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## EVALUATION OF THE PATHFINDER FUND

Review of Activities and Projects  
Funded from Grant AID/csd-1870

January 8, 1973

Submitted to The Pathfinder Fund by

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January 8, 1973

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Mr. Richard B. Gamble  
Executive Director  
The Pathfinder Fund  
850 Boylston Street  
Chestnut Hill, Massachusetts 02167

Dear Mr. Gamble:

It is with considerable pleasure that I forward the attached report of the evaluation of Pathfinder Projects funded under Grant AID/csd-1870.

These documents represent the team effort of Drs. Beasley, Kirscht and myself to carry out effectively the charge as outlined in the basic Grant Document. We trust that our findings and recommendations are of use to you and your organization.

The evaluation team wishes to thank you and your splendid staff for the complete cooperation in all aspects of the evaluation effort. We are in particular debt to Mr. Gaines Turner, Mrs. Anne Sandalls and Mr. James Brudney, but many others contributed invaluable services at critical points in the process.

The final report represents a distillation of data gathered from the numerous sources cited in the narrative and appendices. It is our hope that the complete documentation of country and individual project, including field visit, reports by the evaluation team and the analysis of existing files will be available to appropriate persons and organizations.

If there are any questions on any aspects of the report we will be pleased to provide needed additional information at any time.

Cordially,

Harold C. Gustafson, Dr. P.H.

For:

Harold C. Gustafson, Dr. P.H.  
W.B. Rogers Beasley, M.D.  
John P. Kirscht, Ph.D.

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I. Overall evaluation of Pathfinder projects funded under Grant AID/csd-1870

A. TO WHAT EXTENT HAS PATHFINDER BEEN SUCCESSFUL IN ESTABLISHING FAMILY PLANNING FACILITIES FOR POPULATION GROUPS NOT PREVIOUSLY SERVED.

We have interpreted the term facilities beyond the usual physical meaning to include the variety of programs usually associated with family planning programs.

1. Clinical Programs: Our general finding is that, in each area served by Pathfinder, there are successful clinical programs serving new population groups.

The examples cited clearly substantiate the success of the Pathfinder Fund in providing family planning facilities and services to population groups not previously reached. A clear and outstanding example in the Pathfinder funded projects is the Bilibid Prison program (PIN 1105B, Philippines\*) where specific population groups never before included in family planning programs are now receiving services. The outlook for continuation of this program through other sources of funding is very good. Other more extensive services are exemplified in the Muhammadiyah clinics in Jogjakarta (PIN 1205, Indonesia) which serve a population not previously reached by governmental or other services. The records in these clinics show that 80% of the patients are continuing, which the medical consultant on the team regarded as an outstanding percentage for clinic operations.

Another successful venture in provision of family planning services is the Bogota pilot clinic (PIN 1176, Colombia) which has often been cited as a model of one of the largest and most successful free standing clinic operations in the world.

\* See APPENDIX B - "PROJECT SUMMARIES"

The Muhammadiyah clinics in Bandung (the integration of field activities and elite of the hospital system, is using bl  
wives into home visiting and clinic oper

In each of the instances cited, adequate facilities have been established, trained personnel secured, adequate administrative services set up, and satisfactory acceptance and continuation rates reached. In most instances, some form of outreach program has been integrated into the clinic program.

One other very specific example of reaching populations not reached by others is The Pathfinder Fund project in Senegal (PIN 1178A). Here considerable time has been spent in developing the base for the provision of clinical services and also in developing elementary outreach services in the context of an overall maternal and child health program. It is assumed now that its facilities, training, and outreach phases are functional, and this institution has the capability to stimulate and implement the development of family planning activities in the government health program.

Some clinic facilities apparently in need of further assistance and development were also seen. These include the clinic component of the Urban Industrial Missions in the Philippines (PIN 1152A) where a check of the records on file, some 140 cases, failed to substantiate that reported services had indeed been provided. This cursory examination obviously needs follow-up by the country representative; it is clear that further technical assistance is imperative.

Experimentation with school based clinic services both in Wesleyan Central Luzon

(PIN 1086B) and at Dansalan College (PIN 1087B) in Mindanao (Philippines) are examples of clinic facilities that have not achieved their stated objectives. In the Wesleyan Central Luzon program, the clinic located in the school building has minimal usage. This also is true for the community based clinic under the supervision of this program. At Dansalan College the clinic portion of their program is not serving the population for which it was designed. Most of the clients are apparently relatively well off economically and services of the physician and paramedical personnel are inappropriately utilized in boarding of newborn babies. There is a question of how much effort is being expended in the provision of family planning services. It is clear that the political situation in Mindanao forced curtailment of many activities envisioned as part of the program. However, we believe that increased technical assistance should be available in order to modify the program to meet the new conditions.

The problems in some of these projects might well relate to the traditional practices of The Pathfinder Fund in allowing considerable freedom to the various project directors. While it is recognized that introducing changes in projects posed many problems, with the development of the full-time field representative pattern, supervision and monitoring of projects should be possible, in addition to the provision of needed technical assistance, cited above. A major portion of the field representatives' effort should be spent in these activities. Revision of the job description for Field Representatives and for Program Operation Directors to emphasize this aspect of their responsibilities might be helpful in this regard.

Though the record above would positively support the achievement of the Pathfinder objective in the provision of services, there are obvious shortcomings in many of the

countries visited. For example, in the Philippines, the evaluation team was aware that initial project development was, probably by necessity, largely tied to Protestant organizations. It is the opinion of the evaluation team that further in-country development should take into account the numerous Catholic organizations and institutions that now seem much more ready for involvement in the education and service programs. The present field representative in the Philippines who is a Catholic should make this task easier.

One positive observation, noted in an overall view of services and covering the various countries served, is the range of professional skills and levels of manpower involved, including programs with primarily medical direction to programs with almost exclusive para-medical direction. The excellent medically directed program in Colombia (PIN 1176) and the program under the exclusive direction of midwives, La Croix Bleue, in Senegal (PIN 1178A) illustrate this variety.

2. Education and Communication: In programs directed at education and communication goals, Pathfinder is also providing support for reaching new segments of populations. In the countries visited as a part of the evaluation effort the major thrust of program development is in activities centered primarily in clinics, either free standing family planning or integrated maternal and child health services. The needed field support for education, and information and communication to reach populations to be served by these clinics is an important element receiving increasing emphasis in Pathfinder program focus.

Among the Pathfinder funded projects are examples of an organized group approach for specific audiences where an immediate effect of adoption of family planning practices

is not intended. An outstanding project is the Philippines Press Institute (PIN 1092A). Workshop meetings provide the opportunity for journalists and other members of the press to learn about population problems. An immediate goal was increasing the number and quality of articles devoted to population issues in the print media, with a long range goal of affecting public policy in the country. Other programs directed to specific audiences for long-range effects on beliefs and policy include the efforts in Colombia (PIN 1189) to reach women's leadership and to provide training in the area of enhancing women's role in the development of the country. Further examples comprise the training program for puppeteers in Indonesia (PIN 1206) directed at inclusion of population issues in a popular form of entertainment and, the thrust into schools of population awareness/family life/sex education. Examples of the latter are the Tjikini Foundation (PIN 1164A) and the Muhammadiyah Schools (PIN 1203) in Indonesia, and Dansalan (PIN 1087B) and Wesleyan Central Luzon (PIN 1086B) in the Philippines. The effects of these programs are not likely to be measurable for many years to come.

Contrasted with this are direct efforts designed to increase clinic attendance, such as the radio spots in the Colombian (PIN 1190A) information program efforts and the training of motivators in Bogota (PIN 1202) to work in specific areas of the city. This type of educational effort is also found in a variety of other clinic based programs where midwives and extension workers are attempting to increase the attendance at clinics, as, for example, in the Muhammadiyah programs of Indonesia.

In the specific audience area with immediate intended effects on adoption of family planning, one can point to the rather important integration of family planning into programs of the Rural Improvement Clubs (PIN 1171, Philippines) where women are

provided with an integrated developmental program of micro-economic activities such as cooking, sewing, health, nutrition and family planning. Also one might consider the specific target audiences of the Urban Industrial Missions (PIN 1152A, Philippines) where the immediate effect is to gain attendance at family planning services developed within industrial health services and to secure these services, in the long run, as a part of the health services provided by industry for workers.

Information and education programs, especially long-term efforts, are difficult to evaluate. In some instances, conditions necessary for program success have been met, in others, not. Although, in our judgement, the rate of success has been more than sufficient to justify the programs, more attention to program evaluation, technical assistance, and monitoring is needed in the area of information and education. Until recently, Pathfinder left program development largely, if not entirely, to the grantee. Pathfinder should either provide the necessary technical assistance or insure that it is included in the project. Content and methods of information and education projects should not be left to persons without the required training or help. It might also be noted that valuable information from existing or past projects could be assembled and shared.

3. Training and Travel Fellowships: A third area related to the provision of services and facilities to new populations is professional training and travel fellowships.

As a part of any program development the recruitment, selection and training of manpower is one of the key elements required for program success. In less successful projects, the presence of a trained professional (especially in education, communication, or evaluation)

might have provided the needed factor to gain a higher degree of success.

In the overall budget for Pathfinder Grant AID/csd-1870 (Appendix E) professional training and travel fellowships account for only 5% of the total, although, of course, training activities are included in projects designed primarily for other purposes.

If no other institutions are providing necessary funding for professional training and travel, Pathfinder should consider increasing this amount. This recommendation is based on two findings. One, many of those who received training are now functioning in ways that reflect creditably on the training received, exemplified by the professional training of personnel in the Muhammadiyah program (PINS 1160, 1204); professional motivators in Colombia (PIN 1202); and the staff of La Croix Bleue (PIN 1178A). Second, the limitations of some programs might be explained by the absence of trained personnel, including the Costa Rican Caravans, the Paul Carlson Foundation, and Dansalan College (PINS 1187, 1170A, 1087B). Clearly, these educational activities are necessary for program success.

Continued training of professional and paraprofessional people in the United States and other developed parts of the world will be an important activity for some time to come, and Pathfinder or other appropriate agencies should make this an important part of their program emphasis.

Apparently, there will be fewer short term training activities available in the continental United States in the area of education and communication, and it appears that the East-West Center influence, or even the development of other centers of training in this area, would be important in the developing world.

If the objectives of provision of services in family planning is to be achieved in most areas of the world, preparation of paramedical workers is critical. Discussions with the various country representatives, particularly in Indonesia and the Philippines, indicate there will be a much higher interest and a larger number of requests for such training in the future.

4. Bulk Procurement: Bulk procurement of supplies has represented a substantial portion of the Pathfinder budget. This includes essentially two items and two countries. In the Philippines (PINS 1111, 1143, 1157) there has been bulk procurement of both medical kits and oral contraceptives, and in Taiwan (PINS 1098, 1136, 1155) three very large grants provided oral contraceptives as a part of the Pathfinder program.

The information on the bulk procurement in the Taiwan program is well documented in an extensive report which details the receipt, distribution and accounting for the materials dispensed through the program. This report is available in Pathfinder headquarters, Boston. These pills were an extremely important element in the expansion of the Taiwan program and served also as a check on the reliability and validity of field reports in that a small honorarium or fee was charged for the pills insuring that they were not given away to generate numbers.

In the Philippines a complete stock card listing for receipt of materials and their distribution is available. There are reports from responsible officials concerning the receipt of the materials in the field, as well as a complete listing of the clinics supplied by Pathfinder. These supplies were provided by Pathfinder at AID's request pending bilateral agreements that permitted AID to supply the government directly.

**B. TRANSFER OF PROJECTS TO OTHER SUPPORT.**

**With regard to THE EXTENT TO WHICH PROGRAMS ESTABLISHED WITH PATHFINDER SUPPORT HAVE BEEN SUCCESSFULLY TRANSFERRED TO OTHER MEANS OF SUPPORT,**

our general finding is that most of the projects covered under Grant AID/csd-1870 have not been of long enough duration to determine continued financial and program viability after the conclusion of Pathfinder support. However, some specific examples of transfer, or of prospects for transfer, warrant mentioning. It should be noted that a number of the projects are for specific purposes and were not intended to continue as an on-going activity.

The development of the Family Planning Association of Dahomey (Africa), about to be supported by IPPF, was accomplished through funding by Pathfinder for a total of \$22,000. The Association now stands as an independent operating organization in this very important African country.

In Peru the program initiated by Pathfinder (PIN 1193) (PALF) is of particular interest in that it has gained the support of the Catholic Church, and is now funded by Family Planning International Assistance.

Several of the clinics initiated under the Caravans project in Costa Rica are now incorporated in the government health services.

In Indonesia, the Muhammodijah organization has assumed responsibility for the family planning component of the Taman Puring Clinic (PIN 1090A), and has long range plans for the assumption of total responsibility.

In most recent grant documents of Pathfinder, it is not uncommon to find a specific plan for the assumption of funding. For example, in Colombia (PIN 1189) with the women's leadership groups, Dr. Miguel Trias has agreed to support 25% of program activities in 1972, 50% in 1973, and take over full responsibility in 1975. This type of funding will insure the institutionalization and continuation of Pathfinder funded programs in the future. Other plans for financial assumption include the Bilibid Prison and Leprosaria in the Philippines where there are specific commitments to take over these responsibilities within a maximum of two years.

In other instances, the planning for financial continuation has some inherent problems. For example, in the Philippines, the government sponsored Rural Improvement Clubs (PIN 1171) were programmed to assume responsibility for family planning activities upon completion of the Pathfinder funding. At present, the governmental unit to which this program is attached is itself in jeopardy, making the commitment uncertain. It is our judgement that support for the Rural Improvement Clubs should be continued because of its demonstration potential as an integrated scheme built into various nation building departments of government.

## II. Specific issues about the organization and administration of Pathfinder.

A. Project Selection Methods: The method used by Pathfinder to select subgrants was reviewed by the evaluation team. We found that there were existing procedures (see Appendix H) for the processing of all Pathfinder grants and subgrants. Generally, these procedures appear appropriate and feasible. However, they became effective on September 1, 1971. At the time of our study (ten months later), most of the projects reviewed had been approved and funded prior to that date. The evaluation

committee is of the opinion that these procedures are in need of minor modifications which will lead to more inputs from the newly constituted scientific portion of the staff and also from the Pathfinder field representatives. From our analysis of the files we determined that many of the projects have come through channels other than those specified in the published procedures, and it appeared that Program Operations Directors (POD's) have played a minimal role in the identification, development and implementation of many of the projects. Recognizing that the POD role is still developing, we recommend strongly that the POD's be most intimately involved in the total process. Easing the restrictions on POD travel, both in terms of clearances and funding, would assist in making more involvement possible. Furthermore, in several of the projects, the field representative was not sufficiently involved in either the identification of the potential project or its approval.

A major recommendation concerns the scientific staff of Pathfinder. In several instances, they did not have an opportunity for input into the development of a project until it had been virtually assured of funding. We would recommend, perhaps as Step 4 or 5 of procedure #203 (Appendix H), that proposals be discussed jointly with the scientific staff.

In addition, the Appendices attached to procedure #203 do not include the field representative and specify only that the scientific staff develop the evaluation format and systems of reporting. We believe that, with the development of a more aggressive and well qualified field staff, they should be very intimately involved in the total evaluative process. Proper evaluation plans require the Boston scientific staff to advise and consult in the area of evaluation of specific projects within the context of country program development. The planning and conduct of evaluation requires more attention to this

aspect of program.

In summary, the project directors and field representatives should be assisted by appropriate staff from the Boston office in the development of specific evaluation plans for each project. A philosophy and methodology for evaluation should be developed in the Pathfinder organization and the field people be trained in this methodology so that there will be greater compatibility between field reports and data needed for the evaluative process than is now the case.

In line with these and other recommendations on the development of needed technical capability, it is also recommended that the staff in Boston include a paramedical person, best represented by a nurse-midwife. This would have the additional advantage of developing the sensitivity of the organization to developing paramedical programs. It was clear in many of the field reports and the letters concerning both the Philippines and Indonesia that a consultant was quite useful in assisting the overall program development of these countries, particularly in the area of population education. Continued use of outside consultants might enrich the data available - - data that are presently lacking in some aspects in detail and professional judgment - - on both progress of projects and needs for new programs.

Once existing procedures have been agreed upon within the Pathfinder organization, the funding agencies or individuals should be apprised of these procedures and be expected to work within them. It becomes quite clear in an analysis of correspondence and other documents that much of the confusion, much of the interference with the development of the roles of the POD's, and even the scientific staff, has been occasioned by an avoidance of the standing procedures, particularly by USAID.

B. Project Extension: It is not clear that there is any substantial difference between the extension procedure and initial approval of a project. Projects with an anticipated life of more than one year are generally funded only for a year at a time. Where the purpose is to start a long-term program which will eventually develop other sources of support, Pathfinder usually anticipates a three year period for the project to reach sufficient maturity for its transfer to other bases of funding. Considerable influence regarding decisions for continuation of funding is apparent from AID and other host country organizations in this process. In evaluating this particular element of the program we leaned heavily on the review of the files and correspondence, concluding that any defects noted for the initial approval procedure also apply to renewal. Adequate evaluation procedures would assist in clarifying and simplifying the renewal decision. While changes in on-going projects may prove difficult for a variety of reasons, nevertheless, early involvement of the scientific staff, more visits and close contact by both POD's and scientific staff of the organization, and cooperation by field representatives and program directors are necessary in review for renewal.

C. Review and Follow-up Procedures: A variety of methods are in effect for the review and monitoring of on-going projects by most of the professional staff of The Pathfinder Fund. There are quarterly reports from project directors which are to be summarized by country representatives and forwarded to Pathfinder on a regular basis. Pathfinder has recently published an extensive annual report. Files of each individual project are now a rich source of data concerning specific activities and problems within any grant. There have been some attempts to standardize field reports. Most notable is the clinic report form, which, if used appropriately, should generate useful data for the evaluation of clinic activities. While a format is requested for the narrative reports,

until recently it has been seldom followed by the field representatives and/or project directors. As a result, most of the specific information about projects is found in correspondence between POD's and the country representatives, where questions not handled in the existing format are resolved. We would recommend that a more comprehensive and useful system of narrative reports and other communications be developed to monitor project developments and accomplishments. The system of reporting should mesh with the evaluation methodology to be developed, as recommended earlier. The form developed for this evaluation (Appendix C) might serve as a basis for reporting information. It is axiomatic, of course, that data gathered but not used serve no purposes. Continuous supervision by the field representative is, of course, a necessary precursor of review and follow-up. Methods to promote systematic program monitoring are required. One way to develop closer association between project directors and field representatives would be through conferences set up within countries or regions.

D. Follow-up Conducted to Determine Viability After Conclusion of Pathfinder

Support: In a previous section, several instances of successful transfer of funding and program responsibility have been cited. In addition to these, bulk supply and medical kit procurement and distribution has facilitated the offering of family planning services on a wide basis, particularly in Taiwan, the Philippines, and Indonesia. Again, most of the projects covered under Grant AID/csd-1870 have not been of long enough duration to determine continued viability after conclusion of Pathfinder support. We have already cited the projects where this has been accomplished and can only comment on the procedures of follow-up as specified in this particular objective. To our knowledge, there is no set follow-up procedure to determine viability of continued support. As we understand the process, informal checking is done by country representatives and others. This may

be adequate to determine the immediate fate of the project. However, long-term plans for follow-up of projects should be established.

E. The Procedures Used to Search out New Projects: In the 63 projects included in our original list of projects funded from Grant AID/csd-1870 it was clear that a large proportion were not initiated by any of the professional staff presently with Pathfinder. It appears that many of the projects were inherited through the insistence of AID in several of the countries visited.

Another obvious source of projects is demonstrable in the Philippines where the past representative of The Pathfinder Fund was able to generate a large number of projects through field activity. Many of these appear to be viable and worthy of continued support. However, in several instances the projects exceeded the available technical expertise necessary to follow them through so that merely seeking out of new projects is only one aspect of the total project development plan.

This illustrates the real need to orchestrate much more effectively the Boston technical assistance capability and supervisory responsibilities with both the field representatives and potential project directors. Responsibility for searching out new projects should be a major function of the field and country representatives, based on involvement with all of the agencies engaged in the family planning activities in the country. Included in this role is the need for some kind of local communication system with AID, despite the need for independent action in any given country. Support for in-country conferences of project directors, suggested by the field representative in Indonesia, would be one mechanism for exchanging information and generating ideas.

**F. The Techniques Used to Surmount Problems of a Difficult Environment:**

A major reason for the existence of an organization such as the Pathfinder Fund is ability to react rapidly to conditions which evolve in the development of programs in any area of the world. For example, they have solved many of the supply problems by development of stockpile centers in Boston and in a few countries to meet the demand for contraceptives, medical kits and other commodities.

Even more important has been the involvement of host-country nationals and informal contacts outside of ordinary government channels. These relationships with persons in the countries are crucial for overcoming problems of difficult environments. The ability of Pathfinder to function effectively in these circumstances would be enhanced if the Grant AID/csd-1870 agreement permitted latitude for action.

Bilateral communications problems are being approached by Pathfinder through the publication of Annual Reports, which summarizes each project, and an informal newsletter circulated within and external to the institution. Neither of these, however, make available any of the operational experience or materials generated by Pathfinder projects. There is an enormous wealth of information being produced in the form of guidelines for sex education in schools, outlines for a series of seven chats on responsible parenthood leading to contraceptive practices, curriculum guides for training paramedical workers, family planning record forms, clinical procedures, and methods of evaluating clinical data. The identification of these materials for circulation is not only an appropriate action for field representatives in the evaluation of their projects, they can be of incomparable value in the evaluation of subsequent programs and in the preparation of staff for the solution of problems in difficult environments.

## EVALUATION METHODS USED FOR PIN 1233

This brief summary outlines the methods developed to carry out the evaluation of Pathfinder projects funded under Grant AID/csd-1870, including the team's approach to the problem, selection of materials, field visit procedures, and assemblage of information.

1. Approach to evaluation: Initial discussion by the team produced agreement on a conceptual model for evaluating the projects and operations of Pathfinder. This model views projects and administrative arrangements as a series of concepts representing hypotheses about linkages among activities, sub-objectives, and objectives. A project, for example, assumes that if a series of specified actions are carried out, a set of sub-objectives will be attained, and that the achievement of sub-objectives fulfills the necessary conditions for attainment of overall objectives. To exemplify further, if 400 new IUD acceptors per year are sought, then it is necessary that the facilities for IUD insertion be available, that women in the target area be aware of this availability and be willing to accept the IUD. Each of these conditions implies a set of activities (e.g. a clinic facility, professional workers, etc.) necessary for the condition to happen.

This model, then, represents evaluation by objectives with emphasis on program effectiveness in attainment of goals. The types of evaluative categories included in our discussions were the following:

- A. Program effectiveness: To what extent have short- and long-term objectives been achieved? Are the activities appropriate for their presumed objectives? Are the activities sufficient to reach the objectives?

- B. Program efficiency: To what extent are the "costs" (including all types of resources) appropriate to attaining the objectives? What of the comparative costs of similar programs in different settings? Does the project duplicate other efforts in the same area?
  
- C. Program importance: To what extent are the objectives worthwhile in relation to other possibilities for resource allocation?

It was recognized that this approach to the evaluation would necessarily be impossible to carry out completely since the necessary data had not been collected and extensive collection of new data was not possible in the time allotted. The model did, however, frame our thinking and generated a series of questions to guide collection of available information. Along that line, a set of categories was developed to systematize data collection about projects, including the following:

- A. Source of the project
- B. General category of activity represented
- C. General goals represented by the project
- D. Specific project objectives
- E. Resources and activities encompassed by the project
- F. Attainment of objectives to date
- G. Existence and nature of an evaluation plan
- H. Relation to support from other sources: previous, concurrent, and post-project
- I. Dates of support and project extensions

In addition to these basic data, information from other sources relevant to the activity was sought. Included was background information on the country, host government activities and policies on population planning, and other population programs.

2. Selection of materials: Primary emphasis was put on the specific projects funded under Grant AID/csd-1870. This meant that the individual project was the unit of data collection and a thorough understanding of the rationale and activities associated with the projects was necessary. It was recognized, however, that the development and conduct of projects depended on organizational procedures and activities so that the structure and functioning of Pathfinder itself required examination. In evaluating projects, then, the team sought to extract organizational themes relating to program activities.

Procedures for obtaining the necessary information were as follows:

a. From files at the Pathfinder office, information on a set of questions was to be extracted, especially information related to objectives, activities, and progress. It was expected that the questions could not be fully answered in this way. In fact, it was expected that the file search would generate further questions and needs for data.

b. Further information was to be sought from the Program Operations Directors and others at the Pathfinder office and from field representatives in the various areas.

c. A schedule of required information would be generated and field visits set up to projects, based on type, size, and gaps in available data.

d. When this process was completed, the team would assemble all the information available and prepare a report, covering general administration and operation, decision processes in project approval and continuation and a summary of project goals and accomplishments.

This latter summary would deal with the fit of projects to general goals, the appropriateness of activities to project goals, attainment of specific objectives, relationships to other programs, generation of resources and activities by others, and the adequacy of procedures to implement, control, and follow-up the projects.

3. Assemblage of information: This task was expedited through the development of a specific form to excerpt information from existing files of The Pathfinder Fund. A copy of the protocol used, which is titled PROJECT EVALUATION FOR PIN 1233, Appendix C, is attached. This form was developed in rough draft during the first meeting in July, improved upon by both the evaluation team and the Pathfinder Fund staff and put into final form. In addition to the form utilized to excerpt information from files, a form was developed to gather information on clinics during field visits, (Appendix D).

The primary project evaluation form had a dual purpose, to make possible a review of a project prior to any personal contact in the field and to focus discussion, to verify the points found in the field and to indicate what information should be gathered in the field. The form is quite extensive.

Most interesting to the team, however, was the section on specific objectives of the project and the evaluative questions concerning progress in fulfilling the PLAN OF ACTION, the substantive evaluation concerning the specific objectives, and administrative evaluation concerning the role of staff and their inputs in the total process of project selection and support. Finally, the section on financial evaluation also should yield very good information.

During the first and second meetings of the evaluation team, a plan to select the projects to be visited was developed. The plan varied significantly from the original plan outlined in the PIN 1233 Project Description which was submitted to AID by The Pathfinder Fund. In the Project Description it was stated that 20 to 25 projects will be selected from the on-going Pathfinder projects, and that these would be visited by one or more members of the evaluation team. As time went on, it became quite clear that a larger number of projects could easily and advisably be visited.

A total list of the projects funded under Grant AID/csd-1870 which might be visited was developed. In its final form, the list included some 63 projects in approximately 12 countries in Latin America, Asia, and Africa.

We decided to visit as many of the projects funded from Grant AID/csd-1870 as possible with the exception of individual awards made in the form of medical kits, small supplies of contraceptives, and individual awards of fellowships, training grants, etc., where only peripheral or secondary information would be gathered. We expected to cover most of the active, innovative, and more interesting projects of The Pathfinder Fund. The projects reviewed accounted for a very large percentage of the funds expended from the Grant. Wherever possible, we agreed to gather information on the use of the large amount of pills sent to the countries we visited. Wherever possible during our visits, we would gather information about fellowship recipients and other individual awards such as the medical kits.

In summary, we decided to include in the projects we analyzed, as many of the activities covered under Grant AID/csd-1870 as is possible within the time frame which had been

shortened considerably since the first negotiation with AID. Initially, as can be seen in the PIN 1233 Project Description, a seven month period of time was budgeted for the evaluation.

Once the various types of information were collected, the team sought to put it together in a systematic form that would both approach the evaluation model and respond to the questions raised by AID in initiating the evaluation. The information was to be organized at both a project and organizational level, forming the basis for the narrative report. This organization was as follows:

A. For each project reviewed, a brief narrative was prepared, based on information from Pathfinder files and the field visit, covering the following categories of information:

Sources of information about the project.

Project objectives, stated as concretely as possible, but covering both general and specific aims.

Proposed activities, including specification of who is responsible.

The period of support and amount of support.

Activities carried out; activities proposed but not carried out.

Reasons for continuation of support; if project was extended.

Actual or prospective sources for continuation by other agencies.

Other remarks.

B. Overall summary of Pathfinder activities, including:

To what extent have the activities proposed been carried out in the time frame proposed?

What evidence is there that specific program objectives and long-term objectives of Pathfinder/AID were served, including the establishment of facilities; interim assistance to government, quasi-government, and private agencies; and transfer of programs to other sources of support?

Is the mix of projects and types of activities supported appropriate to the objectives?

How and how successfully has Pathfinder set up administrative mechanisms to provide review of proposals, assistance in developing programs, monitoring of activities, evaluation of projects, and follow-up?

## APPENDICES

PROJECT IDENTIFICATION NUMBER

1233

PROJECT TITLE

Evaluation of the Program and Progress Toward  
Achieving the Objectives of Grant AID/csd-1870

PROJECT SUMMARY

This project will evaluate the progress made by The Pathfinder Fund with funds made available by AID for Grant AID/csd-1870 in achieving the objectives of the grant.

PROJECT GOALS

1. Statement of Need

There is a need to determine the effectiveness of the program of The Pathfinder Fund for achieving the above stated objectives and to determine the progress which has been made in the achievement of these objectives.

Grant AID/csd-1870 was awarded to The Pathfinder Fund on January 18, 1968, with two objectives:

- a. To extend family planning information and services by helping interested individuals, organizations and institutions, which are not receiving assistance from other sources, to establish centers for this purpose in order to enable these groups or individuals to stimulate a greater public interest and participation in family planning. The purpose of such assistance is to enable these centers to become sufficiently established to acquire continuing support from local private sources or from large private and international organizations or governments.
- b. To provide interim support for family planning information and services, upon request, to selected facilities of a quasi-governmental nature in countries where the government is unable at present to mount official family planning programs or to provide such assistance directly. The purpose of such support is to assist family planning services already in operation or planned and to encourage the development of government policies and programs by building up centers of experience and demonstrating public receptivity to the extension of family planning services.

2. Project Goals

This project will determine:

- a. The extent to which The Pathfinder Fund has achieved the objectives of Grant AID/csd-1870.

- b. The effectiveness of the program of The Pathfinder Fund in achieving the objectives of Grant AID/csd-1870.

### PROJECT SIZE AND DURATION

This project will begin immediately after funds are made available. It is estimated that completion will take seven months.

### PLAN OF ACTION

1. The Pathfinder Fund will use the services of Malcolm Merrill, M.D. (under contract to U.S.A.I.D.) to prepare a list of:

- a. Six public health medical doctors.
- b. Six social science methodologists.
- c. Six information and education specialists.

Each will possess the qualifications listed under PERSONNEL below and will be available for and willing to participate in the evaluation. The Pathfinder Fund will select from these lists (with U.S.A.I.D. Program Management concurrence) the individuals from each discipline who will constitute the evaluation team. It is estimated that this task will take three weeks and be completed by March 15, 1972. Complete biographic data will be submitted on each.

2. The evaluation team will assemble initially at The Pathfinder Fund, 850 Boylston Street, Chestnut Hill, Massachusetts, and review the information available at Pathfinder Headquarters.

During this step the team shall examine:

- a. The method used by Pathfinder to select projects for subgrants.
- b. The method used by Pathfinder to determine which projects are to be extended.
- c. The review and follow-up procedures of accomplishments.
- d. The follow-up conducted to determine continued viability after conclusion of Pathfinder support.
- e. The procedure used to search out new projects.
- f. The techniques used to surmount the problems of a difficult environment.
- g. Assist through advisory or staff support in project formulation and implementation.

It is estimated that this task will take two weeks.

3. The Evaluation Team will be given freedom to choose the projects for the in depth examination of Pathfinder field activities. Pathfinder will give sufficient background during the team's orientation for them to understand the wide range of projects and the period of time during which projects have been started, continued and phased out as well as the wide range of magnitude of sub-grant assistance. After this background briefing the Project Director, with the help of his professional staff, shall select twenty or twenty-five representative projects which will be examined in depth to achieve the goals of the project stated above. Pathfinder and the Program Manager will arrive at the final budget. It is estimated that this task will require one week.

4. The Evaluation Team will have a free hand in determining the data to be collected and the sources from which data are to be obtained. However, before the Evaluation Team goes into the field The Pathfinder Fund and the Program Manager will review the schedule of data to be collected to insure that the evaluation will provide the bases for determining the guidelines for changes to improve future programs. The Evaluation Team should include in its data collection barriers to expeditious project implementation.

The Project Director and his staff will then prepare a detailed listing of the specific data to be collected on each representative project showing the source from which the data is to be obtained. Both Pathfinder and the Program Manager will review this listing and designate those points to be covered in the report. It is estimated this task will take two working days.

5. The Project Director and his staff will prepare the travel and work schedule for the collection and analysis of this data. It is estimated that this task will take two working days.

6. The Project Director and his staff will collect and analyze the data. The findings and conclusions will be reviewed with The Pathfinder Fund and the U.S.A.I.D. Program Manager. It is estimated that this task will take three months.

7. The Project Director and his staff will collect such additional data as may have been determined by the review to be necessary. It is estimated that this task will take one month.

8. The Project Director and his staff will prepare the written report and submit sixty copies to The Pathfinder Fund. Twenty-five copies will be sent to the Program Manager. The report will cover at least the following points:

a. The extent to which Pathfinder has been successful in establishing family planning facilities for population groups not previously served.

b. The extent to which Pathfinder has been successful in transferring newly established activities to support by others.

c. The extent to which Pathfinder has provided interim assistance, primarily in the form of contraceptives and equipment, to quasi-governmental and governmental organizations.

d. The extent to which Pathfinder has provided contraceptives and equipment to other organizations such as Church World Service.

It is estimated that this task will require one month.

## PERSONNEL AND FACILITIES

1. The Project Director will be a public health medical doctor possessing at least the following qualifications:
  - a. Degree in medical science and board certification in public health.
  - b. At least four years experience in population/family planning program design and development, not less than two of which is for programs in the less developed countries of the world.
  - c. At least three years experience in evaluation procedures and techniques.
  - d. Experience as a project manager in an international program of population/family planning.
  - e. No past, present or prospective connection with Pathfinder or U.S.A.I.D.
2. The social scientist shall possess at least the following qualifications:
  - a. A doctoral degree in social science with concentration in research project design and methodology.
  - b. At least two years experience in population/family planning program design and development for the less developed countries of the world.
  - c. Experience as a project manager in an international program of population/family planning.
  - d. No past, present or prospective connection with Pathfinder or U.S.A.I.D.
3. The information and education specialist shall possess at least the following qualifications:
  - a. A doctoral degree with concentration in the field of communications.
  - b. At least two years experience in population/family planning program design and development for the less developed countries of the world.
  - c. Experience as a project manager in an international program of population/family planning.
  - d. No past, present or prospective connection with Pathfinder or U.S.A.I.D.
4. Pathfinder will provide support for the period the team is working in the Pathfinder headquarters.

## REPORTING

The Project Director will be required to report monthly his progress in meeting the plan of action. Pathfinder will advise the program Manager monthly of the progress of the evaluation. At the conclusion of the work of the project, as noted above in the plan of action, a comprehensive report and evaluation will be submitted.

## BUDGET

All funds will be received, disbursed and accounted for by The Pathfinder Fund. Finalization of the estimated cost of necessity will occur after discussions on the matters set forth above.



III. LATIN AMERICA (con't)

19. PIN 1187 Costa Rica: Goodwill Caravans
20. PIN 1188 Colombia: Profamilia Vasectomy Program
21. PIN 1189 Colombia: Education/Motivation-Women's Leadership Organizations
22. PIN 1190A Colombia: Profamilia Radio Spots
23. PIN 1192 Peru: Loayza Clinic
24. PIN 1193 Peru: PALF
25. PIN 1202 Colombia: Profamilia Mobile Field Workers
26. PIN 1211 Venezuela: Nationwide Family Planning Centers

IV. PHILIPPINES

27. PIN 1086B Wesleyan Central Luzon Family Planning Project
28. PIN 1087B Dansalan College Extension Service
29. PIN 1092A Press Institute Seminars
30. PIN 1105B Bilibid Prison Hospital
31. PIN 1111 Bulk Supply of Contraceptives and Medical Kits  
PIN 1143  
PIN 1157
32. PIN 1122 Philippines and Indonesia: East Asia Field Support  
PIN 1198
33. PIN 1152A Urban Industrial Missions
34. PIN 1166A Leprosaria
35. PIN 1171 Rural Improvement Clubs
36. PIN 1181 Y.W.C.A.

V. TAIWAN

37. PIN 1098 Bulk Procurement of Oral Contraceptives  
PIN 1136  
PIN 1155

I. PROJECT IDENTIFICATION NUMBER

1170A

II. PROJECT TITLE

Zaire: Paul Carlson Foundation

III. BRIEF PROJECT DESCRIPTION

The development of this rural health service was made possible in part by the gift from the Government of Zaire of a large hospital and outpatient facility in an isolated area of northwest Zaire. Originally built for a leprosy/tuberculosis unit, the slow growth of general hospital services has been accompanied by a careful attention to creating village centers and mobile clinics for preventive health services as well as curative care. Medical, nursing, and midwifery staff are deliberately cultivating preventive care emphasis. Regular outreach services are increasing in patient load. An effort is being made to prepare educational materials for patients and staff regarding family planning motivation and techniques.

Efforts of this new rural health service are being coordinated with older medical missions of the area where training for paramedicals is provided. However, no in-service training in family planning is presently provided for nursing or medical staff. No specific contraceptive training has been provided for any member of the medical staff. Expertise in surgery has produced an impressive number of tubal ligations while pills and IUDs are not commonly sought after nor offered. Suggestions for the inclusion of family planning in midwifery training have been made.

PIN 1170A

IV. EVALUATIVE STATEMENT

A rural health service with strong emphasis on preventive care has been begun.

The introduction of contraceptive services is limited by inadequate training and experience of medical and nursing staff.

I. PROJECT IDENTIFICATION NUMBER

1178A

II. PROJECT TITLE

Senegal: Clinique La Croix Bleue

III. BRIEF PROJECT DESCRIPTION

Within the context of a private maternity service for middle- and upper-class Senegalese women, owned and operated by a nurse-midwife, family planning services have been successfully incorporated. Although there is no national policy for family planning, this nurse-midwife has included contraceptive motivation and services as part of her maternity care. Patients are selected for and provided with IUDs or oral contraceptives; problems of contraceptive utilization are managed by the midwife. Approximately 700 new patients a year are registered in this program, providing adequate case load for the training in contraceptives of other midwives from Francophone, Africa. About two-thirds of the new patients have less than 5 children.

The national interest in this activity is such that the midwife has been encouraged to promote contraceptive services at 2 of the MCH centers in the Government Program, despite the absence of government policy. Two of the staff members of La Croix Bleue have received training in family planning at the Downstate Medical Center training program. The training program in contraceptive techniques of La Croix Bleue has already graduated midwives from more than 5 other nations. A secondary training program for motivators or animatrices is offered intermittently.

PIN 1178A

IV. EVALUATIVE STATEMENT

The objective of integrating family planning services as part of a maternity service has been achieved. A training program for nurse-midwives in family planning is functioning as required but needs more attention to content and method.

I. PROJECT IDENTIFICATION NUMBER

1079A

II. PROJECT TITLE

Indonesia: Setia Budi Clinic

III. BRIEF PROJECT DESCRIPTION

In addition to the objective of obtaining family planning acceptors in an area of Jakarta containing some 50,000 population, this project also included a training component for midwives, home visitors and nurses at the clinic which is basically a maternity service started by a Christian group serving the Muslim population.

The training of home visitors and nurses is continuous and the clinic now includes a sub-center in a different part of the service area. By now, the operation of the family planning clinic is an established part of the maternity services offered.

IV. EVALUATIVE STATEMENT

The training activities, which appear to be quite extensive, are difficult to evaluate in terms of the contribution that they have made to the family planning goals, but their integration into the service operation is a significant positive feature.

In terms of acceptors, the numbers have not been impressive. In the first eight months of 1972, there were approximately 150 new acceptors. In total, over the nearly three years of operation, the clinic has had some 577 acceptors with about 110 drop-outs. The continuation rate seems to be rather good at this particular clinic. The director of the clinic is a highly dedicated woman with an enormous talent for finding the things that she wants and with a concept of a total program for health care in the area being served. The likelihood is good that the clinic services will not only continue but expand under other financial auspices and that the training of nurses and paraprofessionals will be a part of the program.

I. PROJECT IDENTIFICATION NUMBER

1090A

II. PROJECT TITLE

Indonesia: Muhammadiyah Taman Puring Clinic

III. BRIEF PROJECT DESCRIPTION

In addition to the objective of getting acceptors among Muslim women in Jakarta, the project also sought to demonstrate the feasibility of a private clinic operation and indirectly to influence the Muhammadiyah organization toward greater involvement in family planning activities. In terms of activities, this project established a family planning clinic in connection with the Taman Puring Maternity Hospital, trained personnel in family planning practices, provided home visitors, and group teaching sessions for educating women about birth control methods. The clinic was set up, personnel were trained, equipment was provided and home visitors were hired. Although originally the Project Director had hoped for 1,500 new acceptors in the first year of operation of the clinic, nowhere near that number have been obtained. Pathfinder support ended in March of 1972. Funding for the clinic has been taken over by Muhammadiyah and the BKKBN.

IV. EVALUATIVE STATEMENT

The present level of acceptancy is very low although the clinic is still conducting classes for women concerning family planning. The problem is that the clinic now has only four voluntary visitors, the others having been disbursed to other clinics. Taman Puring was the first Muhammadiyah clinic to receive Pathfinder support for the establishment of family planning activities. There is no question that the Muhammadiyah

PIN 1090A

organization has greatly expanded its family planning activities and that the clinic as a demonstration had some influence on the organization's participation in provision of birth control information and methods. The extent of that influence is difficult to judge.

I. PROJECT IDENTIFICATION NUMBER

1093

II. PROJECT TITLE

Indonesia: Motivation Study, University of Indonesia School of Public Health

III. BRIEF PROJECT DESCRIPTION

This project included a series of small scale studies designed to find out whether different techniques of population motivation were effective in gaining acceptance of contraceptive practices. The techniques included the use of radio programs, home visits to women in the day time, home visits to both wives and husbands, evening meetings for husbands, and a study of the use of women's organizations as a method of population education, but that study was dropped because the investigators felt that the technique was demonstrably non-effective. Also included in the project were two small KAP surveys. One of these has been carried out with a sample of approximately 150 people. The second will probably be carried out next year. The various small studies for the most part have been completed. For example, the study on the effectiveness of radio broadcasts was conducted and conclusions drawn that while there was an increase in the rate of acceptance of family planning practices, it dropped off as soon as the radio broadcast stopped. Based on the studies, the investigators have reached some conclusions about program effectiveness. For example, they feel that the role of mass media should be only a supplemental one. They conclude that some characteristics of home visitors' effectiveness have been identified and that evening meetings with groups of husbands has been an effective way to gain new acceptance. In the small scale survey done in four districts in Jakarta, the investigators noted a series of differences from the baseline KAP done in 1968 drawing some conclusions about changes that have taken place.

IV. EVALUATIVE STATEMENT

While the research designs can be criticized and the conclusions argued (some of them are too sweeping) the major value of these studies lies in the notion that experiments with various methods of population education or various methods of running programs are feasible and informative. The use of social research techniques to monitor program progress and program effectiveness is an extremely important one and the conduct of this series of studies has assisted in that direction. The findings should also serve to temper a purely medical-clinic perspective on family planning. It is likely that these results will both be utilized and followed up.

I. PROJECT IDENTIFICATION NUMBER

1159

II. PROJECT TITLE

Indonesia: Jogjakarta KAP Survey

III. BRIEF PROJECT DESCRIPTION

The purpose of this project was a straightforward KAP survey in Jogjakarta, an area which had not previously been surveyed in connection with population knowledge, attitudes and practices about family planning. Originally the project was to include a home visitors motivational program but the latter part was dropped and the scope of the KAP survey somewhat curtailed. It was said that the project would have provided baseline information about family planning for the city of Jogjakarta.

IV. EVALUATIVE STATEMENT

The survey activities have been carried out and a report prepared which was being translated into English at the time of our visit. The report will be made available to the BKKBN and to government officials in Jogjakarta, to the IPPA and various other groups interested in family planning. The results of the survey indicated that nearly 100% of the respondents knew something about family planning but that the level of knowledge was quite low. In addition, there was something like 20% acceptance of family planning practices with a model family size of four children. Based on the survey results the project director felt that the primary reason for non-acceptance was lack of information about birth control and uncertainty about the importance of it. Perhaps the most surprising result was the lack of any apparent objection to family planning practices which seems to contradict a frequent assertion that there are deep seated religious problems in Indonesia with family planning. To all appearances, this

PIN 1159

was a competently conducted survey following careful procedures based on standard KAP practices. So far as we could determine, there were no plans to conduct further surveys or to do follow-up studies trying to pinpoint specific problems in the Jogjakarta area. While the results may be of use in family planning policies and activities in the area, this did appear to be a free standing project without relationship to any overall plan for family planning in Jogjakarta.

I. PROJECT IDENTIFICATION NUMBER

1160

II. PROJECT TITLE

Indonesia: Muhammadiyah Family Planning Conference

III. BRIEF PROJECT DESCRIPTION

The purpose of the present project was to spell out and diffuse a Muslim based family planning policy to Muhammadiyah leaders with an objective that they have knowledge about family planning and favorable attitudes toward it. The conference, sponsored by Pathfinder, also sought to initiate program developments within Muhammadiyah to promote family planning based on policy guidelines set by the religious leaders. Of particular importance for the promotion of family planning in Indonesia, is the fact that the Muhammadiyah organization includes an educational section with some 6,000 schools throughout the country and a social welfare section which operates some 180 maternal and child health clinics. The conference, held in June 1971, included a series of presentations and discussions provided by leaders from family planning organizations in Indonesia including the IPPA and the BKKBN.

IV. EVALUATIVE STATEMENT

The conference was held as scheduled and about 60 Muhammadiyah leaders attended. Hence the activities were carried out as planned. The conference was a step in a series of projects supported by Pathfinder with Muhammadiyah. There is a logical progression of projects reflected in the support for clinics, for conferences, seminars and for setting up an organization to coordinate family planning activities within Muhammadiyah. In that sense the conference fitted well, involving the organizational leadership in family planning activities.

I. PROJECT IDENTIFICATION NUMBER

1161A

II. PROJECT TITLE

Indonesia: Semarang Clinic

III. BRIEF PROJECT DESCRIPTION

A small social welfare organization of Muslim women owns and operates an MCH clinic near the slums of Semarang. The specific objectives of the new Family Planning Clinic were:

1. To recruit and train physicians, midwives, and home visitors for family planning education and services.
2. To make available a family planning clinic in relation to existing MCH services, and,
3. To provide contraceptive services in a slum area.

In the first 9 months, a building was acquired and adapted for patient education activities and the provision of contraceptive services with needed record keeping.

Two physicians, two nurse-midwives, and three field workers were recruited and received some training in motivational techniques and contraceptive services.

Staff activities have resulted in the acquisition of between 25 to 30 new patients a month, most of whom accept oral contraceptives.

IV. EVALUATIVE STATEMENT

Methodology for recruiting patients and for the provision of motivational and follow-up services will need attention to assure growth and continuation of contraceptive

PIN 1161A

utilization. Training of staff in relation to IUDs has been inadequate but is the standard provided by the government through the Regional Family Planning Training Centers. The closely related locations and schedules of the MCH and Family Planning clinic should contribute stability of services offered and enhance continuation rates. The initial growth is commendable.

I. PROJECT IDENTIFICATION NUMBER

1163

II. PROJECT TITLE

Indonesia: IKIP Bandung

III. BRIEF PROJECT DESCRIPTION

This project in population education centers on five on-going projects at the moment including 1) teacher training, where teachers received a two week training workshop and a certificate of completion of the program as part of their overall training, 2) newsletter for teachers that is just starting, and it is being well received in this Bandung area of Indonesia, 3) mobile unit exhibits; at the time of this visit the materials for the mobile exhibit had been well developed including posters, a slide series, and other materials and was awaiting the arrival of the carry-all vehicle to go into operation, 4) books and curriculum development; although I was unable to read the Indonesian version of the population awareness curriculum, Dr. Garnadi speaks very good English and was able to explain many of the concepts contained therein. I believe that this is probably the best project seen so far in this area.

In addition, there is a hand-book on sex education, talking primarily about human reproduction available for teachers that has also been prepared by Professor Gamadi.

The staff of this group includes a deputy director from a research center for population education at the IKIP Bandung who had been away at the population education conference at the University of Hawaii and is maintaining contact with them through their outreach and correspondence programs.

PIN 1163

IV. EVALUATIVE STATEMENT

It is clear that this is one of the most successful activities in the population awareness/family life/sex education area visited by the evaluation team. This program is well staffed, well located institutionally, with clear-cut objectives in the development of materials for courses in population/family life education, publication of newsletters, the mobile exhibits, and other kinds of activities that are well stated, well developed, and measurable.

The only problem that we should be concerned with here is the need for funding from Indonesian sources. This, by all means, should be pursued by the Pathfinder representative of the country.

Again, here we would like to comment on the inputs of the Pathfinder visiting consultant, Dr. Kline, who seemed to be, along with the field representative, very instrumental in bringing this project to its present level of development.

I. PROJECT IDENTIFICATION NUMBER

1164A

II. PROJECT TITLE

Indonesia: Tjikini Institute - Population Education

III. BRIEF PROJECT DESCRIPTION

This project aimed at developing a population education program in schools run by the Tjikini Foundation. The basic objective was that students acquire knowledge of population and family planning concepts. The long term idea is that the students will eventually adopt family planning practices and exercise influence over other people. A variety of activities have been conducted in connection with this project. During the 1970-71 school year the population and family planning materials were introduced into a series of courses using booklets developed for each course. A test was also developed for the students and all students in the junior and senior high school were tested prior to and again after taking the subjects in which the material was integrated. During the past year a separate course on population education was tried out with the conclusion that although students appeared to learn more, specialists are not available on the faculty to teach the course and there seems to be no prospect of finding properly trained teachers.

EVALUATIVE STATEMENT

In large part then, the activities proposed have been carried out and an attempt made to test for the effects of introducing population education into the curriculum. A basic problem is the enormous amount of time devoted to preparation of materials because of the non-availability of ready-made readings and syllabi. Means for training teachers were also not readily available. While the results of the testing seem to demonstrate that the material was learned by the students, the problem is that no control group was

PIN 1164A

utilized for the potential effects of external events on the test scores. It would be especially desirable to have follow-up on the students exposed to the materials, particularly if some control groups of comparable students could be pieced together from other sources. It would also be desirable to see if the materials that have been produced could be utilized by teachers in other schools. Thus, while the project must be regarded as a demonstration, it must also be seen as a very successful effort and one that could be generalized to other educational settings.

I. PROJECT IDENTIFICATION NUMBER

1175A

II. PROJECT TITLE

Indonesia: Jajasan Gandaria Moslem Women's Clinic

III. BRIEF PROJECT DESCRIPTION

This is a straightforward family planning clinic operation attached to a maternal and child health clinic whose objective was to gain new and continuing acceptors of family planning practices. The goal for the first year of operation was 400 new acceptors. The clinic was established, staff was hired, and home visitors were trained at the provincial training center run by the IPPA. At the time of our visit to the clinic it was staffed by two physicians, two midwives, a nurse and a nursing assistant, plus three home visitors. Two other home visitors were being trained for work in the clinic.

IV. EVALUATIVE STATEMENT

The home visitor part of the operation appears to be well run. In terms of accomplishment the number of new acceptors for July of 1972, for example, was 26 plus 153 continuing women. The number of acceptors that have been gained in the year or so of operation of the clinic is not large, and the goal originally set was never reached. It appears not to be large enough to justify the clinic as being a special operation for support. If it could be shown that the clinic is serving a population which either could not or would not use government clinics, or that the Gandaria Foundation increased its activities in the family planning area, then the objectives for the clinic would be better demonstrated.

I. PROJECT IDENTIFICATION NUMBER

1203

II. PROJECT TITLE

Indonesia: Expansion of Family Planning Within Muhammadiyah

III. BRIEF PROJECT DESCRIPTION

The objectives of this project were establishment of a staff within the Muhammadiyah organization with responsibility for family planning activities including the training of staff members in family planning, the provision of information and assistance to units within the organization, and the development of a long-term program for family planning education in the organization. A part of the concept was to maintain a tie between the headquarters operation and the religious leadership of the organization in order to continue legitimating family planning within Muhammadiyah. A further part of the concept is that the area of population education be emphasized. The Muhammadiyah Society includes a large number of schools, both formal education of children and an adult education program, a large portion of which deals with courses in religion. This headquarters has been in existence since January of 1972 and involves some 12 persons and an office located next to the Taman Puring clinic in Jakarta. A conference was held in March of this year to assist in the planning operation. The personnel of the office have gone to teachers conferences and to meetings with provincial chairmen in order to promulgate family planning activities. Two of the staff members attended the conference at the East-West Center in Honolulu this past summer. Some planning has proceeded on a population education program that would involve a series of six pilot projects with teachers both in and out of the school system. These teachers were chosen to represent the 6,000 Muhammadiyah schools.

IV. EVALUATIVE STATEMENT

At this point a major need is for development of an overall yet detailed plan of action for conducting population education, for the establishment of appropriate training activities, and for the development of a correlated plan of evaluation for the activities that will be included. The continuity of the program requires that the organization take over the headquarters unit under high level leadership.

I. PROJECT IDENTIFICATION NUMBER

1204

II. PROJECT TITLE

Indonesia: Muhammadiyah Provincial Seminars

III. BRIEF PROJECT DESCRIPTION

This project is related to the Muhammadiyah Conference (PIN 1160) and a logical extension of it. It entailed a series of seminars for hospital and MCH personnel working in the provinces. The seminars were designed to make MCH personnel aware of the decision reached by the Muhammadiyah organization to participate in family planning, to inform them of the content and requirements for service that would be necessary to bring about family planning and to persuade the administrators to add family planning services to their already existing hospitals and clinics.

IV. EVALUATIVE STATEMENT

Seminars were conducted in the first part of 1972 as scheduled and were done in three regions of Java (West, Central and East) where there are concentrations of Muhammadiyah facilities. This was a one-shot project that represented a second step in the assistance provided to the Muhammadiyah organization in promoting family planning among Muslims.

I. PROJECT IDENTIFICATION NUMBER

1205

II. PROJECT TITLE

Indonesia: Muhammadiyah Jogjakarta Hospital and Clinics

III. BRIEF PROJECT DESCRIPTION

This very extensive Muslim Social Welfare organization supports one of two large hospitals in the provincial capitol, Jogjakarta; six outlying maternity units are related for staff support and administration. The objective of this project is to make available family planning services as part of the total health care of this organization. Specifically,

1. To organize and train a family planning staff of physicians, nurse-midwives, and home visitors,
2. To make space for clinical services at each of their health facilities, so that,
3. Contraceptive services will be utilized as part of normal maternal and child health.

In the first eight months of this project, new clinic facilities have been built or old areas adequately modified for these new services. Training has been provided for home visitors, nurse-midwives and physicians, through an in-service training mechanism and the use of the Provincial Training Center. Clinics have initiated 1,006 patients into this program at a cost of about \$10.00 per patient, including cost of permanent equipment; 886 of the patients were continuing at the time of the

PIN 1205

review. Efforts to develop further clinics are progressing in remote areas.

IV. EVALUATIVE STATEMENT

The Project Director has unusual administrative talent and perception for the organization of an effective Family Planning Program. Records are well kept; services carefully provided; attention is needed in the training of home visitors. Admirable record forms are available.

I. PROJECT IDENTIFICATION NUMBER

1206

II. PROJECT TITLE

Indonesia: Puppet Narrator Conference Project

III. BRIEF PROJECT DESCRIPTION

The purpose of this project was to introduce family planning materials into the stories told by puppet narrators in the Jogjakarta Province. The puppet shows are a traditional form of entertainment done with stylized leather puppets which are used to cast shadows on the screen along with the narration of the story by the puppet master. The notion was that persons attending the puppet shows would acquire knowledge and favorable attitudes towards family planning and would subsequently be more likely to accept family planning practices. Actually this project dealt solely with the sub-objective, namely that family planning materials be included in the stories. The principal activity of the project was the conduct of a conference attended by some 50 puppeteers and including a series of lectures on family planning, together with discussion of ways to introduce the materials into the stories told during the shows. One of the persons participating in the planning of the project is Chairman of the puppeteers association and continues to plug for introduction of family planning material at meetings.

IV. EVALUATIVE STATEMENT

Subsequent to the conference, evaluators attended the puppet shows finding that the material was being included in the stories. There was also an attempt to keep account of the number of people who attended these shows, a number that turns out to be reasonably impressive. However, the part of the project to determine whether members of the audience attended a family planning clinic was never carried out. Hence the sub-objective, namely the inclusion of the material in the shows was attained but beyond that there was

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no evidence of program success. The idea of including family planning materials in a popular form of entertainment in Indonesia is an innovative one and well worth doing. However, the evaluation of the results was not followed through.

I. PROJECT IDENTIFICATION NUMBER

1209

II. PROJECT TITLE

Indonesia: Muhammadiyah/Bandung Hospital and Clinics

III. BRIEF PROJECT DESCRIPTION

The Muhammadiyah Social Welfare Society is a parallel health system, developed within Indonesia for a large group of Muslims in the population. This organization reportedly has from 6-8 million in membership and is involved in welfare and health programs throughout the country. The plan of this project was to introduce family planning into the existing hospital and clinic services. The underlying theory was that the project was a natural extension to make services more geographically available. Also it was planned to up-grade some of the family planning services through continued training of staff and through a number of meetings throughout the country. Some efforts of outreach were included to work with post-partum women through visits to the hospital, home visits, and other educational activities.

This particular project at Bandung involved the Muhammadiyah hospital and one of the several satellite clinics. In both cases, the clinical services were quite adequate with emerging field structures home education extension activity. The satellite clinic which was a storefront clinic several miles away from the hospital, has developed a well organized block mapping home visiting program.

The concept of couple registration has also been attempted here with a card file system, which was a very excellent administrative tool. These clinics seem well

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equipped and staffed and though the number of adopters is still rather small, I believe this is an important institutional attempt supported by the Pathfinder Fund.

IV. EVALUATIVE STATEMENT

The specific objectives of these two projects have not been stated in numbers and it appears that the numbers of adopters is not spectacularly high, but since the clinic attendance generally in Indonesia does not appear to be spectacular, this is not unexpected. The major point is that there is a couple registration system being attempted and systematized efforts to visit eligible couples both in the hospital post-partum period and in home visiting. It is therefore very probable that a very adequate evaluation could be made anytime in the future.

The concept of introducing and up-grading family planning services within this parallel health system is certainly supported by the evaluation team.

I. PROJECT IDENTIFICATION NUMBER

1176

II. PROJECT TITLE

Colombia: Profamilia Pilot Clinic

III. BRIEF PROJECT DESCRIPTION

The Profamilia Clinic was begun in 1965 with IPPF funding; during the past three years a large portion of support has been provided by The Pathfinder Fund on an interim basis for the clinical services of the pilot clinic, motivation, and vasectomies. The Pilot Clinic has been enthusiastically developed with meticulous attention to details for patient recruitment and motivation, staff training, excellence of clinical services, precision in record keeping enabling rapid retrieval and analysis of data, and active interest in contraceptive research.

In the calendar year of 1971, 14,000 new patients were enrolled; 9,138 were IUDs and 2,192 were pills. The claim to be the largest family planning clinic in the world may be true; there were 79,000 re-visits from old patients in that same year. Research on Copper T's and morning-after pills are underway; plans for field trials in Shields and one-a-month pills are being developed. Clinical services are chiefly provided by physicians. Training programs for physicians, nurses, and social workers are being held for 2 week periods.

IV. EVALUATIVE STATEMENT

The objective of a Pilot Clinic in Family Planning is being maintained. This exemplary family planning clinic has an excellent record system useful for many other programs.

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Clinical services are adequate for large training programs (even of nurse-midwives) if additional teaching staff were assembled. Training in administration could make a significant contribution to other Latin American programs.

I. PROJECT IDENTIFICATION NUMBER

1185

II. PROJECT TITLE

Costa Rica: Vasectomy Project

III. BRIEF PROJECT DESCRIPTION

At a group practice clinic associated with a mission hospital in the capital of Costa Rica, the technique of vas ligation has been occasionally accepted by men for contraceptive purposes. The medical staff of this clinic, which also provides contraceptive services for the Goodwill Caravans, felt that this contraceptive service for males could be expanded quantitatively within the clinic and should be part of the mobile health service. As this specific case load developed, it would be possible and mandatory to train other physicians in this simple surgical technique.

The Pathfinder Fund made available the necessary equipment and cost for provision of this surgical service for men with low income to popularize the technique with Costa Rican men and surgeons. The procedures are carried out in the Clinica Biblica and on the Caravans by the same surgical staff with the same equipment.

It is reported that three government physicians outside the Clinica Biblica have been trained for this procedure.

IV. EVALUATIVE STATEMENT

The surgical technique and procedures are flawless. Equipment is well cared for. Large numbers of vasectomies have been reported but the documentation by clinical

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records is grossly inadequate. Two quarterly reports had been sent to Boston and payment had been received in Costa Rica for five quarters. Although the activities of this program are underway, the reporting and administration at all levels is inadequate.

I. PROJECT IDENTIFICATION NUMBER

1187

II. PROJECT TITLE

Costa Rica: Goodwill Caravans

III. BRIEF PROJECT DESCRIPTION

Responding to the disaster of floods in rural areas, a committee evolved to provide voluntary medical services for persons in neglected areas. Additional needs of nutritional training in farms, fields, and kitchens were identified and addressed; dental care, hygiene, literacy, and community social welfare all received attention in an expanding program of mobile services through Goodwill Caravans. Making use of full-time office and administrative staff supported in part by established missions, and with volunteer professional services, the Goodwill Caravans have been so regularized in selected remote areas that government public health units have been established to meet the health needs identified and nurtured through this voluntary system.

The inclusion of family planning care through this established system of mobile health services was undertaken with Pathfinder support. Oral contraceptives and IUDs are initiated by the volunteer physician, and follow-up care provided through staff nurse and secretary. Continuation rates are not available from the present record system.

IV. EVALUATIVE STATEMENT

This imaginative, vigorous, and intelligent effort to meet basic health needs in isolated areas with mobile services until local facilities are established, includes basic

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family planning services and is effectively achieving its goals. Administrative training for the director will increase efficiency. The selection of equipment and methodology for mobile clinics is noteworthy.

I. PROJECT IDENTIFICATION NUMBER

1188

II. PROJECT TITLE

Colombia: Profamilia Vasectomy Program

III. BRIEF PROJECT DESCRIPTION

In an attempt to include the male more completely in its total family planning program, and despite the traditional reverence for machismo, Profamilia established a vasectomy program in one of its Bogota suburban clinics. In the development of this clinical service, it provided training for staff physicians who subsequently have opened vasectomy clinics in Medellin, Pereta, and Cali. In 1971, a total of 562 vas ligations were done and in the first 6 months of 1972, 468 were done. Although \$30 per vasectomy was budgeted in 1972, costing has averaged \$28.70.

The selection of patients has been skillfully woven into the general contraceptive program which focuses on females. Follow-up service, including semen analysis has been organized and effected.

IV. EVALUATIVE STATEMENT

An efficient provision of vas ligations in relation to general family planning services has been developed by the very active Profamilia program in Colombia. A training program for physicians is available. Some criticisms made of the surgical technique and procedure require attention before the training program is expanded.

An excellent record system, motivation and follow-up procedure has been designed.

I. PROJECT IDENTIFICATION NUMBER

1189

II. PROJECT TITLE

Colombia: Education/Motivation Women's Leadership Organizations

III. BRIEF PROJECT DESCRIPTION

This program of motivation and education of women's organizations in Colombia has been developed through a series of workshops to influence the leadership of women's organizations throughout the country. The general theme of these meetings held in 22 of the major cities of the country has been the role of the Colombian female in the development of the society. The meetings have been well attended, have received good press coverage and have developed as a continuing form for women in Colombia. The major themes of the meetings concerned the rights of women in the educational system, in the work force, and also the right to information on family planning and other services specifically for women. Since the original small grant which initiated these activities, further funding has been provided to extend the program throughout the country and on occasions to broaden its scope to include visitors to other countries. The documented reaction of both the Colombian and foreign attenders to the seminars has been quite positive.

It was assumed that through awareness and skills developed in these seminars, that women would be better prepared for participation in socio-economic development of their country.

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IV. EVALUATIVE STATEMENT

This is one of the programs where it is difficult to link the activities of the group directly to the attendance at the family planning clinics even though the family planning educational component is a definite part of the program. The continuing education process, it is hoped, will develop a well informed and positive supportive force for family planning services as a part of governmental responsibility.

It was the opinion of the evaluation team that this activity warranted continuing support. Movement toward financial independence and broadening the base of the program to include other organized groups in the country should also be considered in future support.

I. PROJECT IDENTIFICATION NUMBER

1190A

II. PROJECT TITLE

Colombia: Profamilia Radio Spots

III. BRIEF PROJECT DESCRIPTION

The Profamilia Radio Spot campaign covered an initial eight week period with careful follow-up by an American social scientist who published very favorable results on the impact of this mass communication effort. His study shows that attendance of new acceptors at clinics exceeded levels that would normally be expected.

Another follow-up study based on the results of the first study was also carried out by Profamilia, and is in analysis. A third aspect of this program included the development of a new series of spots for use in smaller cities.

The radio spot program was initially conceived as a means of creating an awareness about family planning and a more favorable atmosphere so that the clinic activities of Profamilia and other groups could move forward with less opposition. This has been followed by a series of research oriented activities aimed at gaining data on the specific effects of the mass communication element of the program. It is now clear that this is most difficult research with a time frame too long to provide information to the administrators quickly enough to improve their program. Also, it is quite clear that the radio spot program is independent and not related to any overall educational plan.

IV. EVALUATIVE STATEMENT

The evaluation team believes that the Profamilia program is probably the most outstanding family planning clinic in the private sector in Latin America. There was little doubt that radio spots could be an important element of this program. There was a question, however, about appropriateness of the messages and focus of the radio program in terms of its support of other activities of family planning within the overall country context, and the context of an overall educational plan.

The recommendation in this case was that a new broadened approach be utilized in cooperation with other organizations in the country as soon as feasible to increase the probability of the impact of the radio in the country's family planning program.

I. PROJECT IDENTIFICATION NUMBER

1192

II. PROJECT TITLE

Peru: Loayza Clinic

III. BRIEF PROJECT DESCRIPTION

The distinguished professor of obstetrics at this hospital has managed to provide infertility and contraceptive services in this government hospital at a time when the government has no stated family planning policy other than a presidential statement of disapproval.

The clinic space is adequate and adjacent to the 98 bed Gyn ward of the hospital. A 5 member part-time physician team begins 25 new patients a month at the clinic, which is open 5 hours daily, 5 days a week. A social worker provides detailed instruction in reproduction and contraceptive methodology to patients. Medical students and residents are offered rotation through this program during their periods on the ward.

The number of new patients is not increasing despite adequate Loayza staff to care for more patients, and despite the reports that the Peruvian Family Planning Association has over 9,000 patients as active cases and can admit only 1 new patient a day. A preliminary report on the Loayza IUDs shows a continuation rate of 60 at 6 months - astonishingly low for such a well staffed and equipped clinic. Research in the endocrinology of fertility is also undertaken at this clinic with other funds.

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IV. EVALUATIVE STATEMENT

The provision of family planning services within a government hospital has been achieved and offers limited training possibilities for medical students and residents.

The clinic has failed to grow in size or to attain a quality level of continuation rates with IUDs. Very extensive clinic record forms have been devised; probably too bulky.

I. PROJECT IDENTIFICATION NUMBER

1193

II. PROJECT TITLE

Peru: PALF

III. BRIEF PROJECT DESCRIPTION

This voluntary Roman Catholic organization for the provision of training in responsible parenthood (including contraceptive services) through parishes in the joven pueblos outside Lima and in other areas of Peru, was organized by an experienced staff, including a priest as theological advisor. The program has been reviewed by the Convocation of Peruvian Bishops and Archbishops, some of whom have given it their complete approval. Various parochia have invited the PALF to present its series of seven seminars or "charlas" to interested parents and neighbors of church schools. Subsequently, home visitors are trained and contraceptive clinics are opened once or twice a week in response to patient load.

Only oral contraceptives are used, and these in a finely designed manner which can allow unlimited protection. The Parish sacristy is the usual site for clinic; a Bishop's Palace in one instance. A total of eight clinics are active; continuing efforts are made to train more home visitors and seminar leaders. The theological advisor is an active recruiter of new parishes.

IV. EVALUATIVE STATEMENT

This commendably developed project has detailed material for seven "charlas" for motivation and instruction in responsible parenthood. Charts and slides are being developed

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as appropriate visual aids. Clinic record forms are clear and useful and the administrator has demonstrated their statistical use in program planning and evaluation.

The activities are achieving the objectives of this organization.

I. PROJECT IDENTIFICATION NUMBER

1202

II. PROJECT TITLE

Colombia: Profamilia Mobile Field Workers

III. BRIEF PROJECT DESCRIPTION

The program of developing field extension educators as part of the overall educational effort is the essential element of the Colombian program. In the government sector, motivadoras are being recruited from rural areas primarily to work around rural health centers which offer family planning services. In the cities there is limited experience with motivadoras, either in the private sector or in the governmental sector, and the Profamilia activity in this regard is a pioneering effort.

As one of the functions of the voluntary agency, Profamilia is demonstrating the need for this kind of person in overall program administration, and hopefully this kind of concept will later be picked up and utilized by the government.

IV. EVALUATIVE STATEMENT

The six motivators trained in the program to date, are working around family planning clinics in the Bogota area. They are under the supervision of the Education Information director of Profamilia and have started community and home visiting activities which are very carefully supervised. Records are kept of the families visited and attempts are made to identify the individuals who have reached the clinics after having been visited or educated.

It was not possible during this visit to find out much about the potential for the adoption

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of this type of program by government servicios in the future. The Profamilia motivator force was by far a very superior group when compared to groups of trained people who could work under government auspices and with government salaries as a part of the health service. Dr. Marin, however, indicates that they are an important factor of the program and he hopes that this concept will be utilized in the government's program in the future.

I. PROJECT IDENTIFICATION NUMBER

1211

II. PROJECT TITLE

Venezuela: Nationwide Family Planning Centers

III. BRIEF PROJECT DESCRIPTION

The Pathfinder Fund provides moneys to the Association for Family Planning in Venezuela for the provision of family planning services through 40 government servicios (clinics) as a part of the government health service throughout the country.

The objectives of the program are very simple; they are to provide family planning services as part of the existing government health services to extend geographic coverage as much as possible, through the addition of 40 new clinics to this program.

The Pathfinder grant supports a physician, a nursing assistant and an education assistant either on a part-time or full-time basis depending on the clinic load. Visits to Venezuelan clinics substantiated their success in attracting clientele and in several cases, very young women with smaller family size.

At the time of the grant, the Venezuelan Family Planning Clinic was operating 40 clinics under grants from other donors and received direct support from the Venezuelan government for 40 more, simultaneously with the grant from Pathfinder, with a result that now more than 120 clinics are in operation.

IV. EVALUATIVE STATEMENT

It is clear that this is a very important grant of the Pathfinder Fund; one where the evaluation will be clear-cut the day the government decides to support or not support

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family planning as a part of health services. In the interim, I think it is wise to increase the geographic coverage and to demonstrate the popularity of family planning through the demand of clientele who would not otherwise be reached without this program.

Some of the problems, however, might relate to the supportive kinds of activities that usually surround any program of this size. This would include such activities as initial training and continued in-service training of personnel and institutional development for these functions. Development of improved supply systems, record keeping with feedback to the field, supervisory systems tied into the overall health system, and other program aspects are crucial at this time.

It is clear, however, that Pablo Liendo Coll who initiated this approach many years ago, will have a chance within his lifetime to see whether it is successful strategy. All odds are on his side that the growing number of people accepting the family planning program and the stature of government and religious bodies seem to be favorable.

Again, we must wait for an election to see what impact the change of government will have on the program.

I. PROJECT IDENTIFICATION NUMBER

1086B

II. PROJECT TITLE

Philippines: Wesleyan Central Luzon Family Planning Project

III. BRIEF PROJECT DESCRIPTION

This project contains two major elements, i.e. family planning clinic services and population education curriculum development and teacher training.

Clinic services in family planning offered on campus and in the community reach modest numbers of clients, but serve as focal points for training of community leaders.

The population education aspect of the program is under complete review and re-development under the general supervision of the Project Director, Dr. Roa, but heavily involved is Mr. Paul Home, a Frederickson Fellow, who has the title of Population Education Coordinator.

Mr. Home is working with one or two Filipino colleagues in the redesign of the curriculum, and is attempting to coordinate his efforts with another program in the University of the Philippines in Manila. There is apparently no direct tie of this project to the Ministry of Education.

IV. EVALUATIVE STATEMENT

It is clear in this case that there has been very slow progress in achieving the objectives as stated in the original program documents. Though modest, these objec-

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tives included a continuation of offering family planning services in the Cabanatuan city area, and expansion of the services to outlying districts around the city. Also, it was planned to develop as part of its regular course curriculum population education in all levels in Philippine Wesleyan College, including the development of materials for the training of teachers.

Since these efforts are being redesigned, it is difficult to reach any conclusions as to the success of the program in achieving its objectives. One might say, however, that a continuation of the clinic effort should include some plan for outreach into the community.

In the population education program, an attempt has been made to evaluate changes in knowledge, attitude and practice in students who have had some of the experimental curriculum. These studies are under analysis.

In the whole area of population education, one might wonder if the Pathfinder Fund has the technical capability to adequately support this type of activity. Also, one might question the administrative positioning of an American in a Philippine institute in this sensitive area.

I. PROJECT IDENTIFICATION NUMBER

1087B

II. PROJECT TITLE

Philippines: Dansalan College Extension Service

III. BRIEF PROJECT DESCRIPTION

The objectives of the project were to educate students in a Muslim community, both high school and college, in family life matters resulting in students who would have knowledge about and favorable attitudes toward family planning. In addition, adults living in the area were to be educated in family planning through an adult literacy program. A further objective was the provision of family planning services to the population via a clinic at the college and through outreach clinics in the nearby area.

The activities undertaken in connection with this project, included the development of family planning materials for use in the curriculum by the staff at the college. Second, materials for the adult literacy program, including stories about family planning, were to be developed in the local dialect. Third, a KAP survey was conducted in and around the community. Fourth, a clinic was established at the college and a series of satellite clinics were set up around the lake on which the community is situated.

IV. EVALUATIVE STATEMENT

It appears that the promising start on this project has not been carried forward. After nearly three years of effort, there still is not a school-wide curriculum on family planning and that effort appears to be stalled. The students at the college are not being

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used in any outreach project connected with family planning either educationally or in connection with the clinic. The services of the clinic, promising at the start, have retreated in that the clinic is now staffed by a single physician and the outlying satellite clinics are no longer in operation. A KAP survey, although, conducted, appeared to have no consequences and has not been used in any systematic way.

I. PROJECT IDENTIFICATION NUMBER

1092A

II. PROJECT TITLE

Philippines: Press Institute Seminars

III. BRIEF PROJECT DESCRIPTION

The Philippines Press Institute is a unique institution which is a member of the Asian Press Foundation, which covers a large area of Asia and the Near East

This organization in the Philippines sparked by one of the country's leading editors agreed to sponsor a number of seminars for members of the press, radio, and television, industrial editors, campus editors, etc., to discuss the important issues in the country and their relevance to potential development.

Mr. Juan Mercado and his staff of the Philippines Press Institute gave us a very concise and excellent review of the program which has been a most successful activity.

The seminars held with members of the press have resulted in a very good coverage of issues which are very readily related to the need for family planning and other population policies of the country. Although Mr. Mercado and staff do not claim any direct relationship between their efforts and the developments in government of a Family Planning Commission and other administrative changes, they hope to document at least the increasing attention given to these matters by the press and mediums of communication in the country.

IV. EVALUATIVE STATEMENT

This project was initially designed with a built-in evaluation which included following individual members of the press and other mediums of communication who had attended the seminars to see if their coverage of areas related to population and family planning actually did increase. This was not carried out in a scientific way and in order to correct this deficit Mr. Mercado is presently contracting with the University of Philippines Population Research Center to do an analysis of the press and other medium's files to document the impact of the program.

This kind of activity should be evaluated, documented, and published so that the model can be used for other countries in similar circumstances. Further, it should be continued, but must, we believe, develop an internal base for partial continued funding.

I. PROJECT IDENTIFICATION NUMBER

1105B

II. PROJECT TITLE

Philippines: Bilibid Prison Hospital

III. BRIEF PROJECT DESCRIPTION

In the long term management of prisoners a system for conjugal visits has been developed at the Bilibid Prison in Manila. Health services are provided at a central clinic as well as at two outposts. The objective of this program is to include family planning services as part of total health care for prisoners and their families. For this purpose a small budget has been allocated for the salary of the necessary staff nurse and field worker; supplies are available through the Population Commission.

The director of the program was out of the country at the time of the site visit; the new country representatives had not visited the program. Records and correspondence at the Pathfinder Manila office were reviewed. Over a two year period some 10,000 general patient visits are paid to these clinics. Quarterly reports indicated almost 200 new contraceptive acceptors per quarter. Monthly reports demonstrate old patients revisiting as well as new. Continuation rates were not available.

IV. EVALUATIVE STATEMENT

This imaginative program is providing well received contraceptive services with minimal expenditure (\$2,000); local government has committed itself to assume financial responsibility after the next three years; - 1976?

I. PROJECT IDENTIFICATION NUMBER

1111, 1143, and 1157

II. PROJECT TITLE

Philippines: Bulk Supply of Contraceptives and Medical Kits

III. BRIEF PROJECT DESCRIPTION

Before the establishment of a Population Commission by the Philippine Government, and at a time when AID family planning activity did not exist in Manila, The Pathfinder Fund undertook to make available contraceptive supplies and the necessary medical equipment for provision of contraceptive services to health programs unable to obtain them. The recipients included small mission projects, voluntary health groups, and government public health programs in several provinces. The listing of specific recipients is available at the Boston office as are copies of the stock cards documenting the receipt and dispersion of commodities in Manila. Verbal reports from several government health officials confirmed the need and widespread effectiveness of this system for many clinics. One such urban MCH center was visited where family planning was begun in 1965 and where 2,000 patients for contraceptives have been registered in the past four years in their program for total family care. Similar conditions were reported verbally from Mindanao health officials.

IV. EVALUATIVE STATEMENT

The objective of enabling the inclusion of family planning services in various health programs through the provision of necessary contraceptive supplies was well met.

The residuum was transferred to AID/Manila population for the Population Commission, which has rightfully assumed this responsibility.

I. PROJECT IDENTIFICATION NUMBER

1122, 1198

II. PROJECT TITLE

Philippines: East Asia Field Support  
Indonesia: Field Support Consultancy

III. BRIEF PROJECT DESCRIPTION

These two project identification numbers cover the field support consultancy of Dr. Kline, primarily in the area of population education, but often in general consultancy in the various Pathfinder projects, both in the Philippines and in Indonesia. Dr. Kline's consultancy is something we would like to mention, in that we have from time to time, encountered those who were involved in the various projects visited by him.

IV. EVALUATIVE STATEMENT

It is the consensus of the members of the evaluative team that this type of consultation is to be encouraged. Several of the activities initiated during the period of consultation of Dr. Kline are still viable projects of The Pathfinder Fund.

It is our opinion, however, that consultation merely to initiate projects without a plan for continued short term consultation to provide continuing support is to be discouraged, unless the staff of the project has the necessary competency, as for example the group we visited in Bandung Population Education in Indonesia.

The need for technical assistance in Pathfinder is one of the issues covered in our general report. We feel that there is need for improvement of the technical expertise of this institution.

I. PROJECT IDENTIFICATION NUMBER

1152A

II. PROJECT TITLE

Philippines: Urban Industrial Missions

III. BRIEF PROJECT DESCRIPTION

The objectives of this project are several. The first is that unions accept family planning as being a part of the contract negotiated with employers. A second is that family planning services be available to workers through company related clinics. An indirect objective is that workers in unions around Manila accept family planning. During the first year of this project, a number of seminars on labor unionism have been conducted. These seminars include sessions on family life education for labor union leaders. In addition, there have been meetings with workers for more direct promotion of family planning in the context of unionism and promotion of a labor union family planning tie through church groups. Clinic services have been made available through establishment of small clinics for workers without access to a company clinic and consultation given to industrial clinic personnel. Thus, the kind of activities proposed in the project have been carried out during the first year.

IV. EVALUATIVE STATEMENT

It might be noted that this approach to promotion of family planning involves a special need for personnel with access to both labor and management. On that count, the project appears to be quite successful in that the project director is a labor management specialist. The quality and quantity, however, of the educational efforts through the

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seminars with labor leaders and with workers is difficult to judge. Furthermore, examination of some of the clinic records reveals that there are questions about the quantity of the services offered to workers through the clinics. In this particular instance, it would not have been difficult to build some evaluation mechanisms into the program, for example, some simple information concerning the number of attendees at the seminars and the number of new acceptors and continuing acceptors could have been routinely provided for. Apparently this was not done.

I. PROJECT IDENTIFICATION NUMBER

1166A

II. PROJECT TITLE

Philippines: Leprosaria

III. BRIEF PROJECT DESCRIPTION

The Leprosy Control Services, part of the Division of Communicable Diseases, provides total health care to leprosy patients and their families through a chain of 9 clinics. These include 8 clinics at the regional leprosaria and a single metropolitan outpatient clinic at the headquarters of the Division of Communicable Diseases in Manila. The objective of this project is to include contraceptive services as part of the total health care for this special group of patients, their families, and their contacts.

Each clinic developed a team of home visitors, and in December of 1971, a survey identified 811 eligible couples. At the end of 6 months, 70% of those couples had entered the family planning program. The physicians and nursing staff of each leprosaria had special training in contraceptive techniques, the management of problems, and record keeping. The question has arisen of male physicians inserting IUDs; only 7.8% of acceptors are using IUDs. This probably indicates inadequate IUD training for physicians. Two of the nine clinics were visited in this review.

IV. EVALUATIVE STATEMENT

The epidemiologist-leprologist project director has organized and administered this program well, as evidenced by initial growth. His analysis of data is exemplary for early evaluation and program direction. There is a need for further staff training in the use of IUDs. The activities are achieving the objective.

I. PROJECT IDENTIFICATION NUMBER

1171

II. PROJECT TITLE

Philippines: Rural Improvement Clubs

III. BRIEF PROJECT DESCRIPTION

This project is a joint effort of three agencies: The Pathfinder Fund, CARE, and the Agricultural Productivity Commission. RIC's are small clubs in different barrios and towns throughout rural areas of the country. They are voluntary groups, and the Agricultural Productivity Commission gives them technical assistance through services of home management technicians. The project seeks to integrate family planning into a program of three of the Rural Improvement Clubs in three pilot provinces of Samar, Masbate and Bukadon. Assistance is given in training doctors in these areas and in helping family planning clinics. CARE's assistance is in the provision of sewing machines, cooking equipment, garden tools, and seeds for vocational classes. This vocational aspect attracts women to participate in mother's classes wherein family planning is integrated. Once motivated they are referred to family planning clinics. This integrated rural club approach is one of the most important projects visited by the members of the evaluation team. The caliber of the home management technicians and of the Agricultural Productivity Commission is certainly one of the key factors in the future success of these integrated types of activities.

The integration of family planning into a micro-economic home management kind of context as a part of rural development is certainly to be encouraged. The relationships between the micro-economic forces in the family and family planning are highly motivational.

IV. EVALUATIVE STATEMENT

One of the major problems of this project seems to be the lack of documentation on the overall success of the program, which to the visiting evaluative team member was, at least at the verbal level, very obvious. The project was carried out as planned in the three provinces of the country, the home management technicians seemed very well prepared and knowledgeable in the various areas of content needed to conduct the project. Women who had participated in the program were invited to meetings and seemed to understand quite well the necessity for the family planning aspect of this particular program. It was interesting to note that all the women who we met in this visit to Bukadon were family planners.

It was the opinion of the visiting team members that this is a project that should be continued, and carefully evaluated and documented because of its importance to other rural developing countries. Also it should be mentioned that this is one of the projects where a rather direct link to an underlying theory can be made. "This project hopes to motivate people in rural areas of the Philippines toward family planning services particularly by utilizing rural improvement home technicians who can link family planning to issues of health, nutrition, education and family life."

I. PROJECT IDENTIFICATION NUMBER

1181

II. PROJECT TITLE

Philippines: YWCA

III. BRIEF DESCRIPTIVE SUMMARY

The purposes of the YWCA program as stated in some of the early documentation, is to provide information on the population problems and family planning in the Philippines for the young women members of the YWCA through a series of seminars, geographically spread throughout the country. After the completion of five of these regional seminars, a number of so-called echo seminars were scheduled and at the time of the visit, nineteen had been conducted. It was estimated at that time that 272 leaders had been trained in the regional seminars, and that over 717 people had been reached in the echo seminars throughout the country.

The Pathfinder grant pays the salary of the coordinator of this program, and she has been the key person in the development of the seminars.

No direct substantive evaluation can be made as to the impact of these seminars either on the behavior of the younger women's membership of the YWCA or on the related events, such as the development of policy and the acceptance of the family planning program for the Philippines during this period of the program, but some judgements can be made.

IV. EVALUATIVE STATEMENT

It is clear that the YWCA leadership has been quite capable in planning and carrying out a series of seminars and in providing support for the echo seminars, which are the key elements of this program. Also, they have been quite aware of the need for evaluation and have used a before and after questionnaire in the seminars to determine the immediate effects of the program. They are not making any statements or claims about achieving any of their long range objectives as yet, but merely point to the country developments and related the YWCA aspects as just one of many contributing factors.

This kind of activity of approaching organized groups without the hope of an immediate effect on clinic attendance but with long range goals is certainly to be encouraged. The group has already made additional plans for reaching populations outside the school system and in rural areas, which would warrant support.

I. PROJECT IDENTIFICATION NUMBER

1098, 1136, 1155

II. PROJECT TITLE

V, VI and VII Oral Contraceptives

III. BRIEF PROJECT DESCRIPTION

These projects concern the provision of bulk oral contraceptive supplies to Taiwan over a period of the past several years. There is not room here to totally describe the importance of bulk procurement for Taiwan. It is clear, however, that it became an extremely important balancing factor in the Taiwan program. It was also possible to test several ideas and to provide administrative control to assure proper utilization of oral contraceptives as a part of the program. Funds generated by the donations received for these pills were paid to field workers which made it much more probable that the pills were sold, in that if the workers were allowed to give them away as in the original plan, they could have reported much higher distribution. Since they received some funds from the money generated by the pills, the figures were much more likely to be accurate. A very complete file on this particular program is available from the Boston office of Pathfinder.

PROJECT EVALUATION FOR PIN 1233

PIN \_\_\_\_\_ PROJECT TITLE \_\_\_\_\_

(Other PINs associated with project \_\_\_\_\_ )

Project Dates From: \_\_\_\_\_ To: \_\_\_\_\_

I. How Did Project Become Known to Pathfinder (Boston)?

\_\_\_\_\_ from host country, organization or individual

\_\_\_\_\_ from AID. If yes, was the project also funded at the request of AID?

Comments: \_\_\_\_\_

\_\_\_\_\_ through Pathfinder personnel or consultants

Comments: \_\_\_\_\_

\_\_\_\_\_ other, describe: \_\_\_\_\_

II. Project Dates

Date(s) project started \_\_\_\_\_

Date activity started (if clear) \_\_\_\_\_ or date first check mailed \_\_\_\_\_

Date project completed \_\_\_\_\_

Date of first correspondence (in file) regarding project \_\_\_\_\_

Date of Pathfinder application to AID \_\_\_\_\_

Date of AID approval (received) \_\_\_\_\_

Date Project Director notified \_\_\_\_\_

Extensions beyond initial funding period:

FROM

TO

First extension

\_\_\_\_\_

\_\_\_\_\_

Second extension

\_\_\_\_\_

\_\_\_\_\_

Third extension

\_\_\_\_\_

\_\_\_\_\_

**III. Category of Activity (check any that apply and check sub-groups)**

1. Introducing family planning services to populations which do not have significant family planning services

1a. Activity designed to lay the ground work for or stimulate the introduction of family planning services

The target area or population is:

a "new" country

a "new" segment of a country (specify) \_\_\_\_\_

an organization - specify \_\_\_\_\_

other, fellowships, etc. \_\_\_\_\_

2. Development, demonstration and/or promotion of improved and/or innovative methods of family planning services, techniques, and/or supplies.

What is the new method of service, technique and/or supply? Specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Development, demonstration and promotion of information, education and/or communication techniques for persuading people to limit family size.

The target population:

current leaders

government

lay

future leaders

leaders of a specific group - specify \_\_\_\_\_

general populace

The purpose or objective of the I E C program

persuade regarding a national or government policy change and/or use of government resources

persuade regarding the policy or efforts of an organization

inform about demography, economics, and or development, etc

inform about advantages to families and individuals of controlling reproduction

inform about fertility control methods (contraception, sterilization, and or abortion) and/or its availability

sex education

inform or persuade regarding values and practice only indirectly related to fertility

persuade people to attend family planning clinics and/or to use fertility control methods

\_\_\_4. The support of a large scale program: (Large scale – national, either government or voluntary vs project which is small, short term)

\_\_\_ assistance to start a program

\_\_\_ assistance to continue a program (on-going budgetary support)

\_\_\_ assistance to expand a program (but not change its essential nature)

\_\_\_ assistance to introduce new activities

Is there an innovative aspect to the activity? Yes/No. If yes, what is it?

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\_\_\_5. Is this a project funded at the request of AID? Yes/No

#### IV. Relationship to Other Projects

a) Is this project one of a series of related Pathfinder projects *within the same organization*? Yes/No  
If yes, explain or describe:

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b) Is this project one of a series of related Pathfinder projects *within the same country*? Yes/No  
If yes, briefly describe the other project.

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c) Is this project complimentary to the total family planning activity within the country?

\_\_\_ gap filling (in services, training, etc.)

\_\_\_ pioneering

\_\_\_ other \_\_\_\_\_

#### V. Specific Objectives

What are the real or specific objectives of the project, i.e., what are the particular accomplishments expected to happen by the end of the project.

\_\_\_ a) as a result of Pathfinder's specific part of the project

- \_\_\_ b) [if applicable] as a result of directly related, concurrent or complimentary efforts by others  
(NOTE: This could apply if, for instance, we were supplying a projector, contraceptives, travel for a training program, etc. )

**VI. Underlying Theory**

What is the underlying theory connecting this project to Pathfinder's overall goals to make family planning services universally known and available and to stimulate adoption of effective contraception?

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**VII. Evaluation**

1) Progress evaluation

a) What was the Plan of Action?

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b) Were there any significant changes in The Plan of Action? Yes / No If yes, describe: (objectives, timing, etc.)

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c) Were there any significant reported failures to carry out the final Plan of Action? Yes / No If yes, describe:

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2) Substantive Evaluation ( In re: Specific objectives – Section V)

a) Was there a plan for substantive evaluation related to the effects or effectiveness of the project? Yes / No  
If yes, describe briefly:

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Was it carried out? Yes / No If no, explain:

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b) To date what are (were) the actual accomplishments in relation to the specific objectives (Section V)?

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3) Administrative Evaluation:

a) what was the role of the Pathfinder field representative in re: development, justification and/or continuation of the project?

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b) was there an input from the appropriate P. O. D.? In Boston Yes / No -- Discuss

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in the host country? - what

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c) other – project directors, travel fellows, long term fellows, etc., interviewed in Boston?, etc

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4) Financial Evaluation

a) where required, financial reports satisfactory? Yes / No If no, explain:

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**VIII. Funding Period and Extensions**

**1. Pathfinder Funding Expectations:**

For what period was funding originally granted: \_\_\_\_\_ number of months or  
\_\_\_\_\_ one-shot project

From \_\_\_\_\_ (date) To \_\_\_\_\_ (date)

Was there an assumption that there would be continued Pathfinder funding beyond the original expiration date?  
Yes / No If yes, explain:

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(If not a one-shot activity) a. Was it assumed the activity would continue after Pathfinder support ceased?  
Yes / No If yes, who would supply the funds?

b. If Pathfinder support ceased (or is about to cease), has the activity (will the activity) continue? Yes No  
Comments:

With what support?

**2. History of Funding**

Give dates, budgets and amounts of Pathfinder support

<u>PERIOD</u>	<u>BUDGET</u>	<u>EXPENDITURES</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any significant budget changes (eg. amendments)

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- 3) What was the nature of project operations prior to Pathfinder funding?  
a) list program activities and cite prior sources of funding in the table below.

PROGRAM ACTIVITIES	PRIOR SOURCES OF FUNDS

PIN \_\_\_\_\_ Name of Clinic \_\_\_\_\_

Date of Visit \_\_\_\_\_ Director of Clinic \_\_\_\_\_

By \_\_\_\_\_ Informant \_\_\_\_\_

(Where box provided, check '0' for no; '1' for yes and '9' for unknown)

CLINIC STAFF:	TOTAL	TRAINED IN FAMILY PLANNING HERE	TRAINED FOR 1 WEEK OR MORE ELSEWHERE
physicians			
midwives			
nurses			
aides/others			
home visitors			

CLINIC SERVICES (under this roof):  Family Planning ONLY  
 Family Planning Plus:  General Medicine  Prevention  Antenatal/postpartum  Well baby/infant

CONTRACEPTIVE SERVICES OFFERED	List type of IUDs being used	By Doctor	By Midwife	By Both	By Other
PILLS					
OTHERS					

Vas ligation:  here  referred      Tubal:  here  referred      Abortions:  here  referred

LAB SERVICES:  Hb/Hct.  Urine  Alb  Sugar  Micro  Pap  Wet vaginal smear  Semen exam

CLINIC FACILITIES: waiting room \_\_\_\_\_ offices \_\_\_\_\_ lab \_\_\_\_\_ microscope \_\_\_\_\_ exam rooms # \_\_\_\_\_ exam tables \_\_\_\_\_  
 lights \_\_\_\_\_ specula \_\_\_\_\_ sounds \_\_\_\_\_ tenacula \_\_\_\_\_ other \_\_\_\_\_

STERILIZATION OF EQUIPMENT:  Auto  Boil  Soak      STORED:  Wet  Dry

SOURCE OF PATIENT'S REFERRAL (M - Many, S - Some, N - None) Self \_\_\_\_\_ Patients \_\_\_\_\_ PP: Hospital \_\_\_\_\_ Field Staff \_\_\_\_\_  
 Other \_\_\_\_\_

LIMITATION OF PATIENTS: Age \_\_\_\_\_ Marriage \_\_\_\_\_

EXPECTED FREQUENCY OF ROUTINE VISITS: for IUD \_\_\_\_\_ per year      Pills \_\_\_\_\_ per year      Other \_\_\_\_\_

FOLLOW-UP SYSTEM FOR DEFAULTERS:  home visit  mail  message by friend  telephone  none

**SOURCE OF CARE FOR PROBLEMS (bleeding, infection):**  here  home  referred \_\_\_\_\_  
specify

**CLINIC SCHEDULE:** \_\_\_\_\_ hours for \_\_\_\_\_ days per week/month

**NUMBER OF FAMILY PLANNING PATIENTS FOR:**

	1 month preceding this visit				1 year preceding this visit			
	IUD	PILLS	OTHER	TOTAL	IUD	PILLS	OTHER	TOTAL
New								
Continuing								
Stopped / Lost								
<b>TOTAL</b>								

**DATA AVAILABLE:**  by age  by parity  by doctor/midwife

Continuation Rates		1 year	2 years
		IUD	
PILLS			

How derived? \_\_\_\_\_

*PLEASE ATTACH SAMPLE OF CLINIC RECORD / PATIENT RECORD*

**WHAT ARE YOUR CHIEF CLINIC PROBLEMS?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**What is Maternal Mortality for this area?** \_\_\_\_\_ **Cause?** \_\_\_\_\_

**What are the continuation rates from other clinics in this area?** IUD/YEAR PILL/YEAR

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Training aspects for:** **Doctors** \_\_\_\_\_  
**Midwives** \_\_\_\_\_  
**Others** \_\_\_\_\_

**Research Aspects:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Potential to replicate this project:** 1. In this country \_\_\_\_\_ 2. Elsewhere \_\_\_\_\_

*PLEASE INCLUDE COPY OF BUDGET – LIST SOURCES OF FUNDS*

**KEY**

1. All figures used are *approval* amounts as of June 30, 1972.
2. All amounts have been rounded off to the nearest dollar.
3. PINs separated by commas refer to the same sub-grants; PINs separated by semi-colons indicate different sub-grants.
4. "Other Funds" category includes AID Grant la/599, AID Grant afr/575 and Pathfinder Unrestricted Funding.

**The First Monthly Report on PIN 1233  
"Evaluation of the Program and  
Progress Toward Achieving the Objectives of  
Grant AID/csd-1870"**

The project was designed to evaluate the progress made by The Pathfinder Fund with funds made available by AID, in Grant number 1870, in achieving the following objectives:

- a. to extend family planning information and services by helping interested individuals, organizations and institutions which are not receiving assistance from other sources to establish centers (foci) for this purpose, in order to enable these groups or individuals to stimulate a greater public interest in participation in family planning. The purpose of such assistance is to enable these centers (foci) to become sufficiently established to acquire continuing support from local private sources or from large private and international organizations or governments.
- b. to provide interim support for family planning information and services upon request to selected facilities of a quasi-governmental or governmental nature in countries where the government is unable at present to mount official family planning programs or to provide such assistance directly. The purpose of such support is to assist family planning services already in operation, or planned, and to encourage the development of government policies and programs by building up centers of experience and demonstrating public receptivity to the extension of family planning services.

The project goals of PIN 1233 were to:

- a. determine the extent to which The Pathfinder Fund has achieved the objectives as stated above.
- b. determine the effectiveness of the program of The Pathfinder Fund in achieving the objectives as listed above.

The project was to begin immediately. It was estimated that it would take seven months.

The PLAN OF ACTION included the use of the services of Dr. Malcolm Merrill of the U.S. Public Health Service, CHAPS Program, to prepare a list of suitable candidates for the proposed team of three experts to develop a protocol and evaluate The Pathfinder Fund's activities. From a list of six public health physicians, six social scientists and six information and education specialists Dr. Rogers Beasley was selected as the physician, Dr. Jack Kirscht as the social scientist and Dr. Harold Gustafson as team leader, who is more or less a generalist but has particular skills in the education-information area of program development.

The team first met in Boston in its preliminary deliberations for a three day period in early July and for a two day period with Drs. Beasley and Gustafson in attendance late in July of 1972.

During this period of time an in depth analysis of the various policies and procedures of Pathfinder were studied in great detail in order to determine the following:

- a. the method used by Pathfinder to select projects for sub-grants.
- b. the method used by Pathfinder to determine which projects are to be extended.
- c. review and follow-up procedures of accomplishments.
- d. the follow-up conducted to determine continued viability after conclusion of Pathfinder support.
- e. the procedure used to search out new projects.
- f. the techniques used to surmount the problems of a difficult environment.
- g. the assistance given through advisory or staff support in project formulation and implementation.

Most of this information was extracted from existing documents of The Pathfinder Fund during the initial meeting early in July and in the interval between that session and the one in late July, and most of this is in the form of standard operating procedures of the organization. A more detailed discussion of these procedures will appear in later reports. They will make most sense when analyzed in relation to the other aspects of the world-wide program.

This task was expedited through the development of a specific form to excerpt information from existing files of The Pathfinder Fund. A copy of the protocol used, which is titled PROJECT EVALUATION FOR PIN 1233 is attached. This form was developed in rough draft during the first meeting in July, improved upon by both the evaluation team and The Pathfinder Fund staff and put into final form by Drs. Gustafson and Beasley during their meeting in late July. In addition to the form utilized to excerpt information from files, Beasley, primarily with the assistance of Gustafson, developed a form to gather information on clinics during field visits. It is also attached.

The primary project evaluation form has a dual purpose. It makes possible a review of a project prior to any personal contact in the field. It is quite extensive and should serve to focus discussion, to verify the points found in the field and to indicate what information should be gathered in the field.

Most interesting to the team, however, was the section on specific objectives of the project and the evaluative questions concerning progress in fulfilling the PLAN OF ACTION, the substantive evaluation concerning the specific objectives, and administrative evaluation concerning the role of staff and their inputs in the total process of project selection and support. Finally the section on financial evaluation also should yield very good information.

During the first and second meeting of the evaluation team a plan to select the projects to be visited was developed. The plan varied significantly from the original plan outlined in the PIN 1233 Project Description which was submitted to AID by The Pathfinder Fund. In the

**Project Description** it is stated that 20 or 25 projects will be selected from the ongoing Pathfinder projects and that these will be visited by one or more members of the evaluation team. As time went on it became quite clear that a larger number of projects could easily and advisably be visited.

A total list of the projects funded under 1870 which might be visited was developed. In its final form the list included some 63 projects in approximately 12 countries in Latin America, Asia and Africa. It became obvious that a better review of Pathfinder could be made if we attempted to gather specific information on as many of these projects as possible and in addition to gather peripheral or secondary information on others, even if we could not contact primary personnel on projects such as the bulk distribution of contraceptives or the distribution of medical kits to individual physicians in clinics throughout the world.

We decided no attempt should be made to sample all projects funded from Grant AID/csd-1870 since its inception. This would clearly be an impossible task due to the large number of individual awards made in the form of medical kits, small supplies of contraceptives, and individual awards of fellowships, training grants, etc., throughout the world. We expect to cover most of the active, innovative and more interesting projects of The Pathfinder Fund. We anticipate the projects we review will account for a very large percentage of the funds expended from the Grant. Wherever possible we have agreed to gather information on the use of the large amount of pills sent to that country. Wherever possible during our visits we will gather information about fellowship recipients and other individual awards such as the medical kits.

In summary we have not attempted in any way to draw a random, stratified or other type of sample but instead have decided to include in the projects we analyze as many of the activities covered under Grant 1870 as is possible within the time frame which has been shortened considerably since the first negotiation with AID. Initially, as can be seen in the PIN 1233 Project Description, a seven month period of time was budgeted for the evaluation. It appears now that less than four months will be utilized in production of at least a preliminary draft of the total report. This may or may not be feasible, but we are hoping to come as close to the October 31st date as possible.

The final preliminary meeting prior to the initiation of field activities occurred in the last week of July when officials of The Pathfinder Fund including Mr. Richard Gamble, Mr. Gaines Turner and Mrs. Anne Sandalls met jointly with Dr. Gustafson, who had agreed to head up the evaluation team, and three AID officials, Mr. Wilbur Wallace, Mrs. Judith Johnson and Mr. Harold Pedersen. During this meeting agreement was reached on the sampling procedure and on many of the specific projects to be visited, on a final budget which was somewhat lower than the budget contained in the original PIN 1233 Project Description, and on an arrangement for notification of local AID missions as to the arrival of the evaluation team with a statement that no support is required and a request that no contacts be made. Last but not least, after some discussion regarding procedures, agreement was reached to do as much as possible to check on the use of bulk supply of contraceptives and medical kits.

Due to the time constraints and the heavy scheduling that will be necessary to achieve these objectives we have tentatively agreed to meet the 31 October date through agreement that meetings can take place both on the east coast and west coast by all or some of the members of the evaluation team so that we may expedite the processes as much as possible.

My comments to date would have to include mention of the very high degree of cooperation from The Pathfinder Fund and its staff, especially the three members of the group most actively involved in the total negotiations, Mr. Gamble, Mr. Turner and Mrs. Sandalls, as well as the young graduate student who has done a great part of the work of extracting information from the files and entering it on the form. I have found the form to be quite adequate and expect that it will operate well in the field especially because it gets at some of the underlying theory and assumptions concerning both the program improvement aspects and policy development aspects of family planning programs. In addition it serves as an opportunity to test out the assumptions of AID, The Pathfinder Fund and host country nationals concerning specific elements of their programs.

The major function of the field visits in addition to verification and observations leading to a more expert opinion concerning the potential of the various project activities is also to put these projects into the context of an international program of an institution like Pathfinder and into the context of the country programs where they are located.

Harold Gustafson, Dr. P.H.

The Final Progress Report on PIN 1233  
"Evaluation of the Program and  
Progress Toward Achieving the Objectives of  
Grant AID/csd-1870"

The project was designed to evaluate the progress made by The Pathfinder Fund with funds made available by AID, in Grant number 1870, in achieving the following objectives:

- a. to extend family planning information and services by helping interested individuals, organizations and institutions which are not receiving assistance from other sources to establish centers (foci) for this purpose, in order to enable these groups or individuals to stimulate a greater public interest in participation in family planning. The purpose of such assistance is to enable these centers (foci) to become sufficiently established to acquire continuing support from local private sources or from large private and international organizations or governments.
- b. to provide interim support for family planning information and services upon request to selected facilities of a quasi-governmental or governmental nature in countries where the government is unable at present to mount official family planning programs or to provide such assistance directly. The purpose of such support is to assist family planning services already in operation, or planned, and to encourage the development of government policies and programs by building up centers of experience and demonstrating public receptivity to the extension of family planning services.

Project Size and Duration

Negotiations with potential candidates for the evaluation team took place in March and April. Dr. Harold C. Gustafson of the University of California agreed to serve in the role of the information and education specialist and team leader. Dr. Rogers Beasley of the Downstate Medical Center agreed to serve as the public health physician with interest primarily in paramedical training and Dr. John Kirscht of the University of Michigan agreed to serve as the social science methodologist.

The first meeting of this group took place in the second week of July, 1972 which was somewhat later than originally planned. It was impossible to assemble the team prior to that time because of their many other professional and personal commitments. The beginning date of this project, therefore, in terms of the action phase should be considered to be about the second week of July, 1972.

Due to this late start, the time frame was collapsed by several months and the team is working as quickly as possible to complete a final report in less than the seven month period originally programmed.

### PLAN OF ACTION:

The plan of action after the selection of the evaluation team included activities in the Pathfinder Fund office in Chestnut Hill, Massachusetts during which the team attempted to document in as much depth as possible, those facets of program planning and administration available in the form of letters and documents and procedures in the headquarters of The Pathfinder Fund. As part of the final report, there will be information on the various procedures and administrative practices in regard to a) the method used by Pathfinder to select projects for sub-grants, b) the method used by Pathfinder to determine which projects are to be extended, c) the review and follow-up procedures of accomplishments, d) the follow-up conducted to determine continued viability after conclusion of Pathfinder support, e) procedures used to search out new projects, f) the techniques used to surmount the problems of a difficult environment, g) the assistance through advisory or staff support in project formulation and implementation.

In the original plan it was estimated that the first phase of the work at Pathfinder headquarters would require up to two weeks. During this phase, two meetings were held, one which included the full evaluation team and one which included Drs. Gustafson and Beasley only. To extract as much of the existing information as possible from the files, a questionnaire form was designed entitled "Project Evaluation for PIN 1233" and is attached as Appendix C. After our work in the development of the form, a graduate student, Mr. James Brudney, was employed to extract information from each project which had been funded from Grant AID/csd-1870. These forms, one for each of the sixty-three projects funded under this grant, are available as back-up documents in Pathfinder's Boston headquarters.

A summary of these data from the evaluation form and the information gathered by the team in the field, will constitute the specific project-focused part of the final report.

During our initial meetings and later in discussions by phone and correspondence, it was agreed that we would not follow the sampling procedure suggested in the PIN 1233 Project Description. Instead we decided to identify the countries we might visit in which there had been projects funded from Grant AID/csd-1870 and that within those countries we should, to the greatest extent possible, visit each and every project which had been funded from the Grant.

The original list of funded projects numbered 63. It was suggested in the PIN 1233 Project Description that we select a sample of 20 or 25 representative projects from this list for in-depth examination. Instead we found that of the 63 projects listed, there were approximately 50 where it would be possible, politically feasible, and prudent to visit. Of the 50 projects in that final list, we were able to get information on 45 during our visits to the countries involved. Most of the projects on which we could not gather information were those which were travel grants or were projects located

in countries where it was not politically feasible to visit at the time we were in the country. Having completed the selection procedure, the team then did follow the guide of the original ten objectives of PIN 1233 and decided to utilize the already completed form ("Project Evaluation for PIN 1233", Appendix C) on each project as the basic document.

We are in the process of organizing our data and we find that we have information on everything necessary to meet the objectives of the PIN 1233 charge.

As indicated, we met with Mr. Wilbur Wallace, the project manager, Mrs. Judith Johnson and Mr. Harald Pedersen and the Pathfinder staff to prepare the budget and to develop a program for the field evaluation. In making the evaluation, we are leaning heavily on methodology usually utilized in the evaluation of public health and family planning programs. We have developed an outline of the final draft format and will be analyzing all of the information concerning the specific projects and our findings in this context.

Item 5 in PIN 1233 indicates that the project director, Dr. Gustafson, and staff would prepare a travel and work schedule to accomplish the task. In an appendix of the final report will be listed the nine countries within which there are heavy Pathfinder commitments and where complete visitation of all projects was attempted (Appendix E).

Also in the Appendices (Appendix I), there will be a list of the countries not selected for field visits and the projects which therefore will not be received. In general, the deselection was related to political sensitivities, the cancellation of the project prior to implementation, and or the inaccessibility of information. In all, a total of 83 man days were utilized by the three consultants on the evaluation team for field visits. Most projects were visited by only one member of the team. However, the more complex projects were visited by two and sometimes three members of the team. Another step outlined in the original PIN 1233 project description was for the members of the evaluation team to meet with the AID program manager to review their findings and conclusions prior to the submission of a final report. The preparation of the draft report, the meetings with AID and the preparation of the final report were estimated to require three months. An additional month was allowed to gather more information should that be necessary. We are hoping that no additional information will have to be gathered and that the final report can be completed in less time than the Project Description allowed.

Very shortly, the evaluation team will be meeting to prepare the final written report from all the notes that have been assembled. Our analysis will include those points outlined in the PIN 1233 Project Description, namely: a) the extent to which Pathfinder has been successful in establishing family planning facilities for population groups not previously served, b) the extent to which Pathfinder has been successful in transferring newly established activities to support by others, c) the extent to which Pathfinder has successfully provided interim assistance primarily in the form of contraceptives and equipment to quasi-governmental and governmental organizations and finally, d) the extent to which Pathfinder has successfully provided contraceptives and equipment to other organizations such as Church World Service.

THE PATHFINDER FUNDPROCEDURE

Date Issued: August 20, 1971 Procedure No. 203  
 Date Effective: September 1, 1971  
 Supersedes: Procedure Number 5 dated September 2, 1970

TITLE

Processing Project Proposals

PURPOSE

To define the procedure and assign responsibility for each step in processing project proposals other than research programs through Boston headquarters to the point of approval by the Executive Director. Processing for research programs is the subject of a separate procedure.

PROCEDURE

1. All proposals or requests shall be sent directly to the Program Operations Director who is responsible for the geographic area in which the project will be conducted.
2. The Program Operations Director shall review the proposal to determine whether or not it is appropriate to the objective of Pathfinder and, if so, to determine whether or not it is in a field of activity approved by the Program Review Committee.
3. If the proposal is inappropriate to the objective of Pathfinder the applicant shall be so advised by letter signed by the Program Operations Director.
4. If the proposal is appropriate to the objective of Pathfinder but is in a field of activity which has not been approved by the Program Review Committee the applicant shall be so advised by letter signed by the Program Operations Director.
5. If the proposal is appropriate to the objective of Pathfinder and is in a field of activity approved by the Program Review Committee, the Program Operations Director shall prepare a Project Precis in the format and covering the data set forth in Enclosure 1. This Precis shall be distributed to members of the Program Review Committee by the end of working hours on the third day before the meeting at which the project will be considered.
6. The Program Review Committee shall review the Precis and either approve the project for further consideration or disapprove it for inclusion in Pathfinder's program. If the former, the Committee shall be as explicit as possible regarding conditions necessary

for final approval. The Committee's approval of the Precis is not a commitment to approve and fund the project.

7. If the proposal is disapproved by the Program Review Committee the applicant shall be advised by letter signed by the Program Operations Director.

8. If the proposal as presented in the Precis is approved for further consideration by the Program Review Committee, the Project Data Control Assistant shall assign a project identification number.

9. For those proposals whose Precis have been approved by the Program Review Committee, the Program Operations Director shall prepare the following:

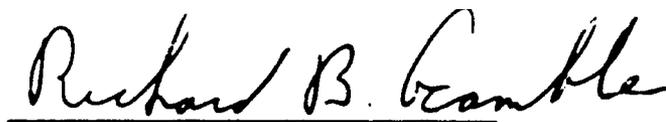
- a. A Project Description in the format and covering the information described in Enclosure 2 and either
- b. A Letter of Transmittal to the proposed funding source in the format and covering the information described in Enclosure 3 or
- c. If unrestricted funds are to be used, a Memorandum of Approval in the format and covering the information described in Enclosure 4.

The appropriate members of the scientific staff shall prepare the evaluation section of the Project Description for the Program Operations Director. In developing the Project Description, the Program Operations Director shall consult with the scientific staff, the field staff, consultants, and/or prospective project director as may be necessary.

10. The Project Description with its Letter of Transmittal or Memorandum of Approval shall be distributed to the Program Review Committee by the close of working hours on the third day before the day at which the project will be finally reviewed.

11. The Program Review Committee shall review the Project Description and approve, disapprove or give approval conditional on specific changes being made.

12. On completion of any necessary changes, the Program Operations Director shall submit the Project Description and the Letter of Transmittal or Memorandum of Approval to the Executive Director for signature, following which the Project Description shall be mailed to the funding agency, if outside funds are to be requested.



Executive Director

## PROJECT PRECIS FORMAT

### PROJECT TITLE

The project title will be assigned by the Program Operations Director. It must include the name of the country where the project headquarters will be located and a short, descriptive phrase about the project. (e.g. Botswana: Population Education Curriculum Development).

### GRANTEE

Under this heading include the name and address of the organization or person to whom this grant is proposed to be made. This may or may not be the project director.

### PROJECT SIZE, DURATION AND FUNDING

Show the proposed overall duration of the project, and the period for which the current funding is proposed. Give an estimate of the total amount of funding which will be required from Pathfinder both for the entire period and for the currently proposed period. Indicate the recommended source of funding. Costs stated in the Precis need be estimates only but are included as an indication of the magnitude of the project.

### PROJECT SUMMARY

The purpose of the descriptive summary is to provide the members of the Program Review Committee with the basic idea of the project and its overall purpose. This paragraph should consist of no more than six typed lines.

### BACKGROUND AND CONTEXT

Briefly provide whatever information is required to show how the proposed project fits into the respective programs of Pathfinder, other organizations, if any, and the host country. Also briefly include other information that will assist the Program Review Committee in its deliberations such as background on the grantee, proposed project personnel, related activities, etc. Written comments may be brief and can be enlarged upon in the verbal presentation to the Program Review Committee. Attach or refer to relevant reports, especially reports on the project if the proposal is an extension or continuation.

### GOALS

The specific need to be met or problem to be dealt with must be summarized clearly and succinctly first. Then set forth in specific and concrete terms what this project seeks to achieve in meeting the need or solving the problem.

**PERSONNEL AND FACILITIES**

Identify in this section the organization and the prospective project director and other key personnel in general terms. Comments should be limited to ten typed lines.

**ORIGIN OF THE PROPOSAL**

State by whom, and why the project proposal was submitted and/or how the idea for the project originated.

**COMMENTS**

Briefly make any comments which might assist the Program Review Committee in making its decision. Relevant comments might include the strengths and weaknesses of the project personnel, special reasons for wanting or not wanting to implement the project, subsidiary benefits to Pathfinder's program and/or population programs which are expected to be derived from the project, etc. Brief written comments can be enlarged upon at the Program Review Committee meeting. All aspects relevant to the Program Review Committee's consideration of the project should be included as the Precis may be referred to in the future when questions about the project arise.

PROJECT DESCRIPTION FORMAT

I. PATHFINDER PROJECT IDENTIFICATION NUMBER

This number will be assigned by the Project Data Control Assistant when the Program Review Committee has approved the Project Precip. The number will be referred to in all subsequent memos and in correspondence with funding agencies. Notification of this number will be made to the prospective project director only after implementation has been authorized.

II. PROJECT TITLE

The project title will be assigned by the Program Operations Director. It must include the name of the country where the project headquarters will be located and a short, descriptive phrase about the project. (e.e. Botswana: Population Education Curriculum Development)

III. GRANTEE

The name and address of the organization or person to whom this grant is proposed should appear under this heading. This may or may not be the project director.

IV. PROJECT SUMMARY

The purpose of this descriptive summary is to provide the members of the Program Review Committee with the basic idea of the project and its overall purpose. This paragraph should consist of not more than six typed lines.

V. PROJECT SIZE AND DURATION

Begin this section with a table showing the length and cost of the initial or current phase of the project, the overall length and cost of the project, and the proposed starting date of the current phase. The anticipated starting date will be more or less specific depending on the circumstances, e.g. must be July 8; any time before August 25; forty-five days after receipt of funds, etc. In the discussion of the size and duration of the project the considerations which have determined the minimum size and length necessary to achieve the project's goal(s) should be stated. Where the project consists of an activity which could continue beyond the currently funded period, the extent of Pathfinder's commitment to continue funding, the likelihood that alternate sources of funding will be available and/or the consequences should no further funding be made available should be discussed.

VI. GOALS

In this section show what is proposed to be done. The specific need to be met or problem to be dealt with must be stated clearly and succinctly first. Then set forth in specific and concrete terms what this project seeks to achieve in meeting this need or solving this problem. The statement of what is to be done must be defined in such a way that project

reports can show specific progress in accomplishing goals. For example, a goal might be stated "to double the rate of increase in families practicing family planning", or "to compare the relative merits of using midwives or other personnel as family planning motivators" or other similar definitive statements of what is to be accomplished.

Next the anticipated value of the results to the project director, to the country and to other countries should be stated. Pathfinder's interest is in innovative ideas, approaches and techniques, particularly those with a potential for broad application. This part of the project proposal must identify the expected ultimate value of innovative aspects of the project. If information (data, research conclusions, etc.) of value to population programs is to be developed, the anticipated publication or other use of this material must be identified.

A request for continuation or expansion of a project which has been funded, either wholly or in part by Pathfinder, must be accompanied by a brief statement of the achievements and accomplishments to date, and the reasons for the request. Relevant reports should be attached if possible, or referred to.

## VII. PLAN OF ACTION

The Plan of Action is a narrative description of how the project director plans to conduct the project. As noted above, the goal(s) of the project must be stated in concrete terms. This section must likewise state in specific terms the tasks to be performed in reaching each project goal; how each task will be accomplished; and the time sequence for beginning and ending work on each task.

The Plan of Action must state the date by which the project director must be notified of funding approval, the date by which implementation must commence and the consequences if there is a delay of sixty days after the intended date.

Adequate information should be included to support all items which are mentioned in the detailed budget (see below), particularly any budget items whose purpose is not obvious. This does not mean that each budget item and its purpose should be delineated but rather that the Plan of Action should be specific enough to make evident the need for each budget item.

If the proposal is for a travel or training grant, justification must be given for requesting Pathfinder funding. Also, it must be shown how this travel, training or fellowship will contribute to the field of population planning in general, and to the goals of The Pathfinder Fund in particular.

Pathfinder's interest is in new ideas, new approaches and new techniques. All innovative aspects of this project should be highlighted.

The Plan of Action must include information on such questions as:

1. How long the work begun by this project will continue.
2. How long Pathfinder is expected to support the work assuming the conduct of the project continues as planned.

3. What is to be done at the conclusion of Pathfinder support.
4. The disposition proposed for Pathfinder supplied vehicles, equipment and commodities remaining at the end of the Pathfinder support period.

#### VIII. PERSONNEL AND FACILITIES

This section is intended to identify who will conduct and work on the project and to show their qualifications and affiliations. Information in this section must define the capabilities of the grantee, the prospective project director and the proposed project staff.

Briefly describe the nature and background of the organization(s) which will be involved in the implementation of the project, including staff and facilities available, and the qualifications of the staff. Include the nature, size and location(s) of present family planning operations or other operations related to the purpose of the grant (if any); how these operations are funded (including contributions in kind) and the size of the budget (but not the budget breakdown) for the operations in progress. This information must be specific enough for the Program Review Committee to judge the capability of the organization to undertake the proposed project. It should therefore include information on such related items as library facilities, clinic facilities, etc.

State the qualifications, including education, experience and principal duties of the prospective director and his staff (other than support personnel) showing the percentage of time each will spend on this project. When someone other than the prospective project director will be responsible for any of the work to be conducted, identify him, cite his qualifications, education, experience, principal duties and percentage of his time which will be spent on the project. Enough information must be given on each member of the project staff to determine the contribution he is expected to make to the achievement of project goals.

#### IX. REPORTING AND EVALUATION

Project directors will not usually be requested to submit an evaluation plan. Rather the evaluation plan will be prepared by the Pathfinder scientific staff (either employee or consultant).

Two types of evaluation will be made. The first will consist of a determination of how well the project director conducted the project, followed the Plan of Action and accomplished his stated goal(s). The Pathfinder scientific staff will define in the section related to this type of evaluation what information is to be reported, the format in which it is to be reported, and the frequency of reporting. This section will then state how the data reported is to be used to determine progress and what progress should be expected at the end of each reporting period.

The second type of evaluation will consist of a determination of the effect of the project in relation to its purpose and goal. A project director may have conducted the project according to plan and still have no effect in relation to the broader purposes or goals of the project. For example, a goal may be to establish a clinic in an area which has not had such services previously. The project director may establish the clinic with adequate facilities and a trained staff. His Plan of Action has been successfully carried out. However, if the population the clinic is intended to serve does not use the clinic the project has not achieved its broader goal of introducing family planning. For this evaluation the Pathfinder scientific staff will define what information is to be reported, the format in which it is to be reported, and the frequency of reporting. Additionally, visits by Pathfinder staff (headquarters or field) and/or specialized personnel which will be required to carry out the evaluation should be stated so that all will clearly understand the action which will be required.

#### X. BUDGET

A. Identify who will be responsible for receiving and accounting for funds, supplies and equipment.

B. The budget must be prepared using the exact headings specified below and each anticipated expenditure item must be listed under the proper heading.

C. Items listed in the budget must be specific. Terms such as "miscellaneous", "other", "contingency funds" may not be used.

D. The budget must show the cost of each item, the subtotal for each heading and the grand total for the project.

E. If the project is expected to continue for more than 12 months, the budget for the first 12 months must be shown in detail and be separate from the remainder of the project period. A budget estimate for the remainder of the project period must be included. If funds or commodities from sources other than Pathfinder are to be used, the source(s), amount and budgeted use of the funds or commodities must be shown. If proposals have been submitted to other funding agencies, attach a copy of the proposal and state the status with each funding agency.

F. All amounts must be shown in U. S. dollars. The official exchange rate for local currency with the effective date must be shown as a footnote.

G. Budget Headings:

- 1 Personnel: Include here the monies to be paid from the project funds for salaries and wages. For each person list his name (if known), title, duties, percent of time spent on project work and amount of salary to be paid from project funds.

2. Fringe Benefits: Include here all anticipated expenditures for fringe benefits required by local law or organizational policies. Fringe benefits for each employee or group of employees must be shown separately, together with the cost and the basis for the calculation.
3. Professional Fees: Include here the amounts to be spent for services by consultants, auditors and lawyers. List the type of professional service, firm or individual (if known) and the amount to be spent for each. Do not include persons listed under Personnel Costs above.
4. Administrative Expenses: List the amounts for printing, dues, subscriptions, publications, postage (not connected with the shipping of contraceptives, commodities or equipment supplied by Pathfinder), casualty insurance and freight.
5. Travel and Living Expenses:
  - a. Local Travel: List amounts in other than project-owned or project-leased vehicles.
  - b. Non-Local Travel: List each trip showing destination, transportation costs, per diem, taxis, etc. The Plan of Action must indicate why this travel is necessary. Air travel must be economy or tourist class; per diem rates may not exceed those allowed by the U.S. Government for its employees. For international travel include passport and visa fees, airport taxes and other related items. This section should note arrangements for tickets when travel to or from an excess currency country is involved.
  - c. Vehicle, fuel, oil and maintenance: List amount for use of a project-owned or project-leased vehicles only.
  - d. Additional expenses: List here other expenses such as conference registrations, fees, etc.
6. Commodities and Equipment: List commodities and equipment proposed for purchase as follows:
  - a. Local purchase: State reason local purchase is recommended and list items to be procured and the U. S. dollar equivalent to be spent for each (Pathfinder prefers to purchase in the U.S. Therefore substantial savings or other good reason must be given for local purchase).
  - b. U.S. purchase: List the commodities and equipment to be supplied from the U. S. for the project, including an estimate of the dollar amount to be paid for each and the transportation costs for delivery to the project site.

- c. All items of equipment to be purchased in the U. S. must be described as specifically as possible. For electrical equipment specify the type of current (alternating or direct), cycles per second (i.e. 25, 50, 60), nominal operating voltage (i.e. 110, 220, 230) and actual voltage operating ranges required. In preparing the list of equipment it must be borne in mind that the purchasing agent who will procure the equipment is not familiar with the conditions of the project site.

For all items to be shipped into the country, complete instructions must be included for packing, labeling, method of shipping, address to which shipment is to be made and any other data necessary for expeditious delivery to the project director. Instructions for marking on the packages for customs purposes is particularly important.

7. Purchased Services: List all services (other than professional fees) to be provided by others and the cost of each service, such as rent, utilities, telephone, telegraph, cable, equipment rental, maintenance, repairs, alterations, construction, warehousing, outside clerical services, data processing services, etc. For repairs, alterations, and construction of buildings, the extent of the service and the reason it is required for the project must be justified in the Plan of Action.
8. Education and Training: List amounts for tuition, fees, books, supplies, etc. If outside seminar speakers or lecturers are to be used, identify the speaker and the anticipated cost. If films or film-strips are required, give particulars. If the films are to be purchased outside the country concerned, state titles and name of maker. If motivational pamphlets or leaflets are needed, state in what language and how they are to be procured.
9. Contraceptive Drugs and Devices: List the quantity, type and cost of each type proposed. For IUD's the number of inserters required should be shown. If oral contraceptives are requested, show the language needed for instructions. All special provisions under Commodities and Equipment apply to Contraceptive Drugs and Devices.
10. Overhead: Show here any monies that must be paid to the organization providing administrative support and the basis of determination. Indicate what the organization will provide specifically under overhead, e. g. postage, local transport, office space or supervisor.

The Project Description must specify the format and frequency of financial reports and whether or not an audit by an independent public accountant will be conducted. Audits will not normally be required for travel or training grants to individuals or for grants of less than \$5,000.

XI. ENDORSEMENTS

Under this heading list all organizations and relevant prominent individuals who have endorsed the project favorably or unfavorably. The statement of the endorsement should be complete enough to determine both the nature of the endorsement and the reason for it if possible. Except in unusual cases this section of the project proposal will be deleted from the proposal returned to the project director.

XII. ATTITUDE OF HOST COUNTRY

State any attitudes of the government, its officials and/or opinion in general which is relevant to the goals and/or the conduct of the project.

LETTER OF TRANSMITTAL

1. Letters of Transmittal to funding agencies will be prepared by Program Operations Directors when funding from other than unrestricted funds is to be solicited. All Letters of Transmittal must be cleared by the Director of Operations and Administration. All Letters of Transmittal shall be signed only by the Executive Director. (In the absence of the Executive Director the Acting Executive Director may sign if transmittal is required before the Executive Director's return).
2. Each Letter of Transmittal shall have a reference line showing the overall grant (if any) under which funding is requested and the project identification number.
3. The first paragraph of a Letter of Transmittal to a restricted funding agency shall request approval for the expenditure of \$ \_\_\_\_\_ for project title \_\_\_\_\_ and state that a project description is attached.
4. Following the introduction should be amplifying information needed to communicate to the funding agency a complete understanding of all aspects of the project, especially those not included in the project description. The following points must be considered for each Letter of Transmittal and comments made when appropriate.
  - a. Are there overall or general goals which are not stated in the project description e.g. to get a foot in the door, to influence social organizations, to demonstrate that family planning is wanted by the population?
  - b. Are there considerations concerning the project director which the funding agency should know, e.g. are we proposing this project because it will be conducted by an institution which could be important to family planning; are we proposing this project because this is the only person in the country through whom work can be started?
  - c. How does this project fit into Pathfinder's program for the world, region, country, etc. How does this project support the country's national program.
  - d. For "conduit operations", exactly what followup and reporting will be done and the source of the request for the project.
  - e. For funding agency requested projects, or those suggested by personnel of or associated with the funding agency, which are not purely a "conduit operation", the name and/or title of the person and the circumstances of Pathfinder involvement.
  - f. Peculiar or unusual aspects of the project, particularly those which are known to be of interest to the funding agency.

- g. Any urgency should be emphasized.**
  - h. Formal or informal endorsement given by members of the funding agencies or persons relevant to them.**
- 5. Copies of Letters of Transmittal (with all enclosures) shall be sent to the appropriate members of the field staff and to the Project Data Control Assistant.**

MEMORANDUM OF APPROVAL

1. A Memorandum of Approval shall be prepared by the Program Operations Director for each project which is proposed for funding from unrestricted funds. All Memoranda of Approval shall be cleared by the Director of Operations and Administration prior to submission to the Executive Director for signature. Only the Executive Director may sign a Memorandum of Approval.
  
2. Each Memorandum of Approval shall be addressed to the Director of Operations and Administration and need only contain the following statement: "Project Title \_\_\_\_\_ PIN \_\_\_\_\_ approved by the Program Review Committee on \_\_\_\_\_ is hereby approved for implementation using unrestricted funds in the amount of \$ \_\_\_\_\_."
  

\_\_\_\_\_

Executive Director

  
3. Copies of Memoranda of Approval with all enclosures shall be sent to appropriate members of the field staff. The original shall always be sent to the Project Data Control Assistant.

## APPENDIX I

## 1870 PROJECTS NOT SELECTED FOR EVALUATION

COUNTRY	CLINIC	I E & C	PROFESSIONAL TRAINING	TRAVEL FELLOW	RESEARCH	BULK PROCESSING	CONSULTING	\$
1021 - 1194 Bolivia	26,114		9,990					36,104
5043 Panama	23,545							23,545
5036 - 1212 Mexico		95,870						95,870
1016 Rwanda	25,751							25,751
3004 Gambia	18,130							18,130
1188 Tanzania			2,764					2,764
1182 Ethiopia				240				240
1107 Taiwan	1,800							1,800
1072 Hong Kong	16,496							16,496
<b>TOTAL</b>	<b>111,836</b>	<b>95,870</b>	<b>12,754</b>	<b>240</b>				<b>220,700</b> <b>GRAND TOTAL</b>