

9320807 (6)
 PD-ADD-371-A1

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT PAPER FACESHEET

1. TRANSACTION CODE: C
 A ADD
 C CHANGE
 D DELETE

2. DOCUMENT CODE: 3

3. COUNTRY ENTITY: **Interregional**

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 932-0807

6. BUREAU OFFICE:
 A SYMBOL: DSB
 B. CODE: 36

7. PROJECT TITLE (Maximum 40 characters): Pathfinder Fund

8. ESTIMATED FY OF PROJECT COMPLETION: FY 8 3

9. ESTIMATED DATE OF OBLIGATION:
 A. INITIAL FY: 6 8
 B. QUARTER: 3
 C. FINAL FY: 8 2
 (Enter 1, 2, 3, or 4)

10. ESTIMATED COSTS (\$000 OR EQUIVALENT \$) -

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L.C.	D. TOTAL	E. FX	F. L.C.	G. TOTAL
AID APPROPRIATED TOTAL				78,613		78,613
(GRANT)				(78,613)		(78,613)
(LOAN)						
OTHER U.S. 1.						
2.						
HOST COUNTRY						
OTHER DONOR(S)						
TOTALS				78,613		78,713

11. PROPOSED BUDGET APPROPRIATED FUNDS (\$000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY 78		H. 2ND FY 79		K. 3RD FY 80	
		C. GRANT	D. LOAN	F. GRANT	G. LOAN	I. GRANT	J. LOAN	L. GRANT	M. LOAN
(1) PN	J440	440		7,124		8,373		9,579	
(2)									
(3)									
(4)									
TOTALS				7,124		8,373		9,579	

A. APPROPRIATION	N. 4TH FY 81		O. 5TH FY 82		LIFE OF PROJECT		12. IN-DEPTH EVALUATION SCHEDULED
	P. GRANT	Q. LOAN	R. GRANT	S. LOAN	T. GRANT	U. LOAN	
(1) PN	10,917		11,756		78,613		<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES
(2)							
(3)							
(4)							
TOTALS					78,613		MM YY <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 7 <input type="checkbox"/> 8

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA, BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1 NO
 2 YES

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE: _____

TITLE: **DS/POP/DIR, R. T. Raenholt**

DATE SIGNED: MM DD YY

15. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS PART I	1. TRANSACTION CODE <input checked="" type="checkbox"/> C A: ADD C: CHANGE D: DELETE	PAF 2. DOCUMENT CODE 5
---	---	--

3. COUNTRY/ENTITY Interregional	4. DOCUMENT REVISION NUMBER
---	------------------------------------

5. PROJECT NUMBER (7 digits) <input type="checkbox"/> 932-0807 <input type="checkbox"/>	6. BUREAU/OFFICE A. SYMBOL B. CODE DSB <input type="checkbox"/> 36 <input type="checkbox"/>	7. PROJECT TITLE (Maximum 40 characters) <input type="checkbox"/> Pathfinder Fund <input type="checkbox"/>
---	---	--

8. PROJECT APPROVAL DECISION <input type="checkbox"/> A APPROVED <input type="checkbox"/> D DISAPPROVED <input type="checkbox"/> DE DEAUTHORIZED	9. EST. PERIOD OF IMPLEMENTATION YRS. <input type="text" value="15"/> QTRS. <input type="text" value="3"/>
--	--

10. APPROVED BUDGET AID APPROPRIATED FUNDS (\$000)									
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE		E. 1ST FY <u>78</u>		H. 2ND FY		K. 3RD FY	
		C GRANT	D LOAN	F GRANT	G LOAN	I GRANT	J LOAN	L GRANT	M LOAN
(1) PN	J440	J440		7,124					
(2)									
(3)									
(4)									
TOTALS				7,124					

A. APPROPRIATION	N. 4TH FY		Q. 5TH FY		LIFE OF PROJECT		11 PROJECT FUNDING AUTHORIZED		A. GRANT	B. LOAN
	O. GRANT	P. LOAN	R. GRANT	S. LOAN	T GRANT	U. LOAN	(ENTER APPROPRIATE CODE(S)) 1 - LIFE OF PROJECT 2 - INCREMENTAL LIFE OF PROJECT			
(1)					37,988					
(2)										
(3)										
(4)										
TOTALS					37,988					C. PROJECT FUNDING AUTHORIZED THRU <input type="text" value="78"/>

12. INITIAL PROJECT FUNDING ALLOTMENT REQUESTED (\$000)	13. FUNDS RESERVED FOR ALLOTMENT																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">A APPROPRIATION</th> <th colspan="2" style="width:40%;">B. ALLOTMENT REQUEST NO.</th> </tr> <tr> <td></td> <th style="width:15%;">C. GRANT</th> <th style="width:25%;">D LOAN</th> </tr> </thead> <tbody> <tr> <td>(1) PN</td> <td>7,124</td> <td></td> </tr> <tr> <td>(2)</td> <td></td> <td></td> </tr> <tr> <td>(3)</td> <td></td> <td></td> </tr> <tr> <td>(4)</td> <td></td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">TOTALS</td> <td>7,124</td> </tr> </tbody> </table>	A APPROPRIATION	B. ALLOTMENT REQUEST NO.			C. GRANT	D LOAN	(1) PN	7,124		(2)			(3)			(4)			TOTALS		7,124	TYPED NAME (Chief, SER/EM/FSD) _____ SIGNATURE _____ DATE _____
A APPROPRIATION	B. ALLOTMENT REQUEST NO.																					
	C. GRANT	D LOAN																				
(1) PN	7,124																					
(2)																						
(3)																						
(4)																						
TOTALS		7,124																				

14. SOURCE/ORIGIN OF GOODS AND SERVICES 000 941 LOCAL OTHER _____

15. FOR AMENDMENTS, NATURE OF CHANGE PROPOSED

FOR PPC/PIAS	16. AUTHORIZING OFFICE SYMBOL	17. ACTION DATE MM DD YY	18. ACTION REFERENCE (Optional)	ACTION REFERENCE DATE MM DD YY
--------------	-------------------------------	-----------------------------	------------------------------------	-----------------------------------

4

July 13, 1978

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, DS

FROM: DS/POP, R. T. Ravenholt 

Problem: To obtain your approval for continued support for the Pathfinder Fund as follows:

1. To approve a total of \$7,124,000 as direct grant in support of Pathfinder Fund activities for FY 1978. This will result in establishing a total life of project funding of \$37,988,000. The attached PAF will authorize only \$4,778,000 for FY 1978, including \$3,500,000 as direct cash grant and an in-kind contribution of oral contraceptives and condoms having a value of \$1,278,000. As soon as the Congressional Notification process is completed, the remaining \$2,346,000 will be added to the Grant.
2. To extend the life of the project to December 31, 1979. This will keep the Pathfinder grant in active status through the one year period needed to complete subprojects commenced in CY 1978.

Discussion: The Pathfinder Fund is a Boston-based, non-profit organization incorporated in 1957 to encourage and initiate family planning programs worldwide, with emphasis on the developing countries. As a relatively small professional organization, Pathfinder has been able to respond quickly and flexibly to LDC requests for family planning assistance. Pathfinder sub-grants are typically small — usually less than \$40,000 — and emphasize delivery of family planning services to LDC populations not otherwise reached by such services. In a few countries Pathfinder assistance is substantial, e.g. over \$400,000 annually in Colombia, and more than \$550,000 in Brazil. In these instances Pathfinder provides population assistance to non-government organizations in the two countries, neither of which is currently in a position to receive U.S. bilateral assistance for population activities. Pathfinder is exploring the feasibility of a similar role in Nigeria and Turkey.

A.I.D. grants to the Pathfinder Fund commenced in FY 1968, and have represented the major source of funding for Pathfinder projects in the developing countries. Since 1968, Pathfinder has utilized A.I.D. grant funds to support 520 projects and several hundred small commodity grants in 80 countries. At present, the AID grant supports or partially supports 60 Pathfinder projects in 40 countries.

The most recent evaluation of the Pathfinder program was conducted in late 1975 (submitted in early 1976). The evaluation concluded that Pathfinder was achieving the objectives of the A.I.D. grant, and that the organization merited continued A.I.D. support. A summary of the specific recommendations made by the evaluation team -- and Pathfinder actions taken pursuant to those recommendations -- is included as Annex F of the Project Paper. Following this evaluation Pathfinder implemented significant changes in management procedures and personnel, and adopted a manifesto -- a "New Paths" Report (Annex H of the PP) -- intended to outline Pathfinder's view of its assistance role into the foreseeable future. The New Paths Report did not markedly alter Pathfinder's historical assistance priorities so much as it reaffirmed the organization's commitment, as its name suggests, to serve in the innovative forefront of population assistance efforts. The attached Project Paper describes the components of Pathfinder's program -- as outlined in their New Paths Report -- which A.I.D. is prepared to support over the next five years (FY 1978 - 82).

Another intensive evaluation of Pathfinder will be conducted in August 1978. This evaluation will examine Pathfinder's management structure, as well as the quality and effectiveness of Pathfinder's project assistance activities (i.e., its subprojects). In view of the importance of Pathfinder organizational, and to a lesser extent, program, changes since the last evaluation, DSB will closely regard the findings and recommendations of the upcoming evaluation as a guide to our judgements on future support for Pathfinder.

In the meantime, we do have benefit of the previous evaluation, ten years' previous experience with Pathfinder, and positive assessments from all four regional bureaus regarding the value and effectiveness of the organization.

Thus, even in the absence of the scheduled intensive evaluation, we are reasonably confident that Pathfinder continues to execute its population assistance programs with competence; and that continued A.I.D. support for Pathfinder is warranted.

There is, nonetheless, a possibility that the upcoming evaluation may indicate some changes in project direction and/or funding levels. Consequently, it is proposed that only the first year of funding (FY 1978) be approved and authorized at this time, and that the life-of-project be extended thru CY 1979 to allow completion of Pathfinder-assisted projects commenced in CY 1978.

If the evaluation is favorable, we will seek your approval for the additional four years' project funding described in the PP.

Specifically, continued (FY 1978) funding and the extended project duration (through CY 1979) for Pathfinder Fund will enable that organization to provide funds, material and contraceptive supplies to approximately 200 population projects and commodity grants in approximately 40 developing countries.

Project emphasis will be on (a) service programs for the delivery of family planning information and methods through health systems and community-based distribution systems; (b) family planning training programs for physicians, paramedics, and other health and family planning personnel; (c) women's programs to increase the participation of women in population programs as both managers and beneficiaries of such programs; (d) population policy programs designed to assist LDC leaders incorporate family planning into government plans and programs; and (e) special projects to educate local community leaders about family planning.

Recommendation: It is recommended that you sign the attached Project Paper for the Pathfinder Fund, with your approval limited to FY 1978 funding and life-of-project through CY 1979.

Authorization and Request for Allotment of Funds (PAF, Part II by which action you will: (1) FY 1978 grant funding in the amount of \$7,124,000, including \$5,500,000 as a direct cash grant and an in-kind contribution of oral contraceptives and condoms having a value of \$1,624,000. The attached PAF will authorize only \$4,778,000 of the total \$7,124,000 required in FY 1978. The balance of \$2,346,000 will be authorized as an add on to the Grant as soon as the Congressional Notification process is completed; (2) extend the life of the project to December 31, 1979.

Approved Stephen J. Paul, Acting

Disapproved _____

Date 7/17/78

Attachment: PP (The Pathfinder Fund)

PROJECT AUTHORIZATION AND REQUEST FOR ALLOTMENT OF FUNDS

PART II

Name of Country/Entity: INTERREGIONAL

Name of Project: STIMULATION OF FAMILY PLANNING SERVICES
THE PATHFINDER FUND

Number of Project: 932-0807

I hereby authorize a Grant of not to exceed \$4,778,000 to finance the project as described in the attached PP. Of this amount, \$3,500,000 is authorized as grant funding for this interregional project and the balance of \$1,278,000 is provided as in-kind support in the form of contraceptive commodities.

I approve the total level of A.I.D. appropriated funding for this project of not to exceed \$7,124,000 during FY 1978.

Shyline Paul Aubrey
Assistant Administrator
for Development Support

7/17/78
Date

Project Paper
For Five-Year Extension of
Grant AID/pha-G-1138
To The Pathfinder Fund

Outline

- I. Summary and Recommendations
 - A. Face Sheet
 - B. Recommendations
 - C. Description of Project
 - D. Summary Findings
 - E. Project Issues

- II. Project Background and Detailed Description
 - A. Background
 - B. Detailed Description

- III. Project Analysis
 - A. Technical Analysis
 - B. Financial Analysis and Plan
 - C. Social Analysis
 - D. Economic Analysis
 - E. Environmental Analysis

- IV. Implementation Plan
 - A. Pathfinder and AID Administrative Arrangements
 - B. Implementation Plan
 - C. Evaluation Arrangements

Appendix

Part I. Project Summary and Recommendations

A. Face Sheet (See Project Paper Facesheet)

B. Recommendations

<u>Year (FY)</u>	<u>Grant Obligation</u>
1978	\$7,124,000
1979	\$8,373,000
1980	\$9,579,000
1981	\$10,917,000
1982	\$11,756,000
Total	\$47,749,000

C. Description of the Project

1. Goal - To encourage rapid reduction of population growth rates of developing countries through effective use of family planning methods (information and services) on a voluntary basis by informed people worldwide.

2. Purpose - To introduce fertility services and related information and training into areas previously lacking them; to improve management efficiency and delivery approaches of existing family planning service systems; and to collaborate with community development programs to increase access and use of fertility services.

This five year grant extension will enable the Pathfinder Fund to continue and increase its support of voluntary family planning projects in developing countries by refunding and expanding existing successful projects and by awarding subgrants to promising new and innovative projects.

As part of this five year support grant, Pathfinder will continue to respond to LDC requests by providing major surgical equipment - culdoscopy, mini-laparotomy, tubal ligation and vasectomy kits - and will also arrange facilities and personnel for host country maintenance and repair of such equipment. Pathfinder will also provide contraceptives (orals, condoms, loops and foam), pelvic models for training programs and publications.

Pathfinder will provide subgrants to individuals, organizations and institutions in LDCs for population programs of five basic types:

a. Service programs for the delivery of family planning services both through clinics and community based distribution (CBD).

b. Training programs for physicians, paramedicals and other health and family planning workers.

c. Women's programs to increase awareness of life alternatives (education, employment, control of family size, etc.) and increase opportunity for choices through increased participation of women in population activities as both managers and beneficiaries of such activities.

d. Population policy programs designed to assist LDC leaders incorporate family planning into government plans and programs.

e. Special projects which are primarily designed to educate local community groups about family planning so that they may support and promote family planning programs in their own communities.

Pathfinder has estimated, with the level of funding proposed for the five year extension of its grant, that the results or outputs, as measured by number of new acceptors and trainees, shown in the table below, should be produced.

TABLE A
Breakdown of Projected Pathfinder Outputs

<u>Type of Project</u>	<u>FY 78</u>		<u>FY 79</u>		<u>FY 80</u>		<u>FY 81</u>	<u>FY 82</u>	<u>Total</u>
	<u>No. of Projects</u>	<u>Indices</u>	<u>No. of Projects</u>	<u>Indices</u>	<u>No. of Projects</u>	<u>Indices</u>	<u>No. of Projects</u>	<u>No. of Projects</u>	<u>FY78-FY82</u> <u>No. of Projects</u>
<u>Service</u>									
Clinic	60	124,620 ^a	66	137,100 ^a	60	126,000 ^a	55	50	291
CBD	15	245,000 ^a	20	327,000 ^a	25	410,000 ^a	30	35	125
<u>Training</u>									
Physician	30	200 ^b	15	100 ^b	10	70 ^b	5	5	65
Paramedical	35	3,000 ^b	40	3,400 ^b	45	3,900 ^b	45	50	215
<u>Women's Programs</u>	15		20		25		30	32	122
<u>Policy Programs</u>	12		15		20		25	28	100
<u>Human Resources/ Rapid Response</u>	<u>20</u>		<u>20</u>		<u>22</u>		<u>25</u>	<u>25</u>	<u>112</u>
Total	<u>187</u>		<u>196</u>		<u>207</u>		<u>215</u>	<u>225</u>	<u>1,030</u>

a - New Acceptors

b - Trainees

1
2

Table A shows that Pathfinder will be focusing on Community-Based Distribution (CBD) projects, moving away from clinic-based services. In conjunction with this shift more emphasis will be placed on paramedical training, rather than on traditional training of physicians.

Program funding for and emphasis on women's programs, policy programs and rapid response projects as well as CBD projects will be gradually increased over the five year funding period.

By the end of the five year project it is expected that Pathfinder will have supported approximately 1,030 projects at an average cost of \$35,000 per project, and that Pathfinder-assisted family planning service projects will have served over two million persons.

Except for a small amount of private contributions (\$835,000 projected FY '78 fund-raising), the Pathfinder Fund is primarily financed by USAID grants. Based on recent evaluations of Pathfinder's performance on previous AID grants, which found that Pathfinder generally achieved its objectives, it is expected that Pathfinder will continue to carry out the terms of its grant with an equal rate of successful accomplishment. At the end of the five year project period, it is expected that the outputs forecast in the above table will be met. In order to measure the outputs, two intensive evaluations are planned in 1978 and 1980 to measure project performance, concentrating on measuring the number of new and continuing acceptors and the number of trainees produced, and on Pathfinder's management capabilities.

D. Summary Findings - On the basis of past years of well-documented experience and accomplishments, the Pathfinder Fund has developed both the staff capability and program experience to implement the designated activities and should be able to attain the end of project conditions by 1982. Consequently, project activities proposed in this paper are ready for immediate implementation by the Pathfinder Fund, which would continue to monitor the performance of its present 71 subgrantees and to fund and supervise further new subgrants under the terms of this proposal. This Pathfinder project meets all applicable statutory criteria (See annex A.).

E. Project Issues

To a greater extent than other organizations, Pathfinder is particularly dependent on AID funds to continue its population assistance activities. Both Pathfinder and AID share the concern that substantial dependence on AID (approx. 85% of the Pathfinder budget) subjects Pathfinder and its valuable assistance role to considerable vulnerability. That is, continued support for Pathfinder is subject to the fortunes of population funding made available through the legislative appropriations process; and regardless of the results of that process, Congress has indicated concern over the propriety of AID predominate funding (e.g., over 50%) of another organization's program. In addition to these considerations, Pathfinder itself (like many organizations) would welcome the added freedom of action attendant to a larger proportion of non-AID, non-restricted funding.

Consequently, Pathfinder initiated an ambitious, continuing fund-raising drive in 1977 in an effort to increase the amount of non-AID funds available for population assistance. Preliminary Pathfinder projections estimate that availability of non-AID funds will increase from approx. \$550,000 in 1977 to over \$1,000,000 in 1982.

The annual grant contributions from AID will also increase over the life of the project, however, so that the respective proportions of AID and non-AID-source funds will not change dramatically; and in any event, AID funds are not expected to drop below 50% of the total Pathfinder budget.

In deciding to continue serving as Pathfinder's primary donor, AID would be acknowledging that Pathfinder activities are complementary to AID assistance efforts; are consistent with USG policy in the population field; and that the purpose of our grant to Pathfinder is not institution-building at Pathfinder, but rather the development and expansion of population activities in the LDCs. That is, AID would recognize that Pathfinder brings unique skills and resources to the field of population assistance, and would be unable to utilize these needed skills in the absence of continued AID support. Continuation of AID support for Pathfinder at a proportionally high level of Pathfinder's total budget follows from the fact that non-USG funds for population activities are not available to sustain^{the} necessary level of international activity of Pathfinder (and other population agencies). This scarcity of private support for international social service agencies has similarly required the USG to act as the primary donor for the programs of several other organizations, e.g., CARE, CRS, etc.

Part II. Project Background and Detailed Description

A. Background

The Pathfinder Fund, a Boston-based, non-profit organization was incorporated in 1957 to encourage and help developing countries to initiate family planning programs in order to limit their population growth. Pathfinder's objective has been and continues to be to remain in the forefront of population efforts by funding, developing and guiding innovative and pioneering projects in developing countries.

The operations of the Pathfinder Fund have been worldwide, but have been concentrated in developing countries of the world where the need for assistance is greatest. Pathfinder's recent activities have included such projects as:

- (1) Introduction and promotion of family planning services for populations, groups and areas without significant family planning services;
- (2) Provision of supplies (including contraception) and equipment for family planning service programs and other family planning activities, such as information and education projects;
- (3) Introduction, field testing and promotion of fertility control methods of proven or known effectiveness which appear to complement fertility control methods in general use, or offer advantages over the techniques in general use, in the host country or culture.
- (4) Introduction, field testing and promotion of techniques in the delivery of family planning services which appear to offer advantages over the techniques in general use in the country or culture.

(5) Introduction, field testing and promotion of techniques which appear to be effective in the culture of the host country in influencing those attitudes and values which affect the willingness to practice family planning, which influence family size, or which affect reproductive behavior.

(6) Funding of participants to short-term training programs for the purpose of providing or enhancing the techniques, skills and knowledge required for the successful development and conduct of population/family planning programs.

There is general agreement that Pathfinder has attained a large measure of success in its original purpose of introducing and spreading the practice of birth control. ^{Partially as} / a result of activities of the Pathfinder Fund in approximately 60 countries, there exists today viable, operating family planning programs in the majority of Asian, African, Latin American, and other developing countries.

In recognition of the fact that population programs have been successfully launched in many developing countries, the Pathfinder Fund established a New Paths Committee in March of 1976 to assure that Pathfinder be more effective and have greater impact in the decade ahead by directing its efforts to developing population programs for people and for regions not reached by previous efforts. Pathfinder has, since its inception, recognized the great importance of increasing the flow of contraceptives and of improving the delivery of effective fertility control services; but it also is convinced that if population problems of many countries are ever to be solved, multiple, alternative approaches are required in each country. Therefore, Pathfinder plans to respond by directing its resources and efforts within the next five years to the development of new programs

within the following categories:

(1) Development of effective fertility services, clinical and informational for people who have previously lacked such services altogether.

(2) Training of personnel for fertility services (both delivery and management).

(3) Development of national population policies in host countries and the incorporation of population policies and action plans into the development plans of host countries.1/

(4) Women's programs - support of population and development policies in host countries which foster the education and economic development of women and the inclusion of women in decision-making positions.2/

(5) Support of talented indigenous individuals who show potential for leadership in host country population programs.

(For a complete description of these five categories for program development see Part III, Section A, Technical Analysis.)

Accomplishments - AID grants to the Pathfinder Fund for stimulation of family planning service projects commenced in January of 1968, and have represented the major source of funding for Pathfinder projects in the developing countries since then. Utilizing funds from AID grants the Pathfinder Fund, from 1968 to 1977, made approximately 650 subproject grants and 525 commodity grants in approximately 80 countries around the world. At present there are 71 on-going subproject grants in 29 developing countries. Since July of 1976 to the present, Pathfinder has funded 124 commodity grants. (A commodity grant is a shipment of contraceptives and surgical supplies to family planning service organizations.)

1/ AID support for population policy activities of Pathfinder will generally be limited to those efforts which are directed toward development of population/family planning "action" plans, e.g. development of service, training, IE&C program plans. AID will not generally support proposals to gather and analyze legal, social or economic "planning" data relevant to preparation of population policy statements.

2/ Similar to note 1/ above, AID support for Pathfinder's policy-development activities -- in this case policies affecting women -- will be provided to those efforts which support or promote the roles of women as beneficiaries and/or managers of population activities. PP. 30-31 describes the kinds of women's programs eligible for support under the AID grant.

As may be observed from Chart 1 below, from fiscal year 1974 to 1976 there has been a substantial increase in the number of projects and grants undertaken. The greatest increases have been in: 1) provision of commodities and equipment (28.6% to 41.8% of all grants and projects; 2) introduction and promotion of service delivery techniques; 3) projects which bring to the attention of leadership and the populace the causes and consequences of high fertility rates; and 4) enhancement of population/family planning skills of individuals and organizations.

Chart Nos. 2 and 3 present summaries of more recent Pathfinder grants (May 1976 through April 1978) showing, respectively, Pathfinder grants by region, and an inventory of Pathfinder grants by project title.

Chart 1. Projects and Grants by Category - Fiscal Years 1974 and 1976

	<u>1974</u>		<u>1976</u>	
	<u>Total Grants and Projects</u>	<u>Percent of Total</u>	<u>Total Grants and Projects</u>	<u>Percent of Total</u>
1. Field Test of Fertility Control Methods	18	9.1	2	.8
2. Field Test of Service Delivery Techniques	1	.5	1	.4
3. Field Test of Techniques for Influencing Attitudes and Values	10	5.0	1	.4
4. Introduction and Promotion of Family Planning Services	31	15.6	25	10.3
5. Provision of Commodities or Equipment Only	57	28.6	101	41.8
6. Introduction and Promotion of Fertility Control Methods	20	10.1	24	10.0
7. Introduction and Promotion of Delivery Techniques	4	2.0	9	3.3
8. Introduction and Promotion of Techniques for Influencing Attitudes and Value	14	7.0	8	3.7
9. Education of Leadership and the Populace about the Causes and Consequences of High Fertility Rates	28	14.1	37	15.3
10. Enhancement of Population/Family Planning Skills of Individuals/Organizations	<u>16</u>	<u>8.0</u>	<u>34</u>	<u>14.0</u>
TOTAL	199	100.0%	242	100.0

15

Chart No. 2
SUMMARY BY REGION OF COMMITMENTS May 1976 - April 1978

-16-

Latin America

<u>Country</u>	<u>Number of Projects</u>	<u>Value</u>
Regional	7	
Bolivia	4	104,460
Dominican Republic	7	64,068
Colombia	4	240,057
Peru	4	466,308
Paraguay	2	47,263
Honduras	3	52,340
Nicaragua	8	319,105
Guatemala	4	307,895
El Salvador	1	91,286
Haiti	1	19,441
Ecuador	3	20,000
Chile	2	27,338
Mexico	4	95,365
		50,583
	TOTAL	1,905,509

South Asia and Far East

<u>Country</u>	<u>Number of Projects</u>	<u>Value</u>
Indonesia	23	
Bangladesh	5	588,277
Singapore	1	328,467
Thailand	2	19,178
Philippines	5	83,776
Nepal	1	48,027
		21,298
	TOTAL	1,089,023

Non Regional

22 715,066

Africa and Middle East

<u>Country</u>	<u>Number of Projects</u>	<u>Value</u>
Regional	3	
Sudan	1	66,320
Senegal	2	91,473
Zaire	5	122,423
Rwanda	1	115,288
Liberia	1	17,406
Kenya	4	97,368
Nigeria	4	81,157
Egypt	4	63,911
Gambia	3	96,208
Tunisia	2	37,744
Turkey	5	25,104
		283,330
	TOTAL	1,099,232

Chart No. 3

-17-

<u>FIN-</u>	<u>TITLE</u>	
6000	DR: CBD Program	
6001	Bolivia: Profam Santa Cruz Clinic	90,606.00
6002	Indonesia: N. Sulawesi FP Clinics	21,294.00
6003	Sudan: FP & Clinic Development	66,478.00
6004	Senegal: Clinique la Croix Bleue	91,473.00
6005	Zaire: Printing of Tshiluba Pamphlets	51,814.00
6006	Kenya: Travel Grant to IASSW Workshop	972.00
6007	NR: CEFPA Observation Trip	3,183.00
6008	Zaire: MCH/FP Training for Nurses & Doctors	7,350.00
6008A	Zaire: MCH/FP Training for Nurses & Doctors	35,368.00
6009	Bangladesh: National Sterilization Program	50,552.00
6010	Singapore: IUD Recovery Project	171,873.00
6011	Egypt: Orientation Trip, Dr. Hafez Houssef	19,178.00
6013	Paraguay: Rural Health/FP Program	2,902.00
6015	Indonesia: ZPG Student Organization	43,780.00
6016	Honduras: CBD Program	14,778.00
6018	LA Regional: Obstetrics Manual	114,617.00
6020	Guatemala: Male Information Program for Intermediate Cities	12,037.00
6022	NR: Adolescent Fertility Conference	19,552.00
6023	Nepal: Sterilization Program Equipment	27,000.00
6024	NR: CEFPA Seminar Fall 1976	21,298.00
6024A	NR: CEFPA Seminar Spring 1977	40,894.00
6025	Indonesia: Nahdlatul Ulama Population & FP Project	30,000.00
6026	Nicaragua: Government of Nicaragua FP/MCH Clinics	11,127.00
6028	NR: Minilap Film	100,990.00
6029	Senegal: Development of MCH/FP Clinics	76,875.00
6030	NR: U.S. Training for Developing Country Physicians	70,609.00
6031	Peru: Seminar on Women's Rights	144,947.00
6033	Nigeria: Trainees to Meharry Medical College	10,660.00
6034	Gambia: Fertility Regulation Project	16,500.00
6035	Colombia: FP Seminar for Floral Workers	11,205.00
6036	DR: FP Training for Drugstore Employees	8,041.00
6038	Indonesia: Discussions on Sterilization in Washington	31,935.00
6039	NR: Participants to OB/GYN Congress, Mexico City	4,983.00
6040	Guatemala: FP Training for Drugstore Employees	27,560.00
6041	Thailand: Vasectomy Program, Ramathibodi Hospital	25,854.00
6043	Zaire: FP Fact Finding Tour	26,092.00
6044	NR: World Population Society Conference	14,456.00
6045	CA Regional: Motivational Workshop for Campesino Leaders	11,218.00
6046	El Salvador: FP Training for Drugstore Employees	3,458.00
6048	Indonesia: FP Services for Transmigrants, S. Sumatra	19,441.00
6051	Tunisia: Laparoscopy Project	18,186.00
6053	NR: WFME Bi-Regional Seminars	17,626.00
6055	Nicaragua: FP Training for Drugstore Employees	54,550.00
6056	Nicaragua: Male Information Program	12,389.00
6057	Nicaragua: Sterilization Training & Services	22,815.00
058	Nicaragua: CBD Program	16,806.00
6060	Haiti: Indigenous Midwives Program	46,763.00
6062	LA Regional: Caribbean Women's Meeting	20,000.00
6063	Honduras: FP Training for Drugstore Employees	10,000.00
6064	Egypt: Supplies & Equipment for Chatby Hospital	15,051.00
6066	NR: 1977 IUSSP Conference	3,146.00
6067	Philippines: Bangued Christian Hospital Sterilization	27,345.00
		7,643.00

<u>PIN</u>	<u>TITLE</u>	<u>AMOUNT</u>
6068	Philippines: Capiz Emmanuel Hospital Sterilization	4,286.00
6075	CAReg: FP Training Seminar for Campesino Leaders	5,778.00
6077	Turkey: FP Training & Services in Konya & Denizli Provinces	190,348.00
6078	LA Regional: Second CBD Meeting	25,705.00
6079	NR: World Congress of Fertility & Sterility, Miami	15,980.00
6080	Egypt: FP Registration & Service Project	27,645.00
6081	Nigeria: FP Training Project	40,775.00
6082	Paraguay: FP & Demography Instruction, Univ. of Asuncion	8,560.00
6084	NR: International Year of the Child	10,000.00
6085	DR: Armed Forces Condom Distribution Program	15,839.00
6086	Colombia: PROFAMILIA Urban Field Workers	189,425.00
6087	Bolivia: Women's Clinic	19,050.00
6088	Ecuador: Seminar on Women's Rights	10,493.00
6089	NR: Adolescent Fertility Management Seminar	16,750.00
6090	NR: Martha Stuart Communications (20 Film Prints)	10,150.00
6091	Turkey: Family Planning Film	45,320.00
6092	Turkey: Training for Kemal Yogurtcurgil	7,450.00
6093	Turkey: FP Training Maternity Hospital Nurses	34,660.00
6095	Mexico: FP Training for Drugstore Employees	12,055.00
6096	Kenya: FP Clinic Expansion, FPAK	46,044.00
6097	Nigeria: Training for Njaka Medical Center Nurses	4,836.00
6098	Kenya: Training for J.K. Chumba	5,275.00
6100	South American Regional Drugstore FP Information Courses	19,922.00
6102	Dominican Republic: Voluntary Female Sterilization Program	37,817.00
6104	Nicaragua: Federacion Campesina de Chinandega FP & Info.	13,330.00
6105	Nicaragua: Sterilization/CBD Program	27,355.00
6106	NR: Downstate Medical Center Advanced Training	26,000.00
6107	Turkey: Trainees to University of North Carolina	5,552.00
6109	Colombia: PROFAMILIA Rural CBD Program	134,331.00
6110	Chile: FP TRaining Center	45,119.00
6111	NR: Trainees to Margaret Sanger Center	22,700.00
6112	Africa: Planning Mission for a Labor & Family Health Dev. Prog.	28,525.00
6114	Indonesia: FP Project at East Nusatenggara	37,823.00
6115	Indonesia: Mohammadiyah FP Program	93,876.00
6117	Bolivia: La Paz Clinic	23,330.00
6118	Indonesia: Training of Surgical Assistants in FS, Medan	14,815.00
6119	Bangladesh: FP Model Clinic	62,471.00
6120	Bangladesh: Metropolitan Dacca Satellite Clinics	44,657.00
6121	Bangladesh: FP Services for Industrial Workers	39,416.00
6122	NR: CEFPA Fall Workshop 1977	38,800.00
6123	Indonesia: North Sulawesi Private FP Clinics	22,059.00
6124	Ecuador: Travel to Second Intern'l Congress of Human Reprod.	2,356.00
6125	Rwanda: FP Observation Tour	17,406.00
6126	Ecuador: FP Courses for Social Workers	14,489.00
6128	Indonesia: Voluntary Male/Female Sterilization Bethesda Hosp.	7,805.00
6129	Nigeria: Support for Society of Obstetrics & Gynecology Conf.	1,800.00
6130	Guatemala: Movimiento Campesino FP Info & Contraceptive Dist.	43,568.00
6132	Indonesia: Voluntary Sterilization, East Jember	4,951.00
6133	Peru: FP/Human Reproduction Courses	23,300.00
6134	Peru: Population & Family Planning Curriculum	11,260.00
6138	The Gambia: Fertility Regulation Project	11,983.00
6140	NR: Adolescent Fertilty Management Seminar	14,400.00
6141	The Gambia: National Family Planning Study Tour	14,556.00

*Not yet funded. still under consideration by AID

<u>PIN</u>	<u>TITLE</u>	<u>-17b-</u> <u>AMOUNT</u>
6144	Indonesia: Dharma Dutta FP Clinics	42,778.00
6147	Liberia: MCH/FP Training & Services Program	97,368.00
6149	NR: Reprint & Distribution of Management Casebook	28,000.00
6151	Mexico: FP Training for Drugstore Employees	12,976.00
6152	Honduras: CBD Program	189,437.00
6153	Philippines: Paulino J. Garcia Research & Medical Center Steril	10,929.00
6155	Indonesia: Rural ZPG Youth Program	19,030.00
6156	Bolivia: Trip to Explore Possibility of FP Clinics	394.00
6157	Indonesia: Travel to Symposium on Spermatology, Dr. Hafez	2,205.00
6159	Indonesia: N. Sulawesi Village Based FP Program	25,929.00
6161	Egypt: Alexandria Comprehensive FP Clinic	62,515.00
6162	DR: CBD Program	50,671.00
6163	Nicaragua: Extension of Contraceptive Dist. Program Rural Areas	67,447.00
6164	NR: FP Action Programs Through Women	42,507.00
6166	DR: Travel Funds for Argentina de Alvarez	820.00
6167	North Africa Regional: Third Maghreb Demography Conference	9,520.00
6171	Indonesia: N. Sulawesi Sterilization Training Program	32,516.00
6174	Indonesia: CEFOA Grant to Mr. Karang	3,870.00
6175	Indonesia: Male Sterilization, Purwokerto General Hospital	10,440.00
6177	NR: Adolescent Fertility Management Seminar	17,000.00
6180	Guatemala: Observation Visit	2,312.00
6182	Bangladesh: Travel & Training Grant for Dr. Halida Akhter	10,050.00
6185	NR: Support for Participants in CEFPA Workshop for Women	47,100.00

<u>PIN</u>	<u>TITLE</u>	<u>AMOUNT</u>
3272	Kenya: Provincial Workshop on Population & FP	26,655.00
3273	Indonesia: Voluntary Male Sterilization, Medan	6,089.00
3277	Indonesia: Mohammadiyah FP Program	85,145.00
3283	Thailand: Auxiliary Midwife Training Program	57,684.00
3297	DR: Armed Forces Condom Distribution Program	12,369.00*
3299	Indonesia: Voluntary Male Sterilization, Purwokerto	5,446.00
3300	Philippines: Training Seminars on Human Sexuality	11,829.00
3303	Zaire: Equator Region MCH/FP Project	13,940.00
3305	Indonesia: Dharma Dutta FP Clinics	51,891.00
3306	Indonesia: Voluntary Sterilization, Jember, East Java	5,955.00
3307	Africa: Developmental strategies for Family Welfare	28,675.00
3308	Peru: Sex Education Workshop	2,043.00
3313	Tunisia: Model Sterilization Project	8,478.00
3314	NR: Women's Films	5,500.00
3316	Mexico: Training for Dr. Zependa	2,047.00
3317	Chile: FP Training Center	50,246.00
3318	Philippines: Population Education Workshop for Muslims	13,340.00
3321	Mexico: Training & Use of Paramedical Personnel	23,505.00
3322	Colombia: PROFAMILIA Rural Distribution Program	134,511.00
TOTAL		4,808,830.00

*Not yet funded; still under consideration by AID

B. Detailed Description (See Annex - Logical Framework)

1. Goal - With the ultimate goal of reducing fertility in developing countries, AID is supporting efforts which foster the effective use of family planning methods on a voluntary basis by informed people worldwide.

By emphasizing that fertility control should be voluntary, Pathfinder intends that its programs provide individual couples with information and facilities to plan their family size in accordance with their own ethical and religious beliefs and in light of the most recent medical information.

This will, in turn, contribute considerably to the improvements of health, family stability, greater individual opportunity, a sufficiency of food, economic development and a higher standard of living.

a. Measurement of Goal Achievement - In general terms, the goal will be attained when excessively high birth rates in developing countries are reduced to levels in keeping with the ability of parents, their communities and society to provide for basic human needs.

b. Means of Goal Verification - Measurement indicators of progress towards this goal can be inferred from the following indices:

(1) Clinical performance records - number of acceptors, continuation rates and age-parity trends.

(2) Changes in attitudes toward individual and community fertility, reflecting the increasing awareness of the advantages of limiting family size, (KAP Surveys).

(3) Vital statistics, census data, contraceptive prevalence surveys, or other demographic measures where possible can calculate declining fertility rates.

(4) Adoption of population/family planning concepts and programs into government functions -- health, education, finance, labor, etc.

c. Basic Assumptions of Goal Achievement - The following important assumptions are implied with regard to goal achievement:

(1) Attainment of the goal will require increased availability and usage of contraceptive services.

(2) These services will be limited to presently-available contraceptive technology.

(3) The necessity of indigenous sponsorship, management, and operation in addition to external technical and material assistance.

(4) Effectively lowered fertility must be the preference of indigenous peoples, and cannot be achieved by external technical and material assistance alone.

(5) Family planning services can become an integrated component of government services to the public of all nations.

(6) The Pathfinder Fund, through its international, administrative and technical experience, can continue to promote and support population and family planning activities in less developed countries.

2. Purpose - The purpose of this particular five year AID-funded grant renewal is to enable the Pathfinder Fund to expand the availability of family planning information and services to poor rural and urban populations in the developing countries. In order to achieve this purpose Pathfinder will: (1) Introduce and develop high quality fertility services, related training and information and education activities into areas previously lacking them: _____

(2) concentrate on the improvement of existing delivery systems by developing new approaches and by finding ways to eliminate local obstacles, bottlenecks, or problems, keeping in mind that the goal is an effective country-wide system for delivery of high-convenience, low cost fertility services that will be widely used, and can be replicated elsewhere; (3) Extend the availability and increase the use of fertility services regionally and nationally, for example, by collaborating with community development programs being supported by other agencies, by working closely with Pathfinder's Divisions of Women's Programs, Population Policies and Action Plans, and Human Resources, and by fostering regional exchanges of current information on methods and results of projects in geographical clusters of sites having comparable cultural factors.

To accomplish this purpose by the end of the proposed five year grant extension period, the Pathfinder Fund will annually support over 100 family planning service, women's and policy projects in developing countries; will support approximately 70 training programs reaching about 3,000 physicians, paramedical and other health trainees annually; and will provide LDCs with equipment and commodities as requested.

Further, in order to more effectively undertake projects in these areas, Pathfinder has revised its organizational structure to reflect program emphases over the next five years. Specifically, Pathfinder has established three main program divisions as mentioned above, which will coordinate project development activities within three main categories: (1) fertility services (2) women's programs; and (3) population policies and action plans. Project selection and support will continue, as in the past, to emphasize family planning service projects which will be coordinated by the new Fertility Services Division. The other two new Pathfinder Divisions are designed to foster and support LDC efforts to create programs to improve the status of women, and to establish national population policies which would increase the effectiveness of family planning information and service programs.

a. Conditions Expected at the End of Project

- (1) Increased family planning practice in the LDCs (approximately 3 million new F.P. acceptors).
- (2) Increased governmental and public acceptance of family planning.
- (3) The recipient organizations/institutions assuming increased leadership and financial responsibility for their programs.
- (4) In over 100 LDCs effective family planning programs, with services in place and active; trained personnel, including approximately 20,000 physicians and paraprofessional workers implementing these programs.

b. Means of Project Verification

- (1) Adoption of population/family planning concepts and programs into government functions--health, education, financed, labor, etc.
- (2) Onsite inspections, subproject reports and evaluations.
- (3) Verification of contraceptive distribution (quantitative assessment).

c. Basic Project Assumptions

- (1) Continuing need to use present technology and resources to reduce excess fertility.
- (2) The private sector is well qualified to sponsor the inception and improvement of indigenous family planning programs. It is able to reach decisions and respond quickly, innovate and accept foreign assistance.
- (3) As demonstrational family planning centers and programs become sufficiently established they will acquire continuing support from local private sources or from other large private and international organizations or governments.
- (4) The basic incentive for initiating successful family planning programs must come from within each country (institutions, organizations and individuals).
- (5) Supportive policies and funding from Host Countries.
- (6) The Pathfinder Fund has the capability to identify particular obstacles to acceptance of family planning methods in areas in LDCs where population programs have not been previously introduced and to devise and implement programs to overcome these obstacles.

3. Outputs - Four sets of outputs are necessary and together with assumptions, sufficient to achieve project purpose: These are:

- a. CBD and clinic service programs in 50-60 LDCs.
- b. Population policies and national action plans for implementation of F.P. information and service programs; demonstration projects which impact on women's roles and fertility in 5-10 LDCs.
- c. Training programs for physicians and paramedical in approximately 10 LDCs.
- d. Programs which support individuals and organizations which promote family planning and related activities.

Specific Outputs include the following:

a. Outputs

Grantee (Pathfinder)

- 1. Family Planning commodities distributed to 60-80 LDCs.
- 2. Family Planning information, clinic services and CBD in 50-60 LDCs.
- 3. Women's and population policy programs in 5-10 LDCs.
- 4. Physician and paramedical training in 10 LDCs.
- 5. Program and technical assistance to institutions, individuals, organizations.

b. Output Indicators

- 29,914,400 cycles of oral contraceptives and 121,168,104 condom pieces distributed.
- 80 clinic/CBD projects established.
- 20 training projects completed for physician
- 40 projects for paramedicals and other health workers.
- 24 women's projects completed
- 20 population policy programs implemented
- 50 Human Resources/rapid response projects completed.

Subgrantees

Family planning services (information and clinical services including contraceptives) provided to LDC individuals.

c. Means of Verification:

- 1. Grantee financial, commodity and program reports.
- 2. On-site inspection of project activities by independent evaluators and USAID/Embassy population officers and/or AID/W staff.

d. Basic Output Assumptions

- 1. An initial climate of acceptance in LDCs will permit the introduction of family planning concepts on a trial basis.
- 2. Pathfinder has a well organized central office and field operations capable of developing, supporting and evaluating worldwide operations.
- 3. Host governments/U.S. country Missions will sanction project activities.
- 4. Host country institutions/agencies have management/technical capacity to implement projects.

Project Inputs

a. <u>Kinds of Inputs</u>	b. <u>Magnitude of Input</u>	c. <u>Date Scheduled for Delivery</u>
<u>A.I.D.</u>		
a. Funds for budgetary support and commodities	About \$9.6 million per year through FY 1982	May
b. Advisory services	Minor	As requested
c. Approval of subgrants proposed by Pathfinder	Staff review time	As subproject proposals are submitted.

Grantee

a. Staff to provide advisory services, program development and review	Adequate headquarters and field staff	No set time table
b. Training of family planning personnel	As required to train and upgrade staffs and volunteers	No set time table
c. Budgetary support	As required to meet local program needs	Quarterly releases
d. Commodities (contraceptives; audio-visual equipment; vehicles; clinical equipment and supplies; Office equipment)	As required to meet local program needs	No set time table

Subgrantees

a. Facilities and staff (medical and paramedical and administrative)	As required to meet local program needs	No set time table
b. Training of local family planning personnel	As required to meet local program needs	No set time table.
c. Preparation and implementation of programs, conferences, etc.	As required to meet local program needs	No set time table.

d. Basic Input Assumptions

a. Grantee has demonstrated the capability to successfully perform the terms of its contract as proposed in this funding extension.

b. For the foreseeable future, the bulk of Pathfinder financing will come from AID. Timely disbursement of funds is, therefore, important.

c. Other donor support not available for project activity.

U.S. Government inputs to the Pathfinder Fund for the period FY 1978 - FY 1982 are indicated on Table B, following page.

Table C indicates A.I.D. funding provided to Pathfinder since project inception (FY 1968) through FY 1977.

TABLE B

Project Inputs

	<u>FY 1978</u>	<u>FY 1979</u>	<u>FY 1980</u>	<u>FY 1981</u>	<u>FY 1982</u>	<u>Total FY 1978 - 1982</u>
<u>The Pathfinder Fund</u>						
<u>Program Costs</u>						
Personnel Salaries	480,000	568,000	590,000	638,000	683,000	2,959,000
Fringe Benefits	76,500	89,700	90,000	98,000	105,000	459,200
Consultants	35,000	35,000	30,000	30,000	30,000	160,000
Travel	144,500	161,000	163,000	174,000	186,000	828,500
Other Costs	36,000	38,800	40,000	42,000	45,000	201,800
Additional Country Reps.	78,000	---	---	---	---	78,000
<u>LDC</u>						
<u>Direct Subgrant Costs</u>						
Fertility Services	3,100,000	3,300,000	3,350,000	3,400,000	3,550,000	16,700,000
Women's Programs	350,000	450,000	550,000	700,000	700,000	2,750,000
Policy Programs	250,000	400,000	600,000	750,000	800,000	2,800,000
Human Resources/ Rapid Responses	100,000	100,000	120,000	120,000	120,000	560,000
<u>Other Costs</u>						
Overhead @ 17.64% <u>1/</u>	820,260	907,137	976,021	1,049,933	1,097,032	4,850,383
Contraceptives <u>2/</u>	1,054,000	1,623,000	2,220,000	2,915,000	3,440,000	11,252,000
Commodities <u>3/</u>	600,000	700,000	850,000	1,000,000	1,000,000	4,150,000
Total Cost to AID	7,124,260	8,372,637	9,579,021	10,916,933	11,756,032	47,748,883
Rounded to:	7,124,000	8,373,000	9,579,000	10,917,000	11,756,000	47,749,000

Footnotes:

1/ Calculated at approximately 17.64% of all budget lines except commodities.

2/ Oral contraceptives and condoms will be provided to the Pathfinder Fund as follows:

	Estimated Oral Contraceptives (Cycles)	Estimated Condoms (Pieces)
FY 1978	3,114,400	14,048,800
FY 1979	4,000,000	22,909,104
FY 1980	5,600,000	25,110,200
FY 1981	7,700,000	28,500,000
FY 1982	9,500,000	30,600,000

3/ Types of commodities are as follows: medical kits; IE&C equipment and materials; medical equipment and supplies; and other contraceptives (IUDs, foam, jellies, diaphragms, etc.)

TABLE C

PRIOR YEAR A.I.D. CONTRIBUTIONS

<u>FY</u>	<u>DOLLARS</u>	<u>DOLLAR VALUE, CONTRACEPTIVES</u>	<u>TOTAL \$</u>
1968	700,000	---	700,000
1969	2,500,000	---	2,500,000
1970	---	---	---
1971	2,266,000	---	2,266,000
1972	4,000,000	170,000	4,170,000
1973	6,035,000	700,000	6,735,000
1974	3,500,000	501,000	4,001,000
1975	2,985,000	675,000	3,660,000
1976	3,000,000	622,000	3,622,000
TQ	---	394,000	394,000
1977	<u>4,152,000</u>	<u>945,000</u>	<u>5,097,000</u>
Sub-Total	29,138,000	4,007,000	\$33,145,000
<u>Minus:</u>	De-obligations and other adjustments		<u>2,281,000</u>
		<u>Total:</u>	<u>\$30,864,000</u>

5. Pathfinder Fund Private Resources

The Pathfinder Fund unrestricted private resources since the beginning of this project are as follows:

FY 1968	\$162,533
FY 1969	324,383
FY 1970	389,897
FY 1971	752,980
FY 1972	976,770
FY 1973	557,771
FY 1974	374,916
FY 1975	368,282
FY 1976	529,117
FY 1977	550,000

The private "unrestricted" funds are used for a variety of family planning projects and elements not eligible or readily eligible for AID financing. Some of the countries in which programs have been assisted are Mexico, Zambia, Burundi, Chile, Brazil, Zaire, Yugoslavia, U.A.R., and Italy.

Part III. Project Analyses

A. Technical Analysis

Family planning is one of the most important public health measures potentially available in developing countries. Clearly, general health would improve markedly if family planning measures were more widely available and more widely used to reduce early and late pregnancies, to place a reasonable limit on family sizes, and to maintain a healthy interval between births.

The interaction of poverty and excessive fertility produces a self-perpetuating cycle of depression: expecting that some of their offspring will not survive to adulthood, parents feel that they must produce more babies than they want. And since the odds of maternal depletion and infant mortality increases as the number of pregnancies rises, even more births seem necessary. In Rwanda, the average 30-year-old woman has given birth 7 times in her 12 years of marriage, but only 5 of her children will survive to adulthood. Numerous births, numerous infant and child deaths, and a tendency toward ill health on the part of surviving family members all flow almost inexorably from unlimited fertility combined with poverty.

Giving every person the knowledge and means to manage her or his fertility is desirable for several reasons:

1. medical
2. psychological security that reliable contraception affords couples
3. economic security that having no unwanted children affords families
4. for women, a major benefit is the ability to pursue alternatives such as educational or career without the disruption of an unplanned child.
5. possibility of giving more parental attention to a smaller number of children.

Educating people about the health benefits of family planning is one task that the Pathfinder Fund can undertake to encourage optimum reproductive patterns for all families. Providing access to meaningful voluntary fertility services can effectively impact on the general population growth rates of a country.

During fiscal year 1976 Pathfinder was active in 48 countries, supported 100 projects, making 24 travel and training grants and awarding 99 grants of commodities. Since Pathfinder projects worldwide vary in scope and are concerned with fertility services, information and education programs, population policies and women's programs, analysis of its impact must be of a general nature due to the wide range of project activities.

The Pathfinder Fund works with and makes grants to individuals, governments, voluntary agencies and various other institutions and organizations within this framework. The nature of Pathfinder assistance for the next five years is outlined in the paragraphs which follow.

A. Fertility Services - Encompassing many of the kinds of activity with which Pathfinder has traditionally been associated and involved, the Division of Fertility Services will, in terms of dollar amounts and numbers of projects, consume much the largest portion of funds available over the next five years.

Broadly stated, the objective of the Fertility Services Division is to promote, improve and increase the availability of effective fertility services by (1) supporting the development of family planning services in regions where they are lacking or inadequate, and (2) developing programs for improving the quality and extending the effectiveness of fertility services and their delivery systems.

Fertility Services will encompass projects under the major headings below. All are, to a greater or lesser extent, interrelated.

Finally, Pathfinder fully recognizes the importance of women to the project activities which follow. It will be mindful of their role in the development of each project and of the impact of fertility service projects and programs on women.

1. Clinical Services

-introduction of contraceptive services and counselling (Pill, IUD, barrier methods) in areas and to population groups without such services, where appropriate as a part of MCH care, and delivered by paramedical personnel to the maximum extent possible;

-promotion and widespread provision of voluntary sterilization services, where possible as part of comprehensive fertility services; emphasis on outpatient delivery using vasectomy and minilap; provision of culdoscopy and laparoscopy in selected cases as situations demand; analysis of comparative acceptability of different techniques;

-analysis and improvement of delivery systems as a whole and in their component parts - motivation programs, management, record keeping, patient treatment, increased utilization of low level health personnel;

-investigation of the use of Traditional Birth Attendants in counselling, referral, and service delivery, for example through involvement with CBD projects;

-exploration of new delivery systems for hormonal contraceptives, including injectable contraceptives (injectable supplies to come from non-AID sources);

-support of some pilot, comprehensive service and training centers;

-provision of fertility services and information for adolescents; Note: Due to the newness of this effort, and the high priority placed on adolescent fertility projects, a great deal of new information must be gathered. Some research on problems related to adolescent fertility will be necessary, usually in conjunction with service projects.

-provision of contraceptive and sterilization equipment and supplies as needed for the above;

-provision of bulk contraceptives for national programs.

2. Non-Clinical Services

-community-based distribution of non-prescription contraceptives in rural areas and urban slum areas;

-improvement of non-clinical delivery systems through comparative analysis of various CBD models - household distribution versus fixed-point distribution; use of health personnel versus lay personnel; inclusion of some counselling and referral services versus no services; etc.;

-provision of contraceptives, particularly pills and condoms, for service projects;

-stimulation of the delivery of contraceptives (pills, condoms and some counselling) through drug stores.

3. Training

-physician training, particularly in sterilization procedures, emphasis on minilap and vasectomy. Note: Pathfinder expects to decrease its emphasis on physician-oriented

training over the next few years. Far greater benefits in terms of expansion of services to rural and urban slum areas are to be gained through a major emphasis on training of non-physicians and paramedicals at all levels;

-training of nurses, midwives, auxiliaries, social assistants, traditional birth attendants, etc. in fertility service delivery and counselling, as appropriate to their qualifications. This can range from training high level nurses and nurse/midwives to do vasectomies and minilap, to rudimentary training of granny midwives in basic hygiene, counselling, referral, and non-clinical contraceptive distribution;

-training of drugstore employees as contraceptive counsellors and distributors;

-management training for family planning program administrators;

-training in contraception, counselling, sex education, etc. for individuals involved with adolescent fertility projects.

-development and utilization of training materials, such as the Pathfinder Management Casebook, the Minilap Training Film, and the Pathfinder Manuals;

-design and support of a few pilot, comprehensive national or regional training and service centers, as well as smaller, more locally focused training centers.

Some examples of Pathfinder projects currently on-going in the areas of services and training include the following: Pathfinder support of the Dharma Dutta Foundation of Indonesia for ten on-going family planning/MCH clinics located on the islands of Bali and Lombok which serve communities which have no access to government family planning services; a fertility regulation project which provides sterilization, IUDs, pills and infertility services at the private Westfield Clinic in Banjul, the Gambia; a community-distribution program operated by the Asociacion Hondurenade Planificacion de Familia (ASHONPLAFA) of Honduras; a family planning information and contraceptive distribution program in 90 rural communities throughout Guatemala sponsored by the Movimiento Campesino organization granted legal charter by the Ministry of Labor and Social Welfare of Guatemala; a drugstore employee family planning information course for selected organizations in South America organized by the Asociacion de la Poblacion (ACEP) of Colombia; support to the General Directorate of Population Planning of the Health and Social Welfare Ministry of Turkey in training 300 midwives and other health personnel in the delivery of family planning services in the context of other MCH services.

B. Women's Programs - The establishment of the Women's Programs Division within the Pathfinder Fund adds a new perspective to Pathfinder's on-going work and provides a mandate for new activities as well.

While the initiation or acceleration of a decline in birth rates is a primary end of Pathfinder the means goes beyond concern for demographic impact alone. The means used in reaching and affecting women, as exemplified in the project categories below, have as their goal not merely high acceptor rates but high continuation rates, not merely passive reception of services but involvement in (and commitment to) the distribution process. The basis for this approach is that participation improves both the acceptability and legitimacy of a project effort: doing something with women is more likely to result in successful achievement of goals than doing the same thing for them.

The human rights aspect of this approach is worth emphasizing. Two highly interrelated goals are involved: the right to sexual equality, and the right to family planning services. These are clearly complementary objectives, in a demographic as well as theoretical sense. In both cases, the key concept is choice, and choosing life role options or the size of one's family requires both legitimate equality and the reproductive freedom family planning brings.

To achieve its goals, the Women's Programs Division will concern itself with four interrelated but distinct types of projects. These will be (1) projects which make fertility services more sensitive and responsive to the needs and concerns of women; (2) projects to integrate women to an increasing extent into managerial and decision making positions in national family planning programs; (3) projects which add a family planning component to existing women's projects (whether supported by Pathfinder or other agencies); and (4) projects which concern themselves particularly with the role and status of women as participants in population-related activities.

It will be readily apparent that much of this activity must be undertaken in close collaboration with other Pathfinder Divisions, particularly that of Fertility Services. In fact, very often the role of the Women's Division will be to incorporate these concerns into the preparation of projects for which other Divisions are responsible such as:

1. Making Fertility Services More Sensitive to Needs of Women

-improvements in client treatment in existing or proposed service projects: in clinics - better hours, less waiting time, improved patient reception and flow patterns, protection of client privacy; in community-based distribution one-to-one contact with sympathetic workers; in both provisions for counselling, referral, and/or follow-up;

-encouragement of efficient and sensitive methods of patient/staff interaction in selected family planning service delivery

centers; use of these centers for training staff members from elsewhere in ways to heighten patient satisfaction and increase patient/acceptor ratio;

-meetings or conferences to establish standards for patient care at various levels (hospital, clinic or dispensary, etc.).

2. Integration of Women into Managerial Positions

-provision of management training to prepare women for supervisory and decision-making positions in local and national family planning programs; otherwise encouraging full use of talents of women involved in existing and proposed projects.

-support for preparation and distribution of appropriate management instructional materials to key women or women's groups.

3. Addition of Family Planning Component to Women's Projects

-development of innovative methods of communicating with, and distributing contraceptives to, women at points where they naturally gather (e.g., markets);

-addition of family planning component to women's cooperatives or small industry centers, primarily in rural or marginal urban areas;

-promoting household distribution while using family planning service delivery as an organizing tool for new women's groups (cf. Korean mothers' clubs, Concerned Women of Bangladesh);

-assisting already existing women's groups (primarily in rural areas) to contribute to the motivational efforts of their country's national family planning program.

4. Status and Role of Women

-national conferences of leaders, particularly women leaders, to highlight and discuss issues such as constraints against women's full participation in roles other than child-bearing; follow-up activities to these conferences; including development of women-oriented population programs.

-support for national women's offices or bureaus, to encourage their coordinating and advocacy role for women's issues and activities;

-preparation of fact sheets and other materials for high-level policy makers known to be sympathetic to issues of women's rights to family planning services,

to encourage the building of a strong constituency both within and outside of the government structure.

C. Policy Programs - The Division of Population Policies and Action Plans was established primarily to facilitate the formation of population policies in selected developing countries, and to assist in the implementation of these policies through appropriate action. Various Pathfinder project activities in recent years have related to policy concerns, but not in any coordinated sense. The Division expects to concern itself with the many aspects of policy analysis and development in a few key countries where motivation for such activity is high and where the timing is right. The primary key to fruitful involvement is seen as the development, through various means, of a constituency among national, regional, and local leadership that will support the changes required for an effective population policy and the use of resources for a national action program. Various types of projects can be undertaken to achieve this constituency, to provide information for its use, and to help establish needed institutions.

It should be noted that the primary function and intent of Pathfinder's policy programs will not be to generate new information. Rather it will be to interpret for the leadership the information already available through the work of other organizations (e.g., censuses, demographic projections, health surveys, etc.) and thus assist them in better understanding the problems requiring policy decisions. Pathfinder's efforts to develop population policy under this grant may entail consultation and discussion of the uses, health benefits, and development impact of family planning services, and the potential impact on fertility of certain aspects of development, including those aspects which improve opportunities for women.

It should also be mentioned that the Division will not neglect opportunities for less comprehensive impact in other countries, through travel and training grants and other inputs of limited scope, many of which are listed under the project categories below.

1. Constituency Development

- arrangement of study and orientation tours for small groups of national leaders to other countries with national family planning programs in various stages of development;
- technical and financial assistance for design of population and family planning curricula in universities, through which can be developed a cadre of trained professionals in the population field. (This project area is equally relevant to the Fertility Services Division);
- support for conferences of key interest groups within a country, such as campesino leaders, labor leaders, women's organizations, to exchange information and coalesce attitudes and recommendations vis-a-vis national population policy.

2. Provision and Use of Information

-preparation from existing research and survey materials of impact statements on population growth and its relation to the economic and social development of a particular country, for the information of key government personnel and influential interest groups;

-conduct of small scale surveys to assess attitudes of grassroots leadership toward population pressures and national policies and their impact at the local level;

-support of regional seminars for expert technical groups, labor leaders, and health administrators to discuss their leadership roles in formulating and carrying out policies of their national programs;

-providing limited numbers of short-term training grants and/or travel agents for participation in important international population/family planning meetings.

D. Human Resources/Rapid Response - This category of the Pathfinder program relates to all three divisions, and enables Pathfinder to retain its traditional ability to respond to small, catalytic project opportunities as they arise, even if not directly related to a major program. For example, it will enable Pathfinder to invest in key individuals at crucial stages in their careers, by providing short-term training, a conference travel grant, or seed money for some important, local research. Such inputs can have impact far out of proportion to the size of the grant. By identifying and supporting individuals who combine ingenuity and energy with commitment to solving population problems, Pathfinder may directly influence the scope and momentum of a country's population program. Pathfinder can point to a number of recent success stories as a result of grants of this nature.

Funds under this heading will be budgeted so as to be readily available for investment in such human resources, or for key inputs not previously foreseen in the development of a large program/project budget. For example, they could enable the purchase on short notice of an essential piece of teaching equipment not previously provided for under a Pathfinder sterilization training project. Or they could enable a key Project Director or consultant to attend an important international meeting on short notice.

The purpose of this category is to assure Pathfinder's ability to act quickly and creatively on unique family planning/population opportunities, whether or not the projects fit into any on-going priority program.

E. Other - Within this grant, Pathfinder Fund will be authorized to use not more than \$200,000 annually to develop and fund projects including a major population/family planning component integrated with closely related activities in health, nutrition or education, particularly when those projects focus on women.

Project activities which Pathfinder will undertake during the first program year (1978) will be distributed as follows:

Estimated Level of Activity - 1978

	<u>No. Projects</u>	<u>Amount</u>
<u>Fertility Services</u>		
Clinical Services	60	\$1,000,000
Non-clinical Services	15	1,250,000
Training	<u>65</u>	<u>850,000</u>
Sub-total	140	\$3,100,000
<u>Women's Programs</u>	15	350,000
<u>Policy Programs</u>	12	250,000
<u>Human Resources/ Rapid Response</u>	<u>20</u>	<u>100,000</u>
Total	<u>187</u>	<u>\$3,800,000</u>

In general, during the next five years, the level of program activity based on direct subgrant support will be as follows:

	<u>'78</u>	<u>'79</u>	<u>'80</u>	<u>'81</u>	<u>'82</u>
Fertility Services	82%	78%	72%	68%	69%
Women's Programs	9%	11%	12%	14%	14%
Policy Programs	6%	9%	13%	15%	15%
Human Resources/ Rapid Response	<u>3%</u>	<u>2%</u>	<u>3%</u>	<u>3%</u>	<u>2%</u>
	100%	100%	100%	100%	100%

Following is a sample of major new projects which Pathfinder expects to implement during 1978. It is not a comprehensive list, but rather an indication of some of the specific activities with which Pathfinder will be involved under the program categories described in this proposal. Cost estimates are approximate.

LATIN AMERICA

Brazil: Community Based Distribution Programs in Pernambuco and Alagoas. Expansion of on-going CBD programs to cover all municipios in the two states, conducted in close coordination with state secretariats of health and education.

\$750,000

Brazil: TBA Project
Training, supervision, and evaluation of traditional birth attendants' provision of MCH service including family planning in a large, urban northeastern setting.

\$115,000

Central America Regional: Armed Forces Seminar*

Meeting for representatives of military organizations in Central America and Mexico to observe program of Dominican Armed Forces to bring family planning information and services to male military personnel.

\$10,000

Colombia: Adolescent Care Center

Counseling and service program for youths in the Bogota area and research on adolescent problems in Colombia and neighboring countries.

\$125,000

Guatemala: MCH Family Planning Program

Family planning information and contraceptive distribution program conducted by local rural organization, the Movimiento Campesino Independiente.

\$45,000

AFRICA AND MIDDLE EAST

Egypt: Alexandria Comprehensive Family Planning Clinic

Establishment of a clinical facility under the Family Planning Association of Alexandria to provide a wide range of family planning and pediatric services, including outpatient male and female sterilization.

\$80,000

Kenya: Maendeleo Ya Wanawake Motivation Project

Nationwide family planning motivational effort by Kenya's largest women's organization, intended to substantially increase national acceptor rates.

\$100,000

Nigeria: Comprehensive MCH/Family Planning Project - Benin City

Training of medical students and paramedical personnel in the University Hospital; provision of MCH/family planning and sterilization services through urban and rural clinic network.

\$110,000

Rwanda: MCH/Family Planning Clinic Development and Training Project

Establishment of pilot clinics in three major hospitals, offering first approved family planning services to Rwanda; in-service training in maternal and child health and family planning for social workers and paramedical personnel from all areas of country.

\$50,000

***Not yet approved by AID; still under consideration**

Turkey: Family Planning Training and Services in Konya and Denizli Provinces

Training of village midwives and other health personnel in delivery of family planning services in context of MCH care to all of two provinces. Project based on model described in Pathfinder's Pathpaper #1. (See Annex E).

\$170,000

SOUTH ASIA AND FAR EAST

Indonesia: (1) Female Sterilization Training Center - North Sumatra
(2) Female Sterilization Training Center - North Sulawesi
Comprehensive training of general practitioners and surgical assistants in provision of female sterilization by culdoscopy and minilap. Training program includes provision of equipment and follow-up visit by trainers to each hospital site to oversee the initiation of services.

North Sumatra: \$75,000

North Sulawesi: \$50,000

Indonesia: Community Based Distribution Program - Sangir Talaud District
CBD program in northern-most district of North Sulawesi. Province comprised of about 70 islands. Distributors will be village women leaders with no health background.

\$35,000

OTHER

Non-Regional: Women in Family Planning
Multi-phased project, through Centre for Population Activities, to design curricula and train women for increased involvement in all phases of family planning, from program management to household distribution.

\$35,000

Summary of Technical Analysis - At the World Population Conference in Bucharest in 1974, the nations of the world collectively agreed that "all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so."

The Pathfinder Fund has implemented the conference plan by providing the means to regulate family size by offering _____ methods of family planning plus information and education programs on responsible parenting and related topics.

The contraceptive commodities used by Pathfinder are generally procured by GSA under AID/W-funded contracts with U.S. manufacturers.

In evaluating proposals by potential subgrantees for particular family planning projects, Pathfinder considers whether the particular fertility control technologies proposed (pills, loops, condoms, voluntary sterilization, etc.) are culturally suitable to the populations to be served in the proposed grant. If a particular technology is forbidden or distasteful to local religions, customs or mores or if the target population will be unable to properly use the proposed technology, Pathfinder will reject or modify the proposal by substituting a more appropriate technology.

The projected dollar cost per acceptor in fiscal year 1978 using the figures in table D will be \$3.88 per acceptor in the community-based distribution projects and \$7.22 per acceptor in the clinic service programs. The approximate cost for training one paramedical person is projected to be \$153. These costs range for per unit costs for acceptors and trainees and are better than many other AID projects. Pathfinder's previous grant performance record as well as these low per unit costs indicate that Pathfinder's programs are well designed and implemented.

TABLE D

<u>Type of Project</u>	<u>Projected Per Unit Cost</u>			<u>Cost/Unit</u>
	<u>Total Cost</u>	<u>FY 1978</u> <u>No. Projects</u>	<u>Indices</u>	
<u>Service</u>				
Clinic	\$1,000,000	60	124,620 <u>1/</u>	\$8.02/new acceptor
CBD	\$1,250,000	15	245,000 <u>1/</u>	\$5.10/new acceptor
<u>Training</u>				
Physician	408,000	30	200 <u>2/</u>	\$2,040/trainee
Paramedical	442,000	35	3,000 <u>2/</u>	\$153/trainee

1/ New Acceptors

2/ Trainee

B. Financial Analysis and Plan

The Pathfinder Fund will undertake at least 180 projects annually during the life of this project paper. These projects are designed to complement and supplement existing activities in the developing world in order to enable the individual countries to implement their population strategy. Pathfinder has projects in over eighty countries encompassing a wide range of programs. Among them are: policy programs, service (community-based and clinical distribution), training and information, education and communication (IE&C).

Table E indicates the breakdown of total budget per year based on the budget categories currently being used by The Pathfinder Fund. Table F shows a breakdown of the budget by program area.

These cost estimates represent AID costs. Most countries will continue to provide in varying degrees the in-country support of personnel and facilities. The value of these contributions by the host countries will vary depending upon the country and are, therefore, undeterminable.

However, it can be assumed that as the project develops, the host countries will be contributing.

This project is not a revenue-producing activity; hence, an analysis of financial rate of return or viability is not attempted here. The project does have anticipated, though not directly measurable, economic impact through its role in controlling excess fertility growth. The positive economic effects of decreased fertility are realized by the family, as well as at the national and global record. Moreover, the Pathfinder project enhances the rate of return of other projects by the abatement of resource utilization caused by rapid population growth. These economic benefits are discussed in greater detail below. (It should be pointed out that numerous project investment analyses on population programs indicate

a rate of return which compares favorably with the return produced by capital investment projects.) However, the major benefit derived from Pathfinder projects are then synergistic effects on other development activities.

TABLE D
PROJECTED BUDGET FOR ALL YEARS
1978 - 1982

LINE ITEMS	1978	1979	1980	1981	1982
A. PROGRAM SUPPORT					
1. Personnel	480,000	568,000	590,000	638,000	683,000
2. Fringe Benefits	76,500	89,700	90,000	98,000	105,000
3. Consultants	35,000	35,000	30,000	30,000	30,000
4. Travel	144,500	161,000	163,000	174,000	186,000
5. Other costs	36,000	38,800	40,000	42,000	45,000
6. Additional Country Reps	<u>78,000</u>				
Subtotal - Program Support	<u>850,000</u>	<u>892,500</u>	<u>913,000</u>	<u>982,000</u>	<u>1,049,000</u>
B. DIRECT SUBGRANT SUPPORT					
1. Fertility Services	3,100,000	3,300,000	3,350,000	3,400,000	3,550,000
2. Women's Programs	350,000	450,000	550,000	700,000	700,000
3. Policy Programs	250,000	400,000	600,000	750,000	800,000
4. Human Resources/Rapid Responses	<u>100,000</u>	<u>100,000</u>	<u>120,000</u>	<u>120,000</u>	<u>120,000</u>
Subtotal - Subgrant Support	<u>3,800,000</u>	<u>4,250,000</u>	<u>4,620,000</u>	<u>4,970,000</u>	<u>5,170,000</u>
TOTAL SUPPORT COSTS	<u>4,650,000</u>	<u>5,142,500</u>	<u>5,533,000</u>	<u>5,952,000</u>	<u>6,219,000</u>
Overhead @ approx. 17.64%	820,260	907,137	976,021	1,049,933	1,097,032
Contraceptives	1,054,000	1,623,000	2,220,000	2,915,000	3,440,000
Commodities	600,000	700,000	850,000	1,000,000	1,000,000
TOTAL COST TO AID	<u>7,124,260</u>	<u>8,372,637</u>	<u>9,579,021</u>	<u>10,916,933</u>	<u>11,756,032</u>
Rounded To:	7,124,000	8,373,000	9,579,000	10,917,000	11,756,000

TOTAL PROJECTED FIVE YEAR BUDGET: \$47,749,000

NOTES ON PROGRAM SUPPORT:

In year two the additional country representative cost line item is distributed in salaries and travel.

In each future year, Personnel, Fringe Benefits, Travel, and Other Costs categories have been increased approximately 7% to reflect generally rising salary scales and costs.

T A B L E F

PROJECTION OF PATHFINDER ACTION BY PATHFINDER PROGRAM AREAS

	<u>\$</u> ^{a/} 1978	%	\$ 1979	%	\$ 1980	%	\$ 1981	%	\$ 1982	%
Fertility Services	\$3.10	82	\$3.30	78	\$3.35	72	\$3.40	68	\$3.55	69
Women's Programs	.35	9	.45	11	.55	12	.70	14	.70	14
Policy Programs	.25	6	.40	9	.60	13	.75	15	.80	15
Human Resources/ Rapid Responses	<u>.10</u>	<u>3</u>	<u>.10</u>	<u>2</u>	<u>.12</u>	<u>3</u>	<u>.12</u>	<u>3</u>	<u>.12</u>	<u>2</u>
TOTAL PROGRAM COSTS	\$3.80	100%	\$4.25	100%	\$4.62	100%	\$4.97	100%	\$5.17	100%
<p><u>a/</u> = dollar amounts in Millions</p>										

These cost estimates represent AID costs. Host countries will continue to provide in varying degrees the incountry support of personnel and facilities. The value of these contributions by the host countries will vary depending upon the country and are, therefore, undeterminable. However, it can be assumed that as the project develops, the host countries will be contributing an increased share of incountry costs.

Detailed first year budget categories are included in the annex.

C. Social Analysis and Impact of the Project on Women

The social results of Pathfinder's activities in developing countries will vary from project to project but without exception they will impact upon the mother, her partner, their nuclear and extended families, their communities and the society as a whole.

The goal of Pathfinder's program is to encourage rapid reduction of population growth rates of developing countries through effective use of family planning methods (information and services) on a voluntary basis by informed people worldwide. By reducing the LDC women's burden of excessive and unwanted fertility there will be improved health by reducing the risks that too frequent births and births of high parity inflict on both LDC mothers and children.

In discussing the linkage of fertility decline to social and economic development, Robert McNamara, President of the World Bank, in an address to the Massachusetts Institute of Technology on April 28, 1977, said,

"Expanding the social, political, occupational and economic opportunities of women beyond the traditional roles of motherhood and housekeeping enables them to experience directly the advantages of lowered fertility, and to channel their creative abilities over a much broader spectrum of choice"

When a couple chooses a family planning method, the economic and health effects of this decision have beneficial social implications in terms of outside employment possibilities for the women, improved care and nutrition for children already born, more possibility of educating children, and in general more possibility of the LDC government being able to meet the human needs of its citizens.

Whether the earth's resources will be able to sustain a projected increase in population, as early as the turn of the century, is a major worldwide concern. Population growth is at its highest rate in history, and emanates from its greatest base. While the most developed countries are at approximately replacement level, the developing countries are experiencing a demographic gap in that their fertility rates remain high while their mortality rates are declining. Decline in infant mortality, where the greatest declines are being realized, has a generational effect, changing the age structure of a society -- more young people are surviving who will, in turn, produce more people. Even with a declining birthrate or a decrease in average family size, because of the broad worldwide base of young people who will have babies in the future, existing conditions, if not drastically changed, make tremendous population growth inevitable.

This prospect will negatively affect the ability of emerging nations to attain economic development and the material benefits of modernization.

The United Nations Conference on Population at Bucharest resolved that all couples have the right to plan their families and it is the responsibility of government to ensure that they have the means to do so. Requests for assistance with family planning programs have escalated sharply since 1974, not so much because of the conference, which helped focus attention on the problem, but because governments are now being forced to face the ecological and economic consequences of a generation of rapid population growth.

Once a government recognizes the need to halt population growth and decides to do so, tactical decisions remain. Certainly the provision of family planning services play a major role in reducing birth rates. Declining birth rates

during the 1970s are associated everywhere with increased availability of family planning services.^{1/}

Clearly, global concerns about population increases are not sufficiently strong to mobilize concerted action. Fertility is a matter of perceived self-interest, and population policies implicit or explicit, are motivated by perceived national needs. To change fertility rates a combination of measures must be utilized.

One such way is through Pathfinder's activities in developing countries which foster voluntary fertility controls that can be encouraged in surprisingly painless ways, the effect of which can improve the quality of life of all individuals involved and the economic life of the countries where they live. Because a clear association exists between childbearing and a woman's health, women will not be able to improve their status significantly until they have greater reproductive freedom. For this reason, family planning programs should incorporate measures which will encourage limitation of the number of children born and permit adequate spacing between births.

In partial response to this need, Pathfinder has established three major Divisions as described in Part III above, including the Fertility Services Division, Population Policy Division and the Women and Population Growth Division. These units have as their objective not only the "family planning goal" of lowering birth rates to a level close to that of death rates; not only the "economic development goals" of satisfying needs and desires with

^{1/} Population Reports. Series E, No. 5, January 1978

available resources; but also the "human development goal" of allowing equal participation by, and treatment of, men and women in all aspects of society.

The immediate beneficiaries of Pathfinder-assisted activities are women - by reducing women's burden of excessive and unwanted fertility resulting in improved health by reducing the risks that too-frequent births, and births of high parity inflict on both mothers and children. Long term benefits to children, men, families and the community are found through economic, social and health effects resulting from decreased fertility.

D. Economic Analysis

As noted in the previous section, Pathfinder has undertaken varied projects intended to ameliorate the population conditions in over 80 developing nations. These activities include: training; operations research; introduction of cultural specific innovative techniques; information and education programs; and clinical and community based delivery systems. In addition to the obvious social and public health benefits, the population related projects elicit a substantial positive economic impact upon the family, community and developing country.

A major impediment to economic growth is insufficient savings. In most of the developing countries, well over 90% of the gross national product is consumed. Additionally, the propensity to consume is highest among the lower income groups. Population size clearly has an effect upon household consumption patterns. With the advent of Pathfinder projects, families are able to control the spacing of children and thus curtail current consumption. This has the dual benefits of increasing the economic well being of the family; and on a macroeconomic level, national savings may be augmented. This latter consideration enables developing countries to increase its capacity to engage in produce investment. Economic surveys have indicated that, generally, an inverse relationship exists between savings rates and population growth.

The most widely accepted indicator of economic well being is per capita income. Given the fact that population growth rates have increased more rapidly than GNP, in the developing world, per capita income has declined.

Population growth also has an adverse effect on foreign trade by intensifying pressure on balance of payments. The growth in population increases the demand for foodstuffs. Therefore, developing economies are required to import more agricultural commodities. This could also require the development of new import substitution or export industries.

A major problem characteristic of most economies in the developing world is underemployment. Rapid population growth obviously exacerbates the situation. Moreover, it also retards the growth of physical capital of the worker, or labor productivity. Limiting factors to labor productivity are education, nutrition and health. It is a well documented fact that a nation's difficulty in providing adequate facilities is magnified by high rates of population increments, thus reducing the productivity potential of the worker. A further constraint on productive capacity is the high dependency ratio created by high population growth rates which results in a relatively small portion of the population in directly productive employment. This "bottom heavy" age structure (40% of the population under fifteen in most developing countries) means the economy must divert a considerable part of its resources that might otherwise go to capital formation to the maintenance of a high percentage of dependents who may never become producers or, if so, only for a limited period of time. Additionally, population increases tend to have a smaller impact of the growth of national output than changes in technology or discoveries of natural resources. Summarizing, population growth fuels the vicious cycle of underemployment, low participation in the labor force and low levels of productivity. High birthrates limit the portion of the population that may pursue productive employment yet, paradoxically, eventually increase the number that eventually will be underemployed. Population growth in the developing world

has deleterious effects on equitable income distribution and efficiency.

Related to the constraints placed on human resource development is the increased costs associated with an expansion of the social infrastructure. The need for social services requires a proliferation of public expenditures in order to provide the requisite facilities for an expanding population. This, of course, curtails funds available for directly productive asset investment. Moreover, the benefits which accrue to the recipients of these services are limited because these programs must serve more people. The health sector is a clear example of this. Population growth implies an increase in demand for health services which, because of capacity constraints, increases costs.

In many LDCs, 50% of hospital beds are occupied by pregnancy related cases. Given space limitations, this can result in a serious form of "competition" for medical attention between these people and persons seeking care for other diseases or injuries. Many developing countries have identified anticipated savings in the health sector as an important argument for government support of family planning efforts. In addition to the direct economic costs, psychological/emotional costs of maternal illness and death and infant mortality are inestimable. Similar arguments can be made for the positive benefits of population control as it relates to adequate levels of nutrition, especially among the poor.

As has been argued, population projects have a substantial positive effect on economic development and individual welfare. Development of population programs may actually be a particularly valuable form of investment. In a study by General Electric Company, TEMPO, and the center for

Advanced Studies in Santa Barbara, California entitled "The Economic of Slowing Population Growth" (funded by AID), investment in birth prevention may be as much as twenty times as effective in promoting economic development as an expenditure in capital goods. Moreover, the study did not take into account scale economies (p. 52). Population growth increases demands for resources yet has a limited impact on increasing the supply, thus adversely affecting the potential of economic development. AID does not necessarily agree with the GE Tempo study re: the respective value of population vs. capital investment. However, AID does note that -- beyond a certain point of capital investment -- the return on incremental investment might be greater for population-related investment than for additional capital.

Given the exhibited expertise and experience of the Pathfinder Fund in developing population projects, it is evident that continuation of its support by AID will substantially assist developing countries in their economic development efforts.

E. Environmental Analysis - There are no negative impacts of voluntary family planning programs. However, family planning programs, if successful, have a potentially good effect on the demand that the host country people have on non-renewable resources (e.g., fuel, water, land, wood, etc.).

PART IV.. Implementation Arrangements

A. The Pathfinder Fund and AID Administrative Arrangements

1. The Pathfinder Fund

a. Organizational Structure

The Board of Directors of the Pathfinder Fund upon the recommendation of the New Paths Committee has recently established a new organizational structure, for the operating components of the Fund. This reorganization was the result of recommendations made in 1975 after a joint Pathfinder and AID evaluation of Pathfinder's operations.

At the top of Pathfinder's organizational structure remains the Board of Directors and the three senior executive officers. Three new functional Divisions have been created, each headed by a Chief: the Division of Fertility Services, the Division of Women's Programs, and the Division of Population Policies and Action Plans. The subject matter with which each Division is concerned is described in detail in Part III, A, above.

Under the overall direction of the Executive Vice-President, broad program guidelines emanate from the Divisions of Fertility Services, Women's Programs, and Population Policies and Action Plans. These are used as the basis on which projects are developed by the Field Staff, and are regularly reviewed and updated in consultation with them, with other Pathfinder staff persons, and with expert consultants.

Pathfinder's Field Staff consists of five professionals, who reside in the geographic area which they serve. The five regions covered are Latin America North, Latin America South, North Africa and the Middle East, Sub-Saharan Africa and South Africa, and South Asia and the Far East. Pathfinder's

Field Representatives constitute the organization's "front line" of contact with the field, with primary responsibility for interpreting Pathfinder's program priorities, objectives and capabilities to individuals and institutions, governmental and otherwise, in countries of their regions. It is the policy of Pathfinder to hire nationals from developing countries rather than Americans as Field Representatives, having found that such nationals are more effective in culturally sensitive areas.

At Pathfinder Headquarters, primary responsibility for administration of projects and coordination with the Field Staff rests with three Program Operations Directors (POD), each covering one of the three geographical regions - Latin America, Africa and the Middle East, and South Asia and the Far East. (The POD is pivotal to the smooth flow of information, program guidance, reports, and funds between Pathfinder and its grantees.) The responsibilities of the PODs are to evaluate all project proposals from his/her area, present the proposal at the weekly Project Hearing Meeting (described below), and if a project is approved, to coordinate all aspects of project planning, funding, commodity shipments, monitoring and evaluation of requests for project review. The POD, working with a Field Representative and the appropriate Division Staff person, is primarily responsible for the management and support of population projects by Pathfinder headquarters.

Pathfinder Projects originate most frequently with proposals submitted from the field, usually following contact between a member of Pathfinder's Field Staff and a potential grantee. At that time the latter is given detailed instructions for grant applications. Submissions are made to

where, when adequate preliminary information is at hand, a proposal is presented for in-depth discussion at the Project Hearing Meeting (PHM) by the appropriate POD or Division Chief. The PHM takes place weekly and is attended by all of Pathfinder's senior executive officers, PODs and Division Chiefs.

Particular attention is paid to how a project fits within the program guidelines of one of the Pathfinder Divisions or, in the case of renewal requests, whether its progress to date warrants continued support. Based on PHM deliberations, the Executive Vice-President of Pathfinder decides either to turn a project down, seek additional information before a final decision is reached, or approve the project for funding.

In the case of an approval, a project is written up in final form, further refining its goals and objectives, work plan, personnel requirements, evaluation scheme, budget, etc. It is then submitted to the AID Office of Population and to the appropriate USAID Mission for concurrence in funding from Pathfinder's AID grant or, if non-government funds are to be used, to a private funding source. When funding is secured, the Project Director is advised through a formal letter of Notification of Award, which spells out the various conditions of Pathfinder awards.

On receipt of signed acceptance of an award, a payment schedule is set up, funds are disbursed (usually on a quarterly basis), and project progress is carefully monitored through correspondence, regular financial and narrative reports.

b. The Pathfinder Fund Management Capability

The Pathfinder Fund has effectively managed its population assistance efforts for over 25 years; the past nine of which have been supported with AID grant funds. Intensive independent evaluations conducted on behalf of AID in 1973 and 1975 (submitted 1976) concluded that Pathfinder was successfully achieving the objectives of the AID grant, and that Pathfinder merited continued AID support. (A list of the recommendations offered by the 1975 evaluation team -- and specific actions taken consequent to these recommendations -- is attached as Annex F).

Some instances of AID concern over Pathfinder program management have involved Pathfinder fiscal controls and oversight procedures to ensure that AID funds disbursed by Pathfinder are not used for nonauthorized activities such as abortion services or activities not having a substantial population component (e.g., health programs). AID had also noted in the past an ambiguity in Pathfinder's project selection process, indicating a diminution, in Pathfinder, of a specific sense of direction in its project assistance.

The former concern has been resolved by Pathfinder's implementation of a strengthened control and monitoring system which will effectively limit the use of AID-source funds to activities sanctioned by the AID grant. (See Appendix for more information - P.D. 56)

Pathfinder has addressed the second issue through a restructuring of its professional staff along lines recommended by Pathfinder's "New Paths Committee Report of 1976. The Report recommended both a policy and a revised structure conducive to a functional, rather than geographic,

focus of activity. This expression of Pathfinder program emphases is expected to improve Pathfinder's program management by limiting and sharpening Pathfinder's involvement to areas in which the organization has substantial technical skills and experience. The specific areas of Pathfinder program emphasis are described on pages 26 - 37, "Technical Analysis."

Pathfinder Fund is committed to the AID mandate that all family planning services delivered under the grant are voluntary. In order to assure that services are provided in a voluntary manner, Pathfinder requires that all the relevant grant clauses referring to voluntary services, including sterilization are incorporated in their subgrant agreements.

Moreover, Pathfinder monitors the projects through reporting requirements and clinical visits onsite at least once a year. Both AID/W staff and the Boston Office staff have held meetings with the Regional Directors to assure that they are cognizant of the critical importance of compliance with AID regulations on voluntarism and close surveillance of delivery systems is maintained.

2. A.I.D.

AID project management responsibilities for this activity are in accordance with AID Handbook 13, "Grants", dated October 13, 1974.

Responsibilities of the AID Grant Officer as described in the Handbook are exercised by the relevant Contract Officer in the Office of Contract Management, Bureau for Program and Management Services. Responsibilities of the Project Officer as described in the Handbook are exercised by the Pathfinder Fund Project Manager, Family Planning Services Division, Office of Population, Development Support Bureau.

In furtherance of these responsibilities, the Office of Contract Management has delegated to the Office of Population authority to receive, review and approve the specific subprojects proposed by Pathfinder under its AID grant. (Exceptions to this delegation include subprojects having a value of \$50,000 or more, and subcontracts executed by Pathfinder. In these instances, the Office of Population and the Contract Management Office must both approve subprojects/subcontracts). Subproject review is coordinated by the Pathfinder Fund Project Manager in the Office of Population, and is undertaken by relevant technical and geographic divisions of the Population Office, the pertinent AID Regional Bureau/country desk officer; and the USAID Mission and/or U.S. Embassy in the country site of the proposed subproject. No Pathfinder Fund subproject proposals are approved by the Office of Population without AID Regional Bureau and country Mission review and concurrence in the proposed activity. Upon completion of AID/W review of project proposals, each proposal is submitted, via airgram cover, to the relevant USAID Mission and/or Embassy for further in-country review and consultation, as necessary, with the host government. AID approval of project proposals is not granted without

formal Mission concurrence in the proposed activity; Mission recommendations to review/alter proposed projects are also incorporated by Pathfinder Fund into the final project. All Pathfinder representatives visiting LDCs for purposes of project development, evaluation or monitoring are required to contact the USAID or Embassy population officer for consultation and briefing re: Pathfinder Fund current or potential activity in the host country. The Office of Population/Project Manager may, however, approve non-country specific project proposal (e.g., publication of printed material, production of training films; purchase of supplies and equipment for worldwide programs) without other concurrences, with the exception of Contract Office approval as noted above.

The Office of Contract Management receives copies of all subprojects approved by the Office of Population.

All project activities receiving financial assistance under the grant must be in conformance with the terms and conditions of the grant.

Further, each project proposal must meet at least one of the following critaria:

1. The project will initiate, continue or expand family planning service delivery in a developing country or countries.
2. The project will initiate, continue or expand information, education and communications activities in support of family planning.
3. The project will expand and/or upgrade technical, managerial and/or service delivery skills through training or orientation programs, confarances, seminars or workshops.
4. The project will result in the development of new techniques and/or methologies and approaches with prospective application to other family planning programs.

All projects must have the written concurrence of ^{the Office of Population,} /AID, prior to final approval and implementation by Pathfinder.

The Pathfinder Fund will maintain systems and procedures to identify, develop and implement project activities in support of family planning programs in the less developed countries in accordance with AID objectives and priorities. Investigation of project possibilities and preparation of project proposals and supporting information will be Pathfinder's responsibility as will the establishment of a system of basic criteria and priorities for use in selection of those projects which will receive project grant (subgrant) and related commodity and technical assistance under the AID grant.

3. Implementation Procedures

A. Proposal Requirements

At least 90 days before the proposed activity is to be undertaken, the Pathfinder Fund will submit four copies of the activity proposal (five copies if the proposed project will amount to \$50,000 or more) to the Pathfinder Fund Grant Monitor in the Office of Population, AID , so that appropriate AID/W and field clearances can be obtained.

The proposal should include the following information:

1. project title and a brief background;
2. name of the organization or individual to be assisted and its plans for the use of assistance;
3. a detailed description of the services, studies, or activities to be undertaken under the program; the individual, clinics, private organization and/or government programs to be extended assistance under the activity, their locations and the name of the proposed implementary agent (project director);
4. a description of the specific goals of the activity, especially in relation to the goals of the country and/or institution under

whose implementation the activity is proposed; the project workplan;

5. the duration of the proposed activity. (Although funding will be on a year-to-year basis, a multi-year program commitment up to three years - may be proposed;

6. the measures that will be used to indicate the success of the activity and the time schedule for achieving the targets and goals of the proposed project;

7. the budget estimates which include, but not be limited to: funds for personnel salaries; training programs for physicians, paramedical and technical staff; institutional reimbursement for clinical costs; travel and subsistence; rent and renovation of facilities, clinics and office equipment and supplies, information and education equipment and supplies, and other necessary costs. If an ongoing activity, the cumulative expenditures up to the proposed funding period. For new and ongoing activities, the estimated expenditures for the proposed funding period and the remaining life of the project;

8. a brief description of inputs to the project from sources other than this grant.

Pathfinder will be responsible for the monitoring of all project subgrants approved and implemented under the Grant. This monitoring will include

but not necessarily be limited to the following: project financial management, project management and technical assistance and project evaluation. Pathfinder will provide such management and technical assistance as may be necessary for each project grant to achieve its purpose and objectives. Such assistance will normally be provided through the regular reporting and correspondence mechanisms described in each project grant agreement and through site visits by appropriate Pathfinder staff and/or consultants. Travel of Pathfinder headquarters staff must be approved in advance by the AID Project Manager, who must be notified of proposed travel at least one month in advance in order to obtain appropriate field clearance.

Not later than 3 months after the completion of the grant year, and annually thereafter, the Pathfinder Fund will submit to the AID Project Manager, Office of Population, (in 20 copies) a report covering the activities of the completed grant period. The report should describe activities of the completed grant period; activities, accomplishments and problems encountered. It should include a critical evaluation of the progress being made in achieving the purposes of the grant and should indicate in what ways the original plan was followed or should be modified. It should also include a summary statement showing the amounts of AID funds made available and amounts unutilized in terms of approvals, expenditures, and balances remaining. It should also show the status of commodity procurement and deliveries.

All financial reports and vouchers for payment and reporting of expenditures will conform to AID procurement regulations.

B. Implementation Plan

The project implementation schedule follows and identifies all pertinent performance indicators and timing relationships.

1. Project Development Schedule

<u>SCHEDULE</u>	<u>DATE</u>
Five-year *Grant Awarded (1 year funding)	July, 1978
Subprojects developed, submitted to AID, approved and initiated*	continuously
AID project evaluation (intensive)	August 30, 1978
Grant/project modifications per evaluation.	Sept. 1 - Nov. 30, 1978
Pathfinder annual proposal to AID (for year two)	September 10, 1978
Pathfinder Annual Report to AID	November 30, 1978
Grant funded for second year	January 1, 1979
Subprojects	continuously
AID project evaluation (routine)	September 1, 1979
The Pathfinder Fund Proposal (year three)	September 15, 1979
Pathfinder Annual Report	November 30, 1979
Grant funded for third year	January 1, 1980
Subprojects	continuously
AID project evaluation (intensive)	August 30, 1980
Evaluation feedback; project modification(s)	Sept. 1 - Nov. 30, 1980
Pathfinder Fund proposal (year four)	September 1, 1980
Pathfinder Annual Report	November 30, 1980

Grant funded for fourth year	January 1, 1981
Subprojects	continuously
AID project evaluation (routine)	August 15, 1981
Evaluation feedback; project modification; decision of project continuation	Sept. 1 - Nov. 30, 1981
Pathfinder proposal (year five and beyond)	September 1, 1981
Pathfinder Annual Report:	November 30, 1981
Project Paper prepared, if appropriate, for continuation of project beyond 1982*	Sept. 1, 1981 - Jan. 1, 1982
Pathfinder Annual Report	November 30, 1982
Grant funded for fifth year*	January 1, 1982
(Subprojects)*	(continuously - 1982)
(Phase-out schedule implemented if appropriate)*	(continuously - 1982)
(AID project evaluation - intensive)	(August 1982)

*Subproject obligations incurred by the Pathfinder Fund should not extend beyond the life of the AID grant. Consequently, the budget for years 1-4 in the five-year AID Pathfinder grant agreement will include funds for subprojects; but year five of the grant will include funds only for residual Pathfinder monitoring, administration, audit and evaluation of subprojects commenced during year four of the Grant. Funding for year five subproject obligations will require a new PP and a revised Grant Agreement -- to be prepared before the end of year four of this project -- extending the life of the project beyond year five. If AID decides at the end of year four to terminate this project at the end of year five, the budget for the final (fifth) year of the project will be limited to the "phase-out" costs mentioned in this note, above. AID expects, however, that the project will be extended and that the budgeted year five subproject funds will be provided under a revised Grant.

A time frame of five years (1978 - 1982) has been set for achieving the above project schedule and goals. During this period, the Grantee will perform the following activities: (1) distribute family planning commodities to men and women through individuals, organizations and institutions in 60-100 LDCs; (2) provide financial and technical assistance to some 500 population programs of five basic types -- delivery of services through clinics and CBD, physician and paramedical training, women's programs, population policy programs, and special projects designed to educate local community leaders and groups about family planning.

In addition, the Pathfinder Fund plans to: (1) improve management efficiency and delivery approaches of ongoing family planning activities; (2) encourage potential subgrantees in developing countries, and to provide them with substantial support; (3) the Grantee will collaborate with community development programs to increase access to and use of fertility services; (4) the Grantee will provide required technical and advisory services for the delivery and management of family planning programs.

the Office of Population,
From time to time, AID, may suggest to the Grantee some other types of technical and/or advisory services or other activities it might wish the Grantee to undertake. However, the Grantee has the option to decline such suggested activities. The Grantee might then develop an appropriate counter-proposal and submit it to AID in accordance with standard procedures.

C. Evaluation Plan

During the period August 1978 and two years later - August 1980, AID will arrange for a comprehensive evaluation of the experience and accomplishments of the Pathfinder Fund by a highly qualified team of experts or a qualified organization acceptable to Pathfinder and AID. Routine evaluations will be performed in the intervening years 1979, 1981, and 1982.

These evaluations will be completed and reported by November 1978 (and November 1980) and will be used as a basis for reviewing Pathfinder accomplishments and problems and will help AID determine future direction and level of support for Pathfinder.

From time to time, AID may request specialized evaluations of individual subgrant activities which may be funded under the Grant.

A general scope of work for the intensive evaluation to be conducted in August 1978 is noted below. A specific work plan will be prepared following consultation with DS/PO and the American Public Health Association (under whose auspices the evaluation will be performed):

The evaluation team will examine the following aspects of Pathfinder Fund performance:

- 1) The organization's project management, monitoring, and oversight capability. Assessment to include the Boston headquarters and regional offices.

- 2) Project identification: criteria for project selection, coordinated with AID/W and USAID population strategies, other donors; appropriateness and responsiveness to country needs.

3) Technical skills/professional depth of Pathfinder staff; extent to which Pathfinder is able to provide needed technical assistance to their grantees; adequacy of TA provided to date.

4) Logistical and commodity management procedures; identification of grantee material requirements; shipping and commodity receipt systems; follow-up/end-use reporting.

5) Problem identification and resolution: sensitivity of project reporting and monitoring procedures as means to identify project implementation problems; Pathfinder responsiveness to grantee problems.

6) Project evaluation: Pathfinder efforts to measure the performance of Pathfinder grantees; "impact" assessment procedures employed; qualitative/quantitative indices collected/analyzed by Pathfinder; Pathfinder's "institutional memory" and information retrieval system.

Pathfinder currently employs a project evaluation protocol (Annex G) designed to produce comprehensive and, importantly, comparable performance indices for its many projects. As part of its assignment, the evaluation team will examine the appropriateness and utility of Pathfinder's present evaluation methodology.

Annexes

- A. Standard Item Checklist
- B. Logical Framework
- C. Detailed Budget (1978)
- D. Environmental Threshold Determination
- E. Pathpapers, July 1977 (copies available from DS/POP/EPDS)
- F. Pathfinder Evaluation: Recommendations and Actions Taken Pursuant to Recommendations
- G. Pathfinder Fund Procedure for Project Evaluation
- H. New Paths Committee Final Report (11/5/76)
- I. P.D. 56

STANDARD ITEM CHECKLISTA. Procurement

1. FAA Sec. 602. Are there arrangements to permit U.S. small business to participate equitably in the furnishing of goods and services financed? Yes - standard AID procedures
2. FAA Sec. 604(a). Will all commodity procurement financed be from the U.S. except as otherwise determined by the President or under delegation from him? Yes
3. FAA Sec. 604(d). If the cooperating country discriminates against U.S. marine insurance companies, will agreement require that marine insurance be placed in the U.S. on commodities financed? N/A
4. FAA Sec. 604(e). If offshore procurement of agricultural commodity or product is to be financed, is there provision against such procurement when the domestic price of such commodity is less than parity? N.A.
5. FAA Sec. 608(a). Will U.S. Government excess personal property be utilized wherever practicable in lieu of the procurement of new items? Yes
6. IMA Sec. 901(b). (a) Compliance with requirement that at least 50 per centum of the gross tonnage of commodities (computed separately for dry bulk carriers, dry cargo liners, and tankers) financed shall be transported on privately owned U.S.-flag commercial vessels to the extent that such vessels are available at fair and reasonable rates. Yes
7. FAA Sec. 621. If technical assistance is financed, will such assistance be furnished to the fullest extent practicable as goods and professional and other services from private enterprise on a contract basis? If the facilities of other Federal agencies will be utilized, Yes

are they particularly suitable, not competitive with private enterprise, and made available without undue interference with domestic programs?

- 8. International Air Transport. Fair Competitive Practices Act, 1974 Yes

If air transportation of persons or property is financed on grant basis, will provision be made that U.S.-flag carriers will be utilized to the extent such service is available?

B. Construction

- 1. FAA Sec. 601(d). If a capital (e.g., construction) project, are engineering and professional services of U.S. firms and their affiliates to be used to the maximum extent consistent with the national interest? N.A.

- 2. FAA Sec. 611(c). If contracts for construction are to be financed, will they be let on a competitive basis to maximum extent practicable? N.A.

- 3. FAA Sec. 620(k). If for construction of productive enterprise, will aggregate value of assistance to be furnished by the U.S. not exceed \$100 million? N.A.

C. Other Restrictions

- 1. FAA Sec. 201(d). If development loan, is interest rate at least 2% per annum during grace period and at least 3% per annum thereafter? N.A.

- 2. FAA Sec. 301(d). If fund is established solely by U.S. contributions and administered by an international organization, does Comptroller General have audit rights? N.A.

- 3. FAA Sec. 620(h). Do arrangements preclude promoting or assisting the foreign aid projects or activities of Communist-Bloc countries, contrary to the best interests of the U.S.? Yes

- 4. FAA Sec. 636(1). Is financing not permitted to be used, without waiver, for purchase, long-term lease, or exchange of motor vehicle manufactured outside the U.S. or guaranty of such transaction? Yes

5. Will arrangements preclude use of financing:

- | | |
|--|-----|
| a. <u>FAA Sec. 114.</u> to pay for performance of abortions or to motivate or coerce persons to practice abortions? | Yes |
| b. <u>FAA Sec. 620(a).</u> to compensate owners for expropriated nationalized property? | Yes |
| c. <u>FAA Sec. 660.</u> to finance police training or other law enforcement assistance, except for narcotics programs? | Yes |
| d. <u>FAA Sec. 662.</u> for CIA activities? | Yes |
| e. <u>App. Sec. 103.</u> to pay pensions, etc., for military personnel? | Yes |
| f. <u>App. Sec. 106.</u> to pay U.N. assessments? | Yes |
| g. <u>App. Sec. 107.</u> to carry out provisions of FIA Sections 209(d) and 251(h)? (transfer to multilateral organization for lending). | Yes |
| h. <u>App. Sec. 501.</u> to be used for publicity or propaganda purposes within U.S. not authorized by Congress? | Yes |

PROJECT CHECKLIST

A. GENERAL CRITERIA FOR PROJECT.

1. App. Unnumbered; FAA Sec. 653(b)

(a) Describe how Committees on Appropriations of Senate and House have been or will be notified concerning the project;
(b) Is assistance within (Operational Year Budget) country or international organization allocation reported to Congress (or not more than \$1 million over that figure plus 10%)?

To be advised by FY 78 Congressional Presentation

2. FAA Sec. 611(a)(1). Prior to obligation in excess of \$100,000, will there be (a) engineering, financial, and other plans necessary to carry out the assistance and (b) a reasonably firm estimate of the cost to the U.S. of the assistance?

Yes

3. FAA Sec. 611(a)(2). If further legislative action is required within recipient country, what is basis for reasonable expectation that such action will be completed in time to permit orderly accomplishment of purpose of the assistance?

N/A

4. FAA Sec. 611(b); App. Sec. 101. If for water or water-related land resource construction, has project met the standards and criteria as per Memorandum of the President dated Sept. 5, 1973 (replaces Memorandum of May 15, 1962; see Fed. Register, Vol 38, No. 174, Part III, Sept. 10, 1973)?

N.A.

5. FAA Sec. 611(e). If project is capital assistance (e.g., construction), and all U.S. assistance for it will exceed \$1 million, has Mission Director certified the country's capability effectively to maintain and utilize the project?

N.A.

6. FAA Sec. 209, 619. Is project susceptible of execution as part of regional or multi-lateral project? If so why is project not so executed? Information and conclusion whether assistance will encourage regional development programs. If assistance is for newly independent country, is it furnished through multi-lateral organizations or plans to the maximum extent appropriate?

N.A.

7. FAA Sec. 601(a); (and Sec. 201(f) for development loans). Information and conclusions whether project will encourage efforts of the country to: (a) increase the flow of international trade; (b) foster private initiative and competition; (c) encourage development and use of cooperatives, credit unions, and savings and loan associations; (d) discourage monopolistic practices; (e) improve technical efficiency of industry, agriculture and commerce; and (f) strengthen free labor unions.

N.A.

8. FAA Sec. 601(b). Information and conclusion on how project will encourage U.S. private trade and investment abroad and encourage private U.S. participation in foreign assistance programs (including use of private trade channels and the services of U.S. private enterprise).

U.S. private enterprise will be source for goods and services.

9. FAA Sec. 612(b); Sec. 636(h). Describe steps taken to assure that, to the maximum extent possible, the country is contributing local currencies to meet the cost of contractual and other services, and foreign currencies owned by the U.S. are utilized to meet the cost of contractual and other services.

Grant agreement will so specify.

10. FAA Sec. 612(d). Does the U.S. own excess foreign currency and, if so, what arrangements have been made for its release?

Yes, in some project-site countries - Release has been no problem so far.

8. FUNDING CRITERIA FOR PROJECT

1. Development Assistance Project Criteria

a. FAA Sec. 102(c); Sec. 111; Sec. 281a. Extent to which activity will (a) effectively involve the poor in development, by extending access to economy at local level, increasing labor-intensive production, spreading investment out from cities to small towns and rural areas; and (b) help develop cooperatives, especially by technical assistance, to assist rural and urban poor to help themselves toward better life, and otherwise encourage democratic private and local governmental institutions?

N.A.

b. FAA Sec. 103, 103A, 104, 105, 106, 107. Is assistance being made available: [include only applicable paragraph -- e.g., a, b, etc. -- which corresponds to source of funds used. If more than one fund source is used for project, include relevant paragraph for each fund source.]

- (1) [103] for agriculture, rural development or nutrition; if so, extent to which activity is specifically designed to increase productivity and income of rural poor; [103A] if for agricultural research, is full account taken of needs of small farmers; n.a.
- (2) [104] for population planning or health; if so, extent to which activity extends low-cost, integrated delivery systems to provide health and family planning services, especially to rural areas and poor; project purpose
- (3) [105] for education, public administration, or human resources development; if so, extent to which activity strengthens nonformal education, makes formal education more relevant, especially for rural families and urban poor, or strengthens management capability of institutions enabling the poor to participate in development; n.a.
- (4) [106] for technical assistance, energy, research, reconstruction, and selected development problems; if so, extent activity is:
- (a) technical cooperation and development, especially with U.S. private and voluntary, or regional and international development, organizations;
 - (b) to help alleviate energy problem;
 - (c) research into, and evaluation of, economic development processes and techniques;
 - (d) reconstruction after natural or manmade disaster;
 - (e) for special development problem, and to enable proper utilization of earlier U.S. infrastructure, etc., assistance;
 - (f) for programs of urban development, especially small labor-intensive enterprises, marketing systems, and financial or other institutions to help urban poor participate in economic and social development.

(5) [107] by grants for coordinated private effort to develop and disseminate intermediate technologies appropriate for developing countries.

c. FAA Sec. 110(a); Sec. 208(e). Is the recipient country willing to contribute funds to the project, and in what manner has or will it provide assurances that it will provide at least 25% of the costs of the program, project, or activity with respect to which the assistance is to be furnished (or has the latter cost-sharing requirement been waived for a "relatively least-developed" country)?

N.A.

d. FAA Sec. 110(b). Will grant capital assistance be disbursed for project over more than 3 years? If so, has justification satisfactory to Congress been made, and efforts for other financing?

N.A.

e. FAA Sec. 207; Sec. 113. Extent to which assistance reflects appropriate emphasis on: (1) encouraging development of democratic, economic, political, and social institutions; (2) self-help in meeting the country's food needs; (3) improving availability of trained worker-power in the country; (4) programs designed to meet the country's health needs; (5) other important areas of economic, political, and social development, including industry; free labor unions, cooperatives, and Voluntary Agencies; transportation and communication; planning and public administration; urban development, and modernization of existing laws; or (6) integrating women into the recipient country's national economy.

Project emphasis is on improvement of health and social well being of rural and urban poor by enabling them to cease childbearing at desired number of children.

FAA Sec. 281(b). Describe extent to which program recognizes the particular needs, desires, and capacities of the people of the country; utilizes the country's intellectual resources to encourage institutional development; and supports civic education and training in skills required for effective participation in governmental and political processes essential to self-government.

Project extensively utilizes host country institutions and resources.

- g. FAA Sec. 201(b)(2)-(4) and -(8); Sec. 201(e); Sec. 211(a)(1)-(3) and -(8). Does the activity give reasonable promise of contributing to the development: of economic resources, or to the increase of productive capacities and self-sustaining economic growth; or of educational or other institutions directed toward social progress? Is it related to and consistent with other development activities, and will it contribute to realizable long-range objectives? And does project paper provide information and conclusion on an activity's economic and technical soundness? Yes
- h. FAA Sec. 201(b)(6); Sec. 211(a)(5), (6). Information and conclusion on possible effects of the assistance on U.S. economy, with special reference to areas of substantial labor surplus, and extent to which U.S. commodities and assistance are furnished in a manner consistent with improving or safeguarding the U.S. balance-of-payments position. Project will not have negative effect on U.S. economy.
2. Development Assistance Project Criteria (Loans only) N.A.
- a. FAA Sec. 201(b)(1). Information and conclusion on availability of financing from other free-world sources, including private sources within U.S.
- b. FAA Sec. 201(b)(2); 201(d). Information and conclusion on (1) capacity of the country to repay the loan, including reasonableness of repayment prospects, and (2) reasonableness and legality (under laws of country and U.S.) of lending and relending terms of the loan.
- c. FAA Sec. 201(e). If loan is not made pursuant to a multilateral plan, and the amount of the loan exceeds \$100,000, has country submitted to AID an application for such funds together with assurances to indicate that funds will be used in an economically and technically sound manner?
- d. FAA Sec. 201(f). Does project paper describe how project will promote the country's economic development taking into account the country's human and material resources requirements and relationship between ultimate objectives of the project and overall economic development?

e. FAA Sec. 202(a). Total amount of money under loan which is going directly to private enterprise, is going to intermediate credit institutions or other borrowers for use by private enterprise, is being used to finance imports from private sources, or is otherwise being used to finance procurements from private sources?

f. FAA Sec. 620(d). If assistance is for any productive enterprise which will compete in the U.S. with U.S. enterprise, is there an agreement by the recipient country to prevent export to the U.S. of more than 20% of the enterprise's annual production during the life of the loan?

3. Project Criteria Solely for Security Supporting Assistance N.A.

FAA Sec. 531. How will this assistance support promote economic or political stability?

4. Additional Criteria for Alliance for Progress N.A.

[Note: Alliance for Progress projects should add the following two items to a project checklist.]

a. FAA Sec. 251(b)(1), -(8). Does assistance take into account principles of the Act of Bogota and the Charter of Punta del Este; and to what extent will the activity contribute to the economic or political integration of Latin America?

b. FAA Sec. 251(b)(8); 251(h). For loans, has there been taken into account the effort made by recipient nation to repatriate capital invested in other countries by their own citizens? Is loan consistent with the findings and recommendations of the Inter-American Committee for the Alliance for Progress (now "CEPCIES," the Permanent Executive Committee of the OAS) in its annual review of national development activities?

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From FY 1978 to FY 1982
Total U. S. Funding _____
Date Prepared: _____

Project Title & Number: Stimulation of Family Planning Services - The Pathfinder Fund

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																							
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To reduce high population growth rates of developing countries.</p>	<p>Measures of Goal Achievement:</p> <p>Change in age specific fertility rates in LDCs.</p>	<ol style="list-style-type: none"> 1. Family planning program data 2. Census data 3. Sample surveys 4. Vital registration data 	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. An increased effort on behalf of both the public and private sectors. 2. Utilization of FP services. 																							
<p>Project Purpose:</p> <ol style="list-style-type: none"> 1. Develop fertility services and related information and training into areas previously lacking them; 2. Improve management efficiency and delivery approaches of existing family planning service systems; 3. Collaborate with community development programs to increase access and use of fertility services. 	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>Increased prevalence of contraceptive usage in LDCs (3 million new acceptors)</p> <p>Family planning information and services provided through clinics and CBD in over 100 LDCs.</p> <p>Increased acceptance of FP by individual institutions and government leaders.</p> <p>70 training prog. (3,000 physicians, paramedicals & other health trainees)</p>	<p>-Subproject reports and evaluation.</p> <p>-On-site inspection of subgrantee projects</p> <p>-Verification of contraceptive distribution (quantitative assessment).</p> <p>-Adoption of population/family planning concepts and programs into government functions.</p>	<p>Assumptions for achieving purpose:</p> <p>Private sector well qualified to sponsor family planning programs.</p> <p>Basic incentive for initiating successful FP programs come from each country.</p> <p>Supportive policies and funding from host countries.</p>																							
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Family planning commodities distributed to men and women in 60-80 LDCs; 2. Family planning information, clinic services and CBD in 50-60 LDCs; 3. Women's and population policy program in 5-10 LDCs; 4. Physician and paramedical training in 10 LDCs; 5. Program & tech. assist. provided to LDC institutions, individuals, organizations. 	<p>Magnitude of Outputs: annually)</p> <ol style="list-style-type: none"> 1. 29,914,400 cycles oral contraceptives; 121,168,104 condom pieces distributed. 2. 80 clinic/CBD projects 3. 20 training projects for physicians and 40 training projects for paramedicals & health workers. 4. 24 women's projects 5. 20 population policy programs. 6. 50 human resources/rapid response projects. 7. 3,000 person-days - A provided 	<p>-Grantee financial, commodity and program reports</p> <p>-On-site inspection of project activities by independent evaluators and USAID/Embassy and/or AID/W staff.</p>	<p>Assumptions for achieving outputs:</p> <p>Host governments/US country mission will sanction project activities.</p> <p>Host country institutions/agencies have management/technical capacity to implement projects.</p> <p>Grantees' central and field offices well managed and operational.</p>																							
<p>Inputs:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th colspan="5">FY (\$000)</th> </tr> <tr> <th></th> <th></th> <th>78</th> <th>79</th> <th>80</th> <th>81</th> <th>82</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>7,124</td> <td>8,373</td> <td>9,579</td> <td>10,917</td> <td>11,756</td> <td>47,749</td> </tr> </tbody> </table> <p>For further breakdown of Inputs, see pages 24 and 41 of PP.</p>			FY (\$000)							78	79	80	81	82	Total			7,124	8,373	9,579	10,917	11,756	47,749	<p>Implementation Target (Type and Quantity)</p>	<ol style="list-style-type: none"> 1. PIO/Ts 2. Evaluations: Grantee in-house and external 3. Financial and Program reports 4. Vouchers 5. Travel records 	<p>Assumptions for providing inputs:</p> <p>All inputs provided in sufficient and timely manner.</p> <p>Grantee has demonstrated capacity to carry out work.</p> <p>Other donor support not available for project activity.</p>
		FY (\$000)																								
		78	79	80	81	82	Total																			
		7,124	8,373	9,579	10,917	11,756	47,749																			

DETAILED BUDGET 1978A. Program Support1. Personnel

<u>Position</u>	<u>%</u>	<u>Salary</u>
<u>Headquarters:</u>		
Deputy Vice President	80%	23,920
Chief, Fertility Services Division	75	22,690*
" Population Policy	90	28,800
" Women's Division	80	21,260
Program Operations Director for Africa and the Middle East	95	25,040
Program Op. Director for Latin America	90	23,725
" " for S. Asia, Far East	90	17,740
Associate, Fertility Services	75	15,000
" Population Policy	90	14,850
" Women's Division	90	16,870
Editorial Associate	50	8,870
Office/Commodities Manager	30	8,140
Program Records Coordinator	85	10,925
Records Assistant	85	6,460
Purchasing Assistant	95	13,420
Stockroom/Mail Clerk	65	4,940
Administrative Secty., Fertility Serv.	75	7,490
" " Population Policy	90	8,100
" " Women's Division	90	8,990
Sr. Bilingual Secretary (Spanish)	95	10,500
Sr. Bilingual Secretary (French)	95	10,560
Secretary	95	8,500
Secretary	95	7,800
<u>Regional Offices:</u>		
Regional Rep. for Latin America (S)	80	22,145
Secretary	80	3,460
Reg. Rep. for N. Africa/Middle East	65	25,275
Secretary	65	3,330
Reg. Rep. for SubSahara Africa	80	25,560
Adm. Asst.	80	5,460
Reg. Rep. for Latin America (N)	80	22,850
Assistant	90	8,460
Secretary	90	6,190
Representative for Indonesia	45	10,440
Secretary	90	2,240
Total Personnel		480,000

*Waiver for salary level under review.

Detailed Budget CY 78 continued...

2. <u>Fringe Benefits</u>		76,500
<hr/>		
3. <u>Consultants</u>		
Latin America (S) office: E. Beltran, (Demographer-sociologist)	8,000	
Fertility Services Division	10,000	
Population Policy Division	8,000	
Women's Division	4,000	
Other	<u>5,000</u>	
Total Consultants		35,000
4. <u>Travel</u> (Amounts indicate dollar value)		
Fertility Services Division:		
Nairobi and West Africa - 2,500		
Santiago and Bogota - 2,000		
Bangladesh and Far East - 3,500		
Egypt and Turkey - 2,600		
Honduras and Caribbean - 900		
Brazil - 2,000		
5 Boston/Washington - 600		
1 scientific meeting - 500		
	14,600	
Women's Division:		
Subsahara Africa - 2,600; 1 N. Africa, Middle East - 2,300; 2 Latin America (N) - 2,200; 2 Latin America (S) - 2,000;		
1 South Asia - 3,700; 8 Bos/Wash - 1,000;		
8 Bos/NY - 1,400; 1 San Francisco - 630;		
1 Bos/Chicago - 300; 1 Miami - 420;		
1 Denver - 410; 1 Atlanta - 350		
	17,310	
Population Policy Division	14,500	
POD/South Asia & Far East:		
Bos/Bangladesh/Thailand, Malaysia -3,700		
Bos/Indonesia/Nepal - 3,800		
4 Bos/Washington - 700; 2 New York - 350		
	8,550	
POD, Africa, Middle East		
Bos/Nigeria/Zaire/Liberia/Senegal - 2,850;		
Bos/Kenya/Tanzania/Zambia - 2,450; Turkey/ Jordan/Egypt/Geneva - 2,250; North Africa, Middle East 2,000 ; 3 Bos/Wash - 695;		
3 New York - 600; 1 Chicago-300		
	11,145	

Detailed Budget CY 78 continued...

POD, Latin America		
2 Latin America South - 3,000;		
2 Latin America North - 2,200;		
2 Bos/Wash - 480; 4 New York - 550	6,230	
Reg. Rep., Latin America(S)		
5 trips in Latin America South - 8,300		
2 United States - 3,700		
local transport - 1,300	13,300	
Reg. Rep., N. Africa, Middle East		
3 Turkey/Egypt/Sudan - 3,200		
2 Morocco/Algeria/Tunisia - 2,300		
2 Lebanon /Jordan/1-Syria/Iraq - 2,500		
2 United States - 2,000	10,000	
Reg. Rep., SubSahara Africa		
2 Nigeria/Cameroon/Zaire - 2,130		
1 Ghana/Togo - 975		
1 Senegal/The Gambia/Sierra Leone/ Liberia/Ivory Coast - 1,400		
Benin/Senegal - 1,400		
Gaborone/Lusaka/Dar es Salaam - 750		
Lusaka/Dar es Salaam/Mauritius - 750		
Kenya: Busia, Mobasa, Nyeri, - 1,550		
Per Diem all of above - 7,795		
2 United States - 4,000	20,750	
Reg. Rep., Latin America (N)		
12 trips Central America, Mexico, Colombia, Caribbean - 12,300		
4 United States - 4,600	16,900	
Rep. for Indonesia		
Manado, Lombok, Medan, Ambon, W. Iryan, E. Kalimantan - 6,600		
1 United States - 2,700		
1 meeting -1.450 ; local transpor 465	<u>11,215</u>	
Total Travel		144,500
5. <u>Other Direct Program Support Costs</u>		
Audit Fees (PINs)	26,000	
Warehousing	<u>10,000</u>	
Total Other Costs		36,000

Detailed Budget CY 78 continued...

6. Additional Country Representatives

Up to three new part time country representatives may be added during CY 78 in selected priority countries, such as Bangladesh or Egypt, with an average annual budget of \$26,000 each.

Total additional country representatives 78,000

TOTAL PROGRAM SUPPORT \$850,000

ENVIRONMENTAL THRESHOLD DETERMINATION

TO: AA/PHA, Sander M. Levin

FROM: PHA/PROG, C. David McMakin

SUBJECT: Environmental Threshold Determination

Project Title: The Pathfinder Fund

Project Number: _____

Specific Activity (if applicable) _____

REFERENCE: Initial Environmental/Examination (IEE) contained in attached paper dated December 10, 1977

I recommend that you make the following determination:

XX 1. The proposed agency action is not a major Federal action which will have a significant effect on the human environment.

_____ 2. The proposed agency action is a major Federal action which will have a significant effect on the human environment, and:

_____ a. An Environmental Assessment is required; or

_____ b. An Environmental Impact Statement is required.

The cost of and schedule for this requirement is fully described in the referenced document.

_____ 3. Our environmental examination is not complete. We will submit the analysis no later than _____ with our recommendation for an environmental threshold decision.

Approved: _____

Disapproved: _____

Date: _____

INITIAL ENVIRONMENTAL EXAMINATION

Project Location: Interregional

Project Title: The Pathfinder Fund

Funding (Fiscal Year and Amount): The Project Paper is to approve funding from FY 1978 through FY 1982 in the amount of \$36,497,000.

IEE prepared by: A. Sigrid Anderson Date: December 10, 1977

Environmental Action Recommended: It is recommended that this project receive a negative determination and that no additional environmental examinations be carried out on this project.

Assistant Administrator's Decision: Date:

Contents of Initial Environmental Examination

I. Examination of Nature, Scope and Magnitude of Environmental Impacts

Description of Project

The purpose of this project is to introduce fertility services and related information and training into areas previously lacking them; to improve management efficiency and delivery approaches of existing family planning service systems; and to collaborate with community development programs to increase access and use of fertility services. To achieve this purpose, the Pathfinder Fund has requested grant assistance from the Agency for International Development (AID) to enable the Pathfinder Fund to support LDC projects in the following areas: (1) service programs for the delivery of family planning services both through clinics and community-based distribution (CBD); (2) training programs for physicians, paramedicals and other health and family planning workers; (3) women's programs to increase awareness of life alternatives (education, employment, control of family size, etc.) and increase opportunity for choices, and increase participation of women in population activities; (4) population policy programs designed to assist LDC health officials to incorporate family planning programs and policies into their overall national plan; (5) special projects which are primarily designed to educate local community groups about family planning so that they may become vehicles for carrying out future family planning programs. The result of Pathfinder assistance efforts in these areas will be a decrease in the fertility of the recipient LDC populations, and a consequent positive environmental impact resulting from decreased demand for utilization of natural and manufactured resources.

IMPACT IDENTIFICATION AND EVALUATION FORM

<u>Impact Areas & Sub-areas</u> ^{1/}	<u>Impact</u> ^{2/}	<u>Impact Areas & Sub-areas</u> ^{1/}	<u>Impact</u> ^{2/}
A. LAND USE		F. SOCIOECONOMIC	
1. Changing the character of the land thru:		1. Changes in economic/employment patterns.....	<u>N</u>
a. Increasing the population.....	<u>N</u>	2. Changes in population.....	<u>L</u>
b. Extracting natural resources.....	<u>N</u>	3. Changes in cultural patterns.....	<u>L</u>
c. Land clearing.....	<u>N</u>	4. Other factors _____	<u>NONE</u>
d. Changing soil character.....	<u>N</u>	_____	_____
2. Altering natural defenses.....	<u>N</u>	G. HEALTH	
3. Foreclosing important uses.....	<u>N</u>	1. Changing a natural environment... ..	<u>N</u>
4. Jeopardizing man or his works.....	<u>N</u>	2. Eliminating an ecosystem element..	<u>N</u>
5. Other factors _____	<u>NONE</u>	3. Other factors _____	<u>NONE</u>
_____	_____	_____	_____
B. WATER QUALITY		H. GENERAL	
1. Physical state of water.....	<u>N</u>	1. International impacts.....	<u>N</u>
2. Chemical and biological states.....	<u>N</u>	2. Controversial impacts.....	<u>N</u>
3. Ecological balance.....	<u>N</u>	3. Larger program impacts.....	<u>N</u>
4. Other factors _____	<u>NONE</u>	4. Other factors _____	<u>NONE</u>
_____	_____	_____	_____
C. ATMOSPHERIC		I. OTHER POSSIBLE IMPACTS (not listed above)	
1. Air additives.....	<u>N</u>	_____	_____
2. Air pollution.....	<u>N</u>	_____	_____
3. Noise pollution.....	<u>N</u>	_____	_____
4. Other factors _____	<u>NONE</u>	_____	_____
_____	_____	FOOTNOTES:	
D. NATURAL RESOURCES		1/ See <u>Explanatory Notes</u> for this form.	
1. Diversion, altered use of water....	<u>N</u>	2/ Use the following symbols:	
2. Irreversible, inefficient commitments	<u>N</u>	N- No environmental impact	
3. Other factors _____	<u>NONE</u>	L- Little environmental impact	
_____	_____	M- Moderate environmental impact	
E. CULTURAL		H- High environmental impact	
1. Altering physical symbols.....	<u>N</u>	U- Unknown environmental impact	
2. Dilution of cultural traditions.....	<u>N</u>	
3. Other factors _____	<u>NONE</u>	Additional comments:	
_____	_____	(The Pathfinder Fund, 932-0807)	

COMMENTS WITH REGARD TO IMPACT IDENTIFICATION

F. SOCIOECONOMIC

2. Changes in population -

Since this project's target group is reproductive age individuals and couples, we would expect that family planning methods would be adopted which would lead to reduction in the rate of population growth.

3. Changes in cultural patterns -

Possibly there could be changes in cultural patterns as a result of adoption of family planning methods. This would develop over a period of time, however, as these new practices are accepted. The concept of child spacing is not necessarily a totally new idea for LDC populations.

With increased adoption of family planning, family size norms may begin to change with consequent effects on maternal and neo-natal mortality/morbidity; changing patterns of female participation in the workforce; increased opportunities for education for children. Decreased family size in rural areas may lessen the magnitude of current rural-to-urban migration flows.

II. Recommendation for Environmental Action

This project should receive a "Negative Determination" because the only foreseeable likely impact on the human environment that might receive a more thorough examination is that related to social or cultural change brought about through the introduction of family planning practices.

Annex F

In the Fall of 1975, AID sponsored an intensive evaluation of the Pathfinder Fund. The evaluation was conducted by Donald W. Helbig, M.D., Downstate Medical Center; Thomas Poffenberger, Ed.D., University of Michigan; and John Ratcliffe, Dr. P.H., Harvard University.

The recommendations of the evaluation team are listed in the left-hand column below. Actions taken subsequently by Pathfinder in furtherance of these recommendations are listed in the right-hand column. A copy of the complete evaluation report is available in DS/PUP/PPSD, telephone # 235-9649.

EVALUATION TEAM RECOMMENDATION

1. **RECOMMENDATION:** The Board of Directors of the Pathfinder Fund should immediately take action to examine in depth the assumptions underlying Pathfinder goals, objectives, policies and activities and to re-define explicitly its directions for the future.

2. **RECOMMENDATION:** It would be advantageous to AID and to the Pathfinder Fund to explore ways in which the Pathfinder Fund might be granted even greater autonomy and freedom of action to fulfill its objectives of finding new and innovative approaches to solving problems of population growth and composition.

3. **RECOMMENDATION:** The Pathfinder Fund should explore with AID the possibility of renegotiating the AID imposed limitation on proportion of funds to be spent for overhead expenses. A complementary approach would be for AID and the Pathfinder Fund to redefine which expenditures may be classed as project related and which as overhead.

PATHFINDER ACTION

1. In early 1976 the Board of Directors of the Pathfinder Fund established the New Paths Committee, and requested that it make an in-depth examination of Pathfinder's goals, objectives, policies and activities and the basic assumptions underlying them, and to make recommendations as to Pathfinder's directions for the future. Over a period of several months the New Paths Committee reviewed Pathfinder's program to date, interviewed Pathfinder's staff and numerous population experts from the United States and abroad, and submitted their final report and recommendations to the Board of Directors in November 1976. The report, which was accepted by the Board, called for Pathfinder to focus its resources and efforts on the development of programs for population and family planning within three main categories: Fertility Services, Women's Programs, and Population Policies and Action Plans.

2. While its status as an AID grantee places certain constraints from time to time on the areas of activity in which Pathfinder can use funds derived from AID, in general the working relationship between Pathfinder and AID in recent years has been open and flexible and, from Pathfinder's point of view, quite satisfactory.

3. Extensive discussions and negotiations between Pathfinder and AID have been going on over the past several months with respect to modifications in the administration and reimbursement of overhead expenses. Relevant new guidelines will be incorporated into the new Pathfinder grant.

4. **RECOMMENDATION:** The Pathfinder Fund should increase its efforts to obtain funds from sources other than USAID so as to increase its freedom of action in supporting projects which AID may be reluctant to approve and to expand program direction beyond the limits mandated by AID.

5. **RECOMMENDATION:** The Pathfinder Fund should re-examine its reluctance to admit USAID support. A statement that funds are received from many sources including USAID would in the long run be both more ethical and wiser.

6. **RECOMMENDATION:** Pathfinder should consider granting to each of its regional and field representatives a small, revolving, discretionary fund to meet local emergency needs of projects and grantees.

7. **RECOMMENDATION:** The Pathfinder Fund should take immediate and effective action to broaden the range of its headquarters staff capabilities to include a person with a background in applied social science. Addition of similarly qualified persons to field office staff should also be considered when funds permit.

8. **RECOMMENDATION:** Direct and productive contact among field staff and between field staff and headquarters staff and Pathfinder's Board of Directors should be assured on a regular basis.

9. **RECOMMENDATION:** Pathfinder should adopt a regular policy of requiring headquarters staff to travel more frequently to visit field staff and projects. Each Program Operations Director and Scientific Staff Member should travel at least once every eight months and preferably twice a year with trips carefully planned to assure optimum contact with field staff and project directors.

4. Pathfinder is expanding and stepping up its efforts to obtain funds from sources other than AID so as to further increase its flexibility in supporting innovative projects abroad, particularly in those project areas where concurrence and use of funds from the AID grant might be difficult to obtain. A direct mail campaign and extensive contacts with foundations are major elements of the Pathfinder fund raising effort.

5. Pathfinder's literature now makes clear that its funds are obtained from many sources, including AID. In dealing with grantees in developing countries, Pathfinder does not normally discuss the sources of Pathfinder funds, unless asked directly.

6. For various administrative reasons, Pathfinder has not set up discretionary funds for program purposes with its field representatives. Each field office is adequately budgeted for its program and personnel needs and the organization has a well developed system for submission of requests and proposals.

7. While Pathfinder has not added a person to its staff with a specific background in applied social science, in line with the recommendations of the New Paths Committee the expertise of the Pathfinder staff is being broadened in several other highly relevant program areas. Pathfinder may also shortly be adding additional country representatives, probably on a part time basis, for greater coverage in the field.

8. The extent and flow of communications between field and headquarters offices of Pathfinder has been improved considerably over the past year. Among other things, field staff receive regular reports of activities in other areas which may be of value to their own programs. One of the roles of the newly created position of Deputy Vice President is to insure adequate and continuing communication of this nature.

9. Travel of Pathfinder headquarters staff over the past several months has been extensive. Efforts are being made to achieve a proper balance between travel by headquarters staff members and field representatives, who have the regular ongoing responsibility of monitoring project activities in their areas. Another role of the Deputy Vice President is to insure careful preparation and coordination of all travel, so that the maximum information and impact can be gained from all field visits.

10. **RECOMMENDATION:** Pathfinder should institute the practice of routinely acknowledging receipt of applications for funding and of sending letters informing applicants that review is in process whenever delay in approval is greater than a defined time period.

11. **RECOMMENDATION:** Program Operations Directors in the Boston office and Project Directors in the field would benefit from institution of a routine system of reminders regarding due dates of fiscal reports, substantive reports and applications for refunding of projects.

12. **RECOMMENDATION:** Copies of correspondence to project directors and grantees should also be sent to field and regional representatives the same day.

13. **RECOMMENDATION:** Pathfinder should routinely inform all field staff of travel and vacation plans of Boston staff.

14. **RECOMMENDATION:** Following identification of underlying assumptions and the redefinition of explicit goals and objectives, Pathfinder should develop a system of guidelines whereby project applications can be evaluated according to clearly defined priorities.

15. **RECOMMENDATION:** The Pathfinder fund headquarters staff would benefit from an ongoing series of internal seminars in which staff members would be expected to present topics of interest and new ideas for general discussion.

10. All grant applications to Pathfinder are acknowledged as recommended, and applicants are advised of any expected delays in the approval process.

11. A routine system has been instituted whereby project directors are advised of the schedule by which financial and project reports should be submitted, and reminders are sent when these reports are overdue. With respect to projects where renewals may be expected, grantees are asked to prepare renewal requests when third and fourth quarter payments for the previous year are sent to the field.

12. Copies of all relevant correspondence from Pathfinder headquarters to project directors and grantees are routinely sent to the appropriate field offices at the same time that the originals are sent out.

13. Through regular correspondence and a monthly internal newsletter, all Pathfinder field staff are kept advised of the travel and vacation plans of headquarters personnel.

14. The three major Pathfinder Divisions have been and are in the process of charting their priorities and directions for the next several years, through expert meetings and the preparation of appropriate Working Documents. These documents will define the explicit goals and objectives of each Division's program, and will contain specific guidelines for the development of project and program opportunities in the field. One of the major recommendations and goals of the New Paths Committee Report was just such a concentrated and comprehensive definition of Pathfinder's priorities.

15. Under the direction of a member of Pathfinder's professional staff, a series (approximately one per month) of Pathfinder Seminars has been instituted, whereby individual staff members and outside experts are invited to present topics of interest and relevance to the full Pathfinder headquarters staff.

16. **RECOMMENDATION:** Field staff should be encouraged to attend at least one international family planning/population meeting a year outside their geographic areas and all such international meetings held within their areas. Within the limitations imposed by time and travel expense, they should also be encouraged to attend as many local conferences as possible. All Pathfinder staff who attend any meetings should be required to submit a brief report of each meeting attended for circulation within the Pathfinder organization.

17. **RECOMMENDATION:** The Pathfinder Fund should adopt an explicit policy of providing greater surveillance, guidance, and technical assistance to project directors in order to maximize project effectiveness and value to the population field.

18. **RECOMMENDATION:** The Pathfinder Fund should act more forcefully to implement its policy of utilizing skilled local persons as consultants for projects. Each regional and country representative should be encouraged to develop a roster of locally available talent for potential use as consultants.

19. **RECOMMENDATION:** Pathfinder should consider development of a philosophy and systematic methodology of evaluation among its highest priorities for the immediate future. This must follow Pathfinder's restatement of its basic assumptions, goals and objectives and can be accomplished either through a massive internal effort by existing staff or by adding a headquarters staff person specifically in this area or by selective but intensive use of external consultants or a combination of these.

20. **RECOMMENDATION:** Whatever philosophy and methodology of evaluation is evolved, Pathfinder should adopt the policy of intimately involving potential project directors in the development of evaluation plans of their own projects including provision of consultation, when needed. In how these evaluation plans are to be implemented. Systematic evaluation returns from projects should be given equal priority with the submission of fiscal data.

16. While no fixed quota has been established, members of Pathfinder's field staff do on the average attend one major international family planning/population meeting outside of their geographic areas each year, and all or most regional and local such meetings. For some of the more significant of these meetings Pathfinder is also sometimes further involved through the provision of travel grants for key participants and, on occasion, of some core support. All Pathfinder staff persons attending such meetings routinely submit reports which are circulated to all Pathfinder offices.

17. Pathfinder feels that one of its greatest strengths is the close rapport it develops with its grantees and the careful and continuing surveillance, guidance and technical assistance it provides its projects and project directors. This is achieved both through a regular system of required progress and evaluation reports, and through correspondence and carefully planned field visits.

18. Field representatives have been encouraged to identify and use local consultants to the maximum extent possible. Where appropriate, funds for such consultants are written into individual project budgets, and some other funds have been made available for use of consultants on a non-project specific basis. Pathfinder has a very strong commitment to the maximum use of local consultants.

19. Pathfinder has developed its own evaluation scheme and format, adaptable to most types of projects funded by the organization. The evaluation plans and timetables are considered an integral part of the original writeup of all major projects. Pathfinder is giving renewed attention to seeing that the evaluation program is given high priority in all areas and by all staff members. In the case of some large and particularly significant projects or series of projects, outside experts are on occasion employed to do detailed evaluations beyond the scope of Pathfinder's standard methodology.

20. See above. Design of an evaluation scheme is an integral part of the development of any project with the project director, and the acceptance of a grant implies that the grantee agrees to fulfill the evaluation criteria as well as all other conditions of the grant. Pathfinder's regular reporting system is designed to provide periodic information which permits assessment of the progress toward achievement of project goals.

21. In addition to its other publications, Pathfinder has instituted a new series of occasional papers on innovative projects supported by the organization. Known as Pathpapers, they are intended to make known to interested individuals and organizations worldwide the results of particularly successful Pathfinder projects which might, in whole or in part, be repeated or adapted for use elsewhere. Two Pathpapers have been published to date, and our goal is to publish three or four each year.

21. RECOMMENDATION: Pathfinder should take immediate action to collect, process and disseminate regular and frequent reports of project experience both within and among its funded projects and to the population field at large. Such dissemination might take the form of a regular newsletter, periodic monographs and reports, or submission of newsworthy experience to population field publications of other organizations such as Studies in Family Planning, Family Planning Perspectives, Population Report: Demography, Population Studies, etc.

PROCEDURE

for

EVALUATION OF PROJECT PERFORMANCE

THE PATHFINDER FUND

**1330 Boylston Street
Boston (Chestnut Hill) Massachusetts 02167
United States of America**

TABLE OF CONTENTS

	<u>PAGE</u>
FOREWORD	1
I. PROCEDURE FOR PERFORMANCE EVALUATION GUIDES	2
Introduction	2
Definition	2
Observations	2
Quantitative Evaluation Indices	3
Qualitative Evaluation Indices	3
Operational Steps	4
II. PERFORMANCE EVALUATION GUIDES	7
Community Based Contraceptive Distribution Guide ...	7
Family Planning Service Guide	9
Introduction of Family Planning/Demography	
Teaching Program Guide	11
Maternal and Child Health Service Guide	13
Motivational Seminar Guide	15
Promoter or Motivator Guide	17
Sterilization Service Guide	19
Training Course Guide	21
III. APPENDICES	24
Appendix A Criteria for Designing Data Collection	
Systems	24
Appendix B Sample Checklist	26
Appendix C Sample Questionnaire	27
Appendix D Performance Evaluation Design Form ..	29
Appendix E Performance Evaluation Report Form ..	32
Appendix F Glossary	33

FOREWORD

This booklet has been prepared to assist Pathfinder Project Directors and/or staff in incorporating performance evaluations into project proposals submitted to The Pathfinder Fund for funding. We hope it will provide a basis on which Pathfinder Project Directors and/or staff can build performance evaluations that are useful to them in monitoring and reporting to Pathfinder the progress of projects.

It covers the concept of evaluation; the procedure for conducting performance evaluations; the application of the procedure to the various types of programs generally funded by The Pathfinder Fund; and finally, several appendices containing information useful in designing performance evaluation.

In preparing this booklet, it is the intent of Pathfinder staff to provide only guidelines on the conduct of performance evaluations. One should select only whatever material is applicable and useful for the project proposal. Pathfinder staff will be happy to receive any comments you may have on this procedure for carrying out performance evaluations.

If technical assistance is needed, Pathfinder staff will help Project Directors in designing performance evaluations.

I. PROCEDURE FOR PERFORMANCE EVALUATION GUIDES

INTRODUCTION

The evaluation of family planning projects is increasingly being recognized as a necessity and it is Pathfinder's aim that projects be evaluated routinely so that Pathfinder and the Project Director are in a better position to determine the extent to which the project objectives are being achieved and to decide whether the project can be improved. This process allows the Project Director to pinpoint any problem areas as they occur and to take appropriate action.

DEFINITION OF PERFORMANCE EVALUATION

Performance evaluation is the comparative process of determining the relative value or success in achieving a pre-determined objective by applying quantitative and qualitative indices to project activities.

OBSERVATIONS

Before defining some indices which are important to evaluate the performance of Pathfinder projects, the following observations on the general process of evaluation should be noted:

- (a) all projects should include well defined, measurable objectives.
- (b) the evaluation must be designed by the Pathfinder Project Director and/or staff during the project's development to insure that the data needed to evaluate project performance is collected during the course of the project.
- (c) a project is subject to a simple or a complicated evaluation depending on the needs of the organizations concerned, the availability of adequate financial resources, and the time required to carry out evaluations. It is stressed that the Project Director should design simple but useful project evaluations.
- (d) it is necessary to keep in mind that the information obtained from the evaluation is usually only a partial indicator of the achievement of the project because the evaluation generally includes one or several but not all project activities.
- (e) in designing the evaluation the following must be defined:
 - * what is going to be evaluated
 - * how is it going to be evaluated
 - * when will it be evaluated
 - * who will do the evaluation

These are discussed under "Operational Steps" below.

- (f) a project should be evaluated both quantitatively and qualitatively. A quantitative evaluation will only measure the objectives or activities of a project. A qualitative evaluation analyzes the degree of excellence of project activities. Qualitative evaluations are not as common because it is assumed they require more complex methodologies. However, a simple, subjective qualitative evaluation will add an important dimension to the quantitative evaluation.

QUANTITATIVE EVALUATION INDICES

The indices listed below are not necessarily all inclusive nor the only ones required to evaluate a project but they are the minimum needed to measure project results.

- a. Achievement Index (expressed in percentage) is the amount of success in achieving pre-determined objectives or activities (i.e. 3,000 persons were to be motivated but only 1,500 were actually motivated; that is, only 50% of the objective was achieved). Example:

$$\text{Achievement: } \frac{\text{Number of persons motivated during quarter}}{\text{Number of persons programmed during quarter}} \times 100 =$$

- b. Efficiency Index is the ratio resulting from input resources (personnel time, costs) in relation to selected outputs or objectives achieved (i.e. cost per new acceptor, home visits per motivator-day). Examples:

$$\text{Home Visits per Motivator-Day: } \frac{\text{Number of home visits per quarter}}{\text{Number of days worked per quarter}} =$$

$$\text{Cost per New Acceptor: } \frac{\text{Total recurring expenses per year}}{\text{Total number of new acceptors per year}} =$$

QUALITATIVE EVALUATION

Qualitative evaluations can be made through observation or small surveys which may not be scientifically representative, but do show subjectively the development of the project and help to detect problems that may influence the quality of project activities.

Qualitative evaluations need not be performed by applying scientific formulas. The following may serve as examples for different types of projects:

- 1) Clinic Program: The quality of medical services can be assessed by:
 - a. direct observation of the quality of medical/paramedical activities, using a checklist (see Appendix B for sample).
 - b. asking the opinion of the patients about the way they were treated, using a questionnaire (see Appendix C for sample).
 - c. analyzing medical complications.
- 2) Information/Education Activities: The quality of the message of an informational and motivational program can be assessed by:
 - a. direct observation of Information, Education & Communications activity (home visit, motivational talk) by the evaluator.

- b. assembling a group of people to determine if the message was understood.
 - c. assessing whether the message says what it was supposed to say.
 - d. in case of face-to-face motivation, the quality of the work of the motivator can be assessed by interviewing residents of the community to inquire if they know the motivator, their opinion of his/her work, and the content of the message.
- 3) Training Programs can be qualitatively evaluated by means of:
- a. asking trainers' opinion of trainees, using a questionnaire.
 - b. inquiring what trainees think of the course, using a questionnaire.
 - c. informal assessment by qualified observer.

The above is only a small sample of the projects that can be evaluated and how the evaluation is done in each case. It is important to remember again that the evaluation of how the project is being conducted should be made although only subjective means of observation may be available.

OPERATIONAL STEPS

This section gives instructions in the design of performance evaluations for Pathfinder projects. Instructions are presented in a step-by-step manner to apply each of the indices previously defined. Before designing the evaluation, the project should be reviewed, especially its quantitative objectives. Poorly designed projects and imprecise objectives preclude valid evaluations.

- | | |
|---|---|
| DURING
PROJECT
DEVELOPMENT

(cont.) | <ul style="list-style-type: none">(1) <u>Identify project objectives and activities</u> and select those that will serve as best indicators of project achievement.(2) <u>Express in measurable terms the objectives and activities</u> selected for evaluation of the project. The objectives and activities programmed for a project should be based on planned inputs. For example, the number of home visits that can be programmed for one year is established by multiplying the number of home visits that each motivator will be making per day times the total number of days worked during the project year by each motivator times the number of motivators involved in the project.(3) <u>Determine the project type(s)</u> that the proposal falls into and turn to the appropriate Performance Evaluation Guide(s). These Guides have been prepared for specific types of family planning project components. Each Guide includes suggestions for quantitative (achievement and efficiency) and qualitative evaluations as well as a list of information needed by the evaluator to carry them out. |
|---|---|

- (4) Select from the Guide(s) those achievement and efficiency indices which are deemed necessary and feasible for evaluation of the project. For example, to evaluate a family planning clinic which employs motivators, one would select indices from both the Family Planning Clinic and the Motivators Guides.
- a. Achievement Indices: Set up equations to measure the achievement of the project objectives selected for evaluation.
- b. Efficiency Indices: Identify the resources that will be invested in the project and select those that will best serve as quantitative representatives of project inputs. Project inputs may be expressed in non-financial terms (i.e. number of days worked) or financially (i.e. recurring expenses: \$10,000). The corresponding outputs also can be expressed in non-financial terms (i.e. number of home visits made) or financially by calculating the cost/benefit factor (i.e. recurring expenses divided into the number of home visits made).
- (5) The time period for which each index will be applied (i.e. quarterly yearly, on completion of the project) should be defined. It should be noted that generally Pathfinder requires quarterly reporting.
- (6) Review the suggested qualitative evaluation method. If it is appropriate, incorporate it in the design. If it does not suit the project, suggest some other means of evaluating the quality of project activities.
- (7) Ascertain that the information that needs to be collected will be available. If the data collection system is either inadequate or non-existent, see Appendix A: "Criteria for Designing Data Collection Systems" for details.
- (8) Complete the Performance Evaluation Design Form and send it to The Pathfinder Fund with the project proposal (see Appendix D for sample).
- (9) Choose the person to collect the data.
- (10) Set a timetable for the collection of information (weekly, monthly) and tabulate the information according to the timetable. Once tabulated, the data will be summed up at the end of the reporting period in order to calculate the indices.
- (11) Calculate the indices, selected in No. 4 above, using the Performance Evaluation Report Form (see Appendix F for sample) at the end of the reporting period (quarterly, yearly, on completion of the project).
- (12) Conduct the qualitative evaluation as set forth in the Performance Evaluation Design Form (No. 8 above).
- (cont.)
- DURING PROJECT DEVELOPMENT
- UPON PROJECT APPROVAL
- ONCE PROJECT IS ON-GOING (cont.)

(cont.)
ONCE PROJECT
IS ON-GOING

- (13) Once the evaluation results have been analyzed, appropriate action can be taken. The determination of whether a level of performance is satisfactory or unsatisfactory is based upon previous experience with the project, comparison with similar projects, and/or the subjective experience of the evaluator.
- (14) Send one copy of the Performance Evaluation Report to the Pathfinder offices in Boston and one copy to the appropriate Pathfinder Regional Office.

II. PERFORMANCE EVALUATION GUIDES

COMMUNITY-BASED CONTRACEPTIVE DISTRIBUTION GUIDE (CBD)

Evaluation of all non-clinical contraceptive distribution systems (if educational activities are included, refer to the Promoter or Motivator Guide).

This evaluation seeks to determine if project objectives are being met and how well they are being met.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices (Oral Contraceptives Distribution)*

1.1 New Acceptors

$$\frac{\text{Number new O.C. acceptors during quarter}}{\text{Number new O.C. acceptors programmed for quarter}} \times 100 =$$

1.2 Percentage Active Acceptors

$$\frac{\text{Number active O.C. acceptors end of quarter}}{\text{Cumulative number new O.C. acceptors for preceding 12 months}} \times 100 =$$

1.3 Number Distribution Points

$$\frac{\text{Number distribution points in operation end of quarter}}{\text{Number distribution points programmed for project year}} \times 100 =$$

1.4 Supervision

CBD programs are organized in many different ways, particularly with regard to supervision. Evaluation of their work should be designed specifically for each CBD program.

2. Efficiency (All Methods)

2.1 Active Acceptors/Distributor

$$\frac{\text{Number active O.C. acceptors during quarter}}{\text{Number distributors}}$$

2.2 O.C. Dispensed/Distributor

$$\frac{\text{Number O.C. cycles dispensed during quarter}}{\text{Number distributors}}$$

* It is recommended that only new acceptors of oral contraceptives (O.C.) be measured because new acceptors of condoms and foam are difficult both to define and to measure.

2.3 Condoms Dispensed/Distributor

Number units condoms dispensed during quarter
Number distributors

2.4 Foam Dispensed/Distributor

Number units foam dispensed during quarter
Number distributors

2.5 Cost/Active O.C. Acceptor

Recurring expenses per year
Number active O.C. acceptors end of project year

II. QUALITATIVE EVALUATION

It is advisable to evaluate the quality of the work of one or several distributors in the community. This can be done by (a) means of a personal visit to several homes in the community to ask residents, using a questionnaire, if they know the distributor, if the distributor has visited them, the content of his/her message, what is their opinion of him/her, if they sought contraceptives as a result of the visit, etc. (b) analyzing complications reported by distributors such as undesirable side effects and number of clients who were referred to a family planning clinic.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of new O.C. acceptors programmed
- Number of new O.C. acceptors recruited
- Number of active O.C. acceptors
- Number of distributors in the program
- Number of distribution points programmed
- Number of distribution points active
- Number of O.C. cycles dispensed to acceptors
- Number of units of condoms dispensed
- Number of units of foam dispensed
- Number and type of complications and referrals
- Cumulative number of new O.C. acceptors for preceding 12 months
- Questionnaire to interview community residents

FAMILY PLANNING CLINIC SERVICE GUIDE

This evaluation is for projects using medical and/or paramedical personnel to insert IUDs and to distribute oral contraceptives, condoms, and foam.

The evaluation seeks to determine if the medical and/or paramedical personnel is accomplishing the objectives and if this work is being competently performed.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices (Oral Contraceptives and IUDs only)*

1.1 New Acceptors

$$\frac{\text{Number new acceptors during quarter}}{\text{Number new acceptors programmed for quarter}} \times 100 =$$

1.2 Number of Follow-up Visits

$$\frac{\text{Number actual follow-up visits during quarter}}{\text{Number follow-up visits programmed for quarter}} \times 100 =$$

1.3 Percentage New O.C. Acceptors

$$\frac{\text{Number new O.C. acceptors during quarter}}{\text{Number new O.C. and IUD acceptors during quarter}} \times 100 =$$

1.4 Percentage New IUD Acceptors

$$\frac{\text{Number new IUD acceptors during quarter}}{\text{Number new O.C. and IUD acceptors during quarter}} \times 100 =$$

1.5 Percentage Active Acceptors

$$\frac{\text{Number active O.C. and IUD acceptors during quarter}}{\text{Cumulative number new O.C. and IUD acceptors for preceding 12 months}} \times 100 =$$

(This index can be applied only if good patient control exists to determine how many women returned for a follow-up visit and how many did not return.)

2. Efficiency (All Methods)

2.1 Average Number Visits/Hour

$$\frac{\text{Number visits made during quarter}}{\text{Medical and paramedical hours paid during quarter}}$$

* It is recommended that only new acceptors of oral contraceptives (O.C.) and IUDs be measured because new acceptors of condoms and foam are difficult both to define and to measure.

2.2 Units Condoms Dispensed/Clinic

Number units of condoms dispensed during quarter
Number clinics in project

2.3 Units Foam Dispensed/Clinic

Number units of foam dispensed during quarter
Number clinics in project

2.4 Cost/New Acceptor

Reoccurring expenses/year
Number new acceptors/year

2.5 Cost/Clinic Visit

Recurring expenses/year
Total number family planning visits/year

II. QUALITATIVE EVALUATION

It is important to evaluate the treatment and quality of care given to the patient at the clinic. This can be done by (a) using a questionnaire to interview women or men as they leave the clinic. This interview can be made one day each month or during one week every three months. (b) analyzing contraceptive complications, such as IUD expulsions, removals, etc. (c) observing clinic activities using a checklist.

III. INFORMATION NEED FOR CONDUCTING EVALUATION

- Number of new acceptors (both O.C. and IUD) programmed
- Number of actual new O.C. acceptors
- Number of actual new IUD acceptors
- Number of follow-up visits programmed
- Number of actual follow-up visits
- Total number of family planning visits
- Paid medical and paramedical hours
- Number of active acceptors
- Cumulative number of new acceptors for preceding 12 months
- Questionnaire to interview clinic patients
- Checklist to observe clinic activities

INTRODUCTION OF FAMILY PLANNING/DEMOGRAPHY TEACHING PROGRAMS GUIDE

This evaluation refers to projects that seek to introduce the teaching of demography and family planning techniques in the curricula of Schools of Medicine, Schools of Nursing, Schools of Social Work, etc.

The evaluation seeks to determine if and how well project objectives were met.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

1.1 Curriculum Development and Introduction

Curriculum Programmed	Curriculum Developed		Taught	
	YES	NO	YES	NO
1. Course: Demography Content: World Population Growth Fertility Dependent popul.				
2. Course: Family Planning Procedures Content: Reproductive Physiology IUD Oral contracep.				

EXAMPLE

1.2 Course Attendance

$$\frac{\text{Number of students attending courses}}{\text{Number of students programmed to attend courses}} \times 100 =$$

1.3 Instruction Hours

$$\frac{\text{Number actual instruction hours during school year}}{\text{Number programmed instruction hours for school year}} \times 100 =$$

2. Efficiency

Cost benefit analysis is difficult in view of the long term nature of the benefits derived; i.e. the courses developed will be taught for many years.

II. QUALITATIVE EVALUATION

Assessing the quality of the curriculum developed goes beyond the scope of the present performance evaluation.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Courses developed and actually taught
- Curriculum (course content) developed and actually taught
- Number of students programmed to attend courses
- Number of students actually attending courses
- Number of instruction hours programmed
- Number of actual instruction hours

MATERNAL AND CHILD HEALTH SERVICE GUIDE

This evaluation is for projects using medical/paramedical personnel to deliver maternal and child health services in conjunction with family planning services

The evaluation seeks to determine if the medical and/or paramedical personnel is accomplishing objectives and if this work is being competently performed.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

$$1.1 \text{ Initial Pre-Natal Visits} = \frac{\text{Number initial pre-natal visits during quarter}}{\text{Number initial pre-natal visits programmed for quarter}} \times 100 =$$

$$1.2 \text{ Pre-Natal Control Visits} = \frac{\text{Number pre-natal control visits during quarter}}{\text{Number pre-natal control visits programmed for quarter}} \times 100 =$$

$$1.3 \text{ Post-Partum Visits} = \frac{\text{Number post-partum visits during quarter}}{\text{Number post-partum visits programmed for quarter}} \times 100 =$$

$$1.4 \text{ Child Health Care Initial Visits (0-5 yrs)} = \frac{\text{Number initial visits during quarter}}{\text{Number initial visits programmed for quarter}} \times 100 =$$

$$1.5 \text{ Child Health Care Control Visits} = \frac{\text{Number control visits during quarter}}{\text{Number control visits programmed for quarter}} \times 100 =$$

2. Efficiency

$$2.1 \text{ Number Visits per Hour} = \frac{\text{Total number of visits during quarter}}{\text{Total number medical/paramedical hours worked during quarter}}$$

2.2 Cost Benefit

Maternal and Child Health services are funded always in conjunction with family planning services. If MCH costs are clearly identified, then the cost per MCH visit can be determined. Otherwise, MCH services will be considered an added cost in the provision of family planning services; that is, the cost per new family planning acceptor will be higher when the project offers MCH services.

II. QUALITATIVE EVALUATION

It is important to evaluate the treatment and quality of care given to the patient at the clinic. This can be done by (a) interviewing women as they leave the clinic. This interview can be made one day each week or during one week every three months, using a questionnaire. (b) observing clinic activities using a checklist.

The qualitative evaluation of MCH services should be conducted in conjunction with the qualitative evaluation of family planning services offered at the clinic.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of new pre-natal visits programmed for year
- Number of actual new pre-natal visits per quarter
- Number of pre-natal control visits programmed for year
- Number of actual pre-natal control visits during quarter
- Number of post-partum visits programmed for year
- Number of actual post-partum visits per quarter
- Number of initial child health visits programmed for year
- Number of actual child health control visits per quarter
- Questionnaire to interview women
- Checklist to observe clinic activities

MOTIVATIONAL SEMINAR GUIDE

Under this heading fall all projects aimed at informing people about population/demography and at motivating participants to support or to promote family planning programs (i.e. leadership seminars).

This evaluation seeks to determine if seminar objectives were achieved. If the objectives include a change in behavior, i.e. publishing articles about family planning, the occurrence of the change must also be evaluated.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

1.1 Number of Participants

$$\frac{\text{Number participants attended}}{\text{Number participants programmed}} \times 100 =$$

1.2 Participants Characteristics

EXAMPLES

No. Predetermined Type(s) of Participants	No. Actual Type(s) of Participants
a. 10 FP program directors	5 FP program directors 5 Assistant FP directors
b. 15 nurses from rural health posts 15 nurses from urban clinics	10 nurses from rural health posts 20 nurses from urban clinics

1.3 Curriculum Content

EXAMPLE

Subjects	Programmed No. Hours	Actual No. Hours
Demography	10	10
Family Planning Methods	5	3
National Family Planning Program	1	3
TOTAL	<u>16</u>	<u>16</u>

1.4 Knowledge Acquired

Measured with a test on seminar content given upon conclusion of the seminar. It is presumed that knowledge was acquired at the seminar.

1.5 Behavior Change

When the seminar objective is to change behavior; that is, to stimulate action, Pathfinder staff and the Project Director should agree beforehand on:

- what is going to be measured
- how is it going to be done
- who will do it

2. Efficiency

2.1 Cost/Participant

$$\frac{\text{Total seminar costs}}{\text{Number of participants}}$$

II. QUALITATIVE EVALUATION

The quality of project activities can be assessed by means of: (a) asking participants' opinion of the course and their judgement of the attitude of instructors, the clarity of presentation, course content, and general course organization, using a questionnaire. (b) observing the degree of student participation, rate of attendance, and the attitude of instructors and participants at least once during the seminar, using a checklist.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of participants programmed to attend seminar
- Number of actual participants
- Definition of participant characteristics
- Definition of curriculum content
- Test to measure knowledge acquired at seminar
- Questionnaire to ask participants' opinion of seminar
- Checklist to observe seminar proceedings

PROMOTER OR MOTIVATOR GUIDE

This evaluation refers to projects using one or several persons (called "promoters", "motivators", or any other name) to inform and motivate the population by means of door-to-door visits or talks to community groups about the use of family planning methods. The work of promoters or motivators usually is linked to a family planning clinic or a community-based contraceptive distribution program. The evaluation seeks to determine if the personnel is doing what was programmed.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

1.1 Door-to-Door Visits

$$\frac{\text{Number visits made during quarter}}{\text{Number visits programmed for quarter}} \times 100 =$$

1.2 Average Number Persons Contacted/Visit

$$\frac{\text{Number persons contacted during quarter}}{\text{Number visits made during quarter}}$$

1.3 Talks

$$\frac{\text{Number talks given during quarter}}{\text{Number talks programmed for quarter}} \times 100 =$$

1.4 Average Number Participants/Talk

$$\frac{\text{Total number participants attending talks during quarter}}{\text{Number talks during quarter}}$$

1.5 Contraceptive Methods Adopted

May be measured in two ways:

- a. If the project utilizes a coupon system whereby motivators leave coupons with persons they visit to be turned in at the family planning clinic or distribution point when a person seeks a family planning method, one can compare:

$$\frac{\text{Number coupons received by clinic(s) or distribution point(s) during quarter}}{\text{Number coupons distributed by motivators during quarter}} \times 100$$

- b. If coupons are not used, people can be questioned at the clinic or distribution point if they have had contact with a motivator and one can compare:

$$\frac{\text{Number people who sought contraceptives at clinic or distribution point after being visited by motivator during quarter}}{\text{Total number people contacted through visits and talks by motivators during quarter}} \times 100 =$$

2. Efficiency

2.1 Visits/Motivator Day

$$\frac{\text{Total number visits during quarter}}{\text{Total number days worked by motivators during quarter}}$$

2.2 Talks/Motivator Day

$$\frac{\text{Total number talks during quarter}}{\text{Total number days worked by motivators during quarter}}$$

2.3 Cost Benefit

In view that the work of promoters or motivators is linked to a family planning clinic or a community-based contraceptive distribution program, the cost of the motivational activities will be included in the overall program costs, i.e. cost/new acceptor and/or cost/family planning visit.

II. QUALITATIVE EVALUATION

It is useful and important to ask people in the community what they think of the motivators and/or to observe their work. This can be done by means of (a) a personal visit to several homes which the motivator has visited to ask people if they understood what the motivator told them, and what they think of her and her work, using a questionnaire. (b) accompanying the motivator and observing her at work using a checklist. Both of these can be done by the Project Director or another person working in the project without additional cost since it does not involve a scientific study.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of door-to-door visits programmed
 - Number of door-to-door visits actually made
 - Number of persons contacted during door-to-door visits.
 - Number of talks programmed
 - Number of talks actually given
 - Number of participants at talks
 - Number of coupons distributed by motivators
 - Number of coupons received at clinics or distribution points
- OR
- Number of persons who were visited by motivator prior to seeking contraception
 - Number of working days
 - Questionnaire to ask people's opinion of motivator
 - Checklist to observe motivator's work

STERILIZATION SERVICE GUIDE

This includes both male and female sterilization service programs (if training is included, refer to Training Guide).

This evaluation seeks to determine if project objectives are being met and if the sterilization procedure is competently performed.

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

1.1 Number Sterilizations Performed

$$\frac{\text{Number sterilizations (by type) performed during quarter}}{\text{Number sterilizations (by type) programmed for quarter}} \times 100 =$$

1.2 Follow-up Visits

$$\frac{\text{Number actual follow-up visits during quarter}}{\text{Number follow-up visits programmed for quarter}} \times 100 =$$

2. Efficiency

2.1 Average Number Sterilizations/Physician Hour

$$\frac{\text{Number sterilizations performed during quarter}}{\text{Number paid physician hours during quarter}}$$

OR: If at all possible, it is desirable to break physician time into surgical hours and physician time devoted to follow-up consultations. The equations then would be:

a. Average Number Sterilizations/Physician Hour

$$\frac{\text{Number of sterilizations performed}}{\text{Number of paid surgical hours}}$$

b. Average Number Follow-up Visits/Physician Hour

$$\frac{\text{Number of follow-up visits}}{\text{Number paid medical consultation hours}}$$

2.2 Cost/Sterilization

$$\frac{\text{Recurring costs per year}}{\text{Number of sterilizations performed during project year}}$$

II. QUALITATIVE EVALUATION

It is important to evaluate the treatment and quality of care given to the patient at the clinic. The most important indicators of quality of care are (a) analysis of complications, i.e. failures, infections; (b) interviewing men or women as they leave the clinic can also be very useful. This interview can be made with a questionnaire one day each month or during a one week period every three months.

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of sterilizations programmed
- Number of sterilization actually performed
- Number of paid physician hours (broken down into surgical and medical consultation hours, if possible)
- Number of follow-up visits programmed
- Number of actual follow-up visits
- Questionnaire to interview clinic patients
- Complication incidence analysis

b. Practical Training

EXAMPLES

Subject	Planned Hours OR Planned No. Procedures	Actual Hours OR Actual No. Procedures
IUD insertions	15 insertions	10 insertions
Vasectomy procedures	10 procedures	15 procedures
Pelvic exams	10 exams	10 exams

1.4 Knowledge Acquired

When the training involves both theoretical and practical training, an identical test given before and after the course will measure knowledge acquired.

When the training is practical only, knowledge acquired should be assessed by observation, using a checklist.

1.5 Number of Trainees Utilizing Training (Follow-up)

Participants can be followed up some time after conclusion of the training (usually six months) to find out if the training received is being utilized. Follow-up can be conducted by means of a questionnaire or letter mailed to all participants. A random or selected sample of participants can then be interviewed personally. The information thus obtained is more reliable, but it can be an expensive method of gathering data.

2. Efficiency

2.1 Cost/Trainee

$$\frac{\text{Total training program costs}}{\text{Number of trainees}}$$

II. QUALITATIVE EVALUATION

The quality of the training course can be assessed by means of: (a) asking trainees' opinion of the course and their judgement of the attitude of instructors, the clarity of presentation, course content, and general course organization; (b) observing the degree of trainee participation, rate of attendance, and the attitude of instructors and trainees at least once during the course, using a checklist.

TRAINING COURSE GUIDE

Under this heading fall projects that train personnel in family planning management, medical, or IE&C activities. Evaluation of training courses must be aimed at measuring:

- a. if participants learned what was taught in the course
- b. if participants are using the knowledge acquired in their work
- c. if the proposed number of participants were trained
- d. if participants correspond to the type of people defined in the project proposal
- e. if the curriculum was taught as planned

I. QUANTITATIVE EVALUATION INDICES

1. Achievement Indices

1.1 Number of Participants

$$\frac{\text{Number participants attended}}{\text{Number participants programmed}} \times 100 =$$

1.2 Participant Characteristics

Participants Programmed	Participants Attended
a. 10 rural midwives 10 urban midwives	8 rural midwives 15 urban midwives
b 30 Ob/Gyn's	20 Ob/Gyn's 10 general practitioners

1.3 Curriculum Content

a. Theoretical Training

Subject	Planned Hours	Actual Hours
IUD insertion technique	5	5
Demography	2	2
Physiology of reproduction	4	3
Control forms	2	1
Motivational techniques	5	8
TOTAL	<u>18</u>	<u>19</u>

EXAMPLE:

III. INFORMATION NEEDED FOR CONDUCTING EVALUATION

- Number of participants programmed
- Number of participants actually attended
- Definition of participant characteristics
- Curriculum content (both theoretical and practical)
- Test to measure knowledge acquired
- Questionnaire to ask participants' opinion of the course
- Checklist to observe training session(s)
- Follow-up questionnaire to find out if the training received is being utilized

III. APPENDICES

APPENDIX A

CRITERIA FOR DESIGNING DATA COLLECTION SYSTEMS FOR PERFORMANCE EVALUATION

A basic principle in designing a data collection system to evaluate projects is that it should collect only the information necessary to carry out the evaluation.

In order to design a data collection system for project evaluation it is necessary to define:

- what information is needed for the evaluation
- how is the information going to be collected, i.e. through interviews, analysis of clinic statistics, etc.
- who is going to collect it
- when is it going to be collected

Quantitative Evaluations

As a rule, the numerators and denominators of the indices selected to measure the progress of the project will indicate what information needs to be gathered. The information usually is obtained from the daily register of personnel activities, patients' clinical histories, the follow-up files, and the accounting department. In any case, it should be checked before the beginning of project activities to insure that the information needed for the evaluation will be collected.

However, the instruments mentioned above cannot be used for projects involving IE&C activities or training which have as objectives a change in behavior or knowledge. For example, when the objectives of motivational work are defined in terms of change of behavior, the motivators' performance can be measured by (a) giving coupons to persons contacted during motivational visits which they can turn in at the family planning clinic or community-based contraceptive distributor when they seek a contraceptive method. (b) asking people who seek a contraceptive method at a clinic or community-based distribution point how they found out about the family planning services available and registering the information on the client's admission form.

In the case of training programs, one can utilize (a) knowledge test given before and after the training. It is based on the course curriculum and it should not be too lengthy. When the curriculum has several parts, the number of questions on each part depends on the relative importance of each part as far as the objectives of the training course are concerned. The questions can be closed or open; that is, the respondent can be given a number of answers to choose from or the person can fill in the answer. (b) follow-up questionnaire, the utilization of which should be carefully considered. It serves as a useful indication of whether trainees are making use of the training. A major drawback of follow-up questionnaires is the poor rate of response. There are techniques to increase the rate of trainees' responses such as a cover letter along with the questionnaire which stresses the importance of the trainee's input, envelopes

with return postage paid, a second mailing for those that do not respond. Finally, a random sample of those who do not answer can be contacted personally. However, the cost effectiveness of personal interviews must be considered.

Qualitative Evaluations

The quality of project activities can be assessed by means of:

a) Checklist. First the activity to be observed is defined. A listing is made of the tasks involved in the activity. The checklist should indicate not only whether the activity is performed but also how well it is performed. In addition, one can observe the person's attitude, for example the tone of voice (enthusiasm, concern, empathy) and/or facial expressions. The advantages of using a checklist when observing project activities is that all persons observed are then judged by the same criteria, and the observations are registered in an identical manner. (See sample checklist to observe performance of medical and paramedical personnel on page 25.)

b) Questionnaire. One can interview persons to survey the patient's opinion of project activities using a questionnaire. The criteria for designing a questionnaire should be:

- what information is desired
- how should questions be worded to obtain candid and valid answers.

(See sample of a questionnaire to elicit patient's opinion of a family planning clinic on page 27.)

CHECKLIST TO OBSERVE PERFORMANCE OF MEDICAL AND PARAMEDICAL PERSONNEL

Location _____

Time began _____

Time Ended _____

Task	not performed	if performed	
		acceptable	unacceptable
How was patient greeted?			
Was basic information sheet or clinical record filled out?			
Was examination procedure explained to patient?			
Was patient questioned?			
Physical examination (list examination steps)			
Was contraceptive method prescribed?			
Did patient receive explanation about contraceptive method chosen?			
Was patient informed about possible complications or side effects?			
Was IUD inserted? (lists steps required to insert IUD)			
Was patient courteously treated?			
Was patient told about importance of return for follow-up visit?			

Attitude of medical/paramedical personnel towards patient

- Did doctor/auxiliary take care of patient immediately upon arrival? Yes ___ No ___
- Was he/she harsh? ___ Kind? ___ Indifferent? ___
- Did doctor/auxiliary respond to patient's complaints? Yes ___ No ___ Somewhat ___

QUESTIONNAIRE - PERFORMANCE OF MEDICAL AND PARAMEDICAL PERSONNEL (for clinic patients)

1) Are clinic hours convenient for you?

YES NO

2) How long did you wait before seeing nurse/nurse's aide (first person you spoke to upon arrival)?

less than 1/2 hour

1/2 hour

1 hour

more than 1 hour

3) How long did you wait before seeing doctor/midwife/nurse (whoever provided the service you were seeking)?

less than 1/2 hour

1/2 hour

1 hour

more than 1 hour

4) Was clinic waiting area clean and comfortable?

YES NO

5) If waiting area of clinic was not clean and comfortable, was it?

dirty

uncomfortable

too crowded

6) Was nurse/nurse's aide (first person you spoke to upon arrival)?

impatient

indifferent

kind

sympathetic

7) Was doctor/midwife/nurse (whoever provided the service you were seeking)?

- impatient
- indifferent
- kind
- sympathetic

8) Did doctor/midwife/nurse explain the different contraceptive methods?

YES NO

9) If an IUD was prescribed, was the procedure explained to you?

YES NO

10) Were the possible side effects of the contraceptive method you are using explained to you?

YES NO

11) Have you been told about the importance of returning for your follow-up visit?

YES NO

12) Do you have any suggestions for improving the services of the clinic?

I. QUANTITATIVE EVALUATION INDICES

INDICES	TIME PERIOD	INFORMATION NEEDED FOR CONDUCTING EVALUATION
<p><u>1. Achievement Indices</u></p> <p>1.1 New Acceptors (O.C. and IUD) Programmed for Year: 1,600</p> <p>$\frac{\text{No. New Acceptors during Quarter}}{\text{No. New Acceptors programmed for Quarter}} \times 100 =$</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> - Actual number new acceptors - Programmed number new acceptors for project year divided by 4 to obtain quarterly objective
<p>1.2 Percentage New O.C. Acceptors</p> <p>$\frac{\text{Number New O.C. Acceptors during Quarter}}{\text{Number New O.C. \& IUD Acceptors during Quarter}} \times 100 =$</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> - Actual number new O.C. and IUD acceptors during quarter
<p>1.3 Percentage New IUD Acceptors</p> <p>$\frac{\text{Number New IUD Acceptors during Quarter}}{\text{Number New O.C. \& IUD Acceptors during Quarter}} \times 100 =$</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> - Actual number new O.C. and IUD acceptors during quarter
<p>1.4 Number of Follow-up Visits Programmed for Year: 3,500</p> <p>$\frac{\text{Number Actual Follow-up Visits during Quarter}}{\text{Number Programmed Follow-up Visits during Quarter}} \times 100 =$</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> - Actual number follow-up visits during quarter - Programmed number follow-up visits for project year divided by 4 to obtain quarterly objective
<p><u>2. Efficiency</u></p> <p>2.1 Average Number Visits/Hour</p> <p>$\frac{\text{Number Visits during Quarter}}{\text{Number Medical/Paramedical Hours Paid during Quarter}}$</p>	<p>Quarterly</p>	<ul style="list-style-type: none"> - Total number of visits during quarter - Number of paid medical and paramedical hours during quarter

INDICES	TIME PERIOD	INFORMATION NEEDED FOR CONDUCTING EVALUATION
2.2 Cost/New Contraceptive Acceptor $\frac{\text{Recurring Expenses per Year}}{\text{Number New Acceptors during Year}}$	Yearly	<ul style="list-style-type: none"> - Recurring expenses during project year - Number new contraceptive acceptors during project year
2.3 Cost/Clinic Visit $\frac{\text{Recurring Expenses per Year}}{\text{Total Number Family Planning Visits during Year}}$	Yearly	<ul style="list-style-type: none"> - Recurring expenses during project year - Total number of family planning visits during project year

II: QUALITATIVE EVALUATION

Will qualitative evaluation be carried out? YES NO

If yes, please list what activity or activities will be assessed and what instrument will be utilized.

Clinic activities will be assessed. Patients will be interviewed once a month using a questionnaire

Sample Report for Family Planning Clinic

PERFORMANCE EVALUATION REPORT

PIN 1000
4th Quarter
Beginning October 1976
Ending December 1976

I. ACHIEVEMENT

(1) Objective/Activity to be Evaluated	(2) Number Programmed for the Quarter	(3) Number Carried Out during Quarter	(4) Goal Achievement ($\frac{\text{column 3}}{\text{column 2}} \times 100 =$)
New Acceptors	400	450	112%
IUD Acceptors	---	150	33% IUD Acceptors
O.C. Acceptors	---	300	67% O.C. Acceptors
Follow-up Visits	875	923	105%

II. EFFICIENCY

(1) Number of Times Activity Carried Out	(2) Resources Used	(3) Efficiency
<p>1380 Family Planning Visits during Quarter</p> <p style="padding-left: 40px;">923 Follow-up Visits 457 First Time Visits <u>1380</u></p>	<p>600 medical plus paramedical hours</p>	<p>2.3 family planning visits/medical and paramedical hour</p>
<p>3480 Family Planning Visits during Project Year</p>	<p>\$10,000 recurring expenses</p>	<p>\$2.60/family planning visits</p>
<p>1680 New Family Planning Acceptors during Project Year (i.e. 450 from current quarter plus new acceptors registered in previous three quarters)</p>	<p>\$10,000 recurring expenses</p>	<p>\$5.95/new family planning acceptor</p>

GLOSSARY

Achievement: Attainment of a desired end through an organized activity, expressed in measurable terms.

Active Acceptor: One who is up-to-date in terms of the last appointment plus a grace period of three months.

Checklist: Instrument for observing an activity/activities composed of a listing of the tasks involved in the activity. The evaluator records which tasks are performed and the degree of competency in carrying them out.

Distribution Point: Non-clinical location where contraceptives are available.

Effect: Change in knowledge, attitudes, motivation, or behavior that results from project activities.

Efficiency: Degree of utilization of the resources allocated to a project. Efficiency is expressed by the ratio of outputs to inputs.

Family Planning Visit: Each time a person comes to the clinic seeking family planning services and/or information and receives services and/or information.

Follow-up Visit: Repeat visits made by active acceptors of family planning for gynecological check-up and/or contraceptive resupply.

Index: A number that is a composite of two numbers, a nominator and a denominator. The present evaluation procedure includes two types of indices; achievement and efficiency. The achievement index is expressed in a percentage. For example,

$$\frac{\text{Number home visits carried out during quarter}}{\text{Number home visits programmed during quarter}} \times 100 = \text{ or } \frac{300}{400} \times 100 = 75\%$$

The efficiency index is also composed of a nominator and a denominator. For example,

$$\frac{\text{Number home visits carried out during quarter (output)}}{\text{Number motivator-days worked during quarter (input)}} = \frac{300}{30} = 10 \text{ visits per motivator-day}$$

Input: The types of resources (labor, money, material, knowledge) invested in the project with the expectation of producing specific outputs.

Measurable: The assignment of numbers to objectives or activities planned to be carried out under a project.

New Acceptor: Women seen at the project clinic or distribution point who accepted a family planning method for the first time at the clinic or distribution point. Only new acceptors of oral contraceptives and IUDs (for clinics) are included because they can be defined. Acceptors of foam and condoms, on the other hand, are difficult both to define and to measure.

Objective: A measurable result that is desired and expected to be achieved in a specific length of time through an organized project activity.

Output: The actual results produced by the resources (inputs) invested in a project (actual number of family planning acceptors, actual number of home visits, actual number of personnel trained).

Paramedical Personnel: Paid or unpaid staff member who provides family planning services and/or information, but is not a physician (M.D.).

Performance Evaluation: The comparative process of determining the relative value or success in achieving a pre-determined objective by applying quantitative and qualitative indices to project activities.

Project Activity: A set of procedures organized and carried out to achieve a pre-determined purpose.

Qualitative Evaluation: Assessment of the degree of excellence of project activities. Methods of performing qualitative evaluation may include use of checklists, questionnaires, or qualified observers.

Quantitative Evaluation: (a) measurement of project objectives and/or activities (achievement) and (b) comparison of input to output (efficiency).

Questionnaire: Instrument for assessing the quality of project activities. A set of questions, open or closed, designed to elicit from users or providers of project services their opinion of project staff and/or services.

Random Sample: Sample selected from a population in such a manner that every element in the population has an equal chance or probability of being selected into the sample.

Recurring Expense: Project costs which are continuing in nature, such as salaries, fringe benefits, rent, consumable clinic and office supplies.

Tabulate: To arrange data in a tabular form (rows and columns).

H.
(PART I.)

pathways in population planning

December 1, 1976

Mr. Gerard Bowers
Project Manager
Family Planning Services Division
Office of Population
Department of State
Agency for International Development
Washington, D.C. 20523

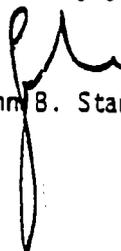
Dear Jerry:

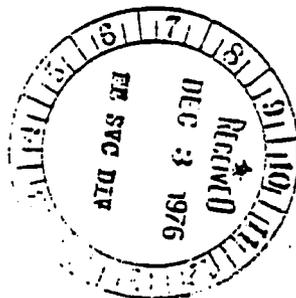
The enclosure is the final report of the New Paths Committee at Pathfinder as adopted by their Board at the end of November. You will note, as we indicated when we visited you early in November, that Pathfinder is moving from a more geographically oriented to a more programmatically oriented approach. I would like to draw your particular attention to the organizational structure of Pathfinder which has undergone considerable change. We expect that it will take some time to effect the transition to the new organizational structure. You may like to note particularly the changes which have been effected in the duties of the President and the Executive Vice President.

I'm sure we will have an opportunity within the next week or so to discuss this report and Pathfinder in general. In the meanwhile, I thought you would like to have the document for reading prior to that time. You can be sure that we at Pathfinder will be most interested in your comments and your criticisms.

Very best wishes.

Sincerely yours,


John B. Stanbury, M.D.



Cable Address

Pathfind-Boston
Pathfind-Bogota
Pathfind-Geneva
Pathfind-Hakarta
Pathfind-Manila
Pathfind-Nairobi
Pathfind-New Delhi
Pathfind-Santiago

November 5, 1976

REPORT TO THE
BOARD OF DIRECTORS
OF
THE PATHFINDER FUND

Part I

from the

New Paths Committee

John B. Stanbury, M.D., Chairman
Preston H. Saunders
Joe D. Wray, M.D.
Frances F. Korten, Ph.D.

Consultants to the Committee

Richard B. Gamble
John C. Snyder

I. THE NEW PATHS COMMITTEE

At its meeting in March of 1976, the Executive Committee of the Board of Directors authorized the formation of a committee to examine Pathfinder's present policies and operations, and, in light of the current trends in world population, to formulate a statement for consideration by the Directors outlining policies for the future and recommending plans to assure maximum impact for Pathfinder's work over the next decade. The need for such a statement was felt by Pathfinder's Board of Directors and also by the team that spent several months in 1975 studying Pathfinder's projects for AID.

The persons selected for the New Paths Committee, NPC, were Dr. John B. Stanbury, Chairman, Mr. Preston H. Saunders, Dr. Joe D. Wray, and Dr. Frances F. Korten. Consultants to the Committee were Mr. Richard S. Gamble, Executive Director of Pathfinder, and Dr. John C. Snyder.

The New Paths Committee held weekly meetings for the purpose of reviewing information, interviewing experts from other organizations, consulting members of Pathfinder's staff, and formulating this statement for the Board of Directors. Appendix I lists the names and titles of the individuals who met with one or more members of the New Paths Committee; it also indicates the background documents that were made available to the New Paths Committee as reference material.

The statement consists of seven sections and two appendices under these headings:

Sections:

1. The New Paths Committee, p.
2. Assumptions, p. 2
3. Objectives, p. 2
4. Policies for the Next Decade, p. 3
5. Categories for Program Development, pp. 4-5
6. Selection of Sites, p. 6
7. Changes in Organization Required, p. 7
by the New Policies and Programs

Appendices:

- I. Consultants and Reference Documents, p. 3
- II. Categories for Program Development
Outlines and Illustrative Projects, pp. 9-23

2. ASSUMPTIONS

There is general agreement that Pathfinder has attained a large measure of success in its original purpose of introducing and spreading birth control. Many organizations and agencies are committed to the provision of services -- clearly the birth control movement has developed great momentum.

In recognition of this fact the New Paths Committee, after interviewing experts from other organizations and obtaining the views of the Board of Directors, assumes that Pathfinder can be more effective and have greater impact in the decade ahead by directing its efforts to pathfinding in problem areas of key aspects of population programs. The Committee recognizes the great importance of increasing the flow of contraceptives and of improving the delivery of effective fertility control services, but the Committee also is convinced that if the population problems of many countries are ever to be solved, additional approaches are required.

The New Paths Committee further assumes that Pathfinder's future successes will depend on conducting its activities to the greatest possible extent through individuals and institutions of the host countries. The representatives of 150 nations in 1974 at Bucharest emphasized in unequivocal terms that the national goals of most countries, particularly those with low per capita incomes and scarce resources, are to improve education, health, nutrition, and socio-economic conditions. In general these countries will accept outside assistance provided such is directed to one or more of these goals. Many leaders now recognize that sharply rising population pressures are among the chief obstacles to orderly development. These are the considerations underlying the final assumption by the New Paths Committee: Pathfinder can best work toward its objectives in regions of need by applying its skill in pathfinding and its extensive international experience in birth control in harmony with national aspirations.

3. OBJECTIVES

The general purposes of institutions concerned with world population growth usually include three goals: to improve the conditions of life for people in disadvantaged areas, to reduce rates of population growth so that they are not excessive for orderly development, and to establish a balance between the numbers of people and their resources at the earliest possible time. Pathfinder's objectives are to contribute to these general efforts

- by introducing and accelerating the acceptance of effective fertility control measures in regions of great need;
- by exploring new methods, direct or indirect, to assist or bring about effective fertility control;
- by finding new ways to solve problems and circumvent obstacles impeding progress toward stabilization of world population.

4. POLICIES FOR THE NEXT DECADE

The New Paths Committee believes that the policies most likely to result in substantial progress toward Pathfinder's objectives in the coming decade are to:

concentrate on doing well in a relatively small number of programs, rather than expend efforts diffusely over a wide range of possibilities. (See Section 5.)

avoid activities that other organizations can perform as well as or better than Pathfinder can.

seek ways in regions where population pressures are rising rapidly to identify the principal obstacles to fertility control, then devise and demonstrate ways to circumvent the obstacles.

when confronted with several possible approaches, choose on the basis of probable impact in and applicability to regions of severe need.

work through individuals and institutions of host countries to the greatest possible extent in conducting whatever activities are selected for Pathfinder's programs.

continue to work with AID but exert maximum efforts to assure independence of decision, adequate flexibility, and appropriate reimbursement for costs incurred by Pathfinder in conducting AID-supported operations.

widen and intensify the campaign to obtain non-AID funds to support Pathfinder's programs.

move as quickly as practicable to an administrative structure specially designed for the new programs.

5. CATEGORIES FOR PROGRAM DEVELOPMENT

To implement the policies stated in Section 4 Pathfinder should direct its resources and efforts to the development of programs within the following categories:

Improvement of Fertility Control Services, "FCS,"
Population Policies and Action Plans, "PPA"
Women & Population Growth, "WPG",
Development of Human Resources and Other Special Projects
Requiring Rapid Responses, "HR-RR."

Appendix II describes the categories, their scope, the processes by which programs within them can be developed, and the approximate percentage of Pathfinder's resources to be directed to each one.

The New Paths Committee recognizes that if the Board of Directors adopts these recommendations there will be a period of transition from Pathfinder's present mode of operation to the new programs possibly lasting as long as 18 to 24 months, and that for various reasons it will be desirable to continue some of the present activities.

Criteria for selection of categories

The categories were chosen from a long list on the basis of these considerations:

certain of the problems within each category are of a sort that might yield to Pathfinder's methods and pathfinding approaches;

Pathfinder can pursue the solutions to key problems in the particular categories in ways not being used by other organizations working therein;

the activities proposed are realistic, that is, do-able by Pathfinder, given the necessary resources and administrative structure; and

the results of the activities have a reasonable probability of being useful to or having an impact on an important aspect of population problems in regions of need.

Nature of the work to be done in the four categoriesFertility Control Services, FCS

Despite the expenditure of very large sums on family planning clinics and provision of contraceptives, most of the women in the developing world do not have access to high-convenience, low-cost fertility control services of a sort they will use. The most common modes of delivery of family planning services are in fact so expensive for most governments that they cannot afford to expand these services to reach their entire populations. Furthermore, in many countries unskilled efforts to terminate pregnancies cause high rates of complications.

The New Paths Committee visualizes Pathfinder's activities in the category designated FCS as specific, action-oriented approaches to solving the problems of delivering effective fertility control services to those lacking such services. The range of projects would extend from attempts to promote the acceptance of and improve the accessibility of safe voluntary termination of pregnancy (VTP), to innovations in the design, management, operation, and evaluation of delivery systems. Proposals in this category are described in Appendix II Section FCS.

Population Policies and Action Plans, PPA

Many planners, policy makers and national leaders still do not recognize the critical importance of population programs for their countries. The New Paths Committee sees an opportunity for Pathfinder to have a major impact on events in countries of need by facilitating the formation of national population policies and their implementation by appropriate action. Opportunities of this sort have only been partially explored by population agencies but the list of possible approaches is extensive. Projects deemed both promising and practicable appear in Appendix II Section PPA.

Women and Population Growth, WPG

In the introductory statement on improving the delivery of fertility control services (see FCS above) a focus was on the women who want and will use services that meet their requirements. There are, however, uncounted millions of women who, because of their position or circumstances in their societies, may have no alternative but continuous childbearing, and may have no awareness of the possibility of a choice in the matter of their family size. The New Paths Committee finds a potentially fruitful role for Pathfinder in facilitating increased awareness of alternatives, increased opportunity for choices, and increased participation of women in population activities. Appendix II Section WPG indicates a few of the possibilities in this category.

Human Resources - Rapid Responses, HR - RR

Investment by Pathfinder in individuals at crucial stages of their careers can have an eventual impact far out of proportion to the size of the grant. By identifying and supporting those rare individuals who combine ingenuity and energy with personal commitment to population problems, Pathfinder may directly influence the scope and momentum of the population program of an entire country over a long period of time.

Flexibility and rapid response to opportunities have had high priority throughout Pathfinder's history. These characteristics will have special utility in the development of new human resources for population programs and in the recognition of the relatively few but nonetheless important special projects that are multicategorical or unclassifiable.

Appendix II Section HR-RR proposes an approach to projects in this category.

6. SELECTION OF SITES FOR PROGRAMS

Geographical and other Considerations

The New Paths Committee decided not to specify the sites in which to develop the new activities. Instead, a few guidelines are offered for consideration by the Board, the Executive Committee, and the professional staff of Pathfinder.

Without question the first step in selection of sites is to search in countries of emphasis for individuals who are widely respected, welcome in various segments of their populace, skillful in interpersonal relations, and interested in and willing to work for the attainment of action programs designed in harmony with the aspirations of the countries in question. Pathfinder should persuade such persons to become members of its field staff. Then comes the crucial step: to develop a regional strategy incorporating the ideas of the field staff. Alternate ways to proceed should be explored and a choice should be made on the basis of the estimated acceptability and impact of the activity locally and in adjacent regions as well.

The New Paths Committee recommends that considerable weight be given during site selection to the possibility of projects under a given program being clustered geographically or regionally. This would promote economy in travel by Pathfinder staff, facilitate convening individuals for communication and stimulation, and heighten the probability of success in transferring findings or methods to new sites.

7. CHANGES IN ORGANIZATION REQUIRED BY THE NEW POLICIES AND PROGRAMS

The policies and programs proposed in this report will require major changes in Pathfinder's administrative structure. An overriding concern for Pathfinder is to reduce sharply its present relative financial dependence on AID. As is true in nearly every organization that depends on gifts and grants from outside sources, the top person in Pathfinder must devote a very substantial amount of time to fund raising, probably more than 50 percent. Major donors, whether institutions or individuals, rarely give large sums unless the top person in the requesting organization has presented the case for the gift himself. Consequently, Pathfinder's leader must delegate to skilled persons the management of Pathfinder's day to day operations - both programmatic and financial - and he must work closely with the individuals on the Board as he directs Pathfinder's fund raising strategy and tactics. In addition the policies and programs proposed herein require highly skilled, professionally qualified individuals in key positions on the staff. The New Paths Committee recommends therefore that the Board of Directors establish several new positions and at the same time make a new assignment of responsibilities, duties, relationships, and titles for Pathfinder's present administrative officers. Specific suggestions in this regard are offered in a separate statement for the Board.

APPENDIX I

Consultants and Reference DocumentsPersons InterviewedConsultants

April 9	Dr. Fred Sai, International Planned Parenthood Federation, London
April 12	John Ratcliffe, Member, Evaluation Team for AID Report, 1975.
April 26	Helen Martikainen, World Health Organization
June 15	Marjorie Young, Professor, Harvard School of Public Health
June 28	Adrienne Germaine, Ford Foundation
July 7	Bernard Berelson, formerly President, Population Council, New York
July 12	Fred O. Pinkham, Assistant Administrator, Bureau of Population and Humanitarian Assistance, AID
July 21	Allen Furman, Deputy to Fred Pinkham, AID
	Richard Manoff, Manoff International, New York
	Dr. Thomas Cook, Manoff International, New York

Pathfinder Staff

Gaines Turner, Dr. H.R. Holtrop, Freya Bicknell, Eliot Putnam, James Crawford, David Wood, Nima Narula, Douglas Deane, Dr. Werner Bustamente, Dr. Marasha Marasha, Dr. Alberto Rizo, David Landman.

Documents of Reference

"Evaluation of the Pathfinder Fund, Fall, 1975," D.W. Helbig, T. Poffenberger, J. Ratcliffe

"The Great Debate on Population Policy," B. Berelson, 1975

"Social Science Research on Population," B. Berelson, 1976

"Future Directions of the Population Council," G. Zeidenstein, President, May, 1976

"Smaller Families Through Social and Economic Progress," W. Rich, 1973

"Population Analysis," (draft forwarded to Pathfinder by Allen Furman, AID), July, 1976

"U.S. Population - Related Assistance," AID, April, 1976

"World Population Growth, etc.," Draft of report to the Congress, June, 1976

"Special Report," The Environmental Fund, May, 1976

"Application of Social Science Theories to Family Planning Health Education in the People's Republic of China," V.L. Wang, May, 1976

"Third Bellagio Conference on Population," The Rockefeller Foundation, 1973

APPENDIX II - PROGRAMS

General Comments

The New Paths Committee realizes that it would be neither desirable nor practicable to attempt to present each category for program development in final detail. Instead, the Committee offers general approaches and illustrative projects. Prior to the description of each separate category a few special points should be taken up. First, the Committee believes that education, communication, and motivation are potentially important components of programs in any of the four categories and that in the course of developing its new activities Pathfinder should review its needs and opportunities from time to time for the purpose of deciding whether an expert in education, communication and motivation should be added to the staff.

Second, there are several activities which might be proposed for support but which the Committee concluded would be inappropriate for Pathfinder and should not be supported even though they might seem to fall within one or more of the categories for program development. Among these the following are specifically identified:

community-based development activities, per se

activities designed to increase the income producing capability of women

scholarly research unless directly related to one of Pathfinder's action plans

operation of clinics for extended periods beyond the pathfinding effects, i.e., solely for the purpose of providing services

tests of the safety, efficacy and/or side effects of new contraceptives except as a component of a project under the FCS Division;

laboratory based biomedical research

political activities; and

training of professionals and auxiliaries unless local circumstances indicate a high probability of their subsequent participation in fertility control or other types of population programs.

The general procedures to be followed in each of the four categories consist of selecting regions of emphasis, identifying the most promising individuals to work as Pathfinder's staff, and appraising the principal determinants of population pressures in the countries to be served. The appraisals will indicate which of the needs of a region fall within the categories chosen by Pathfinder.

The next steps should be to outline specific programs designed to meet the needs of the region, and to develop projects within each program in close collaboration with the appropriate local individuals or agencies.

In the event that the logical next steps for a particular country to take do not fit into any of Pathfinder's new program categories or if Pathfinder does not find the right individuals to serve as field staff, or if the agencies of the host country are reluctant to collaborate, then Pathfinder's staff should move elsewhere to seek opportunities for its programs.

From the above it is evident that Pathfinder will need a member of its field staff in each of the regions selected for its programs. Possibly a second person will be needed for two or three countries of special emphasis. The field staff should have the ability and the contacts to move among the leaders of the country. They should be committed to the program and should have a background relevant to activities in population and reproduction. Likewise, it is important that they be motivated to communicate and be skillful at doing so.

The Board of Directors should determine, probably on an annual basis, the approximate fraction of Pathfinder's resources to be directed to programs within each category. The Committee suggests that during the transition period Pathfinder should work toward percentages of this general order: FCS = 45%, PPA = 25%, W&PG = 20%, and HR-RR = 10%.

Section FCSAction-oriented approaches to the problems of delivering effective fertility control services to people lacking such services

The New Paths Committee recommends that Pathfinder develop programs within this category in three ways:

by concentrating on the improvement of delivery systems and their increased use;

by seeking ways to make voluntary termination of pregnancy (VTP) more widely accessible and acceptable; and

by introducing birth control services in areas of need where such are lacking or inadequate.

In regard to the first part above, one plan of action is to identify fertility control activities in which the key people are committed to effective delivery of services. The staff of Pathfinder should assist them appropriately to identify obstacles, bottlenecks, or other problems in their work, and help them find ways to avoid or solve such difficulties. These efforts should include improving existing systems and developing new approaches as well. The persons involved should keep constantly in mind that the goal is a system that is both effective in the test site and easily adaptable elsewhere. In short, a stronger national system for delivery of high-convenience, low-cost fertility control services.

The field work should include the users of services as well as the deliverers and supporters. At the user level, the basic task is to devise ways to make the systems more acceptable and more readily accessible. A first step here should be to find out the perceptions of the users and their attitudes toward existing systems. At the level of the deliverer a similar approach is in order. What do they need in order to be more effective? — more training and use of auxiliaries, better feed-back, different kinds of supervision, more dependable flow of supplies, etc.? A similar approach (but with different questions) can be used at the central support level. Projects should be designed to include maximum community participation — in planning, operation and evaluation — and should specifically include the women of the community.

The projects should be developed with the closest possible collaboration between the field team and the officials from various levels in the family planning services. This is intended to strengthen in the officials their proprietary feeling about the system — it should be theirs; they should have a stake in expanding it and in using its findings to influence the procedures to be set up elsewhere.

The development of a well-functioning, community-level delivery system having adequate central support will provide decision makers at the central level with a concrete demonstration of what can be done and how to do it. In addition, the community-level system can be used for on-the-job training -- for active learning by doing -- for instructing personnel in work at the periphery or in the central support network.

Where possible, several field projects should be set up in the same region; provision should be made for the people who are doing the work to meet at regular intervals to share their experiences and to learn from one another. The New Paths Committee recommends that Pathfinder have a minimum of three comprehensive projects testing fertility control delivery systems, in at least two regions.

Whenever clearly advantageous to do so, fertility control services should be integrated with other community-based activities. This, of course, is easily stated but very difficult to accomplish -- a great deal of ingenuity is needed here.

Techniques for evaluation of field procedures have been generally unsatisfactory. The field work in this respect should focus on their improvement and on the development of simple, reliable information that is useful both to the deliverers and to the central support personnel.

Another type of approach to the improvement of fertility control services may be used where it seems more likely to be acceptable locally. This is to respond to a desire expressed by individuals of a host country who see ways to improve the delivery system in which they are involved. By supporting the changes that they propose from within an existing organization, Pathfinder may have just as much impact as in the approach described above. Furthermore, Pathfinder's staff may see other ways to improve the accessibility and to lower the cost of fertility control services, and there may be local individuals who have good ideas for improvements. Pathfinder should pursue any such opportunities that seem likely to be fruitful.

The second part of the FCS Section is voluntary termination of pregnancy. There is general agreement that whenever possible, VTP services, along with contraception and sterilization, should be standard components of comprehensive fertility control delivery systems. This approach should be the first to be tried by Pathfinder. The circumstances affecting VTP vary from place to place, and the New Paths Committee

recognizes that the strategies to be selected likewise must vary. It probably will be more difficult to get public approval of VTP in a particular region than it will be to make VTP available as one facet of a comprehensive fertility control delivery system.

Pathfinder's staff involved in the FCS Section will need the collaboration of the other Sections in developing locally feasible strategies for fostering VTP. Examples of possible approaches include efforts directed at the current leaders of medical organizations (especially those who are in obstetrics and gynecology) and institutions such as religious groups, health ministries, hospitals, welfare programs, etc. A way to start is to present to such groups the locally gathered statistics on the high maternal mortality and high incidence of serious infections and other complications that result from unskilled and clandestine abortion, and then to show the good results when pregnancy is terminated early by simple and sterile techniques and the occasion used to introduce women to effective contraceptive techniques. There may be places where local writers, or radio commentators, or newspaper editors will come to recognize that present proscriptions impose hardships on some of the people in their country but do not eliminate illegal and dangerous abortions.

The third component of the FCS Section is Pathfinder's traditional role, to introduce birth control into places that still lack services, such as the countries where very little or no socio-economic development is occurring. Pathfinder should respond to pathfinding opportunities of this sort.

The New Paths Committee realizes that it may be very important for Pathfinder to begin its work in a new place by providing the birth control services that the local people want and appreciate. To do so is compatible with the new categories proposed for Pathfinder's activities when goodwill and credibility for Pathfinder's intentions can be established thereby.

SECTION PPAPOPULATION POLICIES AND ACTION PLANS

In spite of the rhetoric of nationalism, many countries now recognize population growth rates and population size as proper and legitimate concerns. Many have established agencies for population affairs, and some have formed national policies. Thus, in the future, Pathfinder may find itself shifting from a role of stimulating concern and providing information to one of guidance in policy implementation. Increasingly, Pathfinder may be called upon to support or assist efforts to formulate national policies or plan national programs. Not only should Pathfinder respond vigorously to requests but also should seek actively for opportunities to provide such assistance.

Pathfinder's approaches in matters of population policy and action plans can be separated into two areas, although there is much obvious overlap. An outline follows:

Providing information.

Development of impact statements in collaboration with local experts. These can be used to inform key governmental personnel, policy makers, and others of the impact of their own population size and growth on economic and social development, or the retarding effects of growth on capital investment, expansion of education, improvement in housing, improvement in nutrition, health, and so on. Types of impact statements might include:

A 15 minute presentation for the prime minister or head of state.

An exhaustively documented analysis, with alternative projections drawn from computerized model building. It might be done either as a primary effort directed toward a target country, or in response to a request.

An in-between document suitable for instruction of officials of various organizations, government and private.

Pathfinder's staff together with short term consultants and local experts should prepare an outline of content for a model impact statement and check list for use in development of an up-to-date analysis of the current state of population dynamics for countries of emphasis. Pathfinder's central staff should provide assistance in preparing charts, slide tapes, and other audio-visual materials.

The choice of steps to be taken subsequent to the preparation of the impact statement will depend upon Pathfinder's assessment of local circumstances and resources.

Recruitment of organized groups

Medical profession - Possible techniques:

Promotion and support of sharply focussed sections, seminars or workshops in conjunction with regional medical meetings

Occasional assistance to a key physician in a target country if his work is likely to have visible practical results.

Exhibits — posters and other educational materials at regional medical meetings.

Visits by Pathfinder's consultants or grantees to medical meetings.

Development of mailing lists of physicians for distribution of population information.

Interpretive condensations and distribution of important developments in the population-reproductive field, along lines of Pathfinder's current publications.

Support of an individual to give a relevant paper at a regional medical conference.

Legal profession.

Identify members of the legal profession who might advocate limitation of population size, family planning, and VTP; with their assistance develop impact statements emphasizing, for example, the importance of women's legal status as a factor in population dynamics; promote these statements through educational channels; sponsor a meeting/seminar/workshop on women and the law, provided there is a real chance of advancing Pathfinder's objectives; through a mailing list inform receptive members of the legal profession on laws relating to fertility control and VTP in other countries.

Organized labor.

Identify labor leaders; inform them through meetings and mailings of the relevance of population growth to employment, educational and skill developments, land tenure, etc.

Women's groups - See Section WPG.Regional population-fertility scientists.

Promote and support in part the activities of important academically-based scientists in the population-fertility field by helping them organize into regional groups; helping them develop projects; holding occasional meetings for the region; helping with publications resulting from their work; assisting in translations as needed; and, assisting in fund raising for support of their research.

Other possible target groups such as tribal leaders (sub-Saharan Africa); Rotary Clubs (important in some countries in South America); organized religious groups; organizations of teachers where they exist, or through national departments of education and universities.

Guidance

Pathfinder should develop the capability of responding to a request (sometimes as a result of field staff activity) for help from a country in assessing its own population problems, identifying its needs and goals, its present family planning activities, and the impediments to progress in population management. Pathfinder's staff and/or consultants should then work with national planners and other leaders to develop recommendations for action toward that country's goals. Ideally, this should be done quickly, working with Pathfinder core staff, nationals, and appropriate consultants.

Pathfinder should be prepared to provide advice and consultation on integrated family planning/maternal and child health installations, including their management; community-based delivery systems; national promotional campaigns; program evaluation; commodity acquisition and distribution; university-based departments or divisions of population sciences; and national or regional population monitoring systems.

Pathfinder should be alert to the possibility of providing guidance regarding national policies and programs which may not be directed to population matters, but which nonetheless may have important consequences for changes in fertility.

General Comments

In view of the fact that Pathfinder may find itself more involved in guidance as opposed to provision of information, and less involved in distribution of commodities when commercial channels become better developed and governmental acceptance advances, Pathfinder should be sensitive to these trends and keep a step ahead of them in the competence which it offers. Consequently, the administrative arrangements in the PPA program area should be kept as flexible as possible.

One of the by-products of Pathfinder's activities under the PPA category should be the emergence of a constituency among the leadership that will support the changes required for an effective population policy and the use of resources needed for a national action program.

SECTION WPGWOMEN AND POPULATION GROWTH

Background: While lack of easy access to effective contraception and abortion is one important reason for existing high fertility levels, there are several other reasons that relate directly to women's roles.

Women's lives in many cultures are focussed almost exclusively on their mothering role; they often want more than just two or three children to give them status within the family, to give them people to whom to relate meaningfully, and to occupy their time and interest.

Very poor women have almost no control over any aspect of their lives. The idea of controlling their fertility is not likely to be something they are aware of, or would feel capable of acting upon, even if they were aware of a choice.

In many cultures the most powerful position a woman can attain is that of "mother-in-law"; women in this position tend to put pressure on their families to produce more children, thus extending their "empire" through their grandchildren.

Often in the early stages of socio-economic development, women are put at an even greater disadvantage than they were in the traditional culture, e.g. their lack of access to education and technical knowledge is increasingly detrimental as these become more important to everyday life. With daughters lacking promise of economic payoff, parents need sons, thus increasing their desired fertility.

Factors such as these put upward pressures on fertility and must be changed if cultures are to reach replacement level fertility. This will necessitate changes in women's roles. Pathfinder can lead the way in identifying and demonstrating types of action projects that do have impact on women's roles, just as it led the way in showing how family planning programs could be developed. Because this path is so uncharted, it will require the kind of work with individuals on small projects that Pathfinder is so suited to doing. It may also require higher investments of staff time than other programs, since so much of the work will involve developing effective projects that Pathfinder can fund.

Activities suitable for Pathfinder in this Section are grouped under three headings:

Increasing regional or national concern for and understanding of the status of women;

Increasing women's involvement in family planning; and

Adding a family planning component to programs conducted by other agencies that are working on women's roles.

Regional or national concern for and understanding of the status of women

Pathfinder has long been involved in efforts to change the climate of national opinion in third world countries toward greater concern with population growth and greater awareness of need for family planning services. Activities designed to generate concern for women may overlap with activities designed to influence concern with population growth and family planning services. One expected outcome of strengthening local concerns with women is the creation of a stronger constituency advocating the provision of family planning services as well as other social changes likely to affect fertility.

The New Paths Committee sees opportunities for Pathfinder in supporting regional or national conferences that raise awareness of women's plight, the factors that affect this, and the changes that could improve it. Another avenue of approach is support for national women's organizations, for example, through short-term training for women who are likely to become leaders in women's groups, or through other activities that stimulate local women's organizations to involve themselves actively in efforts to improve the lives of their countrywomen. Pathfinder might assist in disseminating the results of research on women where publicizing could place the implications for action clearly before the national decision makers. Finally, in this area, Pathfinder could seek additional ways to influence regional or national opinion and knowledge regarding women's status.

This part of the WPG Section should receive between 5 and 10% of Pathfinder's resources. Initially fundable projects would probably mostly involve various kinds of conferences. However, the Pathfinder staff would spend considerable time making contact with women's organizations and persons concerned about women's status and role, looking for and developing people capable of directing other types of projects within this Section. The next two years would be viewed as experimental with efforts aimed at trying small projects designed to affect national levels of concern with women. At the end of two years

Pathfinder staff should be able to draw up a clearer statement of the activities on which Pathfinder should concentrate its efforts. Nothing in the above should be construed as permitting support for political activities per se.

Increasing women's involvement in family planning programs and these programs' responsiveness to women's needs

This is a logical activity for Pathfinder because of its close link to the FCS Section described in the first part of this Appendix. Specific projects could be designed such that the personnel of delivery systems for fertility control services would be primarily women at each level of activity. Pathfinder could experiment with arrangements that involve the users of services, ranging from mechanisms to provide feed-back on the users' perceptions and needs, to actual participation of users in the operation of the delivery systems. Furthermore, Pathfinder should encourage breast feeding as an element in fertility control when this fits the local situations. Likewise, Pathfinder could support activities outside family planning if these seemed likely to result in the users of services being more involved in the delivery systems.

This part of the WPG Section might require as much as 20% of Pathfinder's resources, but most of this would be considered as part of the FCS Section. Pathfinder's staff would:

Seek to identify actual or possible projects aimed at increasing women's involvement in and satisfaction with family planning programs.

Propose some projects specifically aimed to meet this need or to publicize efforts at doing this.

Work with field representatives to sensitize them to this aspect of service delivery and help them encourage the programs with which they work to become more responsive to women's needs.

Review the various projects in which Pathfinder is currently involved, looking for opportunities to encourage greater responsiveness to women's needs and work with appropriate Pathfinder staff on how this might be done.

Work closely with the FCS Section, making sure this dimension is considered in the development of all new projects.

Adding Family Planning to Programs Conducted by Other Agencies

Many possible activities relating to women's roles are not included in the above outline. One important approach is direct intervention to help women increase their income-producing capacity. Recognizing Pathfinder's limitations of funds and staff, this would not be suitable for direct Pathfinder involvement. However, to the degree that other organizations (international or local) are conducting such activities, Pathfinder could support a family planning component of their work. Thus, Pathfinder would need to be alert to activities of organizations working with women, and see to what extent supplemental support could provide a family planning component, for example, in Bangladesh, where there is no family planning component in the Food for Work programs.

Adding a family planning component to the work of other organizations might require as little as 5% of Pathfinder's resources or as much as 15% of Pathfinder's staff would.

Contact various international organizations not involved in family planning but beginning to work on women's roles and seek possible ways to add family planning education and service delivery to their projects.

Work with field staff to keep them alert to possible local projects with which Pathfinder could collaborate.

SECTION HR - RRHUMAN RESOURCES FOR POPULATION PROGRAMS: RAPID RESPONSES

The activities indicated by the two parts in the title of this Section are expected to involve not more than 10% of Pathfinder's resources. In most instances the proposals will relate to one or more of the three Sections previously outlined. Pathfinder's central staff will refer proposals in the HR-RR area to the appropriate Section. If, for any reason, a proposal does not fit into the FCS, PPA, or WPG Sections, the central staff will devise an appropriate way to deal with the proposal. The accomplishment of these objectives will require a high degree of skill on the part of Pathfinder's staff - headquarters and field - in developing contacts, sizing up ability, and judging opportunities to support promising individuals.

Part I. Human Resources for Population Programs

This concerns the identification and support of individuals who show potential for leadership in the population field outside of any organization which they may have a hand in controlling or running. In contrast to the PPA Section, which is working through leaders to gain the support and participation of their organizations.

Pathfinder has had a key role in the past in supporting individuals who promote various kinds of family planning and other population-related activities. It should continue to play this role in the future for several reasons:

Individual enterprise, initiative and imagination are desperately needed and not necessarily developed within organized groups or governmental or international bodies;

A small independent organization like Pathfinder need not always work through established channels of contact and authority within a country and may well be in a unique position to find and encourage concerned individuals;

The flexibility and innovative traditions of Pathfinder make it possible to encourage an individual to develop new ways to motivate his or her fellow citizens to become more concerned about the population problem and to take steps to deal with it.

Here are a few of the many possible ways that Pathfinder might follow in order to bring promising individuals into population work:

Support for university teachers whose research in the population field can attract their students to careers in population work.

Support for individuals during their transition period from study abroad to meaningful work in population in their home country. Such support would both help them get established and also prevent them from being diverted to other fields in order to support themselves. Persons receiving such support might be designated "Pathfinder Fellows."

Support for development of associations of individuals within a given region who show interest and ability in various aspects of family planning, or at the very least support encounters among such people, whether formalized as a conference or not.

Search for ways in which individuals can be supported for disseminating family planning information, advice and materials in some way that is new to the region.

Pathfinder has made several unusually successful grants to individuals in recent years. The course of events in Nepal, for example, is now being influenced by Prakash Upreti to whom Pathfinder made a 3 year grant to enable him to return home. Fatima Mernissi received a year's support to write up her dissertation at Brandeis on Women and Islam. A subsequent small grant to study Moroccan women's perception of the family planning system helped her get involved in Rabat. She has become an important figure both in Morocco and internationally. Dr. Marasha received a grant to complete a Masters in Public Health at Berkeley (his hiring by Pathfinder occurred subsequently). The Pathfinder grant helped these people get started in a career related to population. Equally important was the encouragement, guidance and assistance they have received from Pathfinder staff.

Part 2. Special Projects - Rapid Responses

This title is self explanatory. The purpose of this category is to assure Pathfinder's ability to act quickly on unique opportunities even though the proposals do not fit into any of the priority program areas. Ordinarily, the central staff will decide how Pathfinder can best deal with promising special opportunities.

H.
(PART 2)

November 23, 1976

A NEW ADMINISTRATIVE STRUCTURE FOR
THE PATHFINDER FUND

Adopted November 19, 1976 by the Board of Directors,
based on recommendations from the
New Paths Committee

November 23, 1976

In view of the facts that the new activities proposed in the Report of the New Paths Committee will require skills different from those presently available in the staff; and that Pathfinder urgently needs to obtain large sums from sources other than AID to support its future programs and increase its degree of financial independence from AID, the Board of Directors on November 19, 1976 adopted the following plan for a new organizational structure for Pathfinder, based in part on the recommendations of the New Paths Committee:

Board of Directors, enlarged to enhance fund raising abilities.

Executive Committee, to be more directly involved in policy and operations.

Committees of the Board:

Finances
Resources
Policy and Appointments

Officers and Principal Staff:

Chairman of the Board, Secretary, Treasurer (as at present)
Honorary Chairman of the Board
President of Pathfinder
Executive Vice President

Director of Resource Development
Director, Financial Services and Government Relations
Chief Medical Advisor
Chief of the Division of Fertility Control Services
Chief of the Division of Population Policies and Action Plans
Chief of the Division of Women and Population Growth

Program Coordinators for the three Divisions
(the titles, "Program Operations Directors," are to be phased out as the new plan is implemented)
Members of the Field Staff
(several positions are to be filled; the old titles "Regional and Country Representatives," are to be phased out during the transition to the new mode of operation.)

Advisory Panels

The Executive Committee will maintain close communication with the Committees of the Board and will assume responsibility for the major decisions affecting Pathfinder's operation between meetings of the Board of Directors.

The Committee on Policy and Appointments will work closely with the Vice President on policies, programs, operations, and appointments of senior staff.

November 23, 1976

The Committee on Resources will participate actively in the campaigns for funds and will provide guidelines and counsel to the President and the Director of Resource Development. This Committee will inform the Board regularly as to the President's progress in resource development and recommend appropriate action to strengthen this endeavor.

The Committee on Finances will oversee Pathfinder's budgets and financial operations, its investments and investment policies, its contracts and agreements with donors, and the activities of the Treasurer and the Director of Financial Services and Government Relations.

The President is authorized by the Board of Directors to serve as Pathfinder's leader -- its spokesman and ambassador. He is charged with several responsibilities:

1. to maintain close contact with all aspects of Pathfinder's operation;*
2. to obtain funds from sources other than the U.S. Government to support the various policies and programs set by the Board;**
3. to provide ideas and counsel to the Vice President and the Treasurer on issues relating to Pathfinder's activities;
4. to keep himself fully informed by appropriate visits and study about important developments in the population field world wide, and to channel relevant new information and insights quickly to Pathfinder's staff and Board;
5. to evaluate as systematically and perceptively as possible the strengths, weaknesses, and accomplishments of Pathfinder's programs; to make oral evaluation reports to the Board quarterly and a written report at least annually;
6. to receive distinguished visitors, or potential donors, or officials of other organizations with interest in the population field, and to acquaint them with Pathfinder's accomplishments;

* One way for the President to keep abreast of Pathfinder's work is to attend project hearings during which he provides the group with the benefit of his knowledge, experience, and ideas. In turn he obtains the insights of the staff, both field and headquarters.

** Within Pathfinder and on its behalf the President will direct the campaigns to obtain funds for support of its activities, especially the programs under the new categories. He will supervise the strategy and tactics in all phases of resource development -- by working closely with the Director of Resource Development and by achieving real involvement of the individual members of the Board in the fund raising process. He will make written reports to the Board on resource development at least semi-annually.

November 23, 1975

7. to inform each major donor by oral or written reports on the way Pathfinder has used its gifts, the nature of the work in progress, and the results that are anticipated;
8. to report to the Board semiannually on the general health of the organization with comments on the performance of the various members of the staff, and to recommend to the Board such steps as he may deem important and appropriate for improving Pathfinder's progress toward its goal.

The President is accountable to the Board for the performance of these duties and for such other tasks as the Board may assign to the President from time to time.

The Director of Resource Development is responsible directly to the President; he will concentrate on Pathfinder's activities in fund-raising from non-AID sources. He will keep in close touch with the progress of field activities; he will advise the staff regarding fundability of proposals under consideration.

The Executive Vice President is responsible to the Board for the development of programs and the management of Pathfinder's operations. He will supervise the activities of the Division Chiefs, the Director of Financial Services and Government Relations, and the field staff.

The Director of Financial Services and Government Relations reports to the Vice President and he will maintain close contact with the Treasurer and the Finance Committee. He will perform the several financial functions required by Pathfinder and its donors, AID and non-AID; he will facilitate Pathfinder's operations in regard to office management, personnel, supplies, equipment, budgets, financial records, and reports; he will be Pathfinder's liaison with AID for financial and contactual matters as directed by the Vice President.

The Division Chiefs will be full time, professionally qualified staff members, based in Boston but highly mobile, spending approximately one-fourth time working in the field directly with Pathfinder's field staff.

Early in the transition period from the current set-up to the new organization a concise statement will be formulated by the Executive Committee to define the nature and scope of responsibilities of each member of the professional staff, and the processes by which all projects are developed, approved, funded, supervised, and evaluated.

The Chief of each Division will be advised by an Advisory Panel that meets quarterly or more often. The outside experts will be appointed to the panels by the Chairman of the Board on recommendation by the Vice President after consultation with the President and the respective Division Chief. Each panel will also have two or more Board Members as assigned by the Chairman of the Board.

November 23, 1976

The Vice President in consultation with the Division Chiefs will appoint and be responsible for the members of Pathfinder's field staff. There may be more than one member of the field staff in a given region. Short term consultant assignments will be made as needed using indigenous professionals wherever possible. The titles of "regional and country representatives" will be phased out as the field staff is enlarged under the new mode of operations.

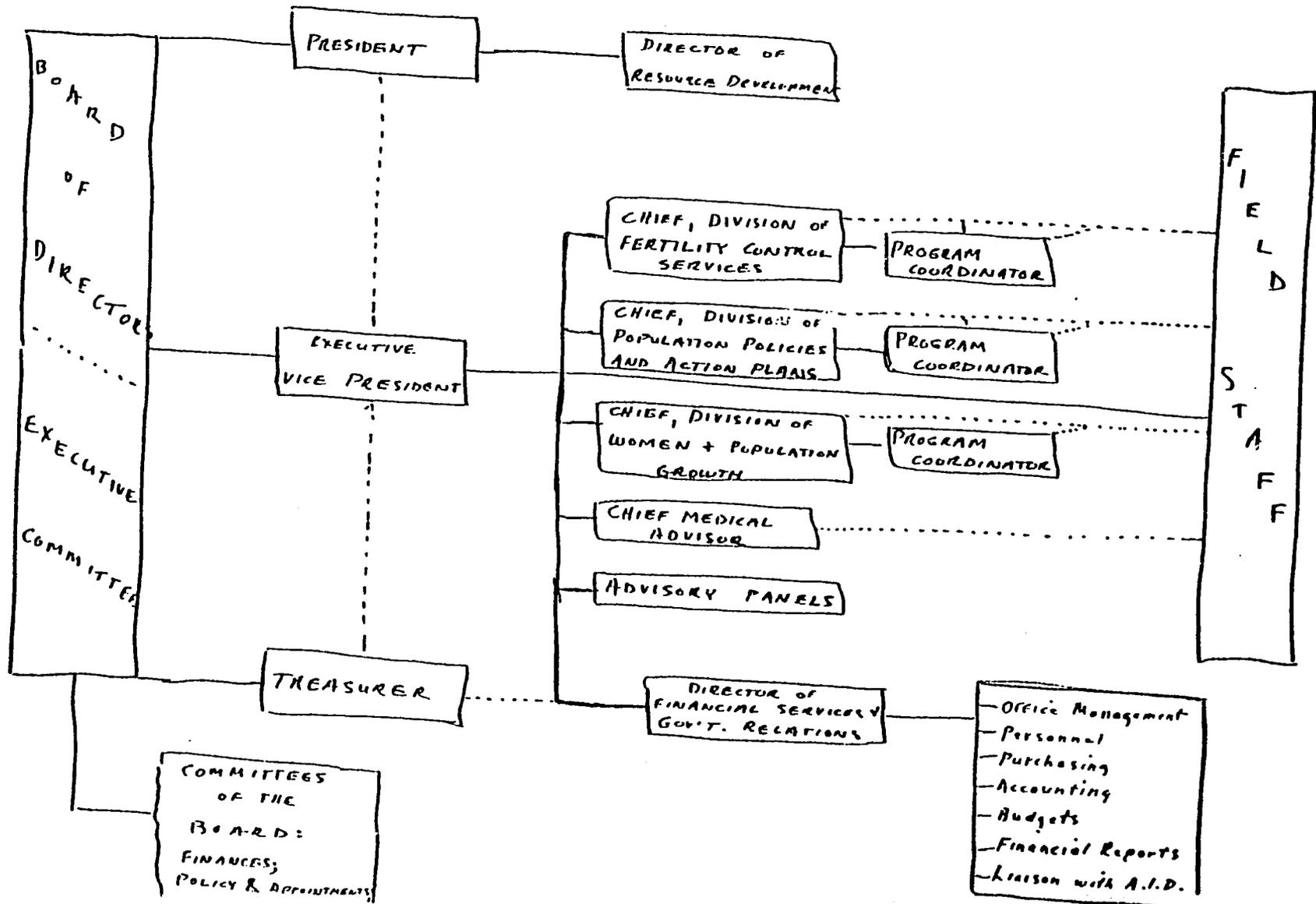
The role of the Chief Medical Advisor will depend upon the backgrounds of the individuals chosen to be the Vice President and the Chiefs of the Divisions. If a physician is not among the new appointees, the Chief Medical Advisor will be assigned considerable responsibility for the medical aspects of Pathfinders' programs and various projects thereunder. On the other hand, if the Vice President or the Chief of a Division has had extensive clinical experience, a lesser degree of responsibility will be assigned to the Chief Medical Advisor.

The New Paths Committee recognized the crucial importance to Pathfinder's operations of persons skilled in public health, communications and education, and social science. In selecting persons for staff positions, attention will be given to these needs. Insofar as they are not met, consideration will be given to adding appropriate staff in these disciplines, who will be related administratively to one of the Divisions, but who will contribute to the total operation of the organization.

The chart on the next page shows the administrative structure as described in the preceding paragraphs.

NEW ADMINISTRATIVE STRUCTURE FOR THE PATHFINDER FUND

Nov. 23, 1978 5.



Personnel

The Vice President and the Division Chiefs will be very experienced people with professional backgrounds. The Division Chiefs will spend about one-fourth of their time working with Pathfinder's field staff on program implementation in the emphasis countries and searching for new opportunities elsewhere.

Each member of Pathfinder's field staff will interact with the Division Chiefs who have projects in their localities. Organizationally, the members of the field staff will be appointed by and be responsible to the Vice President.

Program Coordinators in the Boston office will be individuals who have had international and administrative experience relevant to the respective Division to which they are assigned by the Vice President.

Program Review Process

The Board of Directors will review annually the structure, content, and accomplishments of Pathfinder's Divisions. Each Division Chief in consultation with the respective Advisory Panel will present a statement to the Board indicating the concepts that have been followed during the past year, the specific projects funded during that time, the concepts proposed for the coming year, the accomplishments and the anticipated results of the work. These presentations may be made on a rotating basis so that the Board will hear one at each quarterly meeting. The Board will consider possibilities for changes and will indicate the approximate percentages of resources to be devoted to each Division for the coming year.

Project Review Process

When a proposal comes to Pathfinder, it will go first to the Vice President who will assign it to the appropriate Division. The Chief of that Division will do the necessary background work to get the proposal to the point where it can be discussed as a project. This will include consultation with the Chief Medical Advisor whenever a project has medical, obstetrical or surgical aspects. As a proposal is being developed, the Division Chief will obtain the opinion of at least one member of the Advisory Panel on the technical feasibility of the project, its expected effect in the particular country, etc.

Project Hearing. The following people will normally attend project hearings: the President of Pathfinder, the Vice President, the three Division Chiefs, the Director of Financial Services, and the Director of Resource Development. They will comment on the probable impact of the project, make suggestions on how it might be improved, and consider how fundable they feel

November 23, 1975

7.

the project may be. The Chief Medical Advisor will attend hearings on projects having medical components. Comments from the Advisory Panel will be presented at project hearings. At the end of the hearing it will be decided whether the project is to be pursued or dropped. If a consensus among the group is not reached, the Vice President after appropriate consultation will make the decision in writing.

Further development of a project. If the decision is made to proceed with project development, the Division Chief will work with appropriate field staff to do so. When the project is drawn up in final form, the decision to approve will be made in writing by the Vice President after consultation with the Division Chief who will be responsible for the project.

Control Procedures to Preclude the Use of AID Funds for Abortion Activities Prohibited by A.I.D. Policy Determination No. 56
(dated June 10, 1974)

1. Prohibitions of support for abortion-related activities:

All subagreements between AID-funded grantees and subgrantees shall include the following language if any portion of grantee support for subgrantee activities requires the use of AID funds:

"No funds made available under this grant will be used to finance, support, or be attributed to the following activities: 1) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; 2) procurement or distribution of Menstrual Regulation (MR) kits; 3) special fees or incentives to women to coerce or motivate them to have abortions; 4) payments to persons to perform abortions, MR procedures or to solicit persons to undergo abortions or MR procedures; and 5) information, education, training or communication programs that seek to promote abortion as a method of family planning. These restrictions do not prohibit support for the performance of uterine evacuation, including MR, for other medical diagnostic and curative purposes."

2. Activities which may be supported:

All relevant grant agreements between AID and Grantees shall be amended to include the following:

"Funds made available under this grant may be used only for the specific activities described below. Grantee shall in its subproject proposals to AID, and in its subgrant agreements with subgrantees specifically define the activities to be undertaken by the subgrantee. These activities may include one or more of the kinds of activities listed below; but in no case shall these activities include activities other than, or in addition to, the following:

(a) Provision of contraceptive commodities, services and devices including, but not limited to, oral contraceptives, condoms, tubal ligation, vasectomy, IUD insertions, diaphragms, jellies, foams, etc.

(b) Provision of family planning training for physicians, paramedical personnel, family planning information agents and contraceptive distribution agents and other personnel as necessary to implement family planning information

and/or service activities. These training activities shall not include as part of their activities, training for, or the conduct of abortion as a non-therapeutic procedure.

(c) Provision of family planning information, motivation and counselling.

(d) Collection and analysis of family planning service statistics and/or demographic data.

(e) Pregnancy testing.

(f) Treatment of health disorders relating to fertility, including the treatment of incomplete abortions, abortions medically necessary to save the physical health or life of the patient, and other health problems discovered or revealed in the course of providing family planning services."

3. Preliminary determination re: abortion activity:

Prior to execution of a subgrant agreement with a subgrantee who intends to provide clinical family planning services, the Grantee shall formally query the prospective subgrantee as to whether any of the abortion-related activities listed under para. 1, above, are or will be conducted at the site(s) of the prospective subgrant activity, or at a location or other facility directly administered by the prospective subgrantee. If the prospective subgrantee states that none of these abortion-related activities are or will be conducted at the prospective site(s), or at other facilities directly administered by the prospective subgrantee, then the Grantee may proceed to negotiate and fund a subgrant agreement with the subgrantee in the same manner as currently employed by the Grantee, except that any such subgrant shall include the terms and conditions noted under paras. 1 and 2 above, and shall require the maintenance of subgrantee records as described in para. 6 below.

4. Abortion activity at project site:

If the prospective subgrantee indicates that any or all of the abortion-related activities indicated under para. 1 are or will be conducted at the site(s) of the proposed activity, or at other facilities directly administered by the prospective subgrantee, and that all such abortion-related activities are or will be supported by funds from a source other than AID or Grantee private funds, then the Grantee must observe the following conditions on the use of AID funds at that facility or facilities:

a) Direct-Cost Support: Grantee assistance will be limited to direct-cost support only. Such direct-cost items would include salaries, supplies and equipment, training, technical assistance, and others which can be clearly related to the family planning activities specified in para. 2. Unless absolutely necessary to enable performance of permissible family planning activities, Grantee would not provide support for indirect-type costs, including rent, utilities, etc., to facilities which conduct or plan to conduct abortion-related activities described under para. 1. If the Grantee limits assistance for such facilities to direct-cost support only, then no additional control procedures shall be required, except that such subgrantees shall be subject to the terms and conditions noted under paras. 1 and 2, above, and shall be required to maintain records as described in para. 6, below.

b) Direct Cost plus Indirect (type) Cost Support: In the few instances in which the Grantee and prospective subgrantee maintain that some Grantee support for indirect costs is essential to ensure effective performance of permissible family planning activities, then the grantee shall:

(1) Retain and assign a local audit firm to assist the Grantee and prospective subgrantee install at the administrative unit of the prospective subgrantee a reporting and accounting system which would ensure appropriate proration and payment of AID funds for allowable indirect costs. Such systems should be established in accordance with generally accepted accounting standards and procedures.

(2) A description of the accounting and reporting system shall be submitted by the Grantee to the AID/W Grant Manager as part of the Grantee's regular proposal for AID/W and Mission concurrence in a proposed subgrant. The description of the accounting and reporting system shall, inter alia, identify direct and indirect costs respectively; note the basis for determination of certain costs as indirect; explain the means to be employed in apportioning indirect costs; indicate a schedule for local auditor review of actual rates of apportionment of indirect costs; and describe Grantee/subgrantee procedures for reclaiming/refunding adjusted costs.

(3) The AID/W Grant Manager shall conduct and coordinate an AID technical review of the subproject proposal in the same manner as currently conducted. In all cases, the Grant Manager will request the Grant Officer to have a review made of the subgrantee accounting system. If requested, the AG will perform such a review and issue an advisory report to the Grant Officer. If the accounting and reporting system is not considered adequate, the advisory report will specify the inadequacies; and state those changes deemed necessary to meet minimal requirements.

(4) The AID Grant Officer will communicate recommendations to the Grantee for incorporation in the proposed accounting and reporting system. Upon confirmation from the Grantee that the recommendations were adopted, the AID Grant Officer will notify the Grantee that the proposed subgrant is acceptable to AID (assuming prior receipt of Grant Manager, Mission and Regional Bureau concurrence in the proposed activity). AID would, however, decline to approve a Grantee proposal if SER/CM rejected all or part of the proposed accounting and reporting system for that proposal, and if the Grantee were unable to have the system revised as recommended.

(5) If a proposal is approved by AID, the local audit firm retained by the Grantee shall conduct on-site audits at least once per year. These audits should be made available to the AID Grant Manager or other relevant AID personnel on request. The Grantee must certify to AID, when the subproject is submitted to AID for refunding, that the subgrantee has observed the terms of its agreement with the Grantee; and that to the best of the Grantee's knowledge, no AID funds were used during the preceding year to support activities not authorized by the Grantee-subgrantee agreement.

(6) In all instances where Grantee plans to provide AID-funded assistance of the type described in para. 4(b), Grantee should consult with the AID Grant Officer and Grant Manager before completion of substantive negotiations or informal commitments between Grantee and a potential subgrantee. This consultation should be undertaken as soon as possible for each potential subgrant, but in any case should take place prior to preparation and submission of the recording and accounting system described in paras. 4(b) (1-4).

5. Use of Grantee Private Funds to Support Abortion Activities:

In the case of facilities which receive Grantee private (non USG) support for abortion-related activities described in para. 1, AID funds may be used only for direct-cost support of permissible family planning activities, and for provision of AID inkind contraceptives. Such subgrantees shall also be subject to the terms and conditions described in paras. 1 and 2, and shall be required to maintain records as described in para. 6, below.

6. Record-Keeping:

a) Subgrantee clinical facilities which receive AID funds (direct cost support, or indirect cost support, or both) for activities described in para. 2 above, but which do not conduct any of the abortion-related activities indicated in para. 1, must maintain time-and-attendance records for personnel charged in whole or in part to direct-cost support.

(N.B.: "Indirect cost support" as referred to herein includes specific identifiable costs rather than an indirect cost rate. In the case of any subgrant which includes funding for indirect costs as a rate (e.g., as a percentage of direct labor), the subgrantee must maintain time-and-attendance records for all personnel within the assisted facility.)

b) Subgrantee clinical facilities which conduct any of the abortion-related activities listed in para. 1, but which receive only direct-cost support from the Grantee (including AID funds as all or part of such direct-cost support) shall maintain time-and-attendance-records for personnel charged in whole or in part to such direct-cost support.

c) Subgrantee facilities which conduct any of the abortion-related activities listed in para. 1, and which receive direct-cost plus indirect-type cost support (any portion of such costs derived from AID funds) for activities listed under para. 2, must maintain time-and-attendance records for all personnel employed by the assisted facility.

d) Time-and-attendance records to be maintained by subgrantees shall indicate the total number of hours worked by personnel (i.e., personnel funded wholly or in part by direct-cost support for projects described by para. 6(a) and (b), or all personnel working in the assisted facility for projects described by 6(c); the number of hours pursuant to tasks listed under para. 2; and the number of hours devoted to other activities not listed under para. 2. Individual employees must sign their time-and-attendance records; and the project director must certify each record as correct and accurate.

e) Appropriate records should also be maintained for other direct cost items, e.g., supplies, equipment, travel, etc.

A sample time-and-attendance record is attached. Subgrantee facilities will be required to retain these and other direct-cost records for a period of three years beyond termination of Grantee assistance to the subgrantee facility.

7. Grantee Confirmation:

At such time as the Grantee submits subprojects to AID for approval, the Grantee shall state explicitly in the project proposal whether the prospective subgrantee does or does not conduct any of the abortion activities described under para. 1 above. If any such activities are conducted, Grantee shall confirm that the use of AID funds at the proposed project site shall be limited as described in paras. 1-6, above. AID would reserve the right to decline approval of a Grantee proposal if not satisfied that the controls to be utilized by the Grantee are sufficient to ensure non-use of AID funds for prohibited abortion activity.

8. Project Monitoring:

Grantee must monitor each clinical services project (by Grantee representative and/or by use of local audit firm) and must certify, when project is submitted to AID for refunding, that subgrantee is observing the terms of its agreement with the Grantee. Any changes in subgrantee observation of the subagreement should, however, be reported to AID immediately to enable AID consideration of corrective measures including possible termination of AID support for the facility. Local audit firms utilized by the Grantee shall be provided copies of formal agreements between the Grantee and subgrantees, including statements included in those agreements indicating the specific purposes of the subgrant and restrictions to the use of subgrant funds. These audit firms shall be instructed to observe and report to the Grantee, as part of the audit firms annual audit responsibilities, whether the terms, conditions and restrictions of these agreements are being observed by the subgrantee.

9. USAID Monitoring:

These procedures shall be communicated to USAID Missions. To the extent possible, Mission population officers, audit staff, etc., should monitor consistency of AID/Grantee-funded projects with the conditions indicated herein. Variations and/or violations of these conditions should be reported to AID/W.

10. Phased Implementation:

Implementation of this set of control procedures shall be undertaken on a phased basis, i.e., as ongoing clinical projects become due for renewal/refunding, and as new clinical projects are developed by the Grantees.

SAMPLE TIME-AND-ATTENDANCE FORM

CLINIC OR HOSPITAL NAME: _____

PROJECT TITLE AND NUMBER: _____

TIME RECORD FOR: _____
(Name of Employee)

FOR THE PERIOD: _____
(Date - Date)

TOTAL NUMBER OF HOURS WORKED: _____

NUMBER OF HOURS DEVOTED TO PROJECT ACTIVITIES: _____

Employee Signature _____

CERTIFICATION:

I, _____, certify that _____
(Project Director) (Employee)

worked _____ hours during the time period specified above, and that

of this time, _____ hours were devoted to activities authorized

under (Grantee - Subgrantee) letter of agreement dated _____

Signature: _____
(Project Director)