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Non-Capital Project Paper

Country: World-wide Project No. _____

Submission Date: 71 Original: _____ Revision No.: _____

Project Title: Program and Institutional Development Grant to Family Health, Inc.

U.S. Obligation Span: FY 71 through FY 75

Physical Implementation Span: FY 1971 through FY 1976

Gross Life of Project Financial Requirements: \$1,588,000

Amount of Grant: FY 1971 \$ 954,000

Project Summary

This project aims at developing the institutional capability of Family Health, Inc. to provide a variety of services to collaborating institutions in developing countries concerned with family planning programs. The strategy envisions an international network of problem-solving organizations linked in a technical exchange process that permits more rapid development, adaptation and sharing of approaches to family planning. As the largest family planning program in the United States, Family Health, Inc. was designed and operated to provide a large-scale development and testing laboratory for systems of motivating, informing and serving an indigent clientele on means of family planning. The objective is to capitalize upon this experience and resource for its utilization in developing countries. Specifically, the targets call for: (1) identification of collaborating institutions in different regions of the world which would serve as centers of excellence in developing and testing more effective family planning systems; (2) expansion of the staff and facilities of Family Health, Inc. to provide services in training, higher education, operations research, consultation and institution building to collaborating institutions.

In order to accomplish these targets, Family Health, Inc. will augment its professional staff by 20 man-years in the next three years. It will release top-level personnel for service on this project, undertake feasibility studies, project formulation, monitoring, evaluation and technical back-stopping for collaborating institutions.

The needs to which this project are addressed are a cluster of constraints common to many developing countries: (1) lack of outreach to large numbers of people, particularly in rural areas, for family planning information and services; (2) inadequate infrastructure both to motivate and provide services; (3) shortage of manpower, funds and information systems (both demographic and management); (4) need for utilizing all resources more efficiently by better management.

Setting and Environment

The A.I.D. Spring Review on population underscored the unrealized potentials of existing family planning programs for decreasing fertility. A frequently stated view can be paraphrased as follows: There is not a going program that cannot be significantly improved through better management. This includes better training, better supervision, better education programs, better fiscal arrangements, fewer bureaucratic controls, more experimentation for feedback into the program and far better evaluation. Indeed, perhaps the first need is for the action programs to be improved. That in itself can make a substantial difference.

In expanding the effectiveness of action programs, the obstacles are generally viewed as:

1. Lack of coverage for the majority of the population for motivation, services and information.
2. Lack of infrastructure to deliver both the clinical services and information and education for the family.
3. Inadequate funds for operations of the system.
4. Shortage of trained medical personnel and auxiliary workers.
5. Concentration of resources in urban areas and inadequate coverage in rural areas.
6. Lack of sufficient information both of the population to be served and of program operations to permit target setting and evaluation of results, etc.
7. Rigidities in public administration that hamper efficient, effective operations.

The setting for this problem, therefore, is found in the need in many developing countries for a more effective, low-cost means of integrating and delivering family planning services and motivating a larger segment of the population. This requirement in turn generates a need for intensive development and demonstration areas where solutions to these problems can be devised, tested and demonstrated. Such problem-solving efforts are best carried out over time by problem-solving institutions operating in the same cultural milieu for which solutions are being sought. Hence, the problem is to create a series of such problem-solving centers in the developing countries and to link them in an information and technical exchange network that permits rapid learning, adaptation and sharing.

Strategy

Ultimately, the strategy of this project is aimed at achieving a decrease in the fertility levels of a given population. To do this, there is required:

1. The development, operation and demonstration of a large-scale system which can solve or minimize the obstacles mentioned above. A prototype system would be developed and tested by local institutions in the local milieu.
2. A means of disseminating this knowledge by demonstrating, training and providing technical assistance to institutions in other areas of that or neighboring countries. The approach begins with a highly intensive and successful model exhibited by a center of excellence which can radiate this experience to its area of influence.

The operating prototype model is aimed at the solution of the recurring problems of a large-scale delivery system: Broaden coverage, increase motivation for family planning services, do this at a low cost which can be sustained by the public budgets in that country, make maximum use of auxiliary personnel, introduce more flexible organizational devices such as public corporations to provide these services, and make possible the wedding of both public and private funds and initiatives in solving this problem. Each of the local institutions collaborating in the venture would in turn be linked as a part of an international system of institutions sharing information, a common strategy, evaluation of lessons learned and a common memory core linking each of these field prototype operations. A U.S. institution would serve in a collegial capacity with the LDC collaborating institutions in sharing experience, training personnel, conducting research, testing methodology and building institutional capacity.

It is important to differentiate between ultimate objectives and the instrumental objectives. The ultimate objectives are not to build institutions, or train people, or conduct research, or use the latest management techniques. These are intermediate objectives to solve problems, defined as obstacles to a reduction in fertility rates. The strategy is action oriented -- not research oriented; it is goal oriented -- not functionally oriented; problem solving oriented -- not input oriented; interdisciplinary oriented -- not discipline or profession or sectionally oriented. The strategy is to tackle this problem in an incremental and cumulative way within a variety of situations and cultures.

This approach has been demonstrated by the experience of Tulane University in Louisiana. Beginning in a small geographic area, Tulane University studied the social, biological and political aspects of the problem of delivering family planning services to the indigent women of that area. Then on the basis of these findings, they designed an action program and carried it out for a county of 40,000 people. In turn, based on the experience, and information gained from one county, the program was adapted and expanded to a city of 1.2 million. Building on that experience, the program was then expanded and adapted to a state-wide basis for 64 governmental units. As of 1970, the family planning program for the state of Louisiana is being used as the prototype design, training and technical assistance base for the U.S. Government (HEW, OEO), expansion of the model to other regions of the country.

In adapting this strategy to the LDCs, the procedure will follow this general sequence:

1. The U.S.-based institution obtains the funds for recruiting, training and integrating key staff members to undertake the international development program referred to herein.
2. In conjunction with local institutions, a feasibility study will be conducted in various geographic areas of the world. The purpose of the study is to identify the collaborating institutions and the locale for the development and implementation of a prototype of this kind. Steps 1 and 2 will be achieved under this plan, while subsequent steps will require separate projects.
3. Initiate under the auspices of a local institution or government in a particular area, a pilot demonstration program on a large enough scale to test the hypothesis and the program model developed in other areas. This would be an action operational program with a research and development component attached to it to permit the development of the methodology and then its transmission to other institutions.
4. From the initial staging area, the local institutions would spread the technique to a larger area, preferably one at a state level, in order to anticipate the managerial, logistic, manpower, management information system, funding, political and institutional problems involved in implementing the large-scale program.
5. Expand this prototype to other areas of that country and other countries within the area of influence of the local institution.

This project plan is concerned with the accomplishment of steps Nos. 1 and 2 in this strategy; namely, to expand the capacity of Family Health, Inc. to undertake the feasibility studies, identify collaborating institutions and then undertake the program planning evaluation and backstopping functions out of New Orleans. Hence, the immediate targets of this project are to provide the core support to perform this institutional role. The steps noted above as Nos. 3, 4 and 5 would be taken by A.I.D. or other donors concerned with a particular geographic area.

Before proceeding to a specification of targets, it is useful to present the reasons for selecting Family Health, Inc. as the institutional base for this project. The major goal for this organization was established in 1963 along the following lines: to integrate the research and training capacity of the Tulane University to implement a family planning program in one state, to develop the appropriate methodology for doing so and laying down guidelines by which this methodology could be subsequently introduced and adapted in other parts of the United States. In short, the organization's goal was to do for the United States what is proposed it now do for other areas of the world. As suggested earlier, this goal was implemented by focusing the latest findings and techniques for a variety of disciplines (public health, medicine, biology, public administration, management sciences, behavioral sciences) into a small enough geographic area to permit a beginning of an actual system for both information and services to indigent mothers. By the successive expansion of the area involved to a county and then several counties, it has grown to the state-wide system of over 130 clinics furnishing services to families and mothers. Presently, Family Health, Inc. has 524 employees providing a range of services to mothers and children including pre-natal care, delivery, post-partum, child nutrition, family planning and information services. The program utilizes auxiliary workers and low-skilled workers in order to make maximum use of non-professionally trained personnel. For a statement of the principles learned in this seven years of experience with this large-scale system, see Appendix A.

Initially, Tulane University attempted to carry out this research and development focus through the normal university channels and found that the degree of flexibility and the relationships with public and private organizations require a different mechanism. Accordingly, Family Health, Inc. was established as a private, non-profit corporation for the purpose of carrying out the development, the implementation and the operation of the family planning program, first in the rural area and then finally in the state of Louisiana with 4 million people composing a research and demonstration laboratory.

Some of the key executive and staff positions of Family Health, Inc. are manned by faculty members of Tulane University. Interacting with Family Health, Inc. are three other organizational entities of Tulane University: The Tulane Department of Family Health and Population Dynamics in the School of Public Health, the Tulane Center for Population Studies, and the Tulane Institute for Health Services Research. All of these mechanisms are headed by a single person, and most of the people in Family Health, Inc. also hold appointments in the University in one of the other entities. These organizational units respond to the need to assemble a multi-disciplinary group of individuals to carry out the requisite research, training development and evaluation while functioning as a coordinated closely-knit team.

Family Health, Inc. has demonstrated its ability to deal with large-scale delivery systems both for family planning information and services. Sponsored by grants from various parts of the federal government, state government, county and local government, Rockefeller and Ford Foundations, it represents the most systematic and large-scale family planning effort in the nation. In total, it receives 31 grants totaling \$6.5 million annually.

Its experience is relevant to the developing countries because:

1. It deals in rural areas where existing health services are nearly non-existent.
2. It has demonstrated the ability to contact, involve and serve a large volume of patients in a short period of time.
3. It offers a systematic strategy and methodology which can be learned and generalized to other settings.
4. Its focus is broadened to include issues of health care delivery and how to integrate family planning into existing resources with only slight modification.
5. It deals with sensitive social and religious issues in Louisiana.

This program has demonstrated its commitment to sharing its methodology through training at many levels:

1. A long-term education for international students of Tulane University's School of Public Health and Tropical Medicine.
2. Short-term orientations for international visitors; e.g., World Bank.
3. Management development seminars for participants from India, Pakistan, Cameroon and Turkey.
4. It provides an A.I.D.-sponsored training cycle for a period of six weeks, conducted by the Tulane Center for Population Studies.
5. Provides short-term training for A.I.D. population officers and executives of the World Bank. These training sessions provide a reservoir of experience on how to utilize large-scale on-going programming in the State of Louisiana as a learning laboratory for policy-makers and administrators.

In March, 1971, Family Health, Inc. changed its title and board of directors to become an international corporation with membership of selected foreign institutions working with it. The board of directors links universities in the United States (Harvard, Louisiana State University, Tulane) and overseas universities in a corporation internationalized to operate not only in Louisiana but in such other countries as are involved in the program.

Targets

At the end of five years, there should be several outcomes:

1. Feasibility studies should have been completed and five collaborating institutions identified;
2. Capacity at the Family Health, Inc. in Louisiana will have been expanded by twenty man years of professional/technical personnel to provide the capacity for training, education, operations research, consultation and program planning and evaluation.
3. Capacity should have been created at the Family Health, Inc. in New Orleans to record, evaluate and to improve on the system model based on this cumulative experience and adaptation in a variety of cultures and situations.

The specification of these targets in terms of functions to be performed at Family Health, Inc. and the kinds of inputs needed to achieve them are elaborated in the following section.

COURSE OF ACTION

A. Approach

Family Health, Inc. will focus its efforts on developing the capacity to plan, supervise and evaluate the international program in a variety of substantive fields. Specifically, the organization would need:

1. A core staff that undertakes the initial feasibility studies in selected countries and institutions.
2. A staff to undertake program planning, backstop the project implementation and evaluate project activities.
3. All of the foregoing core management functions would be performed in a variety of substantive programming areas, such as:

- a. Applied and operations research
- b. Instructional services for operational, technical and professional personnel
- c. Education at the Masters level
- d. Manpower planning and personnel systems
- e. Management information system
- f. Contraceptive methods
- g. Delivery systems design
- h. Extension, education and communication
- i. Referral and follow-up for clientele
- j. Management of material and financing.

In managing this blend of management and programmatic functions, the core staff from the beginning needs to be integrated from a variety of disciplines in terms of problem-solving for an integrated system of operation. Persons from the behavioral sciences, medical sciences, management sciences have to be assembled to attack the multiple sets of problems. The goal in assembling these people is to achieve a total operational strategy with inter-connected research, training and services. Presently, the senior staff of Family Health, Inc. functions in task force efforts in a variety of programs to enable them to focus on any given set of problems. For example, a group of ten senior staff is completing eight months of training and participation in a project to analyze tasks, delivery system and re-design jobs. The individuals of the task force come from education, medical records, data processing, nursing administration, personnel management, social work and data analysis. Using the same task force approach and multidisciplinary emphasis, the senior personnel of Family Health, Inc. would constitute the technical consultant teams who would interact with their counterparts in the selected foreign projects.

In order to make available the time and energies of the senior personnel from both Tulane University and Family Health, Inc., it is planned to undertake a tandem staffing strategy. This would provide hiring of individuals, either from within or outside the organization, who would fill in for the senior person when he is working on international projects. This tandem staffing concept also permits the provision of a learning experience for foreign operators in Family Health, Inc. as a direct means of studying the application of the theory and techniques involved.

In the first year, the detail planning for this tandem staffing would be completed and recruitment and selection would occur for about ten positions. Specialized training for these people would have begun in the first year including language training, cultural sensitization and area studies for the particular regions with which they will be concerned.

In the first year, feasibility studies will have been finalized for one or more field prototypes in South America. Initial planning has already begun in conjunction with the Latin American Regional Bureau and, anticipating support from Family Health, Inc., the Latin American Regional Bureau is considering financing projects in South America in Fiscal Year 1972.

In the second and third years, feasibility studies should have been completed at four other sites and prototype operations begun at two sites. The conclusion of agreements with collaborating institutions and activation of projects would be completed in the fourth and fifth year.

Based on this project plan and institutional agreement with Family Health, Inc., it would be possible for regional bureaus and U.S. A.I.D. missions to invite feasibility studies and services in their respective countries. Proposals for specific feasibility studies could be initiated by A.I.D. or Family Health, Inc., but can proceed only with the concurrence of both parties.

B. Inputs *

It is planned to provide a core support institutional grant to Family Health, Inc. to permit three-year financing within this five-year plan, subject to annual review and modification as well as extension of financing at reduced levels in the fourth and fifth years. In the first three years, the professional staff could be increased on a phased basis up to a maximum of 20 man-years. Selection of key staff members and travel to foreign countries on matters relating to this project are subject to concurrence of A.I.D. and the grantee. The other categories of support include salaries for administrative and secretarial personnel, travel and per diem for the requisite field visits, language and area orientation training, supplies, communications and miscellaneous inputs. The following budget is illustrative of a time-phased annual plan totaling \$1,400,000 for the first three years. If the grant is extended to the fourth and fifth years, the level of support would be reduced by one-third each year to permit gradual assumption of financing by other sources. Thus, the support level in the fourth year would be \$400,000 and in the fifth year \$200,000, so that the total life-of-project financial requirement is \$2,000,000

* Core support costs reflected in this paragraph have been reallocated to provide ten man/years of professional services (and related supporting costs) each year for five years of project operations.

C. Evaluation

This project will be evaluated at the end of each year by A.I.D. and the grantee, and an updated project and financial plan reviewed and approved for the subsequent year. Hence, both the level of effort and the continuation of the project is subject to periodic review and determination by A.I.D. The annual evaluation will be made in terms of the overall project targets, and the annual plan agreed upon at the beginning of the year. Evaluation will be conducted by A.I.D. direct-hire employees or by contract with independent evaluators.

FINANCIAL PLAN

Annual Funding Requirement

| | |
|---------------------------------------|-----------|
| Professional Staff (Man Years) | 10 |
| Salaries (\$20,000 per Man Year) | \$200,000 |
| Administrative Assistants (Man Years) | 2 |
| Salaries (\$8,500 per Man Year) | 17,000 |
| Clerical Staff (Man Years) | 4 |
| Salaries (\$6,000 per Man Year) | 24,000 |
| Employee Benefits (12-1/2%) | 30,000 |
| Travel & Per Diem | 20,000 |
| Local Travel | 4,000 |
| Consultant Fees | 5,000 |
| Language & Orientation | 4,000 |
| Supplies & Communications | 10,000 |
| Miscellaneous | 3,000 |
| | <hr/> |
| | \$317,000 |

Proj. No. 9310957E
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PROJECT AUTHORIZATION

| | | |
|--|---------------------------------|---|
| 1. PROJECT NUMBER 931-11-580-957 | 3. COUNTRY World-Wide | 4. AUTHORIZATION NUMBER 0133 <i>12p</i> |
| 2. PROJECT TITLE Institutional Development and Program Grant (Family Health, Inc.) | | 5. AUTHORIZATION DATE 6/10/71 |
| | | 6. PROP DATED 71 |

7. LIFE OF PROJECT

a. Number of Years of Funding: 5
 Starting FY 19 71 Terminal FY 19 76

b. Estimated Duration of Physical Work
 After Last Year of Funding (in Months): 24 months

| FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent) | DOLLARS (000s) | | P.L. 480 CCC + FREIGHT | LOCAL CURRENCY Exchange Rate: \$1 = | | | |
|--|----------------|------|---------------------------|--|------|--------------------|-------|
| | GRANT | LOAN | | U.S. OWNED | | HOST COUNTRY | |
| | | | | GRANT | LOAN | JOINTLY PROGRAMMED | OTHER |
| Prior through Actual FY | | | | | | | |
| Operational FY 71 | 954 | | | | | | |
| Budget FY 72 | -- | | | | | | |
| B + 1 FY 73 | 317 | | | | | | |
| B + 2 FY 74 | 317 | | | | | | |
| B + 3 FY 75 | -- | | | | | | |
| All Subsequent FY's | -- | | | | | | |
| TOTAL | 1,588 * | | | | | | |

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

This is a five year grant with financing for the first three years.

*Following consultations with the TA/POP Project Manager, funding projections covering core support costs shown in Block 8 above, have been reduced to provide ten man/years of professional services (and related supporting costs) each year for five years of project operations. This modifies page nine para. B. of the PROP.

10. CONDITIONS OF APPROVAL OF PROJECT

CONCURRENCES: Latin American Bureau - George Coleman (Phone) 4/23/71
 East Asia Bureau - David Mutchler (Phone) 4/28/71
 Africa Bureau and NESAs Bureau final views not yet received. Preliminary comments from Africa Bureau (J. Prince) indicate no objection to concept, but both Dr. Prince and John Alden express reservation concerning opportunities for finding collaborating institutions in their regions. The prospective Grantee has already received requests for assistance to African, East Asia and Latin American countries -- all unsolicited.

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and nature of the project and/or the magnitudes and scheduling of any inputs or outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

| A.I.D. APPROVAL | CLEARANCES | DATE |
|---|--|----------------|
|  SIGNATURE AA/TA S.H. Butterfield TITLE | TA/POP/M, A. Lackey <i>ASL</i> | 5-7-71 |
| | TA/POP, R. Backlund <i>RB</i> | 5-2-71 |
| | TA/POP, R. T. Ravenholt <i>RT</i> | 5-7-71 |
| | TA/POP, K. S. Levick, TA/POP <i>KL</i> | 6-10-71 |
| DATE | | |