Bangladesh. International Journal of Epidemiology 16(2), June 1987 (in press).

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Bairagi, R., K.M.A. Aziz, M.K. Chowdhury, and B. Edmonston: Age misstatement for young children in rural Bangladesh. Demography 19: 447-458, 1982.

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Bairagi, R.: On validity of some anthropometric indicators as predictors of mortality. American Journal of Clinical Nutrition 34: 2592-2594, 1981.

Bairagi, R.: Is income the only constraint on child nutrition in rural Bangladesh? Bulletin of the World Health Organization 58: 767-772, 1980.

Bairagi, R., A. Razzaque, M. Obaidullah, A.R. Measham, and A.R. Khan: Comparative study of standard-dose and low-dose contraceptives in rural Bangladesh. International Journal of Gynaecology and Obstetrics18: 264-267, 1980.

Bairagi, R.: On estimation of proportion of malnourished children. Dhaka University Studies B 28: 1-6, 1980.

Bairagi, R.: On validity and reliability of anthropometric indicators: weight-for-age versus weight quotient and height-for-age versus height quotient. Rural Demography 7: 25-32, 1980.

Bairagi, R., A. Razzaque, A.R. Measham, and A.R. Khan: On pregnancy among pill acceptors in rural Bangladesh. Rural Demography 6:87-91, 1979.

Bairagi, R., and A.U. Rahman: Age reporting in rural Bangladesh. Rural Demography 1: 65-89, 1974.

Samad, A., R. Bairagi, and A.U. Rahman: Fertility differentials in rural Bangladesh. Rural Demography 1: 49-54, 1974.

Bairagi, R.: Estimation of the covariance between two sets of values of a variable given at two periods. Journal of Statistical Research 3(1), 1969.

Mackay, D.M., M.M. Rahman, and R. Bairagi: Effects of weight at birth on infant mortality.Journal of Pakistan Medical Association 19,1969.

INTERNAL REPORTS

Bairagi, R., B. Edmonston, and A.D. Khan: Age misstatement for young children: A problem of interpreting anthropometric measures in Bangladesh. Working Paper No. 4. Division of Nutritional Sciences, Cornell University, Ithaca, New York 14853, 1985.

Edmonston, B., and R. Bairagi: Age pattern of infant and child mortality in Bangladesh: Application of the Weibull distribution. International Population Program, Cornell University, Ithaca, New York 14853, 1985.

Bairagi, R.: On sampling variance of the sensitivity of an indicator. Working Paper No.15. Division of Nutritional Sciences, Cornell University, Ithaca, New York 14853, 1983.

Bairagi, R., B. Edmonston, and A. Hye: The influence of nutritional status on age misstatement for young children in rural Bangladesh. Working Paper No. 27. Division of Nutritional Sciences, Cornell University, Ithaca, New York 14853, 1983.

BOOKS

Edmonston, B., and R. Bairagi (Editors): Infant and Child Mortality in Bangladesh. Institute of Statistical Research and Training, University of Dhaka, 1982.

Bairagi, R., A. Razzaque, A.R. Measham, and A.R. Khan: Oral Contraceptive in Rural Bangladesh: A Comparative Study of Two Types of Pills. Institute of Statistical Research and Training, University of Dhaka, 1980.

PROCEEDINGS AND ABSTRACTS

Bairagi, R., and C.M. Suchindran: A graphic estimator of the cut off point at which the sum of sensitivity and specificity is maximum. Presented at the annual meeting of the American Statistical Associatic 1986, Chicago, Illinois, August 18-21, 1986.

Bairagi, R., and R. Langsten: Son preference and fertility in rural Bangladesh. Presented at the XXth General Conference of the Internati Union for the Scientific Study of Population, Florence, Italy, June 5- 1985.

Bairagi, R., M.K. Chowdhury, and J.F. Phillips: A multivariate logist regression analysis of childhood survival: The interaction of househo economic status and nutritional status with sex of child. In Infant and Child Mortality in Bangladesh. Institute of Statistical Research and Training, University of Dhaka, Dhaka-2, Bangladesh, 1982.

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Bairagi, R.: Factors affecting fertility. Proceedings of Workshop on Population Research and Evaluation, Institute of Statistical Research and Training, University of Dhaka, Dhaka-2, Bangladesh, 1978.

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Bairagi, R., M.M. Rahman, and D.M. Mackay: Weight gain from birth to 4.5 years of life in a Sylhet Tea Garden Population. Proceedings of the 16th Annual Conference of Pakistan Medical Association, 1969.

COMMUNICATIONS

Bairagi, R.: Janasamasya O sisumrityu (Population problems and child mortality). Saptahic Daktar 1(7), 1978.

Bairagi, R.: Pustihinata ebong sisumrityu (Malnutrition and child mortality). Saptahic Daktar 1(1), 1978.

Bairagi, R.: Muktijuddhe bharate asrita bangaleeder kayekti dik - ekti parisankhyan samiksha (Some aspects of the Bangalee refugees in India during the war of liberation - a statistical analysis). The Sangbad, Dhaka, Bangladesh, September 17, October 1, 8, 22, 1972.

REFERENCES

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Agenda 8(b)iv/BT/89

MCH-FP Physician (Project Director) P5

As per BOT Resolution 19/June '89, this position was announced both nationally and internationally as per usual practise of the Centre.

The applications are now under process of short-listing.

8(b)

Addendum to 8(b)iv

The short-listing for the MCH-FP Physician position has in the meantime been completed and the following candidates have met the criteria:

1. Dr. L A de Francisco
2. Dr. G. Oluremi Sogunro
3. Dr. Andrew W. Smith
4. Dr. Md. Yunus
5. Dr. Laila Akbar
6. Dr. Kate Stewart

The CVs of the candidates mentioned above are enclosed for the perusal of the P&S Committee.

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

ADVERTISEMENT

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aims are to conduct research and training in diarrhoeal diseases and related subject of nutrition and fertility, and to develop improved health programmes for control of diarrhoeal diseases in developing countries. It is also involved in major demographic surveys. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences.

Salary scales, rules and regulations are similar to those followed by the UN/WHO. The 1,400 employees include 200 researchers coming from 13 countries. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

Candidates are being sought for the following positions. These positions carry a UN/WHO based salary depending on qualifications, experience and number of dependants.

1. SENIOR SCIENTIST & HEAD, COMMUNITY HEALTH DIVISION

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of D1).

Duties/Functions

This individual will conduct coordinate and direct the research and allied activities of the Community Health Division which is one of the four scientific divisions of the ICDDR,B. Epidemiological studies and the design and evaluation of health interventions in rural and urban communities are the main activities of this Division.

The location of the Division's work is in Dhaka and Matlab (approximately 40 Km from Dhaka). The Division is staffed by 500 scientific, clinical and support staff.

Qualifications and Experience

A Ph.D or a medical degree with specialization in Community Health or Research Epidemiology method and/or Social Anthropology is required. Training and experience in primary health care or health services research would be helpful. The ideal candidate:

Contd.....P/2

will have a proven scientific ability as evidenced by a record of original work published in international peer-review scientific journals. A record of successfully competing for financial support for independent and collaborative research would be desirable.

The position is equivalent to a full professor in academia. Experience in Tropical Medicine and connections with sicentific institutions in developed and developing countries would be advantageous.

2. MCH-FP PHYSICIAN

(Salary and grade level will be based upon an applicant's experience up to maximum of UN/WHO equivalent of P4/P5).

This individual will administer the functioning of the Matlab MCH-FP Project which currently has an annual budget of approximately US $ 600,000. This involves design, monitoring, implementing and evaluating selected primary health care activities and associated research and to develop linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh.

Qualifications and Experience

A medical degree with specialization in Paediatrics, Tropical Medicine and/or Gynae/Obstetrics with Post Graduate Diploma in Public Health/Master of Public Health or Ph.D. Experience in primary health care in developing countries, research experience in community based studies with publications in peer-review journals desirable. Work experience in South Asia region will be an advantage.

Applications and a detailed CV, together with names and addresses of 3 references should be sent to the Personnel Manager (Professional), ICDDR,B, G.P.O. Box No. 128, Dhaka-1000, Bangladesh. Applications will be received up to six weeks after the appearance of this advertisement.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post	2. Post Number(s)	Effective date:
MCH-FP PROJECT DIRECTOR	1	

3. STATUS
- [x] NEW - to be established attach ICDDR, B-#9
- [ ] VACANT - for issuance of a vacancy notice, attach ICDDR, B-#8
- [ ] OCCUPIED - revised duties
- [ ] OCCUPIED - proposed change in grade, attach ICDDR, B-#8
- [ ] OTHER - explain

4. Present Grade

5. Division/Programme: Community Medicine

6. Unit/Office/Field Activity: Matlab Field Station

7. Official Station and Country: Dhaka, Bangladesh

Approved Title

CCOG | Classified grade

Comments:

Authorized by

Title | Date

8. ORGANIZATIONAL SETTING: Attach the current organizational chart which clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade.

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

The Matlab MCH-FP Programme aims at developing, implementing and evaluating a set of health services by which a decline in fertility and mortality can be achieved and sustained in a rural Bangladeshi community.

10. Summarize the assigned responsibilities.

The selected individual will be responsible for the administration and functioning of the Matlab MCH-FP project which currently has an annual budget of approximately US $450,000. This involves design, implementation, monitoring and evaluation of selected primary health care activities and associated research. This also includes developing linkages with national institutions, NGOs and particularly the health programme of the Government of Bangladesh, through the MCH-FP Extension project.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Must be able to administer a large project team (150 professionals and 1400 volunteers) including budgeting, planning and relating with donors. Must have interest in Social Sciences and Management.	
b) Level & field of study and extent of specialization	MD with specilisation in Paediatrics, Tropical Medicine, and/or Gyn/Obstetrics. Post graduate diploma in Public Health.	
c) Length & nature of practical experience at the national and/or international level	- 5 years clinical experience - At least eight years of field experience in primary health care in developing countries. - Research experience in community based studies.	Experience in the South Asia region preferred. Publications in peer review journals.
d) Languages required and the level & nature of their use	English, basic knowledge of Bengali highly recommended	Knowledge of other European languages.

12. Identify the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties which are performed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

Description of functions:	%
1. Performs epidemiological studies such as mortality, morbidity and cause of death for assessing the magnitude of selected public health problems in the project area.	
2. Designs and implements selected MCH-FP interventions to be delivered mostly on an outreach basis by community health workers.	
3. Monitors and evaluates new interventions, as well as already existing ones, trying to sort out their interrelations and their relative impact on maternal and child health and fertility.	
4. Supervises and ensures the quality of the data collected through the project's record keeping system.	
5. Supervises and ensures the quality of the primary health services delivered in the project.	
6. Organises the training of field staff and supervisors for new activities as well as refresher training.	
7. Performs administrative tasks related to the operation of 130 project staff, and related needs.	
8. Prepares annual activity report and ensures donor's reporting.	
9. Monitors the annual budget and develops proposals for fund raising as required.	
10. Liaises with other divisions within the Centre, particularly with the MCH-FP extension project, with other institutions governmental, non governmental and international.	

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.).

- Research priorities established by the ICDDR,B, particularly those established by the Community Medicine Division.
- Rules and regulations of the ICDDR,B's Scientific Committee (RRC) and Ethical Review Committee (ERC).
- ICDDR,B's staff rules, financial rules.

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

- Deviations are permitted on sound scientific rationale subject to approved by the RRC and ERC.

14. Describe:

- the type and extent of the supervision given to the post:

Overall supervision is provided by the Associate Director, Community Medicine Division. Particular supervision for budget and finance, personnel management, relation with donors, is ensured by relevant department heads.

- how assignments are given:

Mostly verbally (through discussions) and occasionally in writing.

- the guidance and assistance provided by the supervisor and/or others:

Mostly through direct personal circumstances.

- the review and verification of the work while in progress or on completion:

Performance depends mostly on the successful completion of the projected/targeted achievements to be assessed by the Director.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
- Director - Associate Director, CMD	For broad policy issues. For scientific and administrative clearance.
- Other members CMD	For scientific review and discussions.
- Associate Director, AP&F	For administrative and financial support.
- Associate Director, RD	For relation with donors.
- Personnel Branch - Supply Branch - Finance - Library, transport, maintenance	For relevant needs.

b) Outside the Organization

Title & level	Purpose
- GOB, Primary Health Care, MOHFP	For participation in workshops, advice, presentations.
- Other NGOs	For sharing experience.
- Donors	For activity reports and new activity.
- Training institutions (national & international)	For staff development.

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
MCH-FP Physician	P3	1
Nurse Trainer	P	1
Manager Health Services	NOB	1
Medical Officer	NOA	2
Senior Statistical Officer	GS6	1
Secretary	GS6	1
Senior Field Supervisors	GS5-6	6
Mid level supervisors	GS4	18

b) Total number of professional posts supervised directly and through subordinate supervisors: 5

c) Total number of general service posts supervised directly and through subordinate supervisors: 150 (+ 1400 Volunteers)

d) Title, classified grade and post number of supervisor's post: Associate Director, CMD. P-6

17. Describe the most important decisions that the incumbent is authorized to take

Implementation of new service interventions

Design of new research activities

Recruitment of new staff

Organisation of workshops, seminars, training

18. Describe the most important recommendations expected of the incumbent

Scientific results of studies conducted may serve as a basis for Centre's Health recommendation for other NGOs programmes and for Government of Bangladesh National Health Policy.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section ... on the Organization, and on the immediate unit.

- Mismanagement of patients by health team resulting in complication and loss of confidence from Community.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

NA

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

	Name	Signature	Date
First level supervisor	.....	.....	May 5, 1988
Second level supervisor, or Chief of Unit	.....	.....	.....
Regional or Divisional Director Programme Manager	Dr. A. Briend	.....	5th May 1988

Also, please certify the organizational chart as correct by signing and indicating the effective date.

Agenda 8(b)v/BT/89

Nutritionist P3

As per Resolution 25/June '89 this position was advertised in both national and international newspapers, magazines and journals. In addition, the announcement was sent to all the BOT Members, local support group offices (Missions) and UN Agencies in Dhaka.

By the time the BOT meets in December, the Centre is expected to have had received a number of applications for further processing.

ADVERTISEMENT

NUTRITIONIST

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aim is to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes. Salary scales, rules and regulations are similar to these followed by the UN. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The ICDDR,B seeks for immediate appointment a NUTRITIONIST whose primary responsibilities will be to carry out research work on diarrhoea and malnutrition; as well as to assess and incorporate financial requirements alongwith the preparation of protocols. The assignment will also include preparation of reports on research work, participate in periodic seminars and international meetings.

Requirements: A medical degree with post-graduate qualification in Nutritional Science or a doctoral degree in human nutrition. Considerable experience in conducting nutritional/diarrhoeal studies particularly on interaction of nutrition and diarrhoea with publications in peer-reviewed journals desirable.

.../2

The appointment will be made for 3 years at UN salary level upto P3 according to experience and qualifications; applicants should send their curriculum vitae and the names of three referees to: The Chief Personnel Officer, ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh by December 10, 1989.

JOB DESCRIPTION

TITLE : International Research Associate
(Nutritional Epidemiology)

GRADE : P3

OBJECTIVES:

To plan, prepare, execute and report on research studies which relate to the nutritional causes and consequences of diarrhoeal diseases.

DUTIES:

- To submit proposal for funding projects which recognize the Centres scientific priorities as well as its human and physical resources.
- To organize, supervise and execute the day to day functioning of the projects.
- To organize and/or actively participate in committees linked with the Centre's research and training programmes.
- To advise associate scientists on research problems and evaluate their work in terms of conformity with pre-set objectives of the respective projects.
- To establish contacts with individuals and institutions in and outside of Bangladesh for purposes of collaborative research, exchange of scientific information, plan and administer common ventures or projects of mutual interest.
- To review and prepare policies and guidelines pertaining to the proper and efficient execution of research studies which includes the issues of staff development and training.
- To evaluate research publications regularly to translate the scientific output into policy implications which for the guidance of the health planners.

QUALIFICATIONS

Education — M.Sc. in Human Nutrition or equivalent. Post Graduate qualification in Epidemiology preferably Ph.D.

Experience — Five years of independent research studies in medical/public health research institutions having several publications in International Peer reviewed journal as first author.

LANGUAGE SKILLS — Fluency in English

SALARY RANGE — US$ 27,294 to US$ 35,997 (with dependants)
US$ 25,474 to US$ 33,331 (single status)
depending on experience and qualifications. The above salaries are base salaries, added to these are the usual UN benefits and allowances.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post: Nutritional Epidemiologist
2. Post Number(s):
3. STATUS
   - ☐ NEW - to be established - attach ICDDR, B-#9
   - ☐ VACANT - for issuance of a vacancy notice, attach ICDDR, B-#8
   - ☐ OCCUPIED - revised duties
   - ☐ OCCUPIED - proposed change in grade, attach ICDDR, B-#8
   - ☐ OTHER - explain
4. Present Grade: P-3
5. Division/Programme: CHD
6. Unit/Office/Field Activity: Community Health Research
7. Official Station and Country

Effective date:

Approved Title

CCOG | Classified grade

Comments: Classification done by Ms. Sharon Flynn on January 1989.

Authorized by

Title | Date

8. ORGANIZATIONAL SETTING: Attach the current organizational chart which clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade.

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

To conduct research on the epidemiology and management of diarrhoea in the community.

To study the nutritional causes and consequences of diarrhoea due to different causes in urban and rural Bangladesh.

10. Summarize the assigned responsibilities.

Execute research activities of the protocols.
Develop research proposals for funding.
Submit manuscripts for publication.
Actively participate in the research organization of the Centre.

11. Indicate	Essential minimum qualifications required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	MD or Ph.D.	
b) Level & field of study and extent of specialization	Degree or Diploma in Nutritional Science.	
c) Length & nature of practical experience at the national and/or international level	Considerable experience in conducting nutritional and/or diarrhoea surveys.	
d) Languages required and the level & nature of their use	English	Bangla

...ary the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties which are performed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

	%
1. Carry out research work on the interaction of diarrhoea and malnutrition in the community. a) Direct and be responsible for the day to day activities related to these projects. b) Supervise the community preparation for the work. c) Arrange for collection and entry of data with appropriate quality contorl. d) Analyse and interpret the data.	50%
2. Prepare protocols for funding agencies and statutory committee of the Centre. a) Present the justification and significance of proposed work. b) Assess and incorporate the financial requirements for (a).	20%
3. Report on all research work carried out. a) Submit manuscripts for publication. b) Present periodic seminars on on-going research and other activities to colleagues. c) Attend and present research findings to national and international meetings.	20%
4. Assist and advise other investigator a) Provide expertise in specialized areas to colleagues.	
5. Serve on various working groups. a) Participate in the overall research organization of the Centre b) Review protocols/manuscripts etc. submitted to the division on Centre's journal.	

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.).

Describe the interpretation and/or deviation permitted, and the authority to estab ish new guidelines.

- the type and extent of the supervision given to the post:

Through regular discussions and advice on aspects of the different projects.

- how assignments are given:

At division meetings or with the Associate Director.

- the guidance and assistance provided by the supervisor and/or others:

- the review and verification of the work while in progress or on completion:

Done by the Division and the Research Review Committee.

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
Research Scientist	To obtain and provide advise on on-going research.

b) Outside the Organization

Title & level	Purpose
Research Scientists	To discuss policy implications of recent findings in literature, etc.
Health Section Chief	To recommend possible strategies for intervention activities.
Consultants (International)	To advise on methodologies for evaluation work.
DONORS	

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)
Physician	NO-A	

b) Total number of professional posts supervised directly and through subordinate supervisors: 3

c) Total number of general service posts supervised directly and through subordinate supervisors: 10

d) Title, classified grade and post number of supervisor's post: ASSOC DIR

17. Describe the most important decisions that the incumbent is authorized to take

Approves the financial disbursements of project funds.
Decides on alternative strategies during floods, etc.

18. Describe the most important recommendations expected of the incumbent

- On appropriate stategies for intervention by agencies on diarrhoea and nutrition related issues in the community.

- On research methodologies for evaluation of impact of intervention action.

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 2, on the Organization, and on the immediate unit.

Faulty advice to colleagues or agencies w.r.t. interpretation of data.

Faulty instruction on financial disbursements regarding project.

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

	Name	Signature	Date
First level supervisor	.....	.....	.....
Second level supervisor, or Chief of Unit	.....	.....	.....
Regional or Divisional Director Programme Manager	.....	.....	.....

Also, please certify the organizational chart as correct by signing and indicating the effective date.

Agenda 8(b)vi/BT/89

Nurse/Health Trainer, MCH-FP, Matlab

As per agreement between WUSC and ICDDR,B Ms. Churamonie Jagdeo joined the Centre on June 23, 1989 as Nurse/Health Trainer, MCH-FP, Matlab.

8 (b)

MEMORANDUM OF UNDERSTANDING

BETWEEN

THE WORLD UNIVERSITY SERVICE OF CANADA

AND

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

March 1988

MEMORANDUM OF UNDERSTANDING

BETWEEN:

THE WORLD UNIVERSITY SERVICE OF CANADA

HEREINAFTER CALLED WUSC

AND:

THE INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

HEREINAFTER CALLED THE ICDDR-B

WUSC wishes to respond to the request for technical assistance received from the ICDDR-B by providing aid in the recruitment and placement of specialized personnel. Accordingly, WUSC and the ICDDR-B agree to the following arrangements:

Article I

WUSC will do and perform those things referred to in the document that is attached hereto entitled "Responsibilities of the World University Service of Canada" and marked "Annex A" at the times and in the manner therein set out.

Article II

The ICDDR-B will do and perform those things referred to in the document that is attached hereto entitled "Responsibilities of the ICDDR-B" and marked "Annex B" at the times and in the manner therein set out.

Article III

The Articles of the present agreement and "Annex A" and "Annex B" all form an integral part of the present agreement.

Article IV

The present instrument is to be considered an administrative arrangement only and not a formal agreement binding in international or domestic law. Differences and disputes arising from the present instrument shall be settled by negotiation between WUSC and the ICDDR B.

Article V

Subsidiary agreements shall be considered to be administrative arrangements only and not binding in international or domestic law.

Article VI

Unless otherwise provided for in the present agreement or any subsequent amendment thereto, the ICDDR-B shall bear all costs for those items associated with WUSC personnel serving under the Technical Assistance Programme as listed in "Annex B, Responsibilities of the ICDDR-B".

Article VII

The ICDDR-B shall arrange to extend to WUSC personnel and their dependents, who are engaged in an approved ICDDR-B programme or project, the same immunities and privileges as accorded to ICDDR-B officers and staff under its Ordinance.

Article VIII

The ICDDR-B shall, under its Ordinance, arrange to provide the same exemption privileges of import, custom and other duties and taxes on professional, technical equipment and household and personal effects accompanying WUSC personnel and their dependents, subject to and as provided by laws and regulations of the Bangladesh Government.

Article IX

The ICDDR-B shall arrange to extend to WUSC personnel and their dependents the same repatriation facilities in time of international or domestic crisis as are accorded to other international ICDDR-B personnel.

Article X

WUSC personnel and their dependents will come under the same foreign exchange regulations as accorded to ICDDR-B officers and staff by Bangladesh Bank on such transactions.

Article XI

a) Subject to the terms of this agreement, WUSC personnel will be required to conform to the rules and regulations which govern the ICDDR-B.

b) The ICDDR-B shall have the right to request the recall of any WUSC personnel whose work or conduct is unsatisfactory in the

eyes of the ICDDR-B. In such a case, the ICDDR-B will inform WUSC with a view to arranging the repatriation of such personnel.

In witness whereof the ICDDR-B has duly executed these presents as of

ICDDR-B

March, 3, 1988.
Date

In witness whereof WUSC has duly executed these presents as of

WUSC

March 4/88
Date

ANNEX A

RESPONSIBILITIES OF
THE WORLD UNIVERSITY SERVICE OF CANADA (WUSC)

A) WUSC personnel shall be employees of the ICDDR-B for the duration of their service in Bangladesh and shall be subject to the rules of conduct and terms of service normally required of a contract service officer of comparable rank and seniority.

B) WUSC will provide and pay for:

1. the recruitment of four WUSC personnel as specified by the ICDDR-B;

2. the salaries and benefits for WUSC personnel as set forth in the terms of employment or in the terms of contract, whichever is applicable;

3. life and medical insurance based on the current WUSC rate for family coverage as set forth in the terms of employment or in the terms of contract, whichever is applicable;

4. the cost of travel for WUSC personnel and that of their dependents between their normal place of residence in Canada and the point of entry and departure in Bangladesh;

5. the cost of transporting between the normal place of residence of WUSC personnel in Canada and the respective points of arrival and departure in Bangladesh, personal effects of WUSC personnel and their dependents;

6. a limited baggage allowance for WUSC personnel as set forth in the terms of employment or in the terms of the contract, whichever is applicable;

7. briefing sessions and orientations in Canada and Bangladesh for WUSC personnel;

8. a housing allowance as set forth in the terms of employment or in the terms of the contract, whichever is applicable;

9. school fees for WUSC personnel who have children;

C) WUSC will provide up to 50% of total costs of the Matlab MCH-FP project to a maximum of $294,500 Cdn. in year I, $306,400 Cdn. in year II and $315,400 Cdn. in year III. The funds will be paid by bank transfer on a monthly basis upon receipt of monthly financial reports.

D) WUSC will provide the overhead cost of the Matlab MCH-FP project at a rate of 12.5% of total costs up to a maximum of $73,625 Cdn. in year I, $76,600 Cdn. in year II and $78,850 Cdn. in year III.

E) WUSC will provide up to 100% of total costs of the Matlab Treatment Centre to a maximum of $417,800 Cdn. in year I, $434,490 Cdn in year II and $447,600 Cdn. in year III. The funds will be paid by bank transfer on a monthly basis upon receipt of monthly financial reports.

F) WUSC will provide the overhead cost of the Matlab Treatment Centre at a rate of 25% of total costs up to a maximum of $104,450 Cdn. in year I, $108,623 Cdn. in year II and $111,900 Cdn. in year III.

ANNEX B

RESPONSIBILITIES OF THE ICDDR-B

The ICDDR-B will:

1. provide WUSC personnel with hard furnishings, including air conditioners, at the normal rental fee, in Bangladesh for the period of their posting;

2. provide reasonable accommodation, including meals, for WUSC personnel and their dependents in cases where, through no fault of the said personnel, permanent accommodation is not available;

3. provide transportation between points of entry and departure and the duty station for WUSC personnel and their dependents at the commencement of and upon the completion of an assignment;

4. provide transportation for all official journeys undertaken by WUSC personnel at the request of the ICDDR-B or its official representative(s);

5. provide all WUSC personnel with leave of a maximum period of four weeks per annum, which shall be taken in accordance with ICDDR-B leave regulations, whether inside or outside of Bangladesh, at a time or times to be arranged in consultation with the appropriate ICDDR-B authorities;

6. arrange all working permits, customs passbooks and import privileges for all WUSC personnel; and

7. provide the capital levy certificate as required by the American International School, Dhaka, for children of WUSC personnel assigned to ICDDR-B;

8. provide WUSC with monthly financial reports, the format of which will be determined by CIDA reporting requirements. These reports may be subject to audit;

9. provide WUSC with verbal reports every six months;

10. identify counterparts to work with the Grants Administrator, Nurse Trainer and Health Educator.

11. contribute physical facilities and capital equipment to the project.

JOB DESCRIPTION

NURSE TRAINER - MCH-FP MATLAB

Under the administrative supervision of the Associate Director in charge of the Community Medicine Division and the technical supervision of the Maternal and Child Health-Family Planning physician, Matlab, the appointee will be required to:

1. Review and improve the quality of health care services provided by field workers and para-medical personnel delivering MCH-FP services in a rural area of Bangladesh (Matlab). These services are primarily domiciliary-based and include diarrhoeal and acute respiratory disease management, immunization, nutrition surveillance and education, family planning, maternity care and others aspects of maternal/child health.

2. Review individual performance, roles, duties and workload of each category of staff in the programme in order to improve the quality of procedures: management of common emergencies, therapeutic decisions, hygiene, etc..

3. Determine training requirements to reinforce current activities and develop appropriate new skills.

4. Review and evaluate training materials presently available in other NGOs, international agencies and government institutions in Bangladesh.

5. Design, develop and implement training programmes for the various cadres of paramedical workers.

6. Develop instruments to evaluate the effectiveness of training programmes.

7. Upgrade the quality of clinical services given in the Matlab Diarrhoeal Treatment Centre (MDTC), in collaboration with medical officers, staff nurses and paramedics currently posted. This activity may take as much as 40% of the overall working time, and require liaison with the Associate Director of Clinical Services Division; overall responsible for the MDTC.

8. Though primarily based in Matlab, the appointee will be expected to be familiar with the initiatives and requirements of the MCH-FP extension project, which basically deals with the transfer of elements of the Matlab project to the Government programme.

A B.Sc. in Nursing is a basic requirement; a diploma in midwifery and/or a good midwifery experience is essential and an MPH desirable. Teaching experience of paramedics in a developing country, preferably Asia, is also desirable. The candidate is expected to spend over half of her working time in Matlab under conditions of limited comfort. The rest of the time can be spent in Dhaka.

DEC 5 1988

R E S U M E

PERSONAL INFORMATION:

Name:	CHURAMONIE JAGDEO
Address:	7475 Goreway Drive Unit #37 Mississauga, Ontario L4T 3T3
Telephone:	(416) 677-9865
Date of Birth:	1st September, 1950
Citizenship:	GUYANESE AND CANADIAN
Social Insurance #:	446-245-581
Hobbies and Special Interests:	Drama, Reading, Canoeing

EDUCATIONAL BACKGROUND:

1988	MASTER OF PUBLIC HEALTH University of Hawaii Hawaii, U.S.A.
1984	BACHELOR OF SCIENCE IN NURSING University of Victoria Victoria, British Columbia
1979	STATE CERTIFIED MIDWIFE Stobhill Hospital School of Midwifery Glasgow, Scotland
1975	REGISTERED NURSES' DIPLOMA Mohawk College Brantford, Ontario

OTHER:

1985 HOLISTIC HEALTH COURSE
- attended and participated in an intensive session (50 hours) conducted by a Certified Acupuncturist and practitioner of Holistic Medicine.

1985 COMMUNICATION WORKSHOP
- sponsored by Medical Services, N.W.T. Explored the dynamics of communication.

1981 CROSS CULTURAL IMMERSION
- sponsored by Medical Services and the INUIT CULTURAL INSTITUTE.

EMPLOYMENT HISTORY:

FEB., 1985 - JULY, 1986 NURSE IN CHARGE
Medical Services
Gjoa Haven, N.W.T.

Settlement Population - approximately 700 Inuit

Duties:

- provide all aspects of primary and acute health care, including diagnosis and treatment
- implement, coordinate and maintain public health programmes in the following areas:

1. Maternal and Child Health
   - pre and postnatal care
   - identification of "at risk" patients
   - surveillance of all infants and preschool children
   - identification of children with developmental problems and provide treatment or referral and do follow-up
   - identification of "at risk" children
   - conduct immunization programmes

2. Provide ongoing surveillance of persons with chronic disease or emotional problems.

3. Well Woman Care - do regular breast and physical examinations and Pap smears

4. School Health - including regular vision and audiometric testing - with referral when indicated. Health teaching in the school.

5. Health Education to clients with emphasis on
   - nutrition
   - child care
   - first aid
   - life style
   - fertility counselling

6. Identification of psycho-social problems with referral when indicated:
   - child abuse or neglect
   - spousal assault
   - substance abuse
   - financial need

7. Environmental health surveillance in co-operation with the area environmental officer

8. Crisis counselling

9. Administration
   - supervision of field nurse
   - supervision of 4 auxiliary staff
   - preparation of regular operational reports
   - maintenance of supplies and equipment

Sept., 1984 - Jan., 1985 Field Nurse - Eskimo Point

duties as delegated by nurse in charge
- solely responsible for infant and preschool public health programmes

- solely responsible for daily treatment clinic.

1980 - 1982

RELIEF NURSE - KEEWATIN ZONE

- worked in seven of the eight nursing stations in the zone: Eskimo Point, Whale Cove, Rankin Inlet, Chesterfield Inlet, Baker Lake, Coral Harbour and Repulse Bay. During this time period I worked lengthy periods in the single nursing stations of Whale Cove, Chesterfield Inlet, and Repulse Bay.

In the multiple nurse stations, I frequently worked as the nurse-in-charge.

1980 (6 months)

NURSE IN CHARGE - WHALE COVE, N.W.T.
- population - 200 Inuit single nurse station

1979 (6 months)

FIELD NURSE - ESKIMO POINT N.W.T.
- 3 nurse station

1979

STATE CERTIFIED MIDWIFE
STOBHILL HOSPITAL
GLASGOW, SCOTLAND
- cared for high risk antenatal clients
- provided intrapartum care
- cared for newborn in the Intensive Care Nursery
- supervised junior student midwives.

1977 - 1978

GENERAL DUTY STAFF NURSE - VICTORIA GENERAL HOSPITAL, KIRKCALDY, SCOTLAND
- rotated around Medical/Surgical, Post-Coronary Care and Ear, Nose and Throat wards.

1975 - 1977

GENERAL DUTY STAFF NURSE - NORWAY HOUSE INDIAN HOSPITAL. NORWAY HOUSE, MANITOBA
- worked in the capacity of head nurse
- duties as assigned by Director of Nurses.

1970 - 1972	JUNIOR ACCOUNTING CLERK - FAIRVIEW CORPORATION, TORONTO, ONTARIO - responsible for all accounts payable and the compilation of all quarterly and annual accruals for auditors.
1969 - 1970	JUNIOR CLERK - DOYLE DANE BERNBACH TORONTO, ONTARIO - duties: posting to general ledger, typing of invoices, and a variety of other clerical duties.

VOLUNTEER EXPERIENCE:

1983 - 1984	TELEPHONE CRISIS COUNSELLOR - CRISIS LINE, VICTORIA, B.C. - provided crisis counselling on the telephone.

REFERENCES AVAILABLE UPON REQUEST

Agenda 8(b)vii/BT/89

Nurse/Health Educator, MCH-FP Extension Project

As per agreement between WUSC and ICDDR,B Ms. Michelle Munro joined the Centre on June 23, 1989 as Nurse/Health Educator, MCH-FP Extension Project.

Job Description
Health Education
MCH-FP Extension Project

Under the administrative supervision of the Associate Director, in-charge of the Community Medicine Division and the technical supervision of the Project Director of the MCH-FP Extension Project of ICDDR,B, the appointee will be required to:

1. review and improve the quality of family planning and maternal and child health care services provided by FWAs, FWVs, and related personnel in the Extension Project areas;

2. determine, in liaison with Government and project staff, any training requirements to reinforce current activities and to develop appropriate new skills;

3. review and develop training curriculum and materials with project and Government staff to assist in improving this quality;

4. implement training as required for the above tasks;

5. assist in developing instruments to evaluate the effectiveness of training programmes and other Project interventions;

6. review performance, roles, duties and workload of each category of staff in the programme in order to improve the quality of care provided;

7. to assist in improving health education activities within the Government service through the Project activities.

8. review services provided at Matlab in order to identify areas of need or intervention, and important lessons to learn for the Project areas; and

9. to be involved in documenting processes, procedures and issues of transferability with Project staff.

Requirements: A B.Sc. or equivalent in Nursing.

A diploma in midwifery and/or extensive MCH/FP/midwifery experience desirable.

Extensive teaching experience of field workers and paramedics, particularly in developing countries important.

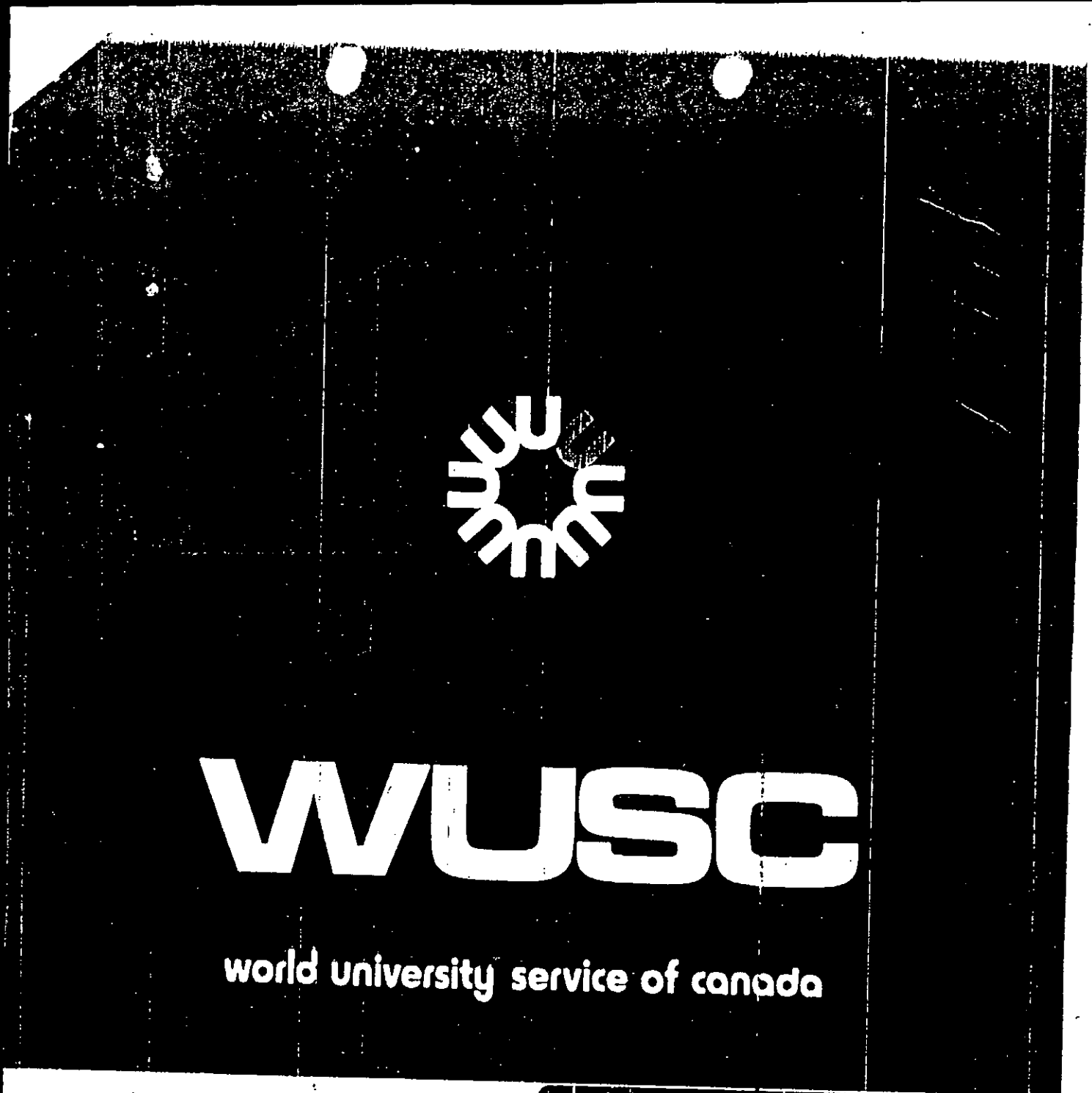
Must undertake language training.

Will be required to spend a good deal of her working time at the field sites, under conditions of limited comfort. The rest of the time can be spent in Dhaka.

Justification:

It has repeatedly been demonstrated, that for each intervention, and each task given to a worker, specific targeted training needs to be provided. In addition, through worker supervision areas of refresher training needs are identified. Most government health workers and personnel have not had the opportunity to receive specific training in training, yet are often placed in the situation of needing to provide training.

Under the mandate of the MCH-FP Extension Project to test the transferability of elements of the Matlab service system to the government service system and to improve the quality of care, the need to test the process of improving capacity of government personnel to identify, develop, implement and review health worker training has been identified. The MCH-FP Extension Project has previously had a Health Educator assigned to it, through CUSA funding, to assist the government and Project staff in this, and to liaise with other national training institutions and organizations, e.g., NIPORT, BRAC in developing and transferring these curricula and materials, e.g., FWA training. Due to recruitment processes and difficulties a hiatus of 2 years has been experienced where the Project has been without this key professional to manage training-related interventions for the Project and liaise nationally. This has led to a backlog of training needed, materials development and poor quality health education by the workers, plus a sub-optimal refresher training programme. In addition, training of trainer's sessions have been minimal. In order to effectively fulfill the government's mandate to the Project, the vacant position of Health Educator (Professional) needs to be filled.



WUSC

world university service of canada

— MUNRO, Michelle —

EUMC

entraide universitaire mondiale du canada

MICHELLE MUNRO

Work Experience 1974-1988

1974-1976	Staff nurse in the Intensive Care Unit at the Misericordia Hospital in Edmonton, Canada. I was responsible for planning, implementing, and evaluating the care of critically ill patients. Both medical and surgical types of illness were treated.
1976-1977	Staff nurse in the Medical Intensive Care Unit at Methodist Hospital, Houston, Texas, U.S.A. Duties as above.
1977-1978	Staff nurse in the Operating Room at Memorial Hospital in Houston, U.S.A. I acted as both a scrub and circulating nurse and was responsible for patient care and the coordination of surgical procedures.
1978-1979	Angiography nurse in the Radiology Department of Memorial Hospital, Houston, U.S.A. I coordinated the care of patients undergoing special x-ray procedures, including pre- and post-teaching scheduling, patient care and supplies.
1979-1980	Staff nurse in the Surgical Intensive Care Unit in Houston, U.S.A. Responsible for patient care as in other I.C.U.s.
1980-1982	Staff nurse in the Intensive Care and Surgical Day Care Units of Vancouver General Hospital, Vancouver, British Colombia, Canada. Patient care as above. In addition, I was responsible for cared of patients while they recovered from anesthetic.
1982-1983	Nurse Consultant with up john Health Care Inc., Edmonton, Canada. I demonstrated and gave in-services to nurses aides in institutions throughout Alberta about new healthcare products.
1983	Occupational Health Nurse for Partec Lavalin, Edmonton, Canada. I was responsible for the health of workers on a construction site. This included pre-employment screening, physical examinations, teaching of healthcare, and emergency care.
1983-1985	Casual duty staff nurse in the Intensive Care at University of Alberta Hospital, Edmonton, Canada. Duties as above. At the same time I was attending university to obtain my B.ScN.
May 6-24, 1985	Clinical instructor for the first year B.ScN. students, obtaining their basic degree.

1985-1987	Nursing Instructor, Milne Bay School of Nursing, Alotau, P.N.G.
1987-1988	Health Inservice Trainer, Division of Health, Milne Bay Province, P.N.G.

B.ScN. at University of Alberta

Course	Completed	Grade (out of 9)
Nursing 388	Research Perspectives	8
Nursing 439	Teaching and Learning	7
Occupational Therapy 319	Lifespan Development	7
Sociology 313	Introduction to Statistics	8
Nursing 466	Self-care Framework	8
Nursing 467	Skills for Self-care	Cr.
Sociology 371	The Family	8
Sociology 465	Sociology of Complex Organizations	8
Nursing 262	Elementary Physiology	8
Nursing 481	Management of Nursing Systems	7
Nursing 468	Assessment of Self-Care of Individuals (physical)	8
Political Science 312	Ethics and Politics	7
Philosophy 323	Philosophy of Mind	7
Computer Sciences 261	Introductory Programming	8
Foods and Nutrition 325	Introductory	8
Nursing 469	Nursing of Families (Community Health)	7
Recreation 401	Community Recreation	8
Sociology 373	Medical Sociology	8

Enrolled

Nursing 480	Trends and Issues
Nursing 482	Nursing of Large Groups
Nursing 485	Senior Practicuum at Youville Hospital with geriatric patients
Sociology 478	Family Structure and Interaction
Phys. Ed. 302	Exercise Physiology

CUSO APPLICATION

151 Slater Street, Ottawa, Ontario K1P 5H5

(Please type or print in black ink)

1. GENERAL INFORMATION
2. CONTACTS
3. EMERGENCY CONTACTS
4. PERSONAL INFORMATION
5. PERSONAL REFERENCES
6. WORK EXPERIENCE
7. LANGUAGE PROFICIENCY
8. SCHOOLING AND TRAINING
9. LICENCES AND CERTIFICATES
10. PREFERENCES
11. INTERESTS, SKILLS & ACTIVITIES
12. FINANCES
13. LEGAL INFORMATION
14. PERSONAL STATEMENT

OFFICE USE

CUSO Insurance Number

7550
85-17173-C

Return Your Form To:

1. GENERAL INFORMATION

Name: MUNRO (LAST) MICHELLE (FIRST) (MIDDLE)

Social Insurance Number: 620 941 799

When would you be available for service overseas?

July or August 1985

2. CONTACTS

Your present address including postal code, home and work telephone including area code:

Address: 10015-112 St #2

Edmonton, Alta.

Postal Code: T5K 1L9 Until When: ?

Telephone: Home (403) 485-1462 Work: (403) 432 6168

A permanent address and telephone number (a person through whom you can always be reached):

Address: AL MUNRO

#107 11220-99 Ave EDMONTON Postal Code: T5K 0G9

Telephone: Home (403) 482 3240 Work: (403) 988 6561

3. EMERGENCY CONTACTS

In case of an emergency while you are overseas whom should we contact? In case we are unable to reach the first person listed, PLEASE give an alternative contact.

1. Name: AL MUNRO

Relationship: FATHER

Postal Code: T5S 0G4

Telephone: Home: (403) 482-3240 Work: (403) 485 6561

2. Name: Terry Beaud

Relationship: Sister

Address: 22 Devonian Crst

Devon, Alta

Postal Code: T0C 1E0

Telephone: Home: (403) 987-4925 Work: (____) ____

4. PERSONAL INFORMATION

READ THIS INTRODUCTION CAREFULLY BEFORE COMPLETING THIS AREA.
The Human Rights Code prohibits discrimination in employment practice because of race, color, religion, sex, age, national origin or marital status. The following questions are legitimate and necessary so that CUSO can adequately assess your personal requirements for an overseas posting.

Sex: M ☐ F ☒ Date of Birth: Sept 10/53 Nationality: Canadian

Landed Immigrant: Yes ☐ No ☒

If you have a valid passport, what country gave it to you? Canada

When does it expire? 1986-02-12 Passport No. F3 111841

Marital Status: Single Date of Change (if applicable): ____

Name of your partner: ____

No.. Names, ages of children: ____

(Put an asterisk * beside those children who will NOT accompany you overseas.)

5. PERSONAL REFERENCES

In making the choice of your references try to use people who have known you best. Ask yourself if they are familiar with your character and qualifications and if they are aware of your interest in joining CUSO.

One from a person who knows you best outside your immediate family.

Name: Sue Redmond

Address: #6102 140 Silver Springs Blvd NW

Calgary Postal Code: T3B 4W7

Telephone: Home: (403) 288 2770 Work: (403) 230-1621

One from someone with whom you associate a great deal in sports, church activities, community associations, etc. Someone with whom you have something in common.

Name: Laurie Taschuk

Address: #401 10620 - 102 St

Edmonton Postal Code: T5H 2T5

Telephone: Home: (403) 426-1405 Work: (403) 483 7395

One from someone who ha[illegible] you in recent years. If you have not attend[illegible] educational institution in the last two years, use a person al[illegible] comment on your professional or technic[illegible]rk competence.

Name: KAY DYER, PhD

Address: #107 - 11135 - 83 Ave

EDMONTON, Alta Postal Code: T6G 2C6

Telephone: Home: (403) 432-7726 Work: (403) 432-5931

Additional personal references (if requested):

Name: _____

Address: _____

_____ Postal Code: _____

Telephone: Home: (____) _____ Work: (____) _____

Name: _____

Address: _____

_____ Postal Code: _____

Telephone: Home: (____) _____ Work: (____) _____

6. WORK EXPERIENCE

Paid Work History

Starting with your present or last position, describe your employment record. (Summer and part-time work should be included.) Voluntary work may be used as a work reference if applicable. When you describe your work be sure to explain the duties you performed, the equipment you used, the subjects you may have taught, the seniority you attained, etc. You should note your reason for leaving where applicable. Use additional sheets if necessary. We would like to know your complete work history.

If you do not want us to ask for a reference from your present employer, try to name a co-worker or someone else who could help us to know you in that setting. Please include two work-related references.

If you do not have enough space here, feel free to provide a complete résumé.

Name of your employer: University of Alberta Hospital

Duration of employment From: Dec (Month) 1983 (Year) To: present (Month) (Year)

Describe your work: Casual duty R.N. in the Clinical Systems Unit Intensive Care. I also float to other areas of the hospital as necessary. Am only working a few shifts/month while attending University. Patient care is primary responsibility

Can we ask for a reference? Yes ☒ No ☐

Name of referee: Ann Martin RN. St 68 Unit Supervisor

Address: 8440-112 St

Edmonton, Alberta. Postal Code: T6G 2B7

Telephone: (403) 432-6948

Name of your employer: [illegible]

Duration of employment From: Mar/1 Month 1983 Year To: Aug Month 1983 Year

Describe your work: Occupational Health Nurse on a construction site responsible for employee health, teaching screening, records, communication with other medical professionals and with Parties Group. Also set up and maintained first-aid trailer and all supplies.

Can we ask for a reference: Yes ☒ No ☐

Name of referee: Earl Brown, Safety Officer

Address: c/o Parsec-Lavalin
904-5th Ave SW, Calgary Postal Code: T2P 3C5

Telephone: (403) 294-2100

Name of your employer: UpJohn Healthcare Services

Duration of employment From: Oct Month 1982 Year To: Feb Month 1983 Year

Describe your work: Contracted out to Procter + Gamble to demonstrate a new healthcare product to nursing homes in Alberta. This was a temporary position.

Can we ask for a reference? Yes ☑ No ☐

Name of referee: Chris Stevens RN, Personnel-Western Region

Address: UpJohn Healthcare Services, 6725 Badura Circle, Sacramento, California, USA Postal Code: 95828

Telephone: (916) 682-6440

Volunteer Work History
Name the organizations you have been involved with in a voluntary or unpaid capacity, tell what your involvement was and for how long.

During highschool I volunteered at the Edmonton General, helping with patient care and also worked with Project Crusteprix. I also spend a summer working with native children in the interior of B.C. with this organization. Until I left Alberta I volunteered at the Marion Center, serving meals and teaching crafts to inner city inhabitants. I taught fitness at the YWCA in Houston. In Vancouver I was a swimming partner for residents of Sunnyhill Hospital for Crippled Children. In Edmonton I spent some time with the Youth Emergency Shelter but had to terminate because of increasing responsi-

7. LANGUAGE [illegible]ICIENCY

Rate your proficiency in other languages:
(e) excellent — completely fluent
(g) good — able to perform professionally
(p) poor — some knowledge of the language

What is your first language? English

What other languages do you know? Rate your ability to:

	Speak	Read	Write	Understand
French		(p)		(p)
Spanish		(p)		(p)

Are you willing to learn another language? Yes ☒ No ☐

8. SCHOOLING AND TRAINING

This will help your employer overseas understand your studies. If you have had post-secondary education, list the years, subjects, degrees, diplomas, trade papers, etc., that you will have when you go overseas with CUSO. Also list any other courses including night schools, training programs, language studies, etc., you may have taken in or out of regular programs.

Post-Secondary Institutions (including universities, technical institutes, community colleges, etc.)

Name of Institution and City	Years From	Years To	Accreditation Received	Date Received
Royal Alexandra Hosp Edmonton, Alta	1971	1974	RN	Nov, 1974
Workmans Compensation Vancouver, BC		1981	Industrial first Aide Cert	Dec, 1981
University of Alberta	1983	presently completing BScN for April, 1985		
Athabasca University	1983		Psych 206	July, 1983

9. LICENCES AND CERTIFICATES

List your professional accreditations, provincial and interprovincial licences, certificates, trade papers or any other memberships that allow you to practice or work.

Memberships etc.	Date	Papers Available Yes	Papers Available No
Alberta Ass of Registered Nurses #32942	Nov, 1974		

Agenda 8(b)viii/BT/89

Physician/Epidemiologist/JHU

On expiry of the secondment agreement between the Johns Hopkins University and the ICDDR,B; Dr. Gary Hlady, Physician/Epidemiologist left the Centre on July 31, 1989.

He worked at the Centre from August 14, 1987. Prior to the secondment assignment he had also worked at the Centre as an Epidemiology Consultant from January 08, 1987 to March 03, 1987 with the Laboratory Sciences Division.

The continuation of this position will be determined by the size of the funding of US AID (Washington) Cooperative Agreement 1990.

( ) ——> June 1989

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Ref: DO/Hlady/435/89

Memorandum

TO : Chief Personnel Officer DATE: 13.4.89

FROM : Director

SUBJECT : DR W. GARY HLADY

The agreement which secunds Dr Hlady to the Centre from The Johns Hopkins University expires on 31 July, 1989.

Please initiate any actions required in this connection and give Dr Hlady and his family all possible assistance to make their departure from Dhaka smooth.

Thank you.

:jc

cc: Dr W.G. Hlady

Agenda 8(b)ix/BT/89

Visiting Scientist P2-P4

In response to this advertisement which was made on May, 1989 a total of 11 applications were received.

These applications were reviewed and no one was found suitable.

It is likely that candidates are best identified from institutions with which the Centre has linkages. Arrangement for senior University teachers to spend their Sabbatical leave at the Centre is another possibility.

8(b

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

ADVERTISEMENT

The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), is a non-profit international medical research institution situated in Dhaka, Bangladesh. Its aims are to conduct research and training in diarrhoeal diseases and related subjects of nutrition and fertility, and to develop improved health programmes for control of diarrhoeal diseases in developing countries. It is also involved in major demographic surveys. There are four scientific divisions: Clinical Sciences, Laboratory Sciences, Community Health and Population Sciences.

Salary scales, rules and regulations are similar to those followed by the UN. The 1,400 employees include 200 researchers coming from 13 countries. ICDDR,B is supported by 21 countries and international organizations, including WHO and UNICEF.

The Division of Laboratory Sciences have a vacancy for Scientist/Senior Scientist for a period up to 2 years (suitable for a sabbatical leave). Interested individuals would be required to carry out research on diarrhoeal disease at the Centre. Specific area of research is to be mutually agreed upon and must fall within the research priorities of the Centre. It is expected that the investigation should broadly be on either clinical, epidemiological or laboratory aspect relevant to invasive, persistent or watery diarrhoea. The selected individual will have no administrative responsibilities and will be provided with technical staff and a grant to conduct research.

Qualification and experience:

Medical or science graduates with appropriate postgraduate qualifications and experience in diarrhoeal disease are sought. Candidates must have a demonstrable ability to generate ideas and conduct and lead a research team. Candidates should submit a brief outline of a proposal for research they wish to conduct at the Centre.

Salary:

Salary and grade level will be based upon an applicants experience up to a maximum of UN equivalent P4.

For further information, please contact Dr. Saul Tzipori, Associate Director, Laboratory Sciences Division OR Aminul Huque, Personnel Manager (Professional), ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh. Telex: 675612 ICDD BJ ; FAX: 880-02-411846.

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH

POST DESCRIPTION FOR PROFESSIONAL POSTS

FOR USE OF PER ONLY

1. Present Title of Post: VISITING SCIENTIST
2. Post Number(s):
3. STATUS
   - ☐ NEW - to be established attach ICDDR, B-#9
   - ☑ VACANT - for issuance of a vacancy notice, attach ICDDR, B-#8
   - ☐ OCCUPIED - revised duties
   - ☐ OCCUPIED - proposed change in grade, attach ICDDR, B-#8
   - ☐ OTHER - explain
4. Present Grade: P-4 (maximum)
5. Division/Programme: LSD
6. Unit/Office/Field Activity:
7. Official Station and Country: DHAKA, BANGLADESH

Effective date:

Approved Title

CCOG | Classified grade

Comments:

Authorized by

Title | Date

8. ORGANIZATIONAL SETTING: Attach the current organization chart which clearly shows the overall structure of the programme, division, unit, or field activity, as appropriate. Identify each post by title, post number and classified grade.

9. Identify the objectives of the programme, and of the immediate unit or field activity as appropriate.

Carry out research on diarrhoeal disease at the Centre.

10. Summarize the assigned responsibilities.

Mutually agreed upon research work, should preferably be based on either clinical, epidemiological or laboratory aspect relevant to invasive, persistent watery diarrhoea.

11. Indicate	Essential minimum qualification required to perform the work	Additional desirable qualifications
a) Knowledge, abilities & skills, including personal qualities & human relationships	Demonstrable ability to generate ideas and conduct and lead a research team	
b) Level & field of study and extent of specialization	Medical or science graduate with appropriate postgraduate qualification and experience in diarrhoeal diseases	
c) Length & nature of practical experience at the national and/or international level	Appropriate practical experience to conduct research	
d) Languages required and the level & nature of their use	English	

12. Identify the main objectives of the work (usually 4-6 reasons why the post exists). Within each objective, identify the duties which are performed to achieve the objective. Objectives should be presented in order of importance with an indication of the percentage of time of the annual workload required for each objective.

	%

13. Indicate the guidelines which are available (for example the decisions of legislative bodies, publications, policies, regulations, known precedents, accepted practices, research techniques, project documents, etc.).

Describe the interpretation and/or deviation permitted, and the authority to establish new guidelines.

14. Describe:

- the type and extent of the supervision given to the post:

  As required

- how assignments are given:

  Direct contact

- the guidance and assistance provided by the supervisor and/or others:

  As required

- the review and verification of the work while in progress or on completion:

  While in progress and also on completion

15. Indicate the typical contacts required outside the immediate work unit. Explain the purpose of the contacts as clearly as possible, e.g. to obtain information on ..., to represent the Organization at ..., to provide advice on ... etc.

a) Inside the Organization

Title & level	Purpose
All levels	For smooth functioning of research activities

b) Outside the Organization

Title & level	Purpose
All levels	For smooth functioning of research activities

16. a) Professional posts DIRECTLY supervised:

Title	Classified Level	Post Number(s)

b) Total number of professional posts supervised directly and through subordinate supervisors: _____

c) Total number of general service posts supervised directly and through subordinate supervisors: _____

d) Title, classified grade and post number of supervisor's post: _____

17. Describe the most important decisions that the incumbent is authorized to take

All such decisions as are permissible under the Centre;s rules and regulations

18. Describe the most important recommendations expected of the incumbent

- Proper functioning of research activities at the Centre

19. Describe the most damaging involuntary errors in the work and the effects these would have on the programme objectives identified in section 2, on the Organization, and on the immediate unit.

Not expected

20. If this is a revised post description, indicate the changes that have occurred in the duties and responsibilities.

N/A

21. Certified as an accurate description of the work assigned (and performed if the post is occupied): Post No. .....

	Name	Signature	Date
First level supervisor	Dr. S. Tzipori	S. Tzipori	14/5/89
Second level supervisor, or Chief of Unit			
Regional or Divisional Director Programme Manager	Dr. S. Tzipori	S. Tzipori	14/5/89

Also, please certify the organizational chart as correct by signing and indicating the effective date.

SELECTION OF NEW TRUSTEES

SELECTION OF TRUSTEES

A. Two vacancies need to be filled at this meeting, i.e. the first created when Professor Habte took over as Director, and the second which will result from Professor Tanaka's resignation, effective after this meeting.

(1) Professor Fred S. Mhalu, Professor of Medical Microbiology at the Muhimbili Medical Centre of the University of Dar Es Salaam has been nominated to replace Professor Habte. Professor Mhalu has been advised of his nomination and requested to send a copy of his curriculum vitae. We are awaiting his response as to whether or not he accepts to be a candidate for a position on the Board of Trustees.

Professor Wlater J. Kamba, Vice-Chancellor and Professor of Law at the University of Zimbabwe was nominated by the Ford Foundation, Dhaka when names were requested in February of this year.

(2) Dr Takashi Wagatsuma, Director of the Department of International Cooperation at the National Medical Center Hospital in Tokyo has been nominated as a candidate to replace Professor Tanaka. A copy of Dr Wagatsuma's curriculum vitae is attached.

Saburo Okita a former Minister of Foreign Affairs for Japan was nominated by the Ford Foundation, Dhaka when nominations were requested earlier this year.

B. In November 1987 it was suggested that, whenever possible, the choice of Trustees should be finalized at the November meeting,

i.e. one year ahead of when the Trustee would be expected to attend his/her first meeting. Listed below are those members who will complete their terms on 30 June, 1990.

Outgoing Board Members June 1990

+ Mr M.K. Anwar (completed Mr A.K. Chowdhury's term)
Dr D. Ashley
+ To be named (completed Prof. D. Habte's term)
Prof. A. Lindberg
Prof. V.I. Mathan

+ Please note the following [ORDINANCE Section 8(6)]
"Vacancies in seats of members at large shall be filled by the Board. A member appointed to a vacancy arising from a cause other than the normal expiration of a term shall serve for the remainder of the term of the member being replaced. No member may serve more than two consecutive three-year terms or portion thereof, ...".

ACTION REQUIRED

(A) A decision needs to be made on the replacements for (1) Professor D. Habte and (2) Professor H. Tanaka.

(B) Assuming that the outgoing Board Members in June 1990 wish to be considered for re-election for a second term, this may be voted on.

(B) The Chairman of the Board, or his representative, should contact the Government of Bangladesh informing that Mr Anwar's term will end on 30 June, 1990 and requesting their advice as to whether Mr Anwar will continue for a second term.

14.11.89

List of Board Members as at November 1989

	Name	Country	Discipline	Joined Board/ End Date
	Dr Y.Y. Al-Mazrou	Saudi Arabia	Public Hlth. Admin.	1989/1992
**	Mr M.K. Anwar (completing Mr A.K. Chowdhury's term)	Bangladesh	Civil Servant	1987/1990
**	Dr D. Ashley	Jamaica	Pub Hlth/MCH-FP	1987/1990
	Prof. J. Caldwell	Australia	Demography	1989/1992
	Prof. R. Feachem	U.K.	Environmental Public Health/Epidemiology	1985/1991
	Prof. D. Habte (Director)	Ethiopia	Paediatrician	1989/
	Prof. J.R. Hamilton	Canada	Paediatrician	1989/1992
	Prof. D.A. Henderson	U.S.A.	Public Health	1988/1991
**	Prof. A. Lindberg	Sweden	Immunology	1987/1990
**	Prof. V.I. Mathan	India	Gastroenterologist	1987/1990
	Dr M.H. Merson	WHO	Scientific Admin.	1985/1991
	Dr K.A. Monsur (completed Maj. Gen. Huq's term)	Bangladesh	Microbiology	1986/1991
	Mr T. Rahman (completed Mr Karim's term)	Bangladesh	Civil Servant	1987/1992
	Prof. V. Ramalingaswami (completed Drs Nyi Nyi and Joseph's term)	UNICEF	Pathobiology/ Scientific Admin.	1988/1991
	Dr P. Sumbung	Indonesia	Public Health	1986/1992
	Prof. H. Tanaka (completed Prof. Y. Takeda's term)	Japan	Parasitology	1987/1991
**	Vacant (completing Prof. Habte's term)			1989/1990

** Outgoing June 1990

CURRICULUM VITAE

TAKASHI WAGATSUMA

Address: Home: 34-17, Jingumae, 6-chome, Shibuya-ku, Tokyo, 150, Japan.

Office: Department of International Cooperation
National Medical Center Hospital
21-1, Toyama, 1-chome, Shinjuku-ku, Tokyo 162, Japan.

Born in Tokyo, Japan, January 9, 1930.

Married, with two children.

Education

University attended:	Degree	Years
University of Tokyo	Premedical Course	1949 - 51
University of Tokyo School of Medicine	M. D.	1951 - 55
University of Tokyo Graduate School	Dr. Med. Science	1956 - 60

Training

Institution:		
Tokyo University Hospital	Rotating Internship	1955 - 56
University of Tokyo, Sch. of Med. Dept. Obstetrics & Gynec.	Clinical Assistant	1960 - 62
Institute of Obstet. & Gynaec. Postgraduate School University of London	Research Fellow British Council Scholar	Sept. 1962- Dec. 1963.
Dept. Obstet. & Gynec. Johns Hopkins University School of Medicine	Research Fellow	Jan.1964- July 1966.

Medical Licensure: Japan, 1956. :Regisit. No.159063.

Faculty Appointments

Dept Obstet. & Gynec. University of Tokyo School of Medicine	Clinical Assistant	1966 - 68
Dept. Obstet. & Gynec. AIIKU Hospital	Chief Consultant & Head of Dept.	1968 - 71
Dept. Obstet. & Gynec. Univerity of Tokyo School of Medicine	Associate Professor	1971 - 76
Dept. Obstet. & Gynec. National Medical Center Hospital	Chief Consultant & Head of Dept.	1976 - 86
Dept. International Cooperation National Medical Center Hospital	Director	1986 -

Other Activities

Member of the Regional Medical Committee SEA & O Region, IPPF.	1975 - 80
Consultant for the Regional Seminar Western Pacific Region, WHO.	1973 1977
Member of the Steering Committee for the IUD Task Force, Special Programme for Research in Human Reproduction, World Health Organization	1977 - 84
Member of the Committee on Resources for Research Special Programme for Research in Human Reproduction, WHO	1986 -

Membership in Professional Organizations

Japan Society of Obstetricians & Gynecologists
Japan Society of Fertility and Sterility
Japan Society of Law and Medicine
Japan Society of Neonatology

DATES OF NEXT BOARD MEETING

DATES OF NEXT MEETING

Two suggested alternatives are given for dates of the June 1990 Board Meeting. Each November one day is taken up with a Donors' Meeting. It is suggested that in June there be a day free for Trustees to go on a field trip and/or to interact with staff. This has been included in the schedules listed below:

Tuesday, 29 May	Arrive in Dhaka
Wednesday, 30 May	P&S Committee Meeting Finance Committee Meeting
Thursday, 31 May	Field Trips
Friday, 1 June	Programme Committee Meeting Report Writing
Saturday, 2 June to Monday, 4 June (Noon)	Full Board Meeting

OR

Friday, 1 June	Arrive in Dhaka
Saturday, 2 June	P&S Committee Meeting Finance Committee Meeting
Sunday, 3 June	Programme Committee Meeting Report Writing
Monday, 4 June	Field Trips
Tuesday, 5 June to Thursday, 7 June (Noon)	Full Board Meeting

For November 1990 the dates could be Tuesday, 20 November (Arrive in Dhaka) to Sunday, 25 November with the Donors' Meeting being held on Monday 26 November OR Friday, 23 November (Arrive in Dhaka) to Wednesday, 28 November with the Donors' Meeting being held on Thursday, 29 November, 1990.

LETTER FROM GOPP GROUP

INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Phone: 600171-78
Telex: 65612 ICDD BJ
Cable: Cholera Dhaka
G.P.O Box 128 Dhaka 1000
Bangladesh.

July 10, 1989

Dear ICDDR,B Board Members:

We are the senior staff members of the Centre. We have been engaged in an intensive planning effort that has spanned a period of several months. This planning period began in May and continued after the Board meeting in June.

As a result of the planning efforts and the significant changes following the intervening Board meeting, it is very clear to us that several problems exist within the Centre. The strategic plan outlines specific steps to overcome most of these problems, among which are:

The need to improve financial stability
The need to establish scientific priorities
The need to improve internal management and communication
The need to improve relationships and communication with the Government of Bangladesh
The need to improve relationships and communication between the Board and the Centre

A careful reading of the ICDDR,B Strategic Plan will provide additional information about these issues. The purpose of this letter is to highlight those issues which deal with the current relationship and communication between the Centre and the Board. We feel that there are a number of positive steps which can be taken and we are requesting your help and assistance with these steps.

Structure of Board Meetings

Several of these steps concern the conduct of board meetings.

Longer Board Meetings

First, although we know that each member of the Board is a busy person, the Board should give more time to the Board meetings. The international nature of the Centre and the complexity of its operation require more time and more interaction between yourselves and the senior personnel than is possible with the severe time constraints imposed on each Board meeting.

Day One Advisory Meetings

We also suggest that the Board establish an Advisory Committee for each of the Centre's Divisions and that part of the time during which Board members are available in Dhaka could be spent in meetings of the Advisory Committees and the Divisions. Again, this would greatly assist us in our work and would

enhance communication.

Day One Forum

Second, all of us are interested in the long-term success of the Centre. We suggest that one way to improve the communication and understanding of issues is for Board meetings to begin with an open forum among senior management personnel (senior management refers to the group that has been involved in the strategic planning process) and the Board in which discussion of issues on which the Board will be taking decisions can be held. This forum will shed more light on the issues and will provide an opportunity for the personnel of the Centre to share their views. Obviously the Board will take its own decisions it sees fit.

Third, we suggest that the practice of having top management personnel (top management refers to the Director and the first level of personnel under the Director) and donor representatives sittting in on the meetings, which was initiated for at least part of the June 1989 Board meeting be continued. If top management personnel are in attendance, they can be called on to clarify issues and provide opinions. The increased openness of the Program Committee at the last Board meeting was a very positive step in this direction, as was the Finance Committee meeting.

Day Four Briefing

Fourth, we suggest that a briefing be held by the Chairman of the Board for the Government of Bangladesh officials, senior management and the donors following the Board meetings to present the decisions that have been made by the Board. Such formally organized briefings will go a long way to eliminating the confusion and uncertainty that currently follows each Board meeting. The Chairman and the Director could also conduct a press conference at this time.

Days One to Four Social Time

Fifth, we also would like to suggest that we have more informal social time together. As we have said, all of us are interested in the success of the Centre. As people sharing a common and important interest, we feel that this informal social interactions will improve our communication with and understanding of one another.

Board and Director's Responsibilities

Another very important matter that we request you to consider is the current style of interaction between the Board and the Centre. In the crisis period focusing around 1985, the Board informally assumed a number of important management powers that we feel should be the responsibility of the Centre Director. This was done with the best interests of the Centre in mind, but direct Board involvement in the routine management of Centre severely restricts its efficient functioning. We believe that it is the Board's responsibility to hire the Director and the Associate Directors and to make decisions on policy matters that will support these people as they carry out the challenging task of managing the Centre. Board involvement in routine matters severely handicaps our capacity to function effectively.

Selection Committee Representation

Finally, we believe that the success of ICDDR,B depends on an effective partnership between the Board and the Centre staff. In this regard, we think it is essential that a representative of the senior scientific staff should be a member of the committee that will select the new director and other top staff, such as the person who will be responsible for fund raising. We believe our input is important in this process, because we have a unique and important perspective from which we view the operation of the Centre.

These suggested changes will contribute immensely to the functioning of our Centre. They will improve communication, develop greater understanding, increase efficiency, improve decision making process, and enhance personal and professional relationships.

We are proud of the accomplishments of the Centre. We know there is still much that can be improved. We believe these changes will make the Centre a stronger institution which will be more capable of even better scientific work in the future.

Sincerely,

THE GOPP GROUP

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