

ICDDR, B

BOARD OF TRUSTEES MEETING

11-13 NOVEMBER, 1991

DRAFT

2.10.91

PROGRAMME
BOARD OF TRUSTEES MEETING
11-13 NOVEMBER 1991

Sunday, 10 November

Trustees arrive in Dhaka

Monday, 11 November

8.30 a.m. - 10.15 a.m.	Programme Committee Meeting (OPEN) Venue: Training Lecture Room No. 1
10.15 a.m. - 10.45 a.m.	TEA
10.45 a.m. - 12.30 p.m.	Programme Committee Meeting continues
12.30 p.m. - 2.00 p.m.	LUNCH
2.00 p.m. - 3.15 p.m.	Personnel & Selection Committee Meeting (CLOSED) Venue: Training Lecture Room No. 1
3.15 p.m. - 3.30 p.m.	TEA
3.30 p.m. - 5.00 p.m.	Personnel & Selection Committee Meeting continues (CLOSED)

Tuesday, 12 November

8.30 a.m. - 10.15 a.m.	Finance Committee Meeting (OPEN) Venue: Training Lecture Room No. 1
10.15 a.m. - 10.45 a.m.	TEA
10.45 a.m. - 12 noon	Finance Committee Meeting continues
12 noon - 12.30 p.m.	Meet with Staff Welfare Association Executive Committee (CLOSED) Venue: Training Lecture Room No. 1

Tuesday, 12 November (cont'd)

12.30 p.m. - 2.30 p.m. LUNCH

2.30 p.m. - 3.30 p.m. Meeting of Programme Coordination Committee (PCC)
and Programme Committee of the Board (CLOSED)
Venue: Training Lecture Room No. 1

3.30 p.m. - 4.00 p.m. TEA

4.00 p.m. - 5.00 p.m. Report writing/visit to Division of area of
interest

Wednesday, 13 November

8.00 a.m. - 8.30 a.m. TEA will be served outside meeting room
Venue: Training Lecture Room No. 1

FULL BOARD MEETING COMMENCES (OPEN)
Venue: Training Lecture Room No. 1

8.30 a.m. - 8.40 a.m. Welcome and Approval of Agenda (OPEN)

8.40 a.m. - 8.50 a.m. Approval of Draft Minutes of June 1991 Meeting
(OPEN)

8.50 a.m. - 10.15 a.m. Presentation and discussion of Director's
Report (OPEN)

10.15 a.m. - 10.45 a.m. TEA

10.45 a.m. - 12 noon Presentation and discussion of the Programme
Committee Report (including Review of Population
Sciences & Extension Division) (OPEN)

12 noon - 1.30 p.m. LUNCH

1.30 p.m. - 2.30 p.m. Presentation and discussion of Finance Committee
Report (OPEN)

2.30 p.m. - 2.45 p.m. TEA

2.45 p.m. - 3.45 p.m. Presentation and discussion of Personnel &
Selection Committee Report (CLOSED)

3.45 p.m. - 4.00 p.m. Dates of next meeting

4.00 p.m. - 5.00 p.m. Free for outstanding discussion (CLOSED)

5.00 p.m. Closure of meeting

Note: CLOSED = Trustees and invited staff only attend.

DRAFT

SOCIAL PROGRAMME FOR TRUSTEES

Tuesday, 12 November

12.30 p.m. - 2.30 p.m.

Lunch with staff
Venue: Guest House

Wednesday, 13 November

6.30 p.m. - 8.30 p.m.

Reception
Venue: Guest House

Thursday, 14 November

Lunch with donors
Venue: Guest House

Note: On Monday and Wednesday a light lunch will be available
at the Guest House.

24.9.91

1/BT/NOV. '91

APPROVAL OF AGENDA

DRAFT

24.9.91

1/BT/Nov. 91

FULL BOARD AGENDA

13 November, 1991

1. Approval of Agenda
2. Approval of Draft Minutes of Meeting held in June 1991
3. Director's Report
4. Programme Committee Report
(including Report on Review of PSED)
5. Finance Committee Report
6. Personnel & Selection Committee Report
7. Dates of next meeting
8. Any other business
 - (a) Report from Staff-Welfare Association (SWA)

Note: Papers submitted and discussed in Committee Meetings
are in the folders of those Committees only

2/BT/ NOV. '91

APPROVAL OF DRAFT MINUTES OF MEETING

HELD IN JUNE 14, 1991

The following changes have been made to the draft minutes of the June 1991 Board of Trustees meeting circulated earlier. The attached is a corrected copy of the draft minutes.

Page 3, Agenda 3, lines 5 and 6 - the words "the worst calamity ever to fall on Bangladesh took place when" have been omitted.

Page 4, para 2, line 8 - the word "the" has been added before "Community Health Division".

Page 4, para 3, line 8 - the word "are" has been corrected to read "area".

Page 5, last para - the first two sentences have been reworded for clarity.

Page 7, para 1, line 6 - the spelling of "provision" has been corrected.

Page 8, para 3, line 8 - the word "some" has been corrected to read "one".

pages 11 & 12, point 7 - the first sentence of the first paragraph has been reworded for clarity. The remainder of the first paragraph has been deleted, as has the second paragraph. These deletions have been summarized and included in one sentence which is now the second last sentence of point 7 ("A statement from donor agencies".).

Page 12, point 8, para 2 - the word "the" has been added before "Community Health Division".

Page 27, point 1 - the two sentences have been combined into one sentence for clarity.

Page 27, point 2 - "but" in the first sentence has been changed to read "although they" and a second sentence has been added.

Page 27, points 3 & 4 - English has been corrected.

Page 30, line 5 - the spelling of "placed" has been corrected.

DRAFT

Minutes of meeting of the Board of Trustees, ICDDR,B held
in Jakarta, Indonesia on 14 June 1991

Members Present

Dr Y.Y. Al-Mazrou
Mr K.A. Asaduzzaman
Dr D. Ashley
Prof. J.C. Caldwell
Mr E.A. Chowdhury
Prof. K.M. Fariduddin
Prof. D. Habte - Secretary
Prof. J.R. Hamilton
Dr R.H. Henderson
Prof. A. Lindberg
Prof. V.I. Mathan
Prof. F. Mhalu
Dr J. Rohde
Dr P. Sumbung - Chairman
Prof. T. Wagatsuma

Member Absent

Prof. A.S. Muller

Invited Staff

Mrs J.A. Chowdhury (Minute Secretary)
Dr M. Islam
Dr D. Mahalanabis
Mr M.A. Mahbub
Prof. R.B. Sack
Mr J. Winkelmann

Dr P. Sumbung, Chairman of the Board of Trustees, opened the
24th meeting of the Board of Trustees at 8.30 a.m. on Friday,

14 June 1991. He welcomed the Trustees and staff to Jakarta. A warm welcome was given to the three new Bangladeshi Trustees, Mr K.A. Asaduzzaman, Mr E.A. Chowdhury and Professor K.M. Fariduddin. Dr Sumbung informed the meeting that he had received an apology from Professor A.S. Muller, confirming the advice given last meeting, that he (Prof. Muller) was unable to attend due to a previous commitment.

The Trustees and staff observed one minutes' silence in memory of Dr J. Sulianti Saroso who passed away last month. Dr Sulianti was a member of the Interim Committee and the first Chairman of the Centre's Board of Trustees, 1979-80 and 1980-81. The following resolution was passed:

Resolution
1/June 91

The Board of Trustees learnt of the passing away of Dr J. Sulianti Saroso, former Indonesian Member of the Board of Trustees and first Chairman 1979-80, with great sadness and resolved to express its profound condolence to the family.

Agenda 1: Approval of Agenda

The agenda was approved as presented.

Agenda 2: Approval of draft Minutes of Meeting held in November, 1990

The draft minutes of the meeting of the Board of Trustees held on 26 and 27 November, 1990 were approved with the following typographical errors to be corrected:

Page 5, 2nd paragraph, 1st line, 7th word - "major", not "mJOR"; and

Page 33, last line - "27 November, 1990", not "37".

Agenda 3: Director's Report

Professor D. Habte, the Director, highlighted some of the major scientific and management issues of the last six months. In mid-March 1991, a major diarrhoea epidemic struck Dhaka and quickly spread to the rest of the country. On 29 April, 1991, a disastrous cyclone struck the south and south-eastern part of the country claiming hundreds of thousands of lives and causing havoc to dwellings, property and crops. The Centre and its staff are engaged in all ways possible to assist national and international efforts to contain the diarrhoea epidemic and the health consequences in the cyclone affected areas. Inevitably this diversion of activities will somewhat slow the Centre's programme of research and training.

Nevertheless, the Centre has continued to consolidate the

prudent personnel and financial policies enacted earlier. In science, the appointment of an internationally renowned scientist to lead the Community Health Division has brightened prospects for quality research.

The Community Health Division has undergone a major transformation in the past six months. Dr R.B. Sack arrived to take over as Associate Director of the Division in early February and has been re-organizing the Division. Also, newly arrived is Dr Ann Maria Venneste from Belgium. There are now five major scientific interest groups within the Division. As part of the re-organization, Matlab health activities are now entirely under Community Health Division, including the Matlab Diarrhoea Centre and the scientific supervision of the Matlab laboratory.

The Clinical Sciences Division has taken measures to strengthen coordination of its activities by establishing task forces. These task forces, one each for watery diarrhoea, invasive diarrhoea, nutrition management, clinical epidemiology, child health and maternal care, and research support, have been functioning through regular meetings to discuss problems, develop programmes, identify new initiatives, and coordinate the activities in each area of the task force. In view of the high cost of health care services, the Division is trying to raise funds for patient care activities through an endowment fund.

Dr M. Islam is acting as Head of the Laboratory Sciences Division with assistance from Dr R.B. Sack on scientific matters. The Division has continued to provide support for clinical and field research in other Divisions as well as diagnostic services for the clinical facilities.

In the Population Sciences and Extension Division a pre-occupation to secure funding for the Demographic Surveillance System continued to take disproportionate time of senior staff of the Division. However, productivity has not suffered significantly. The MCH-FP Extension Project, which has assured funding, continues to generate quality research and is collaborating satisfactorily with the Ministry of Health and Family Welfare.

The Training Bureau is coordinating preparations to host a national scientific conference in Dhaka during October 1991. The conference is expected to last three days and provide opportunity to disseminate research findings of the Centre to national scientists, public health administrators and policy makers.

Health care services have been maintained but the number of patients seen showed a sharp rise. This was due to a recent diarrhoea epidemic in Dhaka and Matlab.

The Urban Volunteer Programme has established three field offices located close to the slums thus facilitating field

activities.

The technical services of the Centre, namely Computer Information Services (CIS), Diarrhoeal Diseases Information Services Centre (DISC), Animal Sciences Branch, Medical Illustration Cell and Bio-Engineering Cell, have continued to play a supportive role.

The freeze on recruitment against vacancies in the Centre, except for international level positions, remained in force. The Centre is increasingly moving towards meeting its staffing needs through short term contracts and particularly through contractual service agreements.

A master plan for physical plant expansion of the Centre has been developed to meet the needs of the Centre over the next five years.

The first phase of job auditing has been completed with an initial review having been done in all divisions. The Centre will continue to work on this.

The state of finances of the Centre is better but the fundamental issues remain the same. Whereas 50% of the Centre's budget should be core funds, now only 24% are core. Revenues for the year received a boost with the signing of a 4 year agreement with CIDA and the transfer of Canadian \$1

million as the first instalment, and with the receipt of an overhead adjustment of US\$370,000 from USAID/Dhaka. The critical role played by Professor Hamilton is warmly appreciated. The 1991-95 Cooperative Agreement with USAID/Washington was signed for US\$6.5 million in late April 1991. There is provision for add-on agreements to a ceiling of US\$9 million. A sum of US\$500,000 has already been tentatively earmarked as add-on budget for the first two years to conduct research on Vitamin A.

DANIDA indicated that it will support the child health program in 1991, but not hospital activities. UNFPA has informed us that due to overcommitment of its resources, it will not be able to assist in 1991. However, it has promised in principle to provide US\$1 million over 4 years for the Demographic Surveillance System activities from 1992.

Discussions were held with UNICEF in April 1991 on future support to the ICDDR,B. UNICEF's continued interest was confirmed and it was agreed to hold a small consultation in the near future to discuss the possibilities of an expanded child survival research agenda for the Centre, possibly funded from UNICEF regional and country offices.

The Sassakawa Foundation is meeting in July and we hope to get news in August as to whether or not it will provide funds for the construction and equipping of a training complex. Dr Al-Mazrou is negotiating with the Government of Saudi Arabia

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to obtain funds for the Centre.

Dr Habte acknowledged the role of several Board Members in fund raising activities and said that the Centre is grateful to them.

The Centre sent twelve teams to the cyclone affected areas to provide service and expertise. A base has been set-up in Chittagong and the Centre will open another one in Barisal. When the epidemic wanes the Centre will hand over the bases to the Government. The Centre also provided drugs and supplies (many left over from the 1988 flood) to the Government of Bangladesh and NGO's. ORS is being produced by the Employees' Cooperative Society of ICDDR,B and at one point in time was producing most of the ORS used in the cyclone affected areas.

The Centre was invited by UNICEF to participate in a useful brain storming session on future strategies for control of diarrhoeal diseases. In April 1991, AID/Washington organized a meeting amongst WHO, ICDDR,B and Applied Diarrhoeal Disease Research (ADDR) programme of the Harvard Institute of Development.

At the request of the Government of Ecuador and with funding from USAID/ADDR, a team of three Centre staff spent two weeks in Ecuador to assist the Government in control of the cholera

epidemic now affecting most of the continent. A letter from the Ministry of Health of Ecuador says this was one of the best contributions they have had.

The Chairman thanked the Director for his report (full report is attached as Annex 1), saying that it was now open for discussion.

Members of the Board had several questions and suggestions. These are outlined below and Centre's responses given, as required.

- 1) The diarrhoea epidemic and its management were discussed. The Chairman, in closing discussion on this topic, congratulated the Centre and the Government of Bangladesh for overcoming the calamity and encouraged the role of the Centre in these activities in addition to carrying out research.
- 2) It was suggested to the Centre management that the National Conference might be an annual event as senior Government officials need to be updated and can only appreciate the Centre if they have an indepth understanding of what the Centre is doing.
- 3) One Trustee said that not enough notice is given for participation in International Training Courses and

asked if this was due to lack of funds. The Director responded saying that initial notices are sent some time in advance. As these are sent to the Ministry of Health in the relevant country the delay could be there, too. He promised to check on this.

- 4) It was queried as to whether or not the library services are developing as they should. Given the difficulty of the core budget, is the Centre able to invest adequately in this area which is so important?

The Director replied that the quality of service is satisfactory, the Centre having its own MEDLINE and POPLINE databases. However, it is heading for a potential problem in the future as its traditional donor may not continue to provide project funds for this 'core' activity. Many of the books are old editions and need to be replaced but the Centre has access to current journals/publications.

- 5) In response to a query regarding staff undertaking long training for Ph.D., the Director advised that the National Officer level staff undertaking such training do not fall under the 6-year rule and rejoin the Centre on completion of their training (International level staff can only work for 6 years without competing against advertisement of their position.)

- 6) A request was made that more information be given at the next Board Meeting, or the one following, on the Urban Volunteers Programme.

The Centre management responded saying that an Urban Surveillance System is being set up. There are no results to report at present but in the next 6-12 months data will be coming out of that.

It was agreed that there should be a report on the Urban Volunteers Project at the June 1992 Board Meeting.

- 7) There was great interest in the suggestion that Centre management should prepare a document detailing the contribution of the Centre to Bangladesh.

A request was made that the paper include the specific contributions of the Centre to the Government of Bangladesh. This would provide indications on what other developing countries can get from the Centre. It was emphasized that the Centre, with the full collaboration of the Government of Bangladesh and working together with it, can get additional resources not available when working on its own. A statement from the appropriate branch of the Government of Bangladesh confirming the importance of the Centre and

the relevance of its activities to Bangladesh will significantly strengthen mobilization of resources from donor agencies. It was requested that the paper be ready for the next Board Meeting.

- 8) It was emphasized that input from other divisions will be needed for the Programme Committee Review of the Population Science and Extension Division - particularly in relation to DSS data and to what extent it is being used for longitudinal studies.

Centre management responded saying that there is a document showing what the Community Health Division will do in Matlab over the next three years.

It was unanimously agreed that there should be a representative from the Government of Bangladesh on the review team.

The Director's report was accepted.

Agenda 4: Resources Development Advisory Council

At the last Board Meeting the Centre undertook to form a group of experts to work on the Resources Development

Advisory Council. The Director advised that this has been postponed due to unavoidable circumstances including the fact that the agreement providing funds for this purpose was not signed until late April.

The Chairman requested that a report be provided at the next Board Meeting.

Agenda 5: Programme Committee Report

Professor A. Lindberg, Chairman of the Programme Committee, highlighted the Committee's Report which is attached as Annex 2.

He said that a useful working paper on "Schedule and Format of Programme Committee Reviews" was provided as requested at the last meeting. The paper was endorsed except that

- (a) the Committee felt that it was unnecessary to have "papers in preparation" sent to the Review Committee; and
- (b) the science should be reviewed with regard to its quality, and staffing, equipment and space demands.

The Scientific External Reviews, which according to the Centre's Ordinance shall convene at least once every two years, were discussed on basis of the Programme Committee Reviews. It was decided to recommend to the Board of

Trustees that:

- (a) the planned review of the Clinical Sciences Division in June 1992 be upgraded to a Scientific External Review and
- (b) that the integrated institutional review covering the entire ICDDR,B should be held in June 1994. There will be no Divisional Review in June 1994.

A paper presented by the Centre in response to suggestions at the last meeting on "Modalities for networking" was discussed. It was considered essential that financial support for this networking should be sought from the international donor community as well as from National Programmes in Developing Countries.

The scope of the Centre's research agenda beyond 1994 was discussed. It was emphasized that the research presently conducted at ICDDR,B fell within the Ordinance of the Centre. It was recommended that the Director, after consultations/sessions with UNICEF, WHO, other organizations, the Director's Scientific Advisory Councils, as well as individual professionals, will put together working papers which will be discussed within the Programme Committee before a full day session devoted to the topic during a Board of Trustees meeting no later than 1993. This will enable the Centre to know what it wants before the institutional review in June 1994.

The Chairman thanked Professor Lindberg for the report. There was a brief interchange as to whether the institutional review should discuss the Centre's research agenda beyond 1994 as an outcome rather than an input. It was advised that the reviewers would comment on the Centre's input after which the Centre and Board would finalize plans for the next five years.

The Programme Committee's report was endorsed and accepted. As mentioned earlier, the Board requests that a Bangladeshi representative be on the Population Science and Extension Division Review Team in November 1991.

Agenda 6: Finance Committee Report

Professor V.I. Mathan, Chairman of the Finance Committee, highlighted the Committee's Report which is attached as Annex 3. In addition he

- (a) commended the Director and Centre management for succeeding to develop payment schedules with donors so that the Centre has a regular cash flow;
- (b) advised that the Finance Committee, in a combined meeting with the Personnel & Selection Committee, recommended to the Board that the full UN post

adjustment for Dhaka, i.e. 22 points, be given to international level staff with effect from 1 July 1991.

- (c) pointed out that the Centre will continue to maintain an overdraft facility with the bank as there are no service charges for this facility;
- (d) wished to record appreciation to the Government of Bangladesh for allowing donations from Bangladeshi citizens and organizations to the Hospital Endowment Fund to be tax exempt;
- (e) wished to minute the Finance Committee's appreciation of John Winkelmann's services over the past three years (his contract ends on 20 August 1991) and its thanks to the World University Services of Canada (WUSC) and Canadian CIDA for enabling him to be at the Centre;
- (f) advised that Annex A, the Auditors' Financial Statement, and Annex B, tables updating the 1991 budget, are not attached to the report circulated as these are available in the Finance Committee folders.

All members having been present in the Finance Committee meeting, there was only one query on the report. This related to the need for a separate audit for the Endowment Fund. It was explained that a separate Endowment Fund account will be created but that the account will come under

the Centre's regular audit and management operation; the statement is required for completeness.

The report of the Finance Committee was accepted and the Chairman thanked Professor Mathan for the report.

The following resolutions were passed:

Resolution
2/June 91

The Board resolved to accept the audited financial statement for 1990 and the Auditors Report.

Resolution
3/June 91

The Board resolved that the audit firms Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka be appointed auditors of the Centre for 1991 at a fee not to exceed US\$ 11,000.

Resolution
4/June 91

The Board resolved to approve the increase of the post adjustment to 22 points (full UN post adjustment for Dhaka) effective 1 July 1991, without any other changes in the salary structure. (The approximate financial commitment for a full year is US\$85,000.)

Resolution
5/June 91

The Board resolved that the Bank overdraft

facility with American Express Bank be renewed for one year, at the reduced level of US\$ 2.0 million.

Resolution The Board resolved to:
6/June 91

- (a) Establish a hospital endowment fund as a separate Bank account into which all tax free contributions received from Bangladeshi citizens and institutions can be deposited.
- (b) Authorize Centre management to issue appropriate receipts for these tax free contributions.
- (c) Invest such funds to generate income in a secure manner which will give maximum return.
- (d) Authorize the Director to utilize the annual income for patient care.
- (e) Charge all administrative expenses for the Fund to the annual income of the Fund.
- (f) Request the Director to report annually on the operations of the Endowment Fund including the audited accounts of the Endowment to the Board.

Resolution
7/June 91

The Board resolved to record its appreciation for the outstanding service of Mr John F. Winkelmann and also to record our gratitude to the World University Service Canada and the Canadian International Development Agency for facilitating his 3 years contract at the Centre.

Agenda 7: Personnel & Selection Committee Report

Dr D. Ashley, Acting Chairperson of the Personnel & Selection Committee, highlighted the Committee's Report which is attached as Annex 4. Resolutions on these appear below.

Discussion which followed centred on the selection of a Chief Finance Officer. Resolution 9/June 91, which appears below, summarizes the discussion and decision reached. The Director, or the Executive Committee, should report its decision to the next Board Meeting.

The Chairman thanked Dr Ashley for her report.

The following resolutions were passed:

Resolution
8/June 91

The Board resolved that the report (minutes) of the Personnel & Selection Committee be

accepted.

Resolution
9/June 91

The Board accepted the recommendation of the Personnel & Selection Committee that Mr Poirier and Mr Tipping are both "prima facie" suitable for appointment as Chief Finance Officer and resolved:

- 1) To authorize the Director to take appropriate action to complete all formalities and appoint one of the two above candidates as Chief Finance Officer.
- 2) That if neither of the abovementioned candidates can be appointed for any reason, the following Executive Committee (with a quorum of 3) to select and appoint a Chief Finance Officer be convened expeditiously:

Director (Convenor)

Mr E.A. Chowdhury

Mr K.A. Asaduzzaman

Prof. V.I. Mathan

Resolution
10/June 91

The Board resolved that the appointment of Dr M. Strong as Senior Scientist and Head, Population Science and Extension Division at D1 level be approved.

Resolution
11/June 91

The Board resolved to endorse the appointment of Mrs Judith A. Chowdhury as Executive Assistant to the Director at P1 level for 3 years from 1 August 1991.

Resolution
12/June 91

The Board resolved that the position of Operations Research Scientist at P4 level be established.

Resolution
13/June 91

The Board resolved that the position of Senior Scientist/Population and Statistics at P4/P5 level be established.

Agenda 8: Selection of Trustees

(A) NEW TRUSTEE

The Board carefully reviewed the short-list of nominations from the Personnel & Selection Committee and unanimously elected Dr Maureen Law as a Trustee for 3 years from 1 July 1991.

The Board noted and agreed with the Personnel & Selection Committee's reference that the nationality of WHO and UNICEF

representatives should not be taken into consideration when appointing members-at-large.

Appreciation was expressed to the Director for seeking such a wide range of nominees and to the organizations who made nominations.

(B) REPLACEMENT FOR DR P. SUMBUNG

The Board recommended that Centre management go ahead and seek nominations as outlined in By-Law No. 27.

(C) RE-ELECTION

The Board agreed with the recommendation that Dr Y.Y. Al-Mazrou and Professors J.C. Caldwell and J.R. Hamilton be re-elected for a second term of three years from 1 July 1992.

(D) TRUSTEES NOMINATED BY GOVERNMENT OF BANGLADESH, UNICEF AND WHO

The Board noted and agreed with the Personnel & Selection Committee decision that the policy for the nominations from the Government of Bangladesh, UNICEF and WHO is that these persons will serve for three years from the date of their nomination, except if the nominating body withdraws them.

The Chairman thanked Dr Ashley for the Personnel & Selection Committee report on Trustee selection.

The following resolutions were passed:

Resolution The Board resolved that Dr Maureen Law be
14/June 91 invited to join as a Member of the Board of
 Trustees for a three year term from 1 July
 1991.

Resolution The Board resolved that Dr Y.Y. Al-Mazrou and
15/June 91 Professors J.C. Caldwell and J.R. Hamilton be
 re-elected to the Board for a second term of
 three years from 1 July 1992.

Agenda 9: Election of Chairman of the Board

Dr P. Sumbung was unanimously elected Chairman of the Board for the next year, 1 July 1991 to 30 June 1992 and a resolution passed to this effect.

Resolution The Board resolved that Dr P. Sumbung be
16/June 91 Chairman of the ICDDR,B Board of Trustees for
 one year from 1 July 1991 to 30 June 1992.

(A) APPOINTMENTS TO COMMITTEES

It was agreed that Mr K.A. Asaduzzaman be appointed to the Personnel & Selection Committee, Mr E.A. Chowdhury to the Finance Committee, Professor K.M. Fariduddin to the Programme Committee and Dr M. Law to the Personnel & Selection Committee. Also, that Professor J.R. Hamilton transfer from the Personnel & Selection Committee to the Programme Committee.

It was agreed that the Chairperson of the Committees should rotate every two years. Dr D. Ashley was elected Chairperson of the Personnel & Selection Committee, Professor J.R. Hamilton Chairman of the Programme Committee and Professor V.I. Mathan Chairman of the Finance Committee.

The Chairman thanked Professor A. Lindberg for being Chairman of the Programme Committee for the last two years.

The following resolutions were passed:

Resolution
17/June 91

The Board resolved that the following members be appointed to the Personnel & Selection Committee, for a term of one year effective 1 July 1991.

Dr D. Ashley - Chairperson

Mr K.A. Asaduzzaman

Dr M. Law

Dr J. Rohde

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

Resolution
18/June 91

The Board resolved that the following members
be appointed to the Finance Committee, for a
term of one year effective 1 July 1991.

Prof. V.I. Nathan - Chairman

Mr E.A. Chowdhury

Dr R.H. Henderson

Prof. A.S. Muller

Prof. T. Wagatsuma

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

Resolution
19/June 91

The Board resolved that the following members
be appointed to the Programme Committee, for
a term of one year effective 1 July 1991.

Prof. J.R. Hamilton - Chairman

Dr Y.Y. Al-Mazrou

Prof. J.C. Caldwell

Prof. K.M. Fariduddin

Prof. A. Lindberg

Prof. F. Mhalu

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

Agenda 10: Feasibility of alternative structure for ICDDR
and scope of Centre beyond 1994

In recording discussion on this agenda item it is emphasized that:

- (a) The paper was prepared in response to a request from the Board and is a concept paper for discussion. The paper presented was prepared by an independent consultant and in no way reflects the views of the Centre.
- (b) Similarly, the points mentioned during the discussion noted below were just a voicing of alternatives.

The Director said that considerations on the future of the Centre should take into account the two main issues:

- (a) How to ensure financial security, i.e., assured funding for its core activities; and
- (b) How to ensure that the Centre remains responsive to the needs of its constituency and continues to be relevant. The Centre has a Strategic Plan to 1994 but it is not too early to think of what activities the Centre should undertake beyond 1994.

Points mentioned during the discussion included the following:

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In recording discussion on this agenda item it is emphasized that:

- (a) The paper was prepared in response to a request from the Board and is a concept paper for discussion. The paper presented was prepared by an independent consultant and in no way reflects the views of the Centre.
- (b) Similarly, the points mentioned during the discussion noted below were just a voicing of alternatives.

The Director said that considerations on the future of the Centre should take into account the two main issues:

- (a) How to ensure financial security, i.e., assured funding for its core activities; and
- (b) How to ensure that the Centre remains responsive to the needs of its constituency and continues to be relevant. The Centre has a Strategic Plan to 1994 but it is not too early to think of what activities the Centre should undertake beyond 1994.

Points mentioned during the discussion included the following:

- 1) Bangladeshi nominees stated that Bangladesh is committed to see that the Centre not only maintained its current performance but that it improved both its image and finances as well.
- 2) As per Ordinance the Trustees "own" the Centre. Trustees are committed emotionally to the Centre although they have no financial resources. Ownership by international agencies has its own problems.
- 3) The international character of the Centre should be kept intact. Careful exploration should be made of what the Centre means to Bangladesh and other National Governments. Agreements of similar organizations should be looked at, e.g., IJO, IRRI, CIRDAP, CGIAR.
- 4) A process should be initiated of ascertaining the benefits of the Centre to the host country and work on that to get continued support.
- 5) The Centre has to maintain its independence to do its own scientific research but requires a flow of funds to do the work. It has to strike a balance between the independence of science and interests of donors. Discussion could be held with donors, at the appropriate time, to see in which ways they wish to be involved in order to feel committed.

- 6) Preliminary discussions on how to proceed in deciding on the research agenda beyond 1994 were held in the Scientific Programme Committee meeting. The Centre needs to know its scientific programme before it can go to the donors.

The Chairman closed the discussion saying that

- (a) the structure of the Centre should not be altered at this time; and
- (b) the Centre should exploit its good relationship with the Government of Bangladesh to get assistance and thus strengthen its dealings with donors.

He asked that Trustees give their ideas to the Director, in writing, to enable this to be used in the future.

Agenda 11: Dates of next meeting

It was agreed that the next meeting of the Board should be held in Dhaka from 11-13 November, 1991 and that the Support Group (Donors) Meeting be held on 14 November, 1991. The schedule would be as follows:

Sunday, 10 November

Trustees arrive in Dhaka

Monday, 11 November

Programme Committee Meeting

	Personnel & Selection Cttee Meeting
Tuesday, 12 November	Finance Committee Meeting
	Report Writing/Visits
Wednesday, 13 November	Full Board Meeting
Thursday, 14 November	Support Group Meeting.

It was agreed that the Programme Committee Review will be held on Saturday, 9 and Sunday, 10 November 1991 with Trustees arriving in Dhaka on Friday, 8 November.

The Director advised that the Scientific Advisory Council (Health) Meeting will be held from Monday, 4 November to Thursday, 7 November 1991 inclusive with Trustees arriving in Dhaka on Sunday, 3 November.

It was tentatively agreed that the June 1992 Board of Trustees meeting would be held in Dhaka from Sunday, 7 June to Tuesday, 9 June inclusive with the Scientific External Review of the Clinical Sciences Division being held just prior to that. Dates will be finalized at the November 1991 Board Meeting.

Agenda 12: Any other business

(A) REPORT FROM STAFF WELFARE ASSOCIATION (SWA)

The Director, as Patron-in-Chief of the SWA, spoke on their

behalf. He advised the Board that since circulation of the address of the SWA President (dated April 28 1991), there has been an Extra-Ordinary General meeting which unanimously resolved that the issue of transferring the retirement fund from abroad to Bangladesh should not be placed in the June Board of Trustees Meeting in Jakarta. Hence, the issue should be dropped from the abovementioned address to the Trustees. In the same meeting it was unanimously felt that the issue of a salary raise should be strongly recommended and placed in the June Board of Trustees meeting for its early implementation with retroactive effect. The Director said this request is based on the fact that the UN salary has been upgraded and they have not received this increase, the cost of living in Dhaka has gone up and many staff have lost property in the recent cyclone.

The Director was advised to inform the Staff Welfare Association that their letter was reviewed by the appropriate Committee of the Board and will be acted upon when financial constraints permit.

The Chairman thanked the Director for speaking on behalf of SWA.

Dr Habte spoke as Director of the Centre and on behalf of the Centre staff when he thanked Dr P. Sumbung for organizing the

meeting in Jakarta. He said the experience over the last few days of holding the meeting in Jakarta has been most productive and helpful in making the Centre known in another developing country. He thanked Dr Sumbung for the wonderful job he has done and for the assistance he and his staff have given to Centre staff. He wished to record a vote of deep appreciation to Dr Sumbung and his staff for enabling the Centre to conduct this meeting.

Professor Mathan, on behalf of the Trustees, echoed the sentiments expressed by Dr Habte. He thanked Dr Sumbung for the warm welcome to his home, his country and BKKBN. He added that the field trip was the highlight of the visit.

Dr Sumbung responded saying in light of the view that the Centre should be known elsewhere, he agreed to the meeting being held in Jakarta. He said the relevant Indonesian Ministers have all been very supportive of the Centre's Board Meeting being held in Indonesia.

The meeting closed at 3.55 p.m. on Friday, 14 June 1991.

:jc

17.9.91

RESOLUTIONS - JUNE 1991

Resolution
1/June 91

The Board of Trustees learnt of the passing away of Dr J. Sulianti Saroso, former Indonesian Member of the Board of Trustees and first Chairman 1979-80, with great sadness and resolved to express its profound condolence to the family.

Resolution
2/June 91

The Board resolved to accept the audited financial statement for 1990 and the Auditors Report.

Resolution
3/June 91

The Board resolved that the audit firms Deloitte Haskins and Sells, Calcutta and Hoda Vasi Chowdhury & Co., Dhaka be appointed auditors of the Centre for 1991 at a fee not to exceed US\$ 11,000.

Resolution
4/June 91

The Board resolved to approve the increase of the post adjustment to 22 points (full UN post adjustment for Dhaka) effective 1 July, 1991, without any other changes in the salary structure. (The approximate financial commitment for a full year is US\$85,000).



Resolution
5/June 91

The Board resolved that the Bank overdraft facility with American Express Bank be renewed for one year, at the reduced level of US\$ 2.0 million.

Resolution The Board resolved to:
6/June 91

- (a) Establish a hospital endowment fund as a separate Bank account into which all tax free contributions received from Bangladeshi citizens and institutions can be deposited.
- (b) Authorize Centre management to issue appropriate receipts for these tax free contributions.
- (c) Invest such funds to generate income in a secure manner which will give maximum return.
- (d) Authorize the Director to utilize the annual income for patient care.
- (e) Charge all administrative expenses for the Fund to the annual income of the fund.
- (f) Request the Director to report annually on the operations of the Endowment Fund including the audited account of the

Endowment to the Board:

Resolution
7/June 91

The Board resolved to record its appreciation for the outstanding service of Mr John F. Winkelmann and also to record our gratitude to the World University Service Canada and the Canadian International Development Agency for facilitating his 3 years contract at the Centre.

Resolution
8/June 91

The Board resolved that the report (minutes) of the Personnel & Selection Committee be accepted.

Resolution
9/June 91

The Board accepted the recommendation of the Personnel & Selection Committee that Mr Poirier and Mr Tipping are both "prima facie" suitable for appointment as Chief Finance Officer and resolved:

- 1) To authorize the Director to take appropriate action to complete all formalities and appoint one of the two above candidates as Chief Finance Officer.
- 2) That if neither of the abovementioned candidates can be appointed for any



reason, the following Executive Committee (with a quorum of 3) to select and appoint a Chief Finance Officer be convened expeditiously
Director (Convenor)
Mr E.A. Chowdhury
Mr K.A. Asaduzzaman
Prof. V.I. Mathan

Resolution
10/June 91

The Board resolved that the appointment of Dr M. Strong as Senior Scientist and Head, Population Sciences and Extension Division at D1 level be approved.

Resolution
11/June 91

The Board resolved to endorse the appointment of Mrs Judith A. Chowdhury as Executive Assistant to the Director at P1 level for 3 years from 1 August, 1991.

Resolution
12/June 91

The Board resolved that the position of Operations Research Scientist at P4 level be established.

Resolution
13/June 91

The Board resolved that the position of Senior Scientist/Population and Statistics at P4/P5 level be established.



Resolution
14/June 91

The Board resolved that Dr Maureen Law be invited to join as a Member of the Board of Trustees for a three year term from 1 July, 1991.

Resolution
15/June 91

The Board resolved that Dr Y.Y. Al-Mazrou and Professors J.C. Caldwell and J.R. Hamilton be re-elected to the Board for a second term of three years from 1 July, 1992.

Resolution
16/June 91

The Board resolved that Dr P. Sumbung be Chairman of the ICDDR,B Board of Trustees for one year from 1 July, 1991 to 30 June, 1992.

Resolution
17/June 91

The Board resolved that the following members be appointed to the Personnel & Selection Committee, for a term of one year effective 1 July, 1991.

Dr D. Ashley - Chairperson

Mr K.A. Asaduzzaman

Dr M. Law

Dr J. Rohde

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



Resolution
18/June 91

The Board resolved that the following members be appointed to the Finance Committee, for a term of one year effective 1 July, 1991.

Prof. V.I. Mathan - Chairman

Mr E.A. Chowdhury

Dr R.H. Henderson

Prof. A.S. Muller

Prof. T. Wagatsuma

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

Resolution
19/June 91

The Board resolved that the following members be appointed to the Programme Committee, for a term of one year effective 1 July, 1991.

Prof. J.R. Hamilton - Chairman

Dr Y.Y. Al-Mazrou

Prof. J.C. Caldwell

Prof. K.M. Fariduddin

Prof. A. Lindberg

Prof. F. Mhalu

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

:jc

19.6.91

3/BT/NOV. '92

DIRECTOR'S REPORT

DIRECTOR'S REPORT

1.0 GENERAL

Relative calm and stability characterized the past six months partially enabling the Centre to reflect on its achievements and plan for the future. Some indications -

- (i) Efforts to recruit international staff have started to bear fruit and the possibility of all the scientific leadership positions being filled before the end of the year is now real.
- (ii) The launching of a weekly inter-divisional forum, at which scientific presentations are made by investigators from all divisions on rotation and in the presence of scientists from other divisions, has contributed greatly to the development of an academic environment and promoted scientific debate.
- (iii) Renewal of emphasis on social science research as an integral component of both clinical and community research has fostered the creation of a nucleus of social science expertise in the Centre and the building of Centre's capability in this important field.
- (iv) Review of the Centre's capacity to disseminate and

communicate its research findings indicated that while we do very well with the scientific community our efforts to reach policy and decision makers and health planners leave a lot of gaps. Hence we are planning a strategy to strengthen and improve our dissemination and communication capacity.

- (v) An international workshop on water and sanitation will be held from 23-26 November, 1991 in Comilla, Bangladesh.
- (vi) The Scientific Advisory Council (Health) will meet in early November and assist the staff to identify research priorities beyond 1993/94. All of the invited members have agreed to be here in Dhaka from 4-7 November, 1991.
- (vii) The financial status of the Centre during this period will allow considerable saving and lead to a marked reduction of the accumulated deficit.
- (viii) Centre's effort to limit the number of support staff and thereby reduce the share of administrative costs to the Centre has been partially successful but definitive measures will require extra budgetary funds. At the same time the rising cost of living and the salary increments for civil servants announced by the Government of Bangladesh have brought pressure from the staff for a salary raise.

- (ix) Preparations are under full swing to construct an extension of the library to house the Community Health Division and a training complex over the hospital.

2.0 RESEARCH AND RELATED ACTIVITIES

2.1 Research Output

	CHD	CSD	LSD	PSED	TOTAL
<hr/>					
Papers published					
Dec. 89-May 90	7	17	8	2	34
June-Nov. 1990	10	9	10	6	35
Dec. 90-May 91	3	9	5	8	25
June-Oct. 1991	6	8	10	4	27
<hr style="border-top: 1px dashed black;"/>					
Papers in press					
Dec. 89-May 90	12	16	11	7	46
June-Nov. 1990	5	13	6	4	28
Dec. 90-May 91	10	15	18	2	45
June-Oct. 1991	7	14	15	5	41
<hr style="border-top: 1px dashed black;"/>					
TOTALS					
Dec. 89-May 90	19	33	19	9	80
June-Nov. 1990	15	22	16	10	63
Dec. 90-May 91	13	24	23	10	70
June-Oct. 1991	13	22	25	9	69
<hr/>					
No. of research protocols/programmes in progress					
Dec. 89-May 90	8	24	17	3	52
June-Nov. 1990	14	24	12	4	54
Dec. 90-May 91	17	31	12	4	64
June-Oct. 1991	12	24	11	3	50
<hr/>					

*List of papers published/in press attached (Appendix A-D)

2.2 Divisional Highlights

Internal review of the accomplishments of the various divisions indicate that most of the goals and targets set out in the 1991 Work Plan have been attained. Financial constraints and delay in recruiting international staff largely explain why some of the intents have not materialized.

A new feature is the weekly inter-divisional forum at which each scientific division presents in turn completed studies, progress of research or even new ideas. As many of the Centre's scientific staff as possible attend these sessions which are held over lunch break on Mondays.

2.2.1 COMMUNITY HEALTH DIVISION

The Division continues to grow in strength under the leadership of the new Associate Director, Professor R. Bradley Sack. Three international level staff have been added to the Division, an anthropologist, a demographer, a child survival fellow; and a senior epidemiologist is being recruited hopefully by next March. In addition two visiting scientists from Belgium have joined.

The urban health project was reviewed externally. The review endorsed the new goals set by the project staff, namely to conduct urban health research, to disseminate

the findings of the previous years and to develop research capacity in urban public health at ICDDR,B.

2.2.2 CLINICAL SCIENCE DIVISION

Research, clinical service and training dominated the activities of this Division. In research increasing emphasis is being placed on dietary interventions as preventive, curative and rehabilitative options in both acute and persistent diarrhoea. The Division has recently been depleted of its international talent and is making efforts to recruit replacements through a programme of exchange with institutions abroad.

2.2.3 LABORATORY SCIENCE DIVISION

The Division steadfastly followed the research, training and service agenda that it set for itself. Its research productivity was impressive during this period. The Clinical Laboratory greatly expanded its services to the private sector in Dhaka and is now fully self supporting.

Recruitment of Dr Jack Melling from the United Kingdom is in its final stages and it is hoped that he will join the Centre by early January 1992 as Associate Director and Head.

2.2.4 POPULATION SCIENCES AND EXTENSION DIVISION

Collaboration with the Bangladesh Bureau of Statistics

on pre-test for 1991 socio-economic sample survey, successful completion of Family Welfare Assistants (FWA) training activities and adoption of injectable contraceptives for use on a wide scale all testify to the expanding and fruitful relationship between the Division and concerned branches of the Ministry of Health and Family Welfare of the Government of Bangladesh.

Dr John Haaga joined as the Project Director of MCH-FP Extension on 14 July, 1991 and has rapidly acclimatized to his new environment.

3.0 TRAINING

The activities are summarized in the Table 1 (below).

Table 1: Training Activities

Description of Activities	Duration	No. of participants	
A. International Courses -----			
1. Laboratory Diagnosis of Common Diarrhoeal Disease Agents	5-23 May	7	China 1 Ethiopia 2 Maldives 2 Myanmar 1 Thailand 1
2. Study visit of participants from the National Diarrhoeal Disease Control Prog. (NCDDO), Egypt	5-16 May	6	Egypt 6

3. Clinical Management of Diarrhoeal Diseases	13-24 October	14	B'desh	3
			China	2
			Ethiopia	1
			India	2
			Malaysia	1
			Myanmar	2
			Nepal	1
			Pakistan	1
			Tanzania	1
4. Research Methodology Workshop	21-31 October	6	B'desh	4
			India	1
			Pakistan	1

Total participants 33

B. National Courses

5. Clinical Management of Diarrhoeal Disease	9-13 June	18	Students of NIPSOM Dip. Course in Community Medicine
6. Course on Biostatistics	9-20 June	12	UNICEF staff members
7. Course on Nursing Management of Dia. Diseases	1-5 July	14	Students from Nursing Coll. Dhaka
8. Course on Epidemiological Methods in Public Health	28 Aug = 21 Sept.	14	

Total participants 58

C. Fellowship Programme

9. International Fellowship		6	Canada	1
			France	1
			India	1
			UK	1
			USA	2

10 Govt. of Bangladesh	7		
11 Students from Dhaka University	18	M.Sc.	7
		M.Phil.	8
		Ph.D.	3
12 Trainee Fellowships with Research proj.	34		

Total participants	59		

GRAND TOTAL	150		

A new activity of the Training Coordination Bureau is the holding of a 4-week course on Epidemiological Methods in Public Health for Bangladeshi health professionals working in the various health institutes. The course was offered in direct response to a plea from the Programme Coordination Committee of ICDDR,B. The course was well appreciated and it is planned to hold two such courses a year.

The Centre is offering fewer national courses on Clinical Management of Diarrhoeal Diseases as these are now being given by WHO and the national CDD programme.

4.0 SERVICE -HEALTH CARE

4.1 Clinical Service Department, Dhaka

Table 2 (page 9) shows the number of patients seen during this period. The load continues to show an increase when

compared to the same period last year and to the first six months of this year. At the time of writing this report another sharp increase in the number of patients forced the need to erect a tent.

Table 2: Patient load at Clinical Research Centre, Dhaka

Months 1991	Visits		Admissions					
	OPD		IPD (other than ICU)			ICU		
	<12 hrs	>12 hrs	<1 day	>1-7 days	>7 days	<1 days	>1-7 days	7 days
23-30 April	2079	884	4	113	34	6	32	10
May	6684	3204	13	322	129	15	91	21
June	5627	2404	19	406	100	25	74	15
July	4143	1911	11	308	98	6	61	22
August	3816	2044	14	283	84	10	73	14
1-22 Sept.	4007	2033	7	195	59	5	52	16
Total	26356	12480	68	1625	504	67	383	98
	38836		2197			548		

4.2 Clinical Service, Matlab

The number of patients seen in the Matlab Treatment Centre is shown in Table 3 (see page 10). Between 1 May, 1991 and 30

September, 1991 Matlab Treatment Centre (TC) catered treatment to 4541 diarrhoea patients. Out of these, 1253 (28%) were residents of the Demographic Surveillance System (DSS) area and the rest 3288 (72%) came from outside the DSS area. Case fatality rate in the Matlab Treatment Centre was 0.6% during the period.

Table 3: Patient load at Matlab Treatment Centre

Months 1991	Admissions		
	Hospital Stay		
	<1 day	>1-7 days	>7 days
May	565	327	14
June	526	309	22
July	517	293	21
August	675	270	19
September	619	346	15
Total	3205	1545	91

A total of 1126 patients were admitted to the three Community Operated Treatment Centres (COTCs) between 1 May and 30 September, 1991. Case fatality rate in the COTCs during this period was 0.1%. The number of patients treated in the COTCs is shown in Table 4 (page 11).

Table 4: Diarrhoea cases treated and outcome - Community Operated Treatment Centres May-September, 1991

Centre	No. Treated	Died	Case Fatality Rate
Nayergoan	559	1	0.1
Shataki	200	0	0
Kalirbazar	367	1	0.2
Total	1126	2	0.1

4.3 Urban Health Care (UVP, Dhaka)

Around 450 Urban Volunteers continued to provide services to a population of 100,000 urban slum dwellers located in five 'thanas'. Services included motivation and referral to EPI, family planning and health facilities, health education, distribution of ORS and soap, etc. Two nutrition rehabilitation clinics continued to receive and manage cases with severe protein-energy malnutrition.

4.4 Rural Health Care (Matlab MCH-FP)

Door-to-door services in provision of education and health care by community health workers have continued. The indices to measure these services continue to rise with contraceptive prevalence rate now going beyond 60%. The maternal mortality ratio is declining in the areas served by nurse mid-wives.

5.0 TECHNICAL SERVICES

5.1 Computer Information Services (CIS)

The computer system for the Grants Administration Office was completed and is now operational.

The number of programmers/analysts has been steadily decreasing due to job attraction outside the Centre and has now reached one. A replacement is being recruited.

A two week external review of the activities of CIS was conducted by Mr Roy Marshall, Director of Computer Centre, University of Pennsylvania. The report is awaited with interest.

5.2 Diarrhoeal Diseases Information Service Centre (DISC)

This branch of the Centre continues to offer an efficient and appreciated service not only to staff of the Centre but also to many outside of ICDDR,B.

Its publication unit has maintained an impressive list of activities during this period as has the health information retrieval unit.

Over 100 Medline and Popline searches were provided (80 to outside users); 12 issues of the Current Awareness Service

Bulletin and 35 of the Fast Bulletin (information on new journal issues) were published.

DISC published the 1990 Annual Report, 3 issues each of Glimpse and ICDDR News, 2 issues of JDDR, etc.

The External Review of DISC conducted early in the year expressed satisfaction with the overall activities of DISC. However, the review pointed out two areas of concern, namely space constraints for the library and inadequate cost recovery measures. Steps will be taken to address both issues.

5.3 Animal Science Branch

This branch has continued to provide support to researchers in and outside the Centre. It also provided experimental animals to national institutions.

5.4 Medical Illustration Cell

This service has now been renamed as the Audio-Visual Unit and placed under the Director's immediate purview. In addition to providing facilities for making slides, overheads and other similar services, the Unit has been assisting in designing a brochure to launch the Hospital Endowment Fund and other public relation activities.

The Unit has acquired an Apple Mackintosh computer (with laser printer) through BADC for graphic design work and desktop publishing.

6.0 ADMINISTRATION & PERSONNEL

6.1 Staffing Changes

Tables 5 and 6 (see pages 15 & 16 respectively) show the changes during this reporting period. A total of 49 persons have been separated, 11 in core and 38 in project positions.

6.2 Recruitment of international level staff

Dr Kenneth Tipping, Associate Director and Chief Finance Officer, joins on 20 October, 1991.

Dr Shushilla Zeityln, Associate Scientist/Anthropologist joined on 1 August, 1991 on a short-term contract.

Dr John Haaga, Project Director MCH-FP Extension Project (on secondment from The Population Council) joined on 14 July, 1991.

Dr Kirk Dearden, Child Survival Fellow/Anthropologist (on secondment from The Johns Hopkins University) joined on 14 July, 1991.

Dr Theresa Juncker and Dr Martinus Desmet, Visiting Scientists (on secondment from Belgian Assistance Development Cooperation), joined on 21 August and 2 October, 1991 respectively.

Dr Kanta Alvi, Assistant Scientist/Demographer (on secondment to UVP from The Johns Hopkins University) joined on 1 September, 1991.

Table 5: Staffing Changes (Fixed Term) May-September, 1991

Functional Area	Separations						Hirings	Net Change				Ttl.
	GS		NO		TOTAL		All levels	GS		NO		
	C	P	C	P	C	P		C	P	C	P	
Research (Scientific Support & Field)	1	11	2	-	3	11	N11	1	11	2	-	- 14
Research (Admin.)	3	2	-	-	3	2	N11	3	2	-	-	- 5
Admin. (Personnel & Finance)	3	-	2	-	5	-	N11	3	-	2	-	- 5
Total	7	13	4	-	11	13	N11	7	13	4	-	- 24

Note: There was no change in the number of international level staff during the abovementioned period.

Table 6: Staffing Changes (other categories), May-September, 1991

Category	Separations	Hirings	Net Change
International Seconded Staff	5	4	- 1
Short-term Staff (Int'l, NO, GS)	6	1	- 5
Community Health Workers	4	3	- 1
Sub-total	15	8	- 7
Urban Volunteers	40	22	- 18
Total	55	30	- 25

6.3 Support Services

A systematic review of the various support services has continued.

During this period the Maintenance Branch has been closely scrutinized and a report submitted. The report identified a number of problems and made recommendations. The Maintenance Branch has a fairly large number of workers, many of which are not fully occupied and have been with the Centre for close to 20 years. The Centre is studying ways of resolving

this issue but financial constraints make it exceedingly difficult to do so since settlement will require extra budgetary funds.

Preparations are underway to start construction of an extension over the library to accommodate the expanding Community Health Division, and also building over the hospital for the 'Sasakawa Training Centre'. The latter will be funded through a generous grant from the Sasakawa Foundation.

The Travel Office succeeded to obtain a further visa relaxation for expatriates coming to work for ICDDR,B. Such persons will now be granted a three months' visa on approach to the nearest Bangladesh Consular Office and presentation of a valid invitation from the Centre.

6.4 Staff Development

Table 7 (see page 18) summarizes the status of ICDDR staff in training.

During this period six persons completed their training and thirteen left to pursue higher studies in different universities abroad. Regrettably two who completed their training opted not to return.

Table 7: Staff abroad on study/training as of October 1991

Field of study/ training	Type of Study/Training			Total
	Ph.D.	Masters	Non-degree training*	
Demography/Population Dynamics/Health Plng.	3	3	1	7
Public Health/ Community Health	1	3	-	4
Microbiology/ Immunology/Virology	5	4	2	11
Nutrition/Clinical Biochemistry	1	2	1	4
Gastroenterology	4	-	2	6
Pharmacology	1	-	-	1
Others	-	-	2	2
Total	15	12	8	35

* includes short term, long term and post doctoral training

7.0 FINANCE

7.1 1991 Budget Update

The revised projected income reflects a net increase in revenue of \$9,000 for 1991 which is expected to be \$9,601,000.

The expected expenditure is \$9,497,000 as against the budgeted of \$10,404,000. This saving is due to several factors including the policy of strict cost containment, hiring freeze on NO and GS staff, delayed hiring of international staff, devaluation of the Taka and late starting of project activities.

A cash surplus of around \$774,000 (as against the previous projected deficit of \$7,000) is expected for 1991.

7.2 Overdraft

The Centre has not utilized any overdraft funds since October 1990 and is not expected to do so during the rest of the year.

7.3 Grants Administration

A Grants Administration System has been developed with assistance of a consultant. A national officer staff has been appointed as administrator, and the entire concerned staff of the Centre have been briefed and given orientation.

7.4 Hospital Endowment Fund

To date \$12,000 have been collected and the drive for donations from home and abroad has been launched.

7.5 Centre's tax liability on Bangladeshi staff

As per Ordinance, the Centre pays tax on income of Bangladeshi employees. However, the Government of Bangladesh allows tax rebate on one-third of income if the money is invested by the employee in approved securities. In the past many employees failed to take advantage of this resulting in the Centre having to pay avoidable tax. To overcome this, the management started motivating staff to use this facility by providing loans. This is expected to reduce the Centre's tax liability by an approximate amount of \$172,000.

Recently the Tax Authority is also claiming additional payment on 'Tax on Tax' basis. The Centre has appealed against this request to the National Board of Revenue.

7.6 Cumulative Cash Deficit

The cumulative cash deficit as of October 1991 stood at \$704,000. With the expected cash surplus this is likely to be considerably reduced.

8.0 RESOURCE DEVELOPMENT

8.1 General

The Government of the Kingdom of Saudi Arabia agreed to

contribute \$50,000 per year for five years starting in 1991.

The Saskawa Foundation committed and paid \$300,000 for the construction of training facilities over the hospital. This will meet the urgent requirements of the expanding training activities at the Centre.

DANIDA agreed to continue its assistance to the Child Health Project of the Clinical Sciences Division.

8.2 Renewals

A new Cooperative Agreement with USAID/Dhaka was concluded in August 1991 for continuation of UVP, renamed Urban Health Extension Project, for the period 1991-94.

Negotiations are proceeding to renew cooperative agreements with NORAD, SAREC, ODA/UK and UNDP/WHO.

In line with mutual goals to strengthen social science expertise and research capability, between the Centre on the one hand, and the Ford Foundation and IDRC on the other, discussion has been proceeding on how best to implement this. Both IDRC and Ford Foundation have expressed willingness to provide financial support. In addition the Ford Foundation has agreed to support research on women's health.

8.3 Demographic Surveillance System

UNFPA formally informed the Centre of its contribution of \$1,000,000 over four years for the Demographic Surveillance System starting in 1992.

The Netherlands Government agreed to contribute \$100,000 in 1991 and is very likely to contribute in 1992 as well.

The Government of Australia was formally requested also to support DSS activities with additional contributions.

Response has not been received yet.

The Centre hopes that UNFPA, Netherlands and Australia will raise the funds necessary to run this important activity.

8.4 Fund Raising Strategy

Discussions are underway to invite an expert to visit the Centre and offer advice. The expert, Mr Robert Smith, was identified by Dr W.B. Greenough III, former Director of ICDDR,B. Mr Smith was instrumental in raising funds for the University of Maryland. The International Child Health Foundation (of which Dr Greenough is President) has agreed to help the Centre in raising funds.

9.0 COORDINATION/MANAGEMENT

9.1 Management Committees

Meetings of the Consultative Management Committee (1) and of the Council of Associate Directors (13) have continued regularly as also have those of the Divisional scientific and management bodies.

9.2 Review Committees

The Research Review Committee, the Ethical Review Committee and the Animal Experimentation and Ethics Committee have continued to meet regularly and disposed pending protocols without delay.

9.3 Programme Coordination Committee

The Programme Coordination Committee and its working subcommittees (standing, scientific review and management) have functioned satisfactorily. At present 8 PCC-collaborative studies are funded (Appendix E).

As a follow-up of the request from PCC, a 4-week course on 'Epidemiological Methods in Public Health' was organized from 28 July to 22 August, 1991 (see 3.0).

10.0 MISCELLANEOUS

10.1 Annual Scientific Conference

Full preparations are underway to hold the First Scientific Conference of ICDDR,B from 26-28 October, 1991. The purpose of the Conference is to disseminate research findings of the Centre to health professionals, administrators, educators, planners/decision makers and to agencies involved in providing health services to the people of Bangladesh. It is further hoped that the Conference will be a forum for exchange of views amongst researchers, health care providers and donor agencies. The Centre intends to hold such a Conference annually.

10.2 Research Communication & Dissemination

The Centre's capacity in communicating and disseminating its research findings was critically reviewed by an AID/Washington supported consultant during September/October 1991. The consultant also forwarded a set of preliminary recommendations on strategies to strengthen the Centre's ability including establishing an Office of Communication and Dissemination, recruitment of an appropriate expert, training of a counterpart, etc. The consultancy was greatly appreciated by Centre staff. Implementation requires funds which are being sought.

10.3 ICDDR,B Contribution to Bangladesh

A report that will document the contribution of the Centre to Bangladesh is being prepared in response to a request from the Board of Trustees at its June meeting.

10.4 Relief Activities

The Centre continued its relief activities of the cyclone affected areas until 30 September, 1991. Before departing from Chittagong, the Centre left behind a fully equipped diarrhoea unit at the Infectious Diseases Hospital, Chittagong Medical College, to the staff of the hospital as part of the Centre's contribution to capacity building of the local institution. The Centre intends to similarly initiate the establishment of a diarrhoea treatment centre in Barisal.

The Centre was again requested by the Director-General, Health Services (and complied) to send a team to the northern part of Bangladesh to assess the diarrhoea epidemic that followed the recent floods.

DH:jc

8.10.91

COMMUNITY HEALTH DIVISION

Papers published

1. Survival of classic cholera in Bangladesh. Lancet 1991;337:1125-27, Siddique AK, Baqui AH et al.
2. Surveillance of patients attending a rural diarrhoeal treatment centre in Bangladesh. Trop Geog Me. 1991;43:17-22. Baqui AH, Yunus M, Zaman K. et al.
3. Rotavirus infection detected in Neonates from hospitals in urban Bangladesh. Archives of Virology, 1991, 119(1-2):135-140. Shahid NS et al.
4. Surveillance of Shigellosis in rural Bangladesh: a 10 years review. Journal of the Pakistan Med Association, Vol 41, No. 4. Zaman K., Yunus Md., Baqui AH, Hossain KMB.
5. Maintaining village water pumps by women volunteers in Bangladesh. Health Policy and Planning, 1991;6(2):176-184. Hoque BA, Aziz KMA, Hasan KH and Patwary MK.
6. Measles before nine months of age in Bangladesh: implications for age of immunization. Bulletin of the World Health Organization; 1991;69(1):67-72. Fauveau V, Chakraborty J, Sarder AM, Khan MA, Koenig MA.

Papers in press:

1. Pattern of illness and causes of deaths: Floods 1988 in Bangladesh. JDDR. Siddique AK, Baqui AH et. al.
2. Methodological issues in diarrhoeal disease epidemiology: Definition of diarrhoeal episode. Int. Journal of Epidemiology. Baqui AH, Black RE, Yunus M, et al.

3. Enteropathogens associated with acute and persistent diarrhoea in under 5 years of age in Bangladeshi children. Journal of Infectious Disease. Baqui AH.
4. Effect of child survival on contraceptive use. Journal of Biosocial Science, UK. Chowdhury AI, Fauveau V. and Aziz KMA.
5. Isolation of Shigella spp. from transport media and direct plating in rural communities of Bangladesh: A comparative study. Bangladesh Journal of Microbiology. Hasan KZ and Hossain MA.
6. Mortality impact of a community-based programme to control Acute lower respiratory tract infections. Fauveau V, Stewart K, Chakraborty J, Begum H, Khan SA.
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CLINICAL SCIENCES DIVISION
1991

Papers published:

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3. Bennish ML, Azad AK, Yousof Zadeh D. Intestinal obstruction during shigellosis: Incidence, clinical features, risk factors and outcome. *Gastro-enterology*. 1991;101:626-634.
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5. Hall A and Anwar SK. Albendazole and Infections with *Trichuris Trichura* and *Giardia Intestinalis*. *Southeast Asian J Trop Med Public Health*. 1991;22:84-87.
6. Mahalanabis D et al. Breastfeeding and the risk of Vitamin A deficiency in children in Bangladesh attending a Diarrhoea-Treatment Centre. *British Medical Journal* 1991;303(6801):493-6.
7. Mitra AK, Islam M. Report of Clinicopathological Conference of the International Centre for Diarrhoeal Disease Research, Bangladesh (Case 1-1991). *J Diarrhoeal Dis Res* 1991;9:38-43.
8. Mitra AK, Kabir I, Khan MR. Severe urticarial eruption in an infant. *Indian Pediatr*. 1991;28:787-9.

Papers in press

1. Alam AN, Abdal NM, Wahed MA, Rao B, et al. Prostacyclin levels in haemolytic-uraemic syndrome following acute shigellosis. *Archives of Disease in Childhood*.
 2. Bardhan PK, Salam MA, and Molla AM. Gastric emptying of liquid in children suffering from acute rota viral gastroenteritis. *GUT*.
- Haider R, Khan AKA, et al. Evaluation of endogenous plants in the treatment of acute shigellosis. *Tropical and Geographic Medicine*. Vol.43. No. 3



4. Mitra AK, Rabbani GH. Activity of Bioflorin *Streptococcus faecium* SF68) in acute diarrhoea (letter). (Gastroenterology)
5. Mitra AK, Khan MR, Alam AN. Complications and outcome of patients admitted to the Intensive Care Unit of a diarrhoeal disease hospital in Bangladesh. (Trans R Soc Trop Geogr Med).
6. Mahalanabis D, Alam AN, Rahman N, Hasnat M. Prognostic indicators and risk factors for increased duration of acute diarrhoea and for persistent diarrhoea in children. Int. J of Epidemiology.
7. Roy SK, Haider R, Akramuzzaman SM. Persistent diarrhoea: total gut transit time and its relationship with absorption of macronutrients and clinical response. J Ped Gastroenterol.
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9. Roy SK, Haider R, Tomkins AM, Behrens R, Wahed MA, Akramuzzaman SM and Mahalanabis D. Impact of zinc supplementation on intestinal permeability in Bangladeshi children with acute diarrhoea and persistent diarrhoea syndrome. J. Ped. Gastro & Nutrition.
10. Roy SK, Akramuzzaman SM, Khatun M, Haider R, Akbar MS, Alam AN. Persistent diarrhoea: factors affecting absorption and clinical prognosis during management with a rice based diet. Acta Paediatrica Scandinavica.
11. Rabbani GH, Lebenthal E. Short Chain Glucose-Polymer of rice and anthracene-9-carboxylic acid inhibit water and electrolyte secretion induced by dibutyryl cyclic AMP in the small intestine. Gastroenterology.
12. Rabbani GH, Islam MR, Butler T, Shahrer M. Efficacy of furazolidone given as a single-dose for treatment of cholera in children. Antimicrobial Agents Chemotherapy.
13. Van Loon FPL, Rabbani GH, Rask-Madsen J, Bukhave K. Indomethacin decreases jejunal fluid secretion, in addition to luminal release of prostaglandin E₂, in patients with acute cholera. GUT

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Laboratory Sciences Division - 1991Papers published:

1. Albert MJ, Salam A, Qadri F, Kibriya AKMG and Tzipori S. (1991). Simultaneous Injection with multiple serotypes of shigellae in a patient. *Diagnostic Microbiology and Infectious Disease* 14:353 - 354.
2. Albert MJ, Haider K, Nahar S, Kibriya AKMG and Hossain MA (1991). Multiresistant *Salmonella typhi* in Bangladesh. *Journal of Antimicrobial Chemotherapy* 27:554 - 555.
3. Albert MJ, Alam K, Islam M, Montanaro J, Rahman ASMH, Haider K, Hossain MA, Kibriya AKMG and Tzipori S (1991). *Hafnia alvei*, a probable cause of diarrhoea in humans. *Infection and Immunity* 59:1507 - 1513.
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Papers in Press

1. Albert MJ, Ansaruzzaman M, Faruque SM, Neogi PKB, Haider K, and Tzipori S (1991). An enzyme-linked immunosorbent assay for the detection of localized adherent enteropathogenic *Escherichia coli* serogroups. *Journal of Infectious Diseases*
2. Albert MJ, Hossain MA, Alam K, Kabir I, Neogi PKB and Tzipori S (1991). A fatal case associated with shigellosis and *Vibrio fluvialis* bacteremia. *Diagnostic Microbiology and Infectious Disease*.
3. Albert MJ, Ansaruzzaman M, Alim ARMA and Mitra AK. Fluorescent antibody test for rapid diagnosis of *Shigella dysenteriae* 1 infection. *Diagnostic Microbiology and Infectious Disease*.
4. Faruque SM, Haider K, Albert MJ, Ahmed QS, Nahar S, and Tzipori S (1991). A comparative study of gene probes and standard bioassays to identify diarrhoeagenic *Escherichia coli* in Bangladeshi paediatric diarrhoeal patients. *Journal of Medical Microbiology*.
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9. Bingnan F, Unicom LE, Guangli T, Ali A, Malek A, Rahim Z, Tzipori S. Cultivation and Characterization of novel human subgroup II, serotype 2 rotaviruses with long RNA electrophenotype. *J. Clin. Microbiol.*
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14. Islam MS, Alam MJ, Khan SI. Distribution of *Plesiomonas shigelloides* in various components of pond ecosystems in Dhaka, Bangladesh, *Microbiology and Immunology* 35(11).
15. Islam MS, Alam MJ, Neogi PKB. Seasonality and toxigenicity of *Vibrio cholerae* non-01 isolated from different components of pond ecosystem of Dhaka city, Bangladesh. *World Journal of Microbiology and Biotechnology*.

Population Science and Extension Division

Papers published:

1. Bhuiya, A and Streatfield K. Mother's education and survival of female children in a rural area of Bangladesh: Population Studies, Vol.45, No.2, July 1991.
2. Koenig, MA, Phillips JF, Campbell, OM and D'Souza S. Birth intervals and childhood mortality in rural Bangladesh. Demography, Vol. 27, No. 2, May 1990.
3. Koenig, MA, Fauveau F, and Wojtyniak B. Mortality reductions from health interventions: The case of immunization in Bangladesh. Population and Development Review, Vol.17, No.1, March 1991.
4. Simmons, GB, Balk D, and Faiz KK. Cost-effectiveness analysis of Family Planning Programmes in rural Bangladesh: Evidence from Matlab. Studies in Family Planning, Vol.22, No.2, March/April, 1991.

Papers in press:

1. Bhuiya, A, and Streatfield K. A hazard logit model analysis of covariates of childhood mortality in a rural area of Bangladesh. Journal of Biosocial Science.
2. Bhuiya, A. et. al. Levels and differentials in weight, height and body mass index among mothers in a rural area of Bangladesh. Journal of Biosocial Science.
3. Bairagi, R, Edmonston B, and Hye A. The influence of nutritional status on age misstatement for young children in rural Bangladesh. Genus.
4. Bairagi, R, and Bhattacharya AK. Effects of parental sex preference on fertility intentions and contraceptive use in Calcutta. Rural Demography.
5. Koenig, MA et. al. Duration of protective immunity conferred by maternal tetanus toxoid immunization: Further evidence from Matlab, Bangladesh. WHO Bull.

PROGRAMME COORDINATION COMMITTEE (PCC)

PCC-COLLABORATIVE PROTOCOLS

- a) "An evaluation of coagglutination, reverse passive haemagglutination and enzyme linked immunosorbent assay (ELISA) for diagnosis of rotavirus diarrhoea and their correlation with clinical illness". PI: Prof. Md. Nazrul Islam (IPGM&R)
- b) "Studies on anti-shigella activity of garlic extract and allicin in experimental shigellosis in rabbit and monkey and the determination of maximum tolerable dose of garlic extract in human volunteers". PI: Prof. A. K. Azad Choudhury (Dhaka University).
- c) "Study of absorption promoting oral rehydration solutions in animal models". PI: Ms. Sufia Islam (Dhaka University).
- d) "A comparative study on virulence associated properties of *Campylobacter jejuni* strains obtained from patients and healthy carriers". PI: Dr. Ashfaque Hossain (Dhaka University).
- e) "Study on the virulence of *Campylobacter jejuni* and *C. coli* and their motile and non-motile variants". PI: Dr. Samir K. Saha (Dhaka Shishu Hospital)
- f) "The role of inter-personal, mediated and system level communication in raising MCH-FP status in Matlab" PI: Dr. M. Tawhidul Anwar (Dhaka University).
- g) "Development of a methodology for assessment of liver Vitamin A Storage. PI: Prof. Khursheed Jahan (I.N.F.S., Dhaka University).
- h) "Health Behaviour and practice in a rural community in Bangladesh". PI: Drs. Abul Kashem Majumder and Shafiqul Islam (Chittagong University)

4/BT/NOV. '91

PROGRAMME COMMITTEE REPORT

REPORT OF THE PROGRAMME COMMITTEE MEETING HELD ON NOVEMBER 11
1991 at ICDDR,B Dhaka

Committee members in attendance were:

Drs. Y. Al-Mazrou, J.C. Caldwell, K.M. Fariduddin, F. Mhalu and R. Hamilton (Chairman). Additional members of the Board, the Director, the Associate Directors and members of the scientific staff attended this open meeting in addition to many representatives of the donor community.

1. The agenda (attached) was adopted.
2. Population Services and Extension Division Review

Professor Caldwell presented a preliminary report of the review committee composed of Dr. Al-Mazrou, Dr. J. Rohde, Dr. P. Sumbung and himself from the Board and Dr. Barkat-e-Khuda of Dhaka University. This group had undertaken an indepth review of the division. Their report has been submitted to the Director; its recommendations can be briefly summarised under 7 main subject areas as follows:

a) **Divisional Management:** The Committee recommended some revisions to the management practices of the division to include increased delegation of responsibilities to senior staff, the institution of regular divisional meetings, creation of adequate job descriptions and performance appraisal mechanisms for staff and accelerated processing of protocols and manuscripts at the Divisional level.

b) **Demographic Surveillance System:** The central importance of this program was emphasised. The Committee advised that steps be taken to enhance staff job security, that data collection procedures be reviewed and that responsibilities for data verification be delegated by the Associate Director. Reports should be brought up to date. The Committee questioned the proposal to embark on a rolling census as compared with a one-time census and suggested that an expert opinion be obtained on this issue.

c) **Extension Project:** The Committee advised that the opinion of a consultant be sought on whether the existing study panel is still statistically defensible. Opportunities to involve the project more extensively in collaborative studies with governmental programs, to study costs of specific interventions for example, should be sought. Further integration of staff with the ICDDR,B 'family' was encouraged.

d) **Research:** The Committee strongly supports an increase in research in behavioural and the broader social sciences while preserving the programs strengths in bio-medical areas. In this regard the Division is encouraged to confer closely with relevant organizations in Bangladesh.

e) **Data Archival Unit:** This unit should receive all data sets from investigators before their departure.

f) **Computer facilities:** Unit costs should be lowered to increase use of the main frame. Training courses should be reinstated and a plan developed for computer facilities for the Centre.

g) **External Relations:** Access of Bangladesh programs and organizations to the division's expertise and their findings should be encouraged.

The Committee wishes to review the status of its recommendations in one year.

3. Divisional Reports:

The Clinical Sciences, Community Health, and Laboratory Sciences Divisions and the Training Coordination Bureau presented their accomplishments during the past year and with Population Sciences and Extension their plans for next year. The relevant details had been prepared in writing for the Committee and are attached to this report. A brief synopsis of these presentations follows:

a) **Clinical Sciences Division (Associate Director: Dr. Dilip Mahalanabis):**

There are 13 research scientists in this division, 5 of whom are on study leave. This division has major responsibilities for patient care; this year it is expected that 90,000 patients will receive care at the Clinical Research Centre alone. The major areas of research focus for this division have been

shigellosis and the management of all types of acute and persistent diarrhoea, emphasising fluid, nutritional and pharmacological treatment. During the past year 15 papers were published, 14 are in press, and 15 others have been submitted for publication., The work plan for 1992 arises mainly from these recent accomplishments. A task force approach has generated protocols focusing, as before, on invasive diarrhoea, watery diarrhoea and persisting diarrhoea. Newer areas of interest include the use of bovine colostrum and the anti-inflammatory drug, 5 ASA, in Shigella treatment, the roles of cytokines and volatile fatty acids in Shigella pathogenesis, and the roles of H.pylori in the pathogenesis of persisting diarrhoea and E. histolytica in dysentery.

b) Community Health Division (Associate Director: Dr. R. Bradley Sack):

There are 36 physicians in this division, 12 of whom are international. There have been 8 new recruits to the division this year. Research activities are focused in:

- i) Maternal Child Health/Family Planning with the objective of devising and implementing strategies to decrease fertility and consequently child mortality.
- ii) Urban Health and Extension project where the major current focus has been on evaluating the effectiveness of volunteers. Further detail on the objectives of this program is found in a document submitted by the Director, Dr. N. Paljor
- iii) Multidisciplinary cross-divisional scientific interest groups in the areas of epidemiology, social sciences, and environmental health.
- iv) Matlab Clinical Centre.

The Extensive work plans proposed by the different groups in this Division will accomodate an increasing emphasis on the social sciences and on environmental health sciences. Three additional new scientific staff are being recruited in keeping with these objectives.

c) Laboratory sciences Division (The Associate Director's post is vacant, the division's plans and accomplishments were presented by Dr. Moyenu Islam).

There are 41 staff of whom 11 are research scientists. This

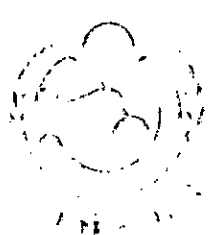
division has major diagnostic, research support and training responsibilities. There are research activities in a range of microbiological fields; both basic and applied. Twenty three papers have been published and 16 are in press from the past year. The laboratory predicts a need for new equipment in the amount of between US\$ 200,000 and \$400,000, to replace and update ageing equipment. The 1992 work plan builds on the work of the past year. An area of particular interest in the characterization of a cytotoxic V.cholera toxin. The committee encouraged the Division to continue its work with helminths and to consider developing a capacity to study HIV. The Division is increasing its efforts to earn funds through the provision of diagnostic services outside the Centre.

d) Population Sciences and Extension Division (Associate Director: Dr. Michael Strong).

Having been reviewed in detail this year Dr. Strong presented only the Division's plans for 1992. A major initiative requiring careful detailed planning is a collaboration with the Bangladesh NGO, BRAC. This effort will involve interventions in the Matlab area. Also the Division will be involved with a large Reproductive Health Consortium in defining problems, and evaluating service delivery. Dr. Strong identified as the Division's major problem, the uncertainty of funding for the DSS. The Social Sciences Advisory Council will hold its second meeting in 1992. In response to the recommendations of the recent review committee, summarised above, there will be some administrative restructuring of the Division during the next year. Fees charged for use of the main frame computer will be reduced in order to increase its use.

e) Training Coordination Bureau

Dr. Laila Akbar summarised the extensive training activities of the Centre (which actually exceeded those that had been projected) and outlined plans for 1992. New developments, initiated during the past year will continue. Responsibilities for National Clinical Management courses have been transferred to the WHO CDD Program. For international courses, emphasis will continue to be placed on subjects not offered by national programs. The Centre will continue to respond to outside requests in offering training which it is uniquely qualified to provide. Recent examples to be continued include courses in public health epidemiology and in statistics. The Centre will contribute the expertise of its staff to local meetings and promote relevant conferences. The anticipated availability of a newly constructed physical facility for training, sponsored by the Sasakawa Foundation, is expected to enhance training activities.



4. Program Committee Meetings and Process

Board members suggested that the Program Committee might alter its guidelines to the Centre's divisions for their presentations to the Committee, in order to improve communications and if possible, lessen preparatory time and energy expenditure by the staff. The Committee recommends that:

- a) It continue to focus on the research programs of the Centre.
- b) It continue to receive annual reports regarding progress and plans from each Division at its meeting.
- c) Accomplishments and plans be presented together, briefly, by each Associate Director (allowing 15-20 minutes for presentations, 30 minutes for discussion).
- d) Written material be provided in advance or at the time of the meeting by Divisions as follows:
 - A narrative account, not to exceed 3 typewritten pages of the Divisions' priority areas of research ranking their importance wherever possible. This document would be selective and would briefly explain why these are the areas of importance. The Associate Directors should feel free to bring problems to the Committee's attention also.
 - A narrative account not to exceed 2 pages on the plan for the next year, again selecting the major priority areas.
 - A list of manuscripts - published, in press and submitted.
 - A list of protocols to be completed, continued, or initiated in the next year - approved, projected.

These changes are suggested not only to improve communications and understanding between the Board and staff but to help avoid an undesirable tendency for the Board to involve itself in micromanagement.

- e) Open meetings to which staff and donors are invited should continue for presentations of divisional programs. As at present the presentations would occupy a very full morning.
- f) The Committee should continue its meeting in closed session during the afternoon in order to discuss its findings,



considering the report of the Committee conducting the in-depth divisional review, and to consider any recommendations.

JRH:ls

Review of the Population Science and Extension Division, ICDDR,B
7-10 November, 1991 for the Board of Trustees

The members of the Review Committee were Dr. John Caldwell, Dr. Yagob Y Al-Mazrou, Dr. Jon Rohde, Dr. Peter Sumbung, all members of the Board of Trustees, and Dr. Barkat-e-Khuda of the University of Dhaka.

The review covered four days 7-11 November, 1991. On 7 November two members of the Review Committee, Dr. Caldwell and Dr. Sumbung, visited the Matlab field station. In the period 8-10 November the Review Committee interviewed many members of PSED, as well as others. The persons interviewed included Dr. D. Habte, Dr. M. Strong, Dr. John G. Haaga, Dr. R. Bairagi, Mr. A.H. Mostafa, Mr. K. Sheikh, Dr. R. Maru, Mr. K.A. Mazumder, Mr. B. Hossain, Mr. N.C. Roy, Ms. S. Salway, Mr. Y. Hasan, Mr. Mafizur Rahman, Dr. Fazlur Rahman, Mr. Therese Juncker, Dr. Indrani Haque, Mr. Shahidul Alam, Dr. Abbas Bhuiya, Mr. M.K. Chowdhury, Mr. Nurul Alam, Mr. Mr. Khan, Mr. A.M. Sarder, Mr. Ibrahim Mollah, Mr. Kapil Ahmed, Mr. Birendhra Nath Adhikary, Mr. Sohel Anwar and Mr. S.K. Saha.

Overview

The committee unanimously regards the Demographic Surveillance System, Matlab, with its 28 years of data collection as a unique asset both in national and international terms. Nowhere else is there a comparable population with such a depth of detailed data on population, health interventions and family planning. The system is also of great value for vaccines and other biomedical trials. The value of the system has now been enhanced by the construction of the integrated computer data base which links surveillance demographic data with periodic censuses and specific experimental projects. The PSED staff deserve congratulations on this achievement. Any break in the continuity of DSS, for funding or other reasons, would be a tragedy.

The Committee was also impressed with the work of the MCH-FP Extension Project both in the Matlab Treatment Area and in the two other Extension Areas. They noted that interventions originally known to be of value in the Matlab Treatment Area were then transferred to the two Extension Areas for adaptation to the conditions of the National Family Planning Programme, and, where successful prototypes were developed, were recommended to that programme. The Committee was pleased to see that an even closer relationship was being developed with the National Programme.

The Committee also examined the other work of the PSED and of the Research Group within it. The Committee is aware that the major time of all these staff is devoted to maintaining the DSS and Extension Project and building the data bases. Nevertheless, it is concerned that the best atmosphere should be developed for

maximizing analytical output and the publication of scientific papers of high quality.

The Committee is also concerned that the strongest endeavours should be made to meet its recommendations. It has read previous reports, especially that by Dr. Jane Menken, and wondered whether there had been a greater effort to respond to some of the recommendations than to implement them. The Committee believes that the Centre should review this report further to assure that recommendations are implemented.

Recommendations

A. Division Organization and Professional Spirit

1. Collegiality and a sense of group leadership should be encouraged. There should be meetings at least monthly of the staff to discuss the work of the Division and its targets. There should be staff meetings, and also meetings of the Research Group and Divisional seminars.
2. There should be a major adjustment of internal organization preceded by a management review. This could perhaps begin with some sort of internal review conducted by those with management skills, possibly Dr. Rushikesh Maru and Mr. Tipping. All members of the Division should participate in this review. However, there probably should be a later external review with access both to their recommendations, those of this report, and those of the Menken and Ross reports.
3. There should be an immediate move towards the production of adequate job descriptions which should reflect a true use of time and productivity and which should be revised and updated at least annually. There should be annual performance appraisals and these should be used for future planning and the career development of Scientists.
4. Each member of the Division and the whole Division should have clear quantified Work Plans to be used as a regular means to monitor Divisional and individual productivity as part of performance appraisal.
5. The organization and lines of command of the Division should be understood and clear to all. There should be an organogram which is true, clear and functionally related to job descriptions.
6. There should be delegation of authority which recognizes the professional status of the staff and the nature of their work. There should be a clear statement of that delegated authority.

Professional staff should have a considerable right to decide on their own activities such as their relationship with the Matlab Field Laboratory and journeys to it, although they should be prepared to document the reasons for their movements. With regard to computing data entry decisions, some staff should be intermediate authorities and most of the decisions should not have to go to the Divisional Director.

7. In the context of the delegation of responsibility, we recommend the appointment of a leader for the Research Group.
8. The thought should be given to establishing a functional grouping for those responsible for data handling with a person appointed as leader.
9. A rotating leadership mechanism might be established for the posts proposed in Recommendations 7 and 8.
10. Papers proposed for publication, or moving toward publication, which are submitted to the Divisional Director or his delegate should be dealt with and returned within a period of two weeks, after which there should be automatic delegation to an alternative reviewer bound by the same conditions.
11. Research protocols should be processed rapidly but wide consultation, including interdivisional discussions, should take place.

B. Demographic Surveillance System

1. It is essential that ICDDR,B should provide a greater feeling of security for those DSS staff who are identified as essential for the continuation of the programme. Longer-term, and possibly rolling, contracts should be devised.
2. The Committee agrees that a new DSS census is needed and that it should contain much more economic and social data than past censuses. There should be consultation with BRAC about the types of base-line data which will be needed for future evaluations of their projects. A specialized working group, and perhaps outside experts, may be needed to advise on such matters as the accurate identification of income and expenditure, land holdings and women's position and activities.
3. The Committee is concerned that a rolling census might render the comparability of economic data difficult and might take so long that it cannot be used as a base-line for the BRAC interventions. It believes that attempts should be made to obtain resources for a one-time census. In any case, the rolling census should not be agreed upon without obtaining expert opinion.

4. There should be a review of all DSS data collection procedures. The Committee believes that it should be possible to record the division of households and the establishment of two or more households as soon as they occur, and also to enter the new household into the computer data base.
5. The Committee understands many of the problems but believes that both the integrated data base and the Annual Reports should be brought up to date in the very near future. We believe input verification should be handled at a much lower level than that of Divisional Director.
6. More attention should be devoted to the development of methodologies of value to other health and family planning programmes including simple but adequate measures of vital events and the identification of key indicators.
7. A specific report should investigate possible savings in DSS operations. It should be noted that Community Health Field Workers are MCH-FP employees and undertake DSS data collection tasks for which 25 percent of their costs are paid by DSS. Apparent savings might prove to be illusory. It was also noted that net emigration means that the population of the field laboratory is no longer growing.
8. It should be made clear to donors that DSS is a core - even the core - activity, even if it is often "project" funded.

C. The Extension Project

1. The Committee doubts whether the existing panel for data collection is any longer statistically defensible and believes that expert advice should be sought urgently.
2. Both the Division and the whole of ICDDR,B should make more effort to stress that the Extension Project staff are integral parts of both organizations. Their image should be made more prominent.
3. The Extension Project should be employed to solve problems of collaboration between Government health and family planning workers.
4. Research on the cost of new interventions should be pursued so that the Government will be fully advised of the impact of such interventions.
5. The findings and activities of the Extension Project should continually and prominently be brought to the Government's notice.

6. The Extension Project should be prepared to move fairly frequently to new upazilas.

D. Research

1. The Committee believes that an increase in behavioural and broader social science research is long overdue and is needed to justify the full mission of ICDDR,B. In view of the fact that behavioural change was far more important than biomedical break-throughs in the decline of diarrhoeal mortality in the West, major behavioural research in this area is necessary to complement biomedical research. Research is urgently needed on why some forms of contraception are preferred, especially DMPA, and why some types of ORT are not more widely used. Research is needed on birth delivery practices and the changes achieved in this area by the training of TBAs. More generally, anthropological research may lead the program to new health and family planning interventions.
2. The Committee notes that improving service delivery or "supply side" concerns have predominated in ICDDR,B community research activities and, as a result, ICDDR,B has earned justifiable credit for its attendance to management issues. We recommend that the time has now come for increased attention to "demand side" issues in both health and family planning research at the level of the individual and household. Interactions with Community Health Workers should also be an area for study. This new stress will necessitate greater use of behavioural and social science approaches, including participant observation. The Committee believes that this new emphasis also implies the need for greater user and community participation at all levels of intervention research.
3. If leadership is to be given in this research, it will probably be necessary to reconstitute the Social Science Advisory Group to contain a broader range of behavioural and social scientists than the predominantly population science group which now constitute it.
4. Better mechanisms are needed for allowing social science and other findings to be available in Bangladesh and to learn the experience of Bangladesh researchers and NGOs. Both annual or biennial conferences and high profile, widely distributed working papers might be part of the answer. These might often be an early presentation of papers later obtainable, but difficult of access, in international journals.
5. The Centre should establish mechanisms to confer regularly with organizations working in related fields in Bangladesh to determine their need for answer to operationally related questions, and incorporate these, where possible, into ongoing

or planned research. Close liaison with the essential National Health Research programme is encouraged.

E. Data Archival Unit

1. All Principal Investigators with projects related to the Centre should provide the DAU with full data sets and complete documentation before departure. This policy should be clearly formulated and provided to all PIs when projects are being planned.

F. Computer

1. The Committee believes that the computer training course should be reinstated.
2. The excess capacity of the computer should not go unused but should be utilized by staff for internal research. This may involve the assumption of a certain capacity utilization (e.g. 80 percent in order to establish billing rates at this level, regardless of lower actual use. This lower unit cost (CPU time) would encourage greater use and consequent cost recovery. Interim losses would be covered by the Centre overhead. Alternatively, internal use might be paid for by a Director's fund which is subsequently reimbursed from computer earnings.
3. The Committee was concerned about the possibly unnecessary proliferation of PCs and believes that computer hardware purchases should be reviewed.
4. The Committee recommends that a computer plan for the next few years, including the eventual replacement of the main frame, should be an early priority.

G. External Relations and Information

1. Bangladesh should have early and easy access to all health, family planning, demographic and local findings of ICDDR,B. Key features should be the Working Paper Series and the conferences recommended above.
2. Government visiting parties should be arranged to both Extension Project areas and Matlab. They should be encouraged to investigate the situation at the level of Community Health Workers.

3. There should be greater collaboration with other Bangladesh institutions. One possibility would be in the identification of data to be collected and methods to be employed, as well as in the analysis, of the economic and land-holding information to be secured in the up-coming census.

H. Implementation of Recommendations

The Committee wishes to review the status of its recommendations in twelve months' time.

5/BT/NOV. '91

FINANCE COMMITTEE REPORT

REPORT OF THE MEETING OF THE FINANCE COMMITTEE HELD ON NOVEMBER
12, 1991, AT ICDDR,B

Present:

Finance Committee Members

Mr. E.A. Chowdhury
Dr. R.H. Henderson
Prof. A.S. Muller
Prof. T. Wagatsuma
Prof. V.I. Mathan - Chairman
Dr. P. Sumbung - Chairman of the Board - ex-officio member
Dr. D. Habte - Director - ex-officio member

Board Members

Dr. Deanne Ashley
Dr. Maureen Law
Prof. J.C. Caldwell
Prof. A Lindberg
Prof. Fred S. Mhalu
Dr. Jon E. Rohde
Dr. Richard Hamilton

Donor Representatives

Dr. Caryn Miller - USAID
Mr. Binayak Ray - AIDAB (Australia)
Dr. J. Ross - Ford Foundation
Ms. Sheila Ward - CIDA

Associate Directors - ICDDR,B (invited staff)

Mr. K. Tipping
Dr. R.B. Sack
Dr. D. Mahalanabis
Dr. M. Strong
Dr. J. Melling
Mr. M.A Mahbub
Dr. Moyenu Islam

The Committee convened at 8.30 am on 12 November 1991 at the training lecture room No. 1. Mr. Ken J.J. Tipping the new Associate Director Finance was welcomed.



1. Approval of Agenda

The Agenda was approved as circulated with the provision that agenda items 1 to 4 & 6 will be considered in open session and then agenda item 5 will be considered in a closed session jointly with the P&S Committee.

2. Budget Update (Table 1)

A budget update on the 1991 budget was presented by the Associate Director, Finance based on the actual expenditure January-September 1991 and receipts and confirmed commitments from Donors. The expected total income for 1991 is \$ 10,053,000. This is an increase of \$ 461,000 (5%) over revenue budgeted for the year. Central fund revenue will increase by \$ 1,375,000 (61%) and project funds (direct) revenue will decrease by \$ 625,000 (10%) and project funds (indirect) revenue will decrease by \$ 289,000 (24%). The increase in central fund revenue is due mainly to receipts of \$ 863,000 from Canada/CIDA and \$ 371,000 from USAID/Dhaka as overhead rate adjustment to actual relating to prior years. Apart from those, \$ 50,000 has been received from Kingdom of Saudi Arabia (KSA), and \$ 159,000 is considered as an additional basic support from Sweden/SAREC for the second half of the year. The decrease in project funds is primarily due to the absence of donors' commitments for Demographic Surveillance System (DSS) activities originally budgeted for \$687,000 which was expected to be received from UNFPA. However, they have indicated support to DSS for a four year period at \$ 250,000 per year commencing 1992. The balance of the decrease is due to projected decrease in project expenditures.

Total projected expenditures for 1991, without depreciation (\$569,000), are projected to be \$ 9,004,000. This is a reduction of \$ 595,000 (6%) from that budgeted for the year. This reduction in expenditures is mainly from local salaries (\$ 442,000 or 8%), international salaries (\$ 191,000 or 15%) and travel (\$ 115,000 or 36%). The main factors that contributed significant reduction in local salaries are the continuing hiring freeze policy (\$ 271,000), currency devaluation effect (\$ 96,000) and reduction of tax liability (\$75,000). Reduction in international salaries is due to late or non-hiring of international staff which were fully budgeted.

Committee Discussion

The Committee commended the management on their cost containing efforts and thanked Canadian CIDA and USAID/Dhaka for the



additional amount made available to the Centre to cover overhead expenditure from previous years. It was noted that this additional income was a one-time occurrence and that this makes available funds which need to be allocated. There was considerable discussion on the ways in which these resources could be utilised to ensure increased further productivity by the Centre. It was noted that depreciation budgeted for the year is \$ 569,000 and that there was an outstanding deficit of \$ 896,000. After considering all aspects of the desirability of closing the deficit versus the genuine needs for funding the depreciation and the needs for equipment to ensure the technological viability of the Centre's scientific endeavours it was Resolved:

FIN 1:

To recommend to the Board to allocate the additional resources available as follows:

1. 50% towards the outstanding deficit
2. 50% towards the Capital Development Reserve Fund (Depreciation Fund)
3. 1992 Budget (Table II)

The proposed budget for 1992 was presented by the Associate Director, Finance.

The projected income for the year 1992 is \$9,595,000, a reduction of \$458,000 or 5% compared to 1991 projection. This reduction represents a decrease of \$411,000 or 9% in Central Revenue and \$47,000 or 1% in Project revenue. Total expenditures for 1992, before depreciation (\$575,000), are budgeted to be \$9,115,000, compared to projected \$9,004,000 in 1991. This net increase in total expenditures is the result mainly of the increase in international salaries of \$356,000 or 34%, travel by \$39,000 or 19% and decrease in capital expenditure by \$143,000 or 36%. The total operating expenditures in other categories are essentially the same as in 1991. The increase in international salaries under CENTRAL FUND is \$282,000 (62%) due primarily to the provision of the new positions of Epidemiologist for Community Health Division, External Relations Officer and Associate Director, Finance. Capital expenditure will decrease by \$76,000 (60%) as no major acquisitions in the central fund are anticipated excepting utilization of funds from Capital Development Reserve.

The decrease in local salaries in PROJECT FUND activities is \$294,000 (11%) primarily due to transfer of the Matlab Treatment Centre to core as no donor has yet been identified. The net increase in international salaries is \$74,000 (12%) due to budgeting for a new Associate Director, Laboratory Sciences Division and providing for three new scientists in Urban Health Extension Project (UHEP) and transfer of salaries of Associate Director, Community Health Division to core. Increase and decrease in other categories are in relation to project activities, which are likely to occur during 1992.

In 1991, the deficit in project fund is mainly due to funds for DSS, estimated at \$247,000. This deficit in 1992 is estimated at \$485,000 due to partial funding available from donors for both DSS and Matlab MCH-FP projects.

Depreciation for 1992 is estimated as \$575,000 based on actual values of capital plant on 30/9/91. The small increase over 1990 figures shows that no significant replacements occurred during the year. As initially projected the budget permits funding of depreciation to the extent of \$480,000. However, in view of the decision in para 5 below regarding the revision of national staff salaries the funding of the depreciation is likely to be reduced to \$ 31,000.

The Committee discussed the budget at length and was concerned at the implications of the ageing plant and equipment to the scientific productivity of the Centre. The Committee requested Centre management to continue the present strict cost containment practices and to increase the extent to which depreciation could be funded.

4. Resources Development

The total projected receipts for 1992 are \$9.9 million as outlined in Table III. Currently the Centre has firm commitments of \$7.2 million and estimates an additional \$2.7 million will be received. These funds will come from 22 different Donor Countries and Agencies.

Central Funds

The Centre expects to receive a total of \$3.0 million for central funds from Australia, Bangladesh, Canada/CIDA, USAID/Washington, Switzerland, Sweden/SAREC, United Kingdom/ODA, UNICEF and KSA. These are Donors who have supported the Centre in the previous year. Of the total, \$2.4

million is confirmed, with the balance estimated on the basis of funds received from these donors in the past. Among these donors KSA has confirmed its contribution at \$50,000 per year for 4 years. Sweden/SAREC has also confirmed funding of \$317,500 (SEK 2,000,000) annually as basic support for the years 1991/92 and 1992/93.

Project Funds

The Centre expects to receive a total of \$6.8 million in project funds, of which \$4.7 is committed and \$2.1 is estimated. Discussions and negotiations are underway in all cases where funds are shown as estimated.

The Committee appreciated the efforts of Centre management to obtain a significant amount of confirmed funds from a large number of Donors in advance of the start of the Financial year and noted that with efficient management of fund flows the overdraft facility has not been used in 1991.

It was Resolved:

FIN 2:

To forward the Budget 1992 to the Board for approval.

5. Salary Revision for National Staff (NO & GS level)

The NO and GS level staff were given a 10% increase in salary in January 1991. This 10% supplementary increase in Base pay brought Centre salaries to 77% of UN national staff salary levels at GS and 77% at NO staff. Dependant allowance at the Centre currently stands at 70% of UN allowance. The UN has implemented revisions of pay scale for National staff in April 1988 and in January 1990 and currently negotiations are apparently underway for a revision which is likely to be substantial. The Government of Bangladesh have also implemented a substantial pay revision for their Officers and other categories of staff effective July 1991.

The question of the justification of the pay revision was considered in detail at the P&S Committee on November 11 and the following factors were taken into consideration:



1. The cost of living index rose by 18.3% during 1991 (Bureau of Statistics report).
2. The monthly index of Current Economic situations in Bangladesh shows that the consumer price index has gone up by 12% compared to 1990. The recent introduction of the value added tax may further contribute to this.
3. Since January 1991 the Taka has been devalued by 5%.
4. The Ordinance mandates that National staff salaries shall be comparable to UN scales. It has generally been accepted that "comparable" does not mean "equal" and that within the limits of financial constraints "comparability" can be maintained. However the rising costs of living referred to above and the existing anticipated revisions by the UN bodies has raised considerable anxiety in the minds of the National staff about the impact of the widening gap between the Centre and UN National staff. This has been forcefully presented by the Staff Welfare Association both to the Director and to the Board.

The P&S Committee considered all these aspects in full detail and also felt that the Centre's edge and advantage in attracting the best professionals over other Bangladesh and Third World institutions and in keeping skilled nationals after training may depend to an extent on attractive salaries. In keeping with market forces it may be desirable to look at differential salary increments. However the Centre is largely dependant on donor contributions and the incremental cost of salaries have to be realised from additional revenues or savings. The present policy of strict cost containment, staff reductions etc., may reach a point of diminishing returns.

In view of all the above and after careful deliberation the P&S Committee recommended that an appropriate revision of salary, from January 1992 should be seriously considered after the Finance Committee completed the review of the financial situation.

The Finance Committee in a joint session with the P&S Committee considered the question of financial resources in relation to salary revision.



- 1) the only identifiable amount in the budget, as approved for 1992, which can offset the cost of a salary revision is the amount of US\$ 480,000 towards partial funding of depreciation. The funding of depreciation is crucial to maintain the ability of the Centre to be technologically up-to-date, an essential requisite for any research institution. The adequacy of facilities can be an important factor in attracting appropriate scientists.
2. The Committee also realised the increase in the cost of living and the genuine needs of the national staff. Staff morale is equally important for the smooth functioning of the Centre.
3. The Committee also recognises the need to have an incentive especially for National professional staff (NO) to recognize the Centre as an attractive alternative to employment elsewhere.

It was therefore Resolved:

FIN 3:

To recommend to the Board to revise the base salary of National Staff (NO and GS) as follows from January 1992:

1. NO staff 12% of base pay
2. GS staff 10% of base pay

The total implication of this for a year is \$428,000.

The Committee further considered the question of revision of Dependants allowance and authorised the Chairman, Personnel & Selection Committee, the Chairman, Finance Committee and the Associate Director, Finance to bring a final recommendation to the Board. The Committee adjourned at 11.30 am.

At 4 pm on November 12, the Chairman of the Board, Chairman, Personnel & Selection Committee, Chairman, Finance Committee, Director, ICDDR,B and Associate Director, Finance met to consider the question of revision of the Dependants allowance. At present the Centre pays Taka 3600 per dependant child below the age of 21 for a total of 6 dependant children. After discussion the group felt that the Dependant allowance should be in line with National Policies of family size and suggested

1. That the Dependant allowances payable to the first and second child be revised upwards by 10 percent. The allowances for children 3-6 would remain at present levels.

The total implications of this is approximately \$ 21,000.

It was further suggested

2. That in future contracts of employees Dependant Allowance be restricted to only 2 children.

VIM:ls



TABLE - 1

BUDGET REVIEW: JANUARY TO SEPTEMBER 1991
(In thousand US\$)

	BUDGET APPROVED FOR 1991			ACTUAL EXPENDITURE JAN TO SEP 1991						PROJECTED REVENUE AND EXPENDITURE FOR 1991			INCREASE/ (DECREASE)
	CENTRAL	PROJECT	TOTAL	CENTRAL	PROJECT	TOTAL	CENTRAL	PROJECT	TOTAL	CENTRAL	PROJECT	TOTAL	
I. INCOME:													
CENTRAL FUNDS	2,240		2,240							3,615		3,615	1,375
PROJECT FUNDS(DIRECT)	0	6,171	6,171								5,546	5,546	(625)
PROJECT FUNDS(INDIRECT)	1,181		1,181							892		892	(289)
TOTAL INCOME	3,421	6,171	9,592							4,507	5,546	10,053	461
II. EXPENDITURE:													
LOCAL SALARIES	2,537	3,095	5,632	69%	1,762	65%	2,025	67%	3,787	2,483	2,707	5,190	(442)
INTERNATIONAL SALARIES	609	639	1,248	47%	285	71%	452	59%	737	452	605	1,057	(191)
CONSULTANTS	38	157	195	16%	6	83%	131	70%	137	15	185	200	5
MANDATORY COMMITTEE	100	0	100	52%	52		0	52%	52	115	0	115	15
TRAVEL	95	221	316	40%	38	37%	82	38%	120	46	155	201	(115)
SUPPLIES & MATERIALS	493	587	1,080	77%	379	73%	427	75%	806	512	594	1,106	26
OTHER CONTRACTUAL	500	666	1,166	71%	353	68%	454	69%	807	542	706	1,248	82
INTERDEPARTMENTAL	573	720	1,293	89%	512	57%	411	71%	923	700	584	1,284	(9)
DEPRECIATION	768	37	805	53%	410	49%	18	53%	428	549	20	569	(236)
TOTAL OPERATING	5,713	6,122	11,835		3,797		4,000		7,797	5,414	5,556	10,970	(865)
RECOVERY	(1,567)	(10)	(1,577)	83%	(1,301)	70%	(7)	83%	(1,308)	(1,780)	(9)	(1,789)	(212)
NET OPERATING	4,146	6,112	10,258	60%	2,496	65%	3,993	63%	6,489	3,634	5,547	9,181	(1,077)
CAPITAL EXPENDITURE	50	96	146	82%	41	223%	214	175%	255	126	266	392	246
TOTAL EXPENDITURE	4,196	6,208	10,404	60%	2,537	68%	4,207	65%	6,744	3,760	5,813	9,573	(831)
SURPLUS/(DEFICIT)	(775)	(37)	(812)							747	(267)	480	1,292
SURPLUS/(DEFICIT) before depreciation	(7)	0	(7)							1,296	(247)	1,049	1,056

TABLE - II

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INCOME AND EXPENDITURE FOR 1990 THRU 1992
(In thousand US\$)

	Actual 1990			Projected 1991			Budget 1992			INCREASE/(DECREASE OVER 1991		
	Central	Project	Total	Central	Project	Total	Central	Project	Total	Central	Project	Total
INCOME:												
CENTRAL FUNDS	2,166	0	2,166	3,615	0	3,615	3,176	0	3,176	-12%		-12%
PROJECT FUNDS(DIRECT)	0	5,812	5,812	0	5,546	5,546	0	5,499	5,499		-1%	-1%
PROJECT FUNDS(INDIRECT)	944	0	944	892	0	892	920	0	920	-3%		3%
TOTAL INCOME	3,110	5,812	8,922	4,507	5,546	10,053	4,096	5,499	9,595	-9%	-1%	-5%
EXPENDITURE:												
LOCAL SALARIES	2,296	2,849	5,145	2,483	2,707	5,190	2,599	2,413	5,012	5%	-11%	-3%
INTERNATIONAL SALARIES	292	816	1,108	452	605	1,057	734	679	1,413	62%	12%	34%
CONSULTANTS	0	106	106	15	185	200	9	200	209	-40%	8%	5%
MANDATORY COMMITTEE	95	0	95	115	0	115	123	0	123	7%		7%
RAVEL	26	151	177	46	155	201	47	193	240	2%	25%	19%
SUPPLIES & MATERIALS	423	378	801	512	594	1,106	550	559	1,109	7%	-6%	0%
OTHER CONTRACTUAL	512	640	1,152	542	706	1,248	532	761	1,293	-2%	8%	4%
INTERDEPARTMENTAL	532	580	1,112	700	584	1,284	730	986	1,716	4%	69%	34%
DEPRECIATION	822	43	865	549	20	569	559	16	575	2%	-20%	1%
TOTAL OPERATING RECOVERY	4,998 (1,558)	5,563 (7)	10,561 (1,565)	5,414 (1,780)	5,556 (9)	10,970 (1,789)	5,883 (2,243)	5,807 (6)	11,690 (2,249)	9% 26%	5% -33%	7% 26%
NET OPERATING CAPITAL EXPENDITURE	3,440 13	5,556 297	8,996 310	3,634 126	5,547 266	9,181 392	3,640 50	5,801 199	9,441 249	0% -60%	5% -25%	3% -36%
TOTAL EXPENDITURE	3,453	5,853	9,306	3,760	5,813	9,573	3,690	6,000	9,690	-2%	3%	1%
COST OF REVISION OF LOCAL SALARIES							233	216	449			
SURPLUS/(DEFICIT)	(343)	(41)	(384)	747	(267)	480	173	(717)	(544)	-77%	169%	-213%
AMOUNT AVAILABLE TO FUND DEPRECIATION	479	2	481	1,296	(247)	1,049	732	(701)	31	-44%	184%	-97%

TABLE - III

PROJECTED RECEIPTS 1992
(In thousand US\$)

DONOR NAME	CONFIRMED	ESTIMATE	TOTAL 1992	1991
CENTRAL FUNDS:				
AUSTRALIA	-	215	215	215
BANGLADESH	26	-	26	28
BELGIUM	49	-	49	49
CANADA/CIDA	876	-	876	863
KSA	50	-	50	50
SWITZERLAND	757	-	757	857
SWEDEN / SAREC	318	-	318	516
UNITED STATES : AID/W	375	-	375	400
: AID/D (O/H)	-	-	0	371
UNITED KINGDOM / ODA	-	260	260	260
UNICEF	-	250	250	250
TOTAL	2,451	725	3,176	3,859
PROJECT FUNDS:				
BAYER AG	-	194	194	30
BELGIUM	229	-	229	229
CANADA:				
CIDA - TRAINING	-	-	0	2
CIDA/WUSC - MCH/FP & MATLAB	-	-	0	1,011
DANIDA	280	-	280	84
FORD FOUNDATION	-	100	100	60
FRENCH GOVT.	-	-	0	16
IDRC - DISC	-	-	0	1
- RESEARCH/FELLOWSHIP	51	-	51	65
JAPAN	0	380	380	380
NETHERLANDS - ARI	-	-	0	162
- DSS	-	100	100	100
NORWAY / NORAD - MCH/FP	-	272	272	110
SWEDEN / SAREC	139	-	139	185
SWITZERLAND/SDC - DISC & OTHERS	-	447	447	306
UK/ODA	200	-	200	0
UNDP/WHO - CLINICAL RESEARCH	-	300	300	450
- DSS(RESTRUCTURING)	-	-	0	125
UNFPA/DSS	250	-	250	0
UNITED STATES:				
AID/W - COOPERATIVE	1,332	-	1,332	1,161
AID/D - UVP	549	-	549	503
AID/D - UHE	544	-	544	67
AID/D - MCH/FP	1,095	-	1,095	886
UNICEF - RESEARCH	51	-	51	76
WELLCOME TRUST	-	111	111	0
WHO	-	150	150	40
OTHERS - CYCLONE/DISASTER	-	-	0	298
- PROJECTS & TRAINING	20	-	20	119
TOTAL	4,740	2,054	6,794	6,466
GRAND TOTAL	7,191	2,779	9,970	10,325

6/ BT/NOV. '91

PERSONNEL & SELECTION COMMITTEE REPORT.

PERSONNEL & SELECTION COMMITTEE REPORT

The Personnel & Selection Committee met in Dhaka on Monday, 11 November, 1991 at 2 p.m.

1. Staffing

1.1 Overview of the staffing situation

The overall staffing situation of the Centre was reviewed.

It was noted that the total number of staff has reduced by 55 since 31 May, 1991; 19 of these being fixed term staff. In September 1991 the Centre had 969 fixed term staff whereas in November 1990 there were 1019. Also, in September 1991 the total number of staff was 1278 and in November 1990 it was 1368. The freeze on external hirings for the NO and GS levels will continue in 1992.

The point raised in the Programme Committee meeting concerning staffing of the Demographic Surveillance System Project was discussed in the Personnel & Selection Committee meeting too. The Personnel & Selection Committee endorsed the sympathies of the Programme Committee, requesting the

Centre to take a serious look at the morale issue of staff and to ascertain how changes can be made in the way contracts are handled.

1.2 Contract Renewals

a) PROFESSOR DEMISSIE HABTE, DIRECTOR

Professor Habte will complete three years as Director of the Centre on 11 August, 1992. He is eligible for a second term of three years from 12 August, 1992.

The Committee agreed to recommend to the Board that Professor Habte's contract as Director of the Centre be renewed for three years from 12 August, 1992.

b) DR M. JOHN ALBERT, RESEARCH MICROBIOLOGIST

Dr Albert will complete three years as a Research Microbiologist on 3 May, 1992. He is eligible for another term of three years from 4 May, 1992. It was noted that Dr Albert has received a personal promotion and is now at P4 level, however, his position remains classified at P3 level.

The Committee agreed to recommend to the Board that Dr M. John Albert's contract as a Research Microbiologist,

P4 level, be renewed for three years from 4 May, 1992.

1.3 Status of recruitment of international staff

a) SENIOR SCIENTIST & HEAD, LABORATORY SCIENCES DIVISION,
(D1)

Since last Board Meeting, Dr Melling has visited Dhaka for an interview and orientation visit. (The Board had earlier authorized the Director to recruit Dr Melling if the interview committee found him suitable.) The interview committee found Dr Melling suitable for the position.

The Committee agreed that Dr Melling should be formally advised that the Centre/Board needs a response within a month from now. If Dr Melling's response is negative, then the Director should look for alternate candidates, approaching "head hunting" firms for assistance. The Director also requested Trustees' assistance in locating suitable candidates.

b) CHIEF FINANCE OFFICER, (D1)

The Committee welcomed Mr Tipping as Chief Finance Officer and recommended to the Board that his appointment be endorsed.

Mr Tipping is one of the two short-listed candidates

interviewed for the position last Board Meeting.

c) **SCIENTIST: POPULATION & STATISTICS, (P4/P5)**

It was noted that applications have been received and that these are being short-listed. An up-date is to be given next meeting.

d) **DEMOGRAPHER - SCIENTIST, (P4)**

It was noted that the recruitment is still in process and that a report will be submitted in the June 1992 meeting.

e) **HEAD, CLINICAL RESEARCH CENTRE**

A full report will be submitted to the June 1992 meeting.

f) **EPIDEMIOLOGIST, (P4)**

This position was advertised. Dr Masse Bateman has been selected and is expected to join the Centre from 1 April, 1992.

g) **OPERATIONS RESEARCH SCIENTIST, (P4)**

It was noted that the Centre is trying to fill this position, in the MCH-FP Extension Project, on a secondment basis.

h) PROGRAMME OFFICER, (P1)

As reported last meeting, the selected candidate declined the position, for salary reasons.

The External Relations Office is being reorganized and a report on this will be given next meeting.

1.4 Information on Seconded Staff

a) DR KIRK DEARDEN

The Committee noted that Dr Kirk Dearden has joined the Centre, as the Health and Child Survival Fellow in the Community Health Division, on secondment by the Johns Hopkins University for a period of two years from 14 July, 1991.

b) DR THERESE JUNCKER

The Committee noted that Dr Therese Juncker joined the Centre on 4 August, 1991 as a Visiting Scientist on secondment by the Belgian Administration for Development Cooperation (BADC), for a period of two years.

c) DR KANTA ALVI

The Committee noted that Dr Kanta Alvi joined the

Centre on 4 September, 1991 as a Project Demographer in the Urban Volunteer Programme. She has been seconded by the Johns Hopkins University for one year.

d) DR MARTINUS DESMET

The Committee noted that Dr Martinus Desmet joined the Centre, as a Visiting Scientist on secondment from the Belgian Administration for Development Cooperation (BADC), on 2 October, 1991 for a period of two years.

1.5 New Positions

- a) PROJECT DIRECTOR, URBAN HEALTH & EXTENSION PROJECT, (P5)
- b) RESEARCH HEAD/EPIDEMIOLOGIST, URBAN HEALTH & EXTENSION PROJECT, (P3)
- c) DEMOGRAPHER/SOCIAL SCIENTIST, URBAN HEALTH & EXTENSION PROJECT, (P3)

The Committee discussed these three positions together. All position are currently filled by persons on secondment from the Johns Hopkins University. The Centre now wishes to establish these as Centre positions, which will continue as long as funding is available, and to endorse the appointment of the three persons currently holding the abovementioned positions. Should any of the above persons resign for any reason in the future, the Centre would directly recruit to the positions and the successful candidate would be paid as a project staff.

The Committee agreed to recommend to the Board that the Centre's request be accepted.

2. Working Papers

4.1 Revision of salary: NO and GS staff

The Committee noted that the Centre's Ordinance stipulates that the salaries and emoluments of non-international level positions should be comparable to those paid by the UN organizations in Bangladesh. Also, that currently the Centre's NO staff are receiving 79% and GS staff are receiving 77% of UN salaries, respectively. Added to this is the possibility that there may be another raise in UN salaries, effective sometime in 1991, of about 25%. In the past the Centre has had no difficulty in attracting the best talent for its NO and GS levels as its salaries were significantly higher than the Government and other organizations. Now the gap is closing and the Centre is having difficulty in keeping its best talent. Unless it can maintain some relation to the UN scale, the Centre will lose its advantage as a Centre of excellence.

The global issue of UN salaries and the problems an institution with a fixed budget faces, when presented with a salary increase for its staff, were also discussed.

The Committee agreed to recommend to the Finance Committee that it should try to accommodate an increase in salary for NO and GS level staff in 1992. A differential in the levels of increase could also be considered. A freeze in recruitment of new staff at these levels should be adhered to, to respond to the salary increase.

The meeting closed at 4 p.m.

A full report on the abovementioned items and other issues is recorded in the minutes of the meeting.

:jc

12.11.91

7/BT/NOV. '91

DATES OF NEXT BOARD OF TRUSTEES
MEETING

DATES OF NEXT MEETING

In the June 1991 Board Meeting tentative dates for the External Review of the Clinical Sciences Division and of the Board of Trustees meeting were set at 5 and 6 June and 7 to 9 June, 1992, respectively. Subsequently, some Trustees indicated that these dates were not suitable. A letter was then sent to all Trustees requesting that they indicate which dates in May and June 1992 would be suitable/not suitable. From the replies received, the following revised dates are suggested:

Tuesday, 26 May and Wednesday, 27 May	External Review of the Clinical Sciences Division
Thursday, 28 May	Trustees arrive
Friday, 29 May	Programme Committee Meeting Personnel & Selection Committee Mtg.
Saturday, 30 May	Finance Committee Meeting Report writing
Sunday, 31 May	Full Board Meeting

Tentative dates for the November 1992 Programme Committee Review of the Laboratory Sciences Division and Board of Trustees meeting are:

Friday, 20 November and Saturday, 21 November	Programme Committee Review of the Laboratory Sciences Division
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Sunday, 22 November	Remaining Trustees arrive
Monday, 23 November	Programme Committee Meeting Personnel & Selection Committee Mtg.
Tuesday, 24 November	Finance Committee Meeting Report writing
Wednesday, 25 November	Full Board Meeting
Thursday, 26 November	Donors' Meeting

8/BT/NOV. '91

ANY OTHER BUSINESS

8(a)/BT/NOV. 91

REPORT FROM STAFF WELFARE ASSOCIATION

ADDRESS OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B
AT THE BOARD OF TRUSTEES' MEETING TO BE HELD
FROM NOVEMBER 11-13, 1991

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
MOHAKHALI, DHAKA - 1212
BANGLADESH

October 3, 1991

SPEECH OF PRESIDENT, STAFF WELFARE ASSOCIATION, ICDDR,B

Honourable Chairman, Board of Trustees', Dr. Peter Sumbung and the distinguished Members from home and abroad. At the very outset let me express my sincere thanks and gratitude to the Chairman of Board of Trustees and the Director of ICDDR,B Professor D.Habte for allowing me this opportunity to place before you the most important issue related to salary raise of the general employees of this Centre. We earnestly hope that you will patiently deliberate on this matter inspite of your manifold preoccupations in this meeting of the Board of Trustees. On behalf of all the members of the staff welfare Association as well as of my own behalf, I would like to extend to you our warmest and heartiest welcome and felicitation on this occasion.

Hon'ble Trustees:

As the President of the ICDDR,B Staff Welfare Association I would like to present before you a most vital issue which was also placed before you earlier for your patient hearing, reasonable consideration and approval. We would like to inform you that the UN salary raise as per Local Salary Scales - Revision No. 13 (GS) and Revision No.6 (NO) applicable to the national staff members, effective April 01, 1988 has not yet been implemented by the Centre. The UN salary scales have again been revised-Revision No.14 (GS) and Revision No: 7 (NO) with effect from January 01, 1990 and April 01,1990 respectively the later one also has not yet been implemented by the Centre. The revised salary scales are shown in details in Table 1 & 2.

TABLE-1

UN SALARY RAISE AS PER LOCAL SALARY SCALE

<u>UN Salary Scales</u> <u>Revision No.</u>	<u>Rate of</u> <u>increase %</u>	<u>With effect</u> <u>from</u>	<u>Implemented</u> <u>or not</u>	<u>Increased salary</u> <u>due (in months)</u>
<u>GS level</u>				
13	20.7	01.04.88	Not	43
14	17.0	01.01.90	Not	22
Total increase	37.7		Not	
Salary increased *10.0		01.01.91	Yes	
<u>NO level</u>				
6	14.6	01.04.88	Not	43
7	21.0	01.04.88	Not	18
Total increase	35.6		Not	
Salary increased *10.0		01.01.91	Yes	

*Only basic salary

TABLE-2

COMPARISON OF SALARY WITH UN ORGANIZATIONS & ICDDR,B AS OF TO-DAY

<u>UN Organization</u>	<u>ICDDR,B</u>	<u>% Less in</u> <u>ICDDR,B</u>
G.S Level 1 Tk.5579.00 per month	Tk.4309.00 per month	22.8*
NO Level A Tk.18998.00 per month	Tk.15069.00 per month	20.7**

* 22.8% in all G.S Level

** 20.7% in all NO Level

This has caused untold disappointment and anxiety to all the national staff members. It is to be particularly noted that the price hike of essential commodities has risen exorbitantly during the last few years. It would not be out of place to mention that UN authorities raised the salary revisions considering the cost of living of the respective area on the basis of their zonal survey report. The currency devaluation (15.7%) by the Government of Bangladesh has aggravated the sufferings of all our local staff members beyond measure (copy enclosed). It is also to be noted that the retirement fund statement of 1990 shows that the contribution has decreased from 1st quarter to 2nd quarter and so on. The trend indicates that our salary has been decreased although our salary is budgeted in U.S.\$. To our great disappointment and utter surprise, our Director announced straight 10% salary increase excluding the dependent allowance for the local staff effective January 01, 1991. This action has deprived all the general staff members from a legitimate allowance which they have been enjoying since the Centre adopted the UN salary system. We would like to be ensured that we are not deprived of any such allowance in the future.

We would also like to add here that the natural disaster like recurrent floods and the cyclone/tornado of April, 1991 have caused enormous losses to our Bangladeshi staff members and put them to great economic hardships. Moreover, the Government of Bangladesh has issued a circular regarding an average of 75%

salary increase of its employees which has already resulted in further escalation in the price of essential commodities (press report on cost of living and salary increased are enclosed). As a result we the local (NO and GS) staff of the ICDDR,B are one of the worst hit group in the country. In the past we got the benefit of salary raise in full but since 1988 we are being constantly deprived of getting the increased salary. Whenever we request for salary raise, the management takes the plea that ICDDR,B salary level is higher than other research organisations. But before passing this remark, the management never takes into account the fringe benefits and other facilities admissible in those organisations (informations collected from different sources are enclosed). Further we would like the management should adhere to ICDDR,B Ordinance No. LI of 1978 where it is clearly mentioned, "Salaries and emoluments of non-international level positions should be comparable to those paid by the United Nations Organisation in Bangladesh."

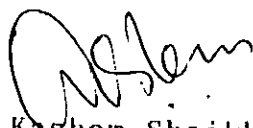
Under the above mentioned circumstances, we would fervently urge upon the Honourable Trustees to consider the situation with all the seriousness and magnanimity to implement the above mentioned pending salary revisions immediately with retroactive effect.

Finally, the SWA expresses its deep gratitude and thanks to the Hon'ble Chairman and Members of the Board of Trustees once again for the opportunity given to the Staff Welfare Association for presenting its views before such a distinguished forum of

representatives from various countries of the world. We would also like to assure you our best cooperation and discharge of responsibility in order to uphold the Centre's prestige and reputation.

Kindly accept our warmest regards,

Thank you all.



Md. Abul Kashem Shaikh
President
Staff Welfare Association(SWA)
ICDDR,B.

AS PER BANGLADESH BANK CIRCULAR PERCENTAGE OF DEVALUATION OF
BANGLADESH CURRENCY DURING THE PERIOD 1990-1991

<u>Effective date</u>	<u>Percent of devaluation</u>
4th March 1990	5.00%
25th April 1990	1.00%
10th May 1990	1.96%
1st August 1990	1.98%
6th September 1990	0.22%
22nd November 1990	0.28%
30th June 1991	0.56%
6th July 1991	1.39%
19th August 1991	1.10%
12th September 1991	2.17%
<hr/>	
Total	15.66%

Cost of living rises by 18 p.c

Staff Correspondent

The cost of living recorded a rise by 18.32 per cent during the year 1990-91 while the prices of different commodities have risen by 15.77 per cent during the same period.

A survey conducted by Consumers' Association of Bangladesh (CAB), revealed that the cost of living and prices of different commodities have shown an upward trend following increase in the expenditures of house rent, fuel, cloths and edible oil. The prices of rice, egg, tea, sugar, salt and soap were relatively less compared to other commodities during the last fiscal year. The CAB survey revealed further

During the period the prices of vegetables and spices increased moderately while the prices of different essentials have marked a steady rise during the period of last July-December. Meanwhile, the prices have risen by 4.91 per cent during the month of January-June, the survey

(See Page 10 Col. 4)

Cost of living

(From Page 1 Col.1)

disclosed.

The CAB survey unveiled that a section of profit mongers raised the prices of different commodities taking the advantage of Gulf crisis, democratic movement, increase in the price of fuel, Ramazan and cyclone, etc. The survey further revealed that there was no variation in the prices of various essentials at the peak of the democratic movement.

The following percentage of increase in the prices of various commodities mentioned against each item.

Fuel by 41.26 per cent, clothes by 30.48 per cent, house rent by 20.59 per cent, vegetables by 16.80 per cent, oil by 16.65 per cent, fish by 13.57 per cent, rice by 9.07 per cent, crushed wheat and flour by 8.49 per cent, milk by 13.44 per cent, spices by 13.42 per cent, meat by 12.73 per cent, pulse by 12.46 per cent, rice by 9.07 and other commodities by 7.14 per cent and egg by 4.61 per cent.

During the last financial year the prices of green chilli and sugar have registered a fall by 18.58 per cent and 16.21 per cent respectively.

Govt employees urged to perform duties with dedication

The Government Wednesday expressed the hope that all its officers and employees would fully cooperate with the Government by being at their respective places of work and perform duties with dedication and discipline following the positive and sympathetic decision taken by the Government on their demands, reports BSS.

A Press Note issued by the Ministry of Establishment Wednesday said all reasonable demands of the employees had been met by announcing the new pay scales, refixation of office timings and forming of a committee for promotion of the employees.

The Press Note said the Government had given sympathetic consideration to the various problems of the Government officers and employees at different levels, particularly those at the lower pay levels and announced new pay scales on Tuesday, (August 20, 1991).

Besides, it had also announced refixation of office timings and formation of a committee for removing complications in the way of promotion of the employees, the Press Note added.

The Press Note said the new pay scales had been fixed after giving due consideration to the income of the

low paid employees, overall economic condition of the country and economic capacity of the Government. It may be mentioned here that the Government had met more than once with the leaders of the employees on this issue at different levels.

~~Under the new pay scales, lowest pay had been increased by 80 per cent and other allowances had also been enhanced.~~

FRINGE BENEFITS & OTHER FACILITIES OF ICDDR,B AND OTHER
RESEARCH ORGANISATIONS IN BANGLADESH

<u>Benefits and Facilities</u>	<u>ICDDR,B</u>	<u>Other Organizations</u>
1. Festival Bonus	Nil	2 months' basic salary
2. House Rent/Housing Facility	Nil	Yes (40% to 50% or House with 5% to 7.5% deduction of basic salary)
3. Pension/Gratuity/ Retirement fund	yes (1/3 paid by the employee, 2/3 by centre)	Yes (after retd. 80% paid by employer till death)
4. Dearness Allowance	Nil	30% of basic salary
5. Children Allowance	Yes (Tk.300/- per child)	Nil
6. Recreation Leave & Allowance	Nil	Yes (every 3 years 15 days leave with one month's basic salary)
7. Annual/Earned leave	Yes (30 working days)	Yes (33 working days)
8. Casual Leave	Nil	Yes (20 working days)
9. Public holidays	Yes (11 working days)	Yes (23 working days)
10. Telephone	Nil	Yes (free)
11. House building loan	Nil	Yes
12. Car loan	Nil	Yes
13. Transport Facility/Allowance	Yes (on payment)	Yes (free from certain level)
14. Working Hours	40-48* hours (a week)	39 hours (a week)

* 48 hours for G.S. Level I & II.