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PATHFINDER FUND EVALUATION
PART II
REGIONAL REPORT FOR ASIA

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PATHFINDER FUND EVALUATION
REGIONAL REPORT FOR ASIA

As noted in the basic report on the evaluation of the Pathfinder Fund, Regional Reports have been prepared on Pathfinder Fund supported projects in Asia, Africa and Latin America and on the functioning of Pathfinder Regional or Country Representatives in each of the areas. A short Report has also been prepared on the work of the Pathfinder Fund Representative for North Africa and the Middle East. No projects in these areas were reviewed.

The reports in this section cover Pathfinder supported projects in Bangladesh, Thailand and Indonesia and the operations of the Pathfinder Fund Representative in Bangladesh and Indonesia. Pathfinder does not have a Country Representative in Thailand.

The schedule of field visits was as follows:

24-27 October	Dacca, Bangladesh and environs
28 October-	
2 November	Bangkok, Thailand
3-14 November	Djakarta, Indonesia with field visits to Yogyakarta, Denpasar, and Medan.

Since each of the countries are at a different stage of development on the population/family planning front, and since the national population/family planning programs in each are so country-specific, we have not attempted to summarize any sort of regional assessment or to propose regional recommendations. Over-all assessments and recommendations have been made for each country covered in the evaluation.

PATHFINDER FUND EVALUATION

BANGLADESH

I. INTRODUCTION

Pathfinder Fund, Boston, is providing support with AID financing to three major projects in Bangladesh: Family Planning, Model Clinic and Research Center (Renewal) PIN 6183; Metropolitan Dacca Satellite Clinic Program (PIN 6120) and Family Planning Services to Industrial Workers (PIN 6121). In addition, training or research grants have been provided to several individuals associated with population/family planning program activities. It was suggested in the AID scope-of-work for the evaluation that in Bangladesh the team give its attention to one sub-project and to the functioning of the newly-established office of the Pathfinder Country Representative. During the Boston consultations, Pathfinder staff suggested that it would be useful were the team to look at two of the sub-projects, specifically the Model Clinic (PIN 6183) and the related Satellite Clinic (PIN 6120) Projects. After considering the stage of development of these projects it was concluded, time permitting, that at least site visits should be made to both. In addition, since the third (the Industrial Workers Projects (PIN 6121) was just getting underway, it was thought that it might be useful in providing an added insight into the Pathfinder country operation were some time to be spent with this project as well. In the process of sub-project review there was the opportunity of developing a useful picture of the organization and functioning of the office of the Pathfinder Country Representative as well. In addition, an effort was made to obtain a general overview of the population/family planning community in which Pathfinder projects are operating and the program coordinating and project review mechanisms at work. Unfortunately, due to a 30-hour delay on the Bangladesh Biman (Airline), a full day was lost from the scheduled time in Bangladesh which necessitated some telescoping of the work program for the evaluation.

II. IN-COUNTRY PATHFINDER PROGRAM REVIEW

A. Office of the Country Representative

1. Country Representative

The Pathfinder Country Representative for Bangladesh is Dr. Abdus Subhan Chowdhuri. The curriculum-vitae of Dr. Chowdhuri is appended hereto as Attachment BD-1. Dr. Chowdhuri is retired from the Civil Service of Bangladesh where he served (among other positions) as Director General, Population Control and Family Planning. He had been a member of the Pakistan Civil Service for many years, transferring to the service of Bangladesh at the time Bangladesh became independent. Dr. Chowdhuri's last assignment in Pakistan was as Chief, Health and Planning Section, of the Pakistan Planning Commission (or Ministry), in which role he served for more than five years. He is highly

qualified through education and experience in all fields of public health. He is extremely personable and is well respected among his peers in the medical world and among his former colleagues in the Bangladesh Government. He has an encyclopedic knowledge of the workings of the bureaucracy and of the various service organizations such as the Bangladesh Post and Telegraph Office and the Customs Service. It is understood that he was suggested as a candidate for the Pathfinder position by the Secretary, P.C.F.P., Dr. M. Satter, who does not undertake such actions lightly.

His command of spoken English is excellent; his written material in English is understandable and well organized.

2. Quarters and Staffing

Quarters for the Pathfinder office in Bangladesh have been rented in the Dhanmondi Residential Area of Dacca City, an area which is about 20 minutes from the downtown center of Dacca and the main government building complex. Most voluntary agency and international body offices also are in Dhanmondi (e.g., Ford Foundation, CARE, FPIA, PSI, BAVS, IVS, UNFPA, UNICEF) as are a large number of foreign embassies. This geographic proximity enhances the ease of coordination among agencies.

The office location is identified by several guide signs on neighboring streets and by a sign on the wall outside the building. The office is physically located on the second floor of a fairly large residence building, the ground floor of which is utilized by a voluntary agency working in Bangladesh as a storehouse for medical and other supplies. (The storeroom area premises are neat and, although there was some activity in the storeroom area, this did not create any problems for the Pathfinder office and the access to it.) The siting of offices in residential buildings is S.O.P. in Dacca. The office is sparsely furnished with locally made desks, chairs and cabinets. Dr. Chowdhuri plans to order additional furniture as the work-load increases. The office is not air-conditioned at this time although air conditioning is almost a "must" in the Dacca climate. Pathfinder Boston clearances for purchase of an air conditioner is awaited.

The imported office equipment and supplies are just beginning to arrive. The lack of a standard typewriter has been especially troublesome since all correspondence must now be done on a light-weight small portable typewriter. A copy machine, also on order, should enhance greatly the capacity of the office. Although ordered some months ago, the office telephone has not been installed, a fact which has had an adverse impact on the ability of the office to function since a great deal of Dr. Chowdhuri's time must necessarily now be spent in personally seeking out government and project officers for appointments and then later returning to the same office to keep the appointment.

The office staff is minimal, consisting of Dr. Chowdhuri, a part-time secretary and a half-time accountant. Dr. Chowdhuri has been authorized to purchase a vehicle, but so far he has held off because of the outrageous prices being asked for vehicles. Presently he utilized a small Toyota which he leases. Dr. Chowdhuri has (or shortly will) requested authority to hire an administrative assistant to attend to the myriad details involved in clearing goods through customs, arranging appointments and seeing that reports are delivered to appropriate offices and to deal with routine matters in his absence. This addition to the staff should add to the effectiveness of the office. Parenthetically, it should be noted that it is difficult to obtain capable office help in Dacca because of the lure of high wages being paid by the representatives of Arab states and Arab-financed entities in Dacca.

Dr. Chowdhuri's monthly pay is \$866. or TK13,000. He is also provided transportation in connection with his office work.

3. Administration/Financial Operations

a. Correspondence with Boston on routine administrative matters takes about seven to ten days to arrive in Boston. Minimum turnaround time for correspondence on matters not requiring U. S. Government (AID/W) clearance is about three to four weeks. Having only recently come aboard, Dr. Chowdhuri was unable to make any guesses about maximum/minimum AID/W clearance time on project elements. Neither Grantee Project Directors appeared to feel that Boston/AID/W action or clearance time gave them trouble except in the funding area.

b. Pathfinder project funding and fund flow to Bangladesh do not appear to follow a uniform pattern. The Population Control and Family Planning Division, BDG, requires that funding of all sub-projects be reported quarterly to the Division, in accordance with provisions of a regulation of the External Resources Division of the Government. However, the actual handling of fund flow from Boston and the source of the decisions leading up to the establishment of the procedures are obscure. The Project Directors were troubled by what they considered to be the long delay time involved in obtaining clearance on financing questions. Dr. Chowdhuri opined that about five months is required before funds can be cleared. However, he was not explicit whether he was including in this the time required by the banks to clear checks.

As nearly as could be determined, the following describe the fund release operations for the several Pathfinder-supported activities in Bangladesh:

1. Pay to Country Coordinator

Dollar checks from Pathfinder/Boston were deposited directly as dollars in the Bank of Credit and Commerce International, Dacca (Account Number 7462). Draw down on the account by Dr. Chowdhuri is made in Takka at the rate of exchange in existence on that date.

ii. Country Coordinator's Office Expense

Dollar checks from Boston are deposited into the Bank of Credit and Commerce (Account Number 1324) with conversion to Takka taking place at the rate prevailing at the time the deposit takes place. Withdrawals are in Takka.

iii. Model Clinic and Satellite Clinic Projects Support

Checks are sent by Pathfinder to and are payable to the BDG Population Control and Family Planning Division. These checks are endorsed routinely by the Secretary or designee for deposit to the bank account of the sub-projects.

iv. Industrial Labor and Family Planning Clinic Support

It was reported that funds for the Industrial Labor Clinic operation come by check directly to the Project Director from Pathfinder/Boston. Such checks reportedly are deposited straight into the drawing account maintained by the Project Director. (It is suspected that this direct fund transmittal to the Project Director is made possible in the case of the Industrial Labor project because the Project is administered by the Population Planning Officer, Labour Directorate, who acts also as the Project Director for this project.) While the procedure for fund

transfer is straightforward, delays of up to three months are experienced awaiting check clearance. (The Pathfinder checks are drawn on a Boston bank which does not have a correspondent bank in Dacca (such as the Bank of America). Therefore, before the Project Director can draw on the account, the Dacca bank must get confirmation of a check clearance through their New York correspondence bank, which in turn must clear with the Boston bank. Since this operation is done by mail the possibilities for delay are great.

v. Funding for "Targets of Opportunity"

No provision has been made for any sort of discretionary fund for the use of the Country Director in initiating activities. This refers to funds which could be utilized by the Pathfinder Country Representative without case-by-case advance clearance but which would be utilized subject to guidelines which would be laid down by Boston. Dr. Chowdhuri stated, when asked for his opinion in the matter, that a fund of \$3,000 or so would indeed be useful.

Local travel poses no problem since Dr. Chowdhuri is able to draw against the office account in which travel funds are budgeted.

A potential problem surfaced during the visit to Dacca in a provision of a memorandum of 21 October 1978 from the Population Control and Family Planning Ministry on guidelines for coordination and approval of projects of voluntary organizations engaged in MCH, Nutrition and Family Planning. Paragraph (7) of the memorandum contains a provision relating to project financing which it appeared might have serious implications

for Pathfinder projects. As worded, the paragraph states that funds granted by International Funding agencies to the projects of voluntary organizations will be disbursed through the Family Planning Services and Training Center of the Ministry with the approval of the Family Planning Council of voluntary organizations. However, this was called to the attention of the Secretary, Population Control and Family Planning, and clarification sought. The Secretary apparently did some checking which resulted in a call to the USAID Office of Population and Health from the Secretary. The Secretary indicated that the paragraph in question was incorrectly worded and, in any event, did not refer to Pathfinder funded activities. On the other hand, since the memorandum has not yet been withdrawn, the Pathfinder Country Representative will have to explore further and get a ruling in writing on its applicability to Pathfinder project funding.

4. Program/Project Development

Although recently arrived on the scene, Dr. Chowdhuri apparently has been vigorously pursuing what he perceives to be his role of seeking appropriate sub-projects which would be supportive of the BDG goal of reduced growth rates but which would be in activity areas not currently covered by the government family planning program nor by other voluntary agencies. He has been encouraged by the Secretary, Population Control and Family Planning, to look into the possibility of working with women's groups and other private sector voluntary organizations interested in family planning service delivery, particularly in outlying areas as well as of establishing pilot efforts with the organized sector (Railway Administration). Dr. Chowdhuri has written introductory letters to a number of such organizations, usually as a follow-up to personal discussions. He also has sent Pathfinder literature to them and has invited proposals which might be the basis of further discussions. Samples of some of the letters are included herewith as Attachments BD 2 to BD 4.

In regard to the voluntary organizations, it should be noted that Dr. Chowdhuri stated that he looks only to those which are registered with the Ministry of Social Affairs (MSA). (Some 4,600 such "registered" organizations

are on the rolls of the MSA, but only about 400 or so can be considered as "active" and judging from responses to a circular letter sent out last year by Family Planning International Assistance, Dacca, only about 275 of the 400 really are in business.) Dr. Chowdhuri explained that by dealing only with those organizations registered with the MSA he can be reasonably sure that in the first instance the organizations have a legitimate and real interest in carrying out programs, but also, since the organizations are registered with the MSA, that Ministry feels some responsibility for their performance, especially where foreign supplied resources are concerned, and can be called on for assistance in the event of less than satisfactory performances by the registered organization.

Dr. Chowdhuri keeps the Deputy Secretary, Coordination of the P.C.F.P. Division, apprised of these proposed activities either by sending him copies of such correspondence of formal briefings or through attendance at the monthly meetings of the Coordinating and Approving Body (CAB) established by the Ministry to supervise and coordinate voluntary organization activities in MCH, Nutrition and Family Planning. (There has also been a long-standing informal coordinative effort carried out by the several voluntary agencies, UN related and Foreign Government offices working in the Population/Family Planning field in Bangladesh.)

Dr. Chowdhuri apparently makes fairly frequent visits to the several sub-projects and keeps in touch with sub-Project Directors and other personnel. He obviously was known to individual staff members of the sub-projects. In addition, Dr. Chowdhuri receives copies of reports to Boston by the sub-Project Directors and maintains surveillance over required reporting by grantees.

Dr. Chowdhuri stated that it would be helpful were it possible to have a somewhat more simple, shorter version of the project application forms for use with the small, private voluntary agencies and other similar groups. (This is related in a way to his suggestion that Country Directors have a \$3,000 discretionary fund.)

5. In-Country Relationships

It appeared clear that Dr. Chowdhuri enjoys good relationships with officials of the BDG, especially in the areas of health and family planning. He is well accepted by his peers among the BDG health and family planning professional community and seems to be well thought of among the voluntary agency heads in Dacca, although perhaps not as well known to that community. USAID Population and Health Staff members have only recently become acquainted with Dr. Chowdhuri. It is known that the USAID staff had suggested other candidates to Pathfinder, but not necessarily as a sign of disapproval of Dr. Chowdhuri, but rather because he had not been in touch with USAID. (Since his retirement from the BDG he was acting as the medical advisor to the Eastern Refinery, Ltd., Chittagong.) USAID staff was impressed by the fact that on an hour's notice he arranged to travel overnight from Chittagong to hold a last minute session with the Pathfinder representatives who were seeking a candidate for the Country Representative post.

6. Assessment

The Pathfinder Country Representative office arrangements are adequate (or will be when the office equipment arrives and a telephone is installed). They actually are quite modest even by local standards. The need for an administrative assistant seems clear. Files, while limited, are recoverable with minimum delay. The rent paid for the office (the upper floor of a residence)-- Tk.3,000. monthly with provision for an annual increment of 5%-- is quite modest and well within the range being paid locally. The rent for Dr. Chowdhuri's home is about Tk 4,500. per month and, again, is well within the going scale.

The Boston/Dacca communications seem to be functioning in a satisfactory manner with no untoward delays in the exchange. There appears to be a regular flow of correspondence between Boston and the Project Directors with the Country Director being kept informed.

While the present funding mechanisms perhaps are not disabling, they do give the Project Director problems, contribute to misunderstandings both with the Government of Bangladesh and within the sub-projects. The check clearance matter is a most unsatisfactory situation.

The requirement of the Bangladesh Government that periodic reports of fund transfers by voluntary agencies, such as Pathfinder, should be provided to the Government seems to be reasonable and is giving no problems. Although having a discretionary fund available to the Pathfinder Representative might be useful, the lack of such a fund does not seem to have been more than an inconvenience.

RECOMMENDATIONS

1. Administration

If requested, Pathfinder should authorize the employment of an Administrative Assistant by the office of their Representative in Dacca.

2. Program and Project Funding

- a. Pathfinder/Boston, AID, the Pathfinder Country Coordinator and Project Directors should review the project funding procedures with a view to simplifying the present rather heterogeneous pattern. Also, Pathfinder/Boston and AID should look into the possibility of establishing a small special-purpose fund (\$3,000-\$5,000) for use of the country representative, subject to general or programmatic direction.

- b. Also, Pathfinder Fund should explore the possibility of developing a more simple application form for use of small organizations for activities of limited scope.
3. Finally, clarification of their intent and interpretation of the PC and FP Division memorandum of October 24, 1978 on financing channels for voluntary agency supported projects should be sought.

B. Project Review

Due to the reduced time availability growing out of the delayed arrival in Dacca it was not possible to make really detailed analysis of the performance and financial data on the projects reviewed or of the technical records. However, this information is available in great detail in the periodic and other reports flowing in to Pathfinder/Boston. Neither in Boston nor in Dacca did we get any sense that performance (and reports on performance) were not up to expectations. We gathered that there were some instances of reports being late, but given the stream of official visitors, the plethora of audit and accounting teams and of the merely interested, failure to meet report deadlines is somewhat understandable.

Although the Model Clinic and Satellite Clinic projects are covered by separate financing and by separate project numbers (agreements), because of the close relationship between the two and the common management, they have been discussed together in this report. The Labor Clinics are covered as a separate subject.

1. Family Planning Model Clinics and Research Center, Dacca
(PIN 6183) Metropolitan Dacca, Satellite Clinic Project
(PIN 6120)

These projects are to: (a) continue the development and operation of a facility which is offering a complete range of family planning services in one location in Bangladesh and is providing for training of physicians in surgical and non-surgical techniques of family planning; and (b) establish four satellite clinics in poor districts in Dacca to provide family planning services on an out-patient basis with the ultimate goal of integrating the satellite clinics medically and administratively with the Model Clinic. Both projects have the same Project Director and the Model Clinic management staff provides direction, guidance and training for the Satellite Clinic staffs and maintains continuing surveillance over clinic operation.

The funding being made available to the Model Clinic in this time period, the six months (June 1 to November 30, 1978), comprised Tk 171,760 (equivalent to \$11,451.) in direct local costs and U.S. \$14,751 for supplies and overseas travel. The Bangladesh Government is providing personnel and goods and services to a total of Tk 205,320. The Government of Bangladesh also

is providing the physician facilities and the salary of the Project Director. Johns Hopkins (Baltimore) is providing training for two physicians. Funding for the Satellite Clinic Project (September 1977-October 1978) is estimated to total Tk 602,640 (US\$40,176.) in direct local costs plus US\$7,380 to purchase equipment and supplies. The BDG is providing physical facilities.

a. Project Objectives

The general objectives of the Model Clinic is to continue the offering of a complete range of family planning services in one location together with training for medical doctors in surgical procedures related to family planning. The work plan for this period calls for some staff reorganization to provide for stronger administration of the Clinic and the four related Satellite Clinics. The terms of numbers the objectives of the Model Clinic Project are to:

- (1) Recruit 3,750 new family planning acceptors
- (2) Register 4,250 follow-up family planning visits
- (3) Perform 1,000 female sterilizations
- (4) Register 1,000 follow-up visits for female sterilizations
- (5) Perform 250 vasectomies
- (6) Register 75 follow-up visits for male sterilization
- (7) Counsel 2,500 women on family planning
- (8) Train 25 medical doctors in minilaporotomy and vasectomy

In addition, the Model Clinic project calls for some staff upgrading through training overseas, both in the U.S. and in Singapore, and an observation course in several Asian countries. Other project objectives are for the Model Clinic to act as a referral clinic for clients from voluntary organizations in the Dacca area and to support the Satellite Clinics through staff training and professional supervision and management. Finally, arrangements are to be completed at the Model Clinic assuring the total separation of termination of pregnancy services from the out-patient contraceptive and sterilization services provided by the clinic.

- (1) In the case of the Satellite Clinics Projects, the principal objectives are: the establishment of the four physical facilities including renovation of facilities, training of medical and paramedical personnel, and the operation of the facilities and provision of services for one year. Each clinic is expected to meet the following specific objectives:
 - (a) Recruit 3,000 new family planning acceptors (1,000 IUD and 2,000 oral contraceptive acceptors)
 - (b) Counsel 3,000 women on family planning methods available at the clinics

(c) Perform 800 female sterilizations by minilapor-
otomy

b. Project Results

During the course of call at the Model Clinic it was observed to be fully staffed by female physicians who were engaged in performing sterilizations, in training and in counseling of clients. The post of Deputy Project Manager (non-medical) has been filled. However, the Deputy Director of Medical Matters, Dr. Halida H. Akhter, was away on a training assignment. The assistant to Dr. Halida for work with the Satellite Clinic System was not yet on board, with the result that there was not the degree of clinic build-up hoped for.

Progress on the new building at the clinic for physical separation of services was moving well, although the state of construction on October 25 was not such that the goal of moving into the facility by November 30, 1978 seemed likely to be realized. However, it was evident that the move could be made quite soon after November 30, 1978. The effective separation of supplies and equipment related to termination of pregnancy services from those related to contraceptive services appears to be in hand.

In terms of results against the targets projected, the Model Clinic project appears to be pretty well on track although records were not available beyond the end of September 1978.

The totals for July-September were:

<u>ATTENDANCE</u>	<u>PILL</u>	<u>INJ</u>	<u>IUD</u>	<u>CONDOM</u>	<u>EMKO</u>	<u>MR</u>	<u>VASECT</u>	<u>COUNSELING</u>
NEW CLIENT	1304	695	216	44	43	1134	--	1248
FOLLOW-UP	226	1854	435	126	19	525	--	--

It seems that the over-all goals should be met except for vasectomies.

The Model Clinic clearly is performing as a referral clinic for voluntary groups. As an example, during the call on Mr. Stephen Smith of the Mennonite Control Committee, he mentioned specifically that clinics from the Mirpur center were regularly being referred to the Model Clinic for services.

Equipment and supply storage facilities were marginal. While protection from weather was adequate, the fact that the supplies were stored in a cramped, closet-like space indicates a lack of appreciation of the importance of supply management. The stock of condoms seemed to be in excess of needs.

Progress in the case of the Satellite Clinics seemed to be rather on the slow side. Visits were made to two of the four. Obviously there have

been problems in getting action moving on renovation, getting equipment ordered and installed, and staff recruited and trained. A particularly troublesome element was the difficulty experienced in recruiting and training of female physicians for each clinic.

The Shamibaugh Satellite Clinic, on the edge of Old Dacca, was occupying a fairly large house in a poor neighborhood. The facilities were quite adequate and roomy although dark. The non-M.D. staff, including two nurses, was on board and apparently functioning. A physician had not been found for the clinic. The Model Clinic has provided supervisory assistance in the form of staff visits averaging three visits a week by a physician, twice by the Deputy Project Director for Administration or his deputy, and once by the accountant. The record of cases did not reflect a great deal of activity as yet, however, the clinic had been operating for only a few months. Further, little of the Pathfinder funded equipment was on hand as yet.

At the Bashaboo Satellite Clinic, near the edge of the Taejgaon industrial area, renovation work was still underway; however the clinic was open and functioning with a staff of six including 2 nurses, 1 counselor, 2 aides. It was reported that a physician is available approximately once a week. In spite of only recently having opened, as of 26 October the clinic had seen in October: 84 clients including 24 oral acceptors, 6 EMKO, 16 Condom, 11 ligation cases (5 completed), 12 counseling, 7 MR follow-up (2 injection, 4 pills, 1 condom), 2 "check up," 4 pregnancy test, 5 follow-up on ligation. One male client was receiving counsel on vasectomy at the time of our visit. The aggressive spirit of the staff was shown by the fact that with business being slow given the recent opening of the clinic, the staff had gone into the neighborhood making 38 home visits to advise on the availability of service at the clinic.

As in the case of the Shamibaugh Clinic, the lack of a physician was keenly felt. Similarly, very little equipment had arrived.

c. Project Impact

While the impact of the Model Clinic in terms of numbers of acceptors is impressive, the work of the clinic in training physicians and being generally a pathfinder in providing across the board services in the context of Bangladesh is more important. This viewpoint is based on the fact that adequate facilities were built within the capacity of the Bangladesh agencies to finance and equip and within their capacity to provide a professional and support staff employed within the limiting framework of government pay scales and perquisites. The Satellite Clinic project obviously has so recently begun to function that there has been little, if any, impact. Certainly the potential is there, particularly with a dedicated and aggressive staff of the kind seen at the Bashaboo Clinic.

d. Project Direction/Administration

The Model Clinic operation shows quite clearly the results of strong direction and motivation. While there have been delays in effecting some of the staff changes, it probably is no more than normal when working within the constraints of Bangladesh Governmental procedures coupled with the complexities of adapting these to the inhibitions peculiar to AID financed

projects. The rapid progress made in developing the new facilities for pregnancy termination at the Model Clinic reflects the strong leadership available to the Project.

The reasons for the slow start on the Satellite Clinic component are not clear since the same basic management is available to both operations.

As far as could be determined, Model Clinic administration, including records and reports are being well handled. On the other hand, there seem to be some shortcomings in the administration of the Satellite Clinic operation although these may reflect the fact that changes in the staffing of the Model Clinic needed to handle the Satellite Project are just now being put in place.

e. Pathfinder Role

Pathfinder/Boston appears to have made strong technical and administrative input into the Model Clinic Project. The Pathfinder mark is not so strongly seen in the Satellite Clinic project. Obviously many of the facets of the most recent element of the Model Clinic Project were injected by Pathfinder for the purpose of strengthening the Clinic's ability to direct and administer the Satellite Clinic project.

f. Project Assignments

The Model Clinic Project appears to be on solid ground and is providing direct services to clients and is carrying out a successful technical training program. In terms of numbers, the Project probably will meet or surpass the goals set except for vasectomies. This shortfall most probably reflects a cultural barrier rather than a shortcoming in project administration. The move to effect separation of termination of pregnancy services from other service delivery elements (as required under terms of Congressional mandates and AID interpretations thereof) is being carried out with dispatch. A potential problem in this area remains because of the virtual impossibility of making a clear-cut division of individual physician's time between pregnancy termination activities and those related to contraception. This will be especially true at the Satellite Clinic level. The Satellite Clinic project appears to be on track but substantially behind schedule. To a large degree this reflects failure to recruit and train female physicians to staff the clinics, the cause of which is obscure.

Given the strength of the Model Clinic management, it would appear that the Satellite Clinic Project should have moved equally as well. The reason that this did not happen could not be assessed with precision. However, we suspect that the cause may be the attention given by the international community to the work of the Model Clinic necessitating the major share of management time being allocated to this activity.

RECOMMENDATIONS

1. Pathfinder Fund should give added attention to the matter of Satellite Clinic development, with particular reference to finding a way to ensure the recruitment and training of female staff physicians for each clinic. The Project Director should direct a major share of his time and effort to solving that problem (and to providing strong encouragement and guidance to the clinic staffs during this critical stage in the development of the Satellite Clinic/ Model Clinic System).
2. Added emphasis should be given to the matter of bringing each clinic up to its full complement of equipment. It is suggested that the Pathfinder Country Representative might provide useful assistance in this area. Also in the supply and equipment area, Pathfinder should examine ways in which supply management in the two projects can be improved.

SOURCES

Dr. Atiqur Rahman Khan, Project Director
Mr. Najmal Haq, Deputy Project Director
Dr. Zahra Kazi, Consultant
Dr. Suriya Begum, Medical Officer
Dr. A. S. Chowdhuri, Pathfinder Fund
Mr. Steven Smith, Mennonite Central Committee
Mr. Charles G. Gurney, USAID

2. Family Planning Services to Industrial Workers (PIN 6121)

This project is designed to provide to families in five industrialized areas family planning services through dispensaries located in the areas but which have been underutilized. After rehabilitation and recruiting and training of staff, and provision of some equipment, the facilities will provide out-patient surgical and non-surgical family planning services to area residents. The Government of Bangladesh is providing the facilities, clinic furniture, the salaries of the Project Director and the five paramedical staff (counselors). Project funds will cover the costs of other staff pay, housing transportation and general administrative costs plus foreign exchange costs

of equipment and supplies for the five clinics.

The five clinics will serve a population of about 1,100,000 and will be located in Narayanganj (near Dacca), Tongi Industrial Area, Sylhet Tea Plantation area and Chittagong and the Khulna industrial areas.

Total Pathfinder project costs (over 15 months) will be \$30,426 in Takka (local currency) and US\$8,990. for equipment. The funding was to cover the period September 1977 to November 1978. Assuming successful establishment and performance, the project looks to two additional years of Pathfinder funding pending BDG assumption of the financial load.

a. Project Objectives

As noted above, the project is designed to provide support to the development of facilities (five) for the delivery of family planning services to workers in areas of heavy industrial concentration. The services will include sterilization, for the immediate future on an out-patient basis pending the recruiting and training of qualified physicians and technical staff; and the renovating and equipping of facilities.

In terms of numbers, each facility had the following specific objectives:

- (1) To recruit 2,200 new family planning acceptors
- (2) To counsel 2,200 women in the family planning methods available through the facility
- (3) To perform 500 sterilizations

b. Project Results

Family Planning services are being made available on a limited scale in the Adamjee and Tongi facilities. In the month of September 1978 the following results were recorded:

	<u>Adamjee Clinic</u>	<u>Tongi Clinic</u>
Tubectomies	9	7
Vasectomies	1	--
Condoms delivered	1,904 dozen	1,593 dozen
Oral pills delivered	65 cycles	284 cycles

The tubectomies were performed at other facilities since physicians have not yet been added to the clinic staffs. (At Tongi five male and one female workers have been recruited. It was reported that advertisements have been run in newspapers for female physician and staff nurse candidates, but so far without takers.) At the Tongi facility, health service facilities were fully operational but renovation work on the family planning area was still underway. Initial contacts were being made with industrial plant managers in the area. It was obvious that the project time schedule has

slipped badly.

c. Project Impact

Given the limited time the project has been in operation and the fact that facilities and staff are not fully in place, the impact of the project has been minimal.

d. Project Direction/Administration

Contact with the project operations were so limited that no judgments could really be made on how effectively the project was being directed. Based on Pathfinder/Boston records, reporting appears to be adequate. Although perhaps subjective, we have the feeling that while in the initial stages of project development the fact that the Project Director is also the Chief, Family Planning Unit, Department of Labor might be useful in "getting things done"; this may bring with it certain problems with respect to supervision of the project.

e. Pathfinder Role

While Pathfinder/Boston was involved in thrashing out the original agreement on the project we have the impression that there has not been much subsequent involvement. The Pathfinder Country Representative, Dr. Chowdhuri, apparently is spending a fair amount of time monitoring the Project and providing advice to the Project Director. Since the Project Director is not a clinician, Dr. Chowdhuri's role in determining the results of the project could be extremely important.

f. Project Assessment

The project, as designed, seems to have an important potential in filling a gap in the availability of family planning services in areas of high population density and in an age group where family limitation activities should be encouraged. However, it is far too early in the implementation cycle to make any judgments on how effective the project will be.

RECOMMENDATIONS

1. It is recommended that Pathfinder consider the advisability of either asking the Department of Labor, BDG, to designate a new full-time Project Director, or to provide Mr. Zairul Haque with a Deputy who can be responsible for full-time day-to-day project direction and administration.

2. It is recommended that the Project Director pursue vigorously a campaign whereby the managers of industrial units in the areas in which the new Family Planning Service clinics are being developed are made aware of the clinic program. In addition, wherever industrial units have health facilities in operation, a family planning referral system should be established with the new Family Planning Service Clinics.

SOURCES

- Dr. M. K. Anwar, Secretary, Labor, Welfare and Social Affairs
- Mr. Zairul Haque, Project Director (and Chief, Population Planning Unit, Department of Labor)
- Mr. Saaduddin Ahmad, Assistant Director of Labor, Department of Labor
- Dr. Abdus Subhan Chowdhuri, Pathfinder Fund, Country Representative

III. IN-COUNTRY COORDINATION POPULATION/FAMILY PLANNING

It is quite apparent that there are effective in-country coordination mechanisms in the area of population/family planning in place in Bangladesh. Informal and frequent exchanges on projects and activities, both on going and projected, take place among representatives of various donor groups including government related, such as USAID; multilateral, such as members of the UN family (UNFPA, WHO, etc.); and private voluntary groups such as the Bangladesh Association for Voluntary Sterilization (BAVS), CARE, Family Planning International Assistance (FPIA). In addition, the Bangladesh Government has established a Coordinating and Approving Body (CAB) whose role is to review and recommend to the Secretary, Population Control and Family Planning, whether or not to approve for financing proposals by various voluntary organizations active in the population/family planning field. While there is some danger that such a body might result in discouraging some imaginative approaches in the area of population reduction, it does pretty well ensure that duplication of effort will be minimized.

IV. MISCELLANEOUS COMMENTARY

The over-all picture of population growth in Bangladesh is such that whatever resources or ideas can be directed toward effecting a reduction in that growth rate should be welcome by both the Bangladesh Government as well as the international community. However, it is to be hoped that donor efforts continue to be coordinated with and be supportive of the BDG efforts. Further, we feel it important that any donor initiatives should be, in the

final analysis, within the capacity of the BDG to sustain. We question whether "model" clinics which feature color coded bed sheets for each day in the week will meet this criteria.

V. OVERALL ASSESSMENT RECOMMENDATIONS

We feel that Pathfinder supported projects in Bangladesh are well thought out, contribute to enhancing the effectiveness of the population/family planning effort in Bangladesh and are, on the whole, effectively administered.

We recommend:

A. That AID continue to support the three on-going Pathfinder projects at least for the next 2 to 4 years. While Pathfinder and the BDG should be encouraged to develop alternative sources of financial support for the projects we suggest that the BDG will be unable to assume this role for the foreseeable future.

B. That Pathfinder continue to seek out opportunities for working with private sector voluntary organizations active in population/family planning, especially in communities outside Dacca (non-rural). Attention also should continue to be directed to developing projects with relevant elements of the organized sector, e.g. Railway Workers. Emphasis should be placed on bringing women into the voluntary organization family planning programs.

VI. PERSONS/ORGANIZATIONS VISITED/CONSULTED

A. Government of Bangladesh

1. Population Control and Family Planning Division, Ministry of Health

Population Control and Family Planning

Dr. M. Sattar, Secretary, Population Control
and Family Planning Division; Jt. Secretary,
Development, PC and FP

Mr. A. Hakim, Dep. Secretary, Coordination, PC
and FP; Dep. Secretary, Administration and
Finance, PC and FP

2. Ministry of Labor, Welfare and Social Affairs

Dr. M. K. Anwar, Secretary

Mr. Zairul Haque, Population Planning Officer,
Ministry of Labor, Welfare and Social Affairs

B. Program/Project Related

1. Pathfinder Fund Country Office

Dr. Abdus Subhan Chowdhur, MBS, DPH, MPH,
Pathfinder Fund Country Representative,
Bangladesh

2. Family Planning Model Clinic and Research Center Project

Dr. Atiqur Rahman Khan, Project Director

3. Metropolitan Dacca Satellite Clinic Project

Dr. Atiqur Rahman Khan, Project Director

4. Industrial Labor and Family Planning Clinics Project

Dr. Zairul Haque, Project Director

C. Voluntary Agencies and Others in Population/Family Planning

UNFPA
CARE
FPIA
BAVS
Mennonite Central Committee
Ford Foundation

D. U. S. Government

Agency for International Development

Joseph S. Toner, Director

Charles R. Gurney, Population Officer

Dallas Voran, Population Officer

John Dumm, Population Officer

Sallie Craig Huber, Women's Program Officer

CURRICULUM VITAE
of
DR. ABDUS SUBHAN CHOWDHURI, MBBS, DPH, MPH (Minn.)

1. Name : DR. ABDUS SUBHAN CHOWDHURI.
2. Father's name : Late Dr. Fakhru'l Islam Choudhuri.
3. Date of birth :
4. Place of birth :
5. Present Address :

6. Permanent Resident :
7. Religion : Islam.
8. Married : Wife, and three children.
9. Qualification : (a) MBBS - Patna Medical College,
India
(b) DPH - Inst. of Preventive
Medicine, Lahore (Pak.)
(c) MPH - University of Minnesota
(U.S.A.)
(d) Senior Administrative Course
- Armed Forces Medical
College (Pakistan).
(e) Diploma in Health Planning
- John Hopkin University
(U.S.A.).
(f) Course on Communicable Diseases
- Atlanta (U.S.A.).
10. OTHER EXPERIENCE:
 - (a) Attended WHO Seminar on Smallpox, New Delhi, 1960.
 - (b) Attended WHO Travelling Seminar on P.H. Administration,
U.S.S.R. 1961.

- (c) Attended WHO Seminar on Industrial Health in Pakistan, 1963.
- (d) Attended CENTO Seminar on Nutrition 1964 in Pakistan.
- (e) Attended WHO Seminar on Health Need of Pre-School Childrens, October 1968.
- (f) Attended Seminar on Health Planning at USSR Organized by WHO in 1969.
- (g) Study Tour-Visited Indonesia, Malaysia, Lebanon, Turkey, Rumania, Egypt to Study the Health System, while I was Chief, Health & Family Planning, Planning Commission (Pakistan) during 1967-72.
- (h) Visited Thailand, Malaysia, Indonesia, Phillipines on March-April, 1974 to study the Family Planning Service delivery systems.
- (i) Represented the Government "Conference on Medical Manpower & Migration at Milan (Italy) 1970.
- (j) Represented the Government in ESCAP Regional Conference on Population in 1974 at Bangkok.
- (k) Represented the Government in Conference on "Women Participation in total Development" at Bangkok.
- (l) Represented the Government in "Conference of Representative of National Population Commission" at Brussels, August, 1974.
- (m) Represented the Government "World Population Conference at Bucharest" August, 1974.
- (n) Represented the Government in ESCAP 'Post Regional World Population Conference' at Bangkok, January, 1975.

11. PUBLICATION:

- (a) Health Administration in USSR: Published in Chittagong Medical College Journal in 1962.
- (b) A brief review of Medical Manpower and its Utilization in Pakistan: Published in August 1978 by Planning Division.
- (c) Medical Education (Aims and Objectives): Published in October, 1968 by Planning Division.
- (d) Dispersal of the Doctors to Urban and Rural Areas in relation to Population: Published in PMA Journal Vol. XVIII No. 10 in 1968.
- (e) Preparation of Medical Manpower: Published in October, 1968 by Planning Division.

- (f) Medical Manpower: Published in November, 1969 by Planning Division.
- (g) Planning of Rural Health Services in Pakistan
Published in PMA Journal in 1969.
- (h) Medical Manpower and Migration October, 1970
Published by Macy Foundation, New York.

12. JOB EXPERIENCE:

- (a) Director General, 25.10.75 - 20.3.76
Population Control and Family Planning,
Bangladesh.
- (b) OSD/Joint Secretary, 6.11.73 - 24.10.75
Ministry of Health, Population
Control and Family Planning;
Labor and Social Welfare,
Bangladesh
- (c) Chief, Health and Family Planning, 17.10.67 - 1.6.72
Planning Commission, Islamabad,
Pakistan.
- (d) Assistant Director General, (Medical 1.9.64 - 16.10.67
Education, Training & Research)
Ministry of Health, Pakistan.
and
Secretary to the College of Physician
and Surgeon, Pakistan.
- (e) Assistant Director, Health Services 1.5.63 - 20.8.64
(Medical Education, Training and
Reserch) Govt. of East Pakistan.
and
Associate Professor of Preventive
medicine, Dacca Medical College
(Part-time)
- (f) Associate Professor of Preventive 6.9.59 - 30.4.63
Medicine and Resident Physician
Chittagong Medical College and
Hospital.
- (g) Civil Surgeon, Chittagong Hill Tract. 8.10.57 - 5.9.59
- (h) Teacher of Medical Jurisprudence 22.12.53 - 7.10.57
and Deputy Medical Superintendent,
Chittagong Medical School & Hospital.

- (i) Asstt. Surgeon, Molyie Bazar Hospital, Sylhet. 5.10.51 - 21.12.53
- (j) Teacher of Physiology and Deputy Medical Suptdt. Sylhet Medical School and Hospital. 21.11.48 - 4.10.51
- (k) Medical Officer, Sylhet Civil Hospital. 14.8.47 - 20.11.48
- (l) Medical Officer in Assam Government. 2.5.46 - 13.8.47
- (m) Lieut. (Indian Army Medical Corps.) worked in Burma Front. 2.4.44 - 1.5.46
- (n) Asstt. Surgeon, Kohima Hospital (Assam) 12.7.42 - 1.4.44

13. PRESENT POSITION:

Senior Medical Officer - Eastern Refinery Ltd.,
Chittagong from 9.8.76 -
to date.

(DR. ABDUS SUBHAN CHOUDHURI)^{1/2/78}

TRUE COPY

NO.PFD/EXT/09

September 19, 1978

Mrs. Zafar
Co-ordinator Concern Women for Family Planning
12 Jamal Khan Road
CHITTAGONG

Dear Mrs. Zafar,

Reference my discussion with you and with your worker on 13th & 14th September, 1978. I am sending herewith 3 copies of The Pathfinder Fund instruction for grant applications. Kindly go through this booklet and prepare a scheme for covering the whole Port Thana & its adjoining area, with an objective to provide Family Planning Service to all couples. Your organisation can also impart nutrition education and education to Women for better living through cottage industry etc. You may also indicate recruitment & training period of worker.

If you find any difficulty please do not hesitate to contact me through correspondence/telephone or personally. I will be always available to help you.

With best wishes & regards,

Yours sincerely,

Sd/-

(Dr. A. Subhan Choudhuri)
Country Representative

TRUE COPY

PFD/EXT/19

September 28, 1978

Mrs. Asma Peroze
C/o. Mr. Md. Feroze
Advocate P.O. Moulvibazar
SYLHET

Dear Mrs. Feroze,

The Pathfinder Fund has established an Office recently in Bangladesh, it is a public, non-political, non-profit Foundation.

The Pathfinder promotes and supports population and Family Planning activities in 60 Countries of the world. The Pathfinder Fund supports innovative projects which:-

promote, improve & increase the availability of fertility service by (a) supporting the development of family planning services in Country/Regions where they are lacking or inadequate and (b) assisting programs which seek to improve the quality and effectiveness of fertility services.

Support activities to help Leaders understand the problems of accelerated population growth & the step which might be taken to bring population & resources into balance.

Promote or improve the ability of Women to become more fully integrated into the development process and/or encourage their active participation in the Socio-economic development process.

This is what is Pathfinder's objective as stated above for your kind information & understanding. The Pathfinder Fund propose to develop of Family Planning service delivery program in the Moulve-bazar Municipal Area through Voluntary Organisation. I consulted the Director of Voluntary Organisation of the Social Welfare Directorate of the Govt. of Bangladesh and found more then 273 Voluntary Organisation are registered and functioning in Moulvibazar town. However, I made a personal efforts to findout a personality of dedicated type who will be interested to under take the work

Contd.....P/2

Contd.....P/2

and I located you through Mr. Rumman, S/o. Late Abdullah Choudhury.

Our program will be to provide Family Planning Service to all Women of Moulvibazar Municipal Area at their home i.e. Community Based Distribution of Contraceptive (CBD) and referad cases for Vasectomy & Ligation to nearest Family Planning Clinic or Hospital. You may also include fund generating program for Women along with Family Planning Services, such as, Handicraft, adult Women education, Co-operative, Tailoring etc.

I am sending herwith a copy of instructions for grant application. Please go through this & discuss with other members of your Club/society/organisation and inform me your reaction.

I am writing this letter in your name as I do not know in which organisation you work & its Postal Address.

If your organisation is interested please acknowledge this letter and do not hesitate to write to me further clarification if any or contact me on Phone (319098) or personally if you are happen to be at Dacca.

The Pathfinder Fund is always available for service to mankind.

With best wishes & regards,

Yours sincerely,

Sd/-
(Dr. A. Subhan Choudhuri)
Country Representative

TRUE COPY

NO.PFD/EXT/11

September 20, 1978

Dr. M.A. Choudhury
Chief Medical Officer
Bangladesh Railway
Railway Building
CHITTAGONG

Dear Dr. Choudhury,

The Pathfinder Fund has established a Country Office in Bangladesh recently. It is a non-political, non-profit, Voluntary Organization. It is a non-political, non-profit, Voluntary Organization. The objective of the organisation is to provide Family Planning service, social welfare, emencipation of Women and use them for total:development work.

I propose to provide special fund for your organisation specially for Family Planning service this includes motivation training of Doctors & Paramedics & service delivery. Your organisation spread on all over the Country which includes Urban and Rural areas. It will be very much appreciated if you prepare a plan to cover all the railway employees with Family Planning Services. The scheme may be prepared for three year. Initial start may be given at Saidpur, Khulna, Iswardi, Chittagong and or any others important place as desired by you. Scheme should include new recruitment (if any) or part-time plus the training personal for service delivery.

I am sending herewith 2 copies of booklet for your study and prepare the scheme accordingly. If you kindly agree with my proposal please do not hasitate to contact me for further clarification. If you need any discussion with me you are always welcome to my office in any working day or I will be available on your request at Chittagong.

If you agree with my proposal kindly acknowladge. On hearing from you I will discuss the matter with Minister/Secretary and others in the Govt.

with best wishes and regard,

Yours sincerely,

Sd/-
(Dr. A. Subhan Choudhuri)
Country Representative

PATHFINDER FUND EVALUATION

INDONESIA

I. INTRODUCTION

Pathfinder Fund/Boston is providing support to a varied lot of projects in Indonesia. These are: Rural Youth ZPG Program (PIN 6155), Dharma Dutta Family Planning Clinics-Renewal (PIN 6246), Medan Sterilization Training Program-Renewal (PIN 6218), North Sulawesi Female Sterilization Training Program (Menado) (PIN 6171), North Sulawesi Village Based Family Planning Program (PIN 6159), Voluntary Male Sterilization, Purwokerto (PIN 6175/9495); Female Sterilization Services, Lombok (PIN 6220). One, an educational tour to Bangladesh and Tunisia for leaders from the Nahdltaul Ulama, a religious group, (PIN 6242), is now underway; and one, the Nahdltaul Wathon Family Planning Program, Nusatenngara, (PIN 6750), is pending AID's approval.

At the time the travel schedule was prepared, provision was made for visits to the Rural Youth ZPG Program, and Medan Sterilization Project, among the active projects; and to meet with representatives of the Warga Desa Newsletter Project (PIN 3291), a terminated project, and of the Mohammadiya organization. Pathfinder has provided assistance to Mohammadiya Family Planning Clinics and Population Education programs in the past, and is considering further assistance (PIN 3277). On arrival in Indonesia, it was found that Dr. Does Sampoerno, the Pathfinder Country Representative, also had arranged for a visit to the Dharma Dutta Family Planning Clinic Project (PIN 6246) on Bali.

II. IN-COUNTRY PATHFINDER PROGRAM REVIEW

A. Office of the Country Coordinator

1. Country Representative

The Pathfinder Country Representative for Indonesia is Dr. R. Does Sampoerno, M.D., MPH. Dr. Sampoerno is Head, Department of Demography and Family Planning, University of Indonesia School of Public Health. He received his M.D. degree from the Faculty of Medicine, University of Indonesia, in 1961, and his M.P.H. from the University of Hawaii in 1969. A copy of his curriculum vitae is attached. He has been Pathfinder representative in Indonesia since 1969, except for a break starting in October 1976 extending until January 1978, during which time he was on retaining fee and acting on behalf of Pathfinder in clearing commodities and carrying out like duties. Dr. Sampoerno also is Chairman of the Indonesian Association for Voluntary Sterilization (PUSSI).

Dr. Sampoerno is articulate, expresses himself well in English, and appears to have a good command of the written language as well. He seems to be well-regarded in academic and government circles, and to be thoroughly knowledgeable about the government family planning/population program and government procedures related to the programs. From all that could be determined

during the short visit and the three or four meetings with Dr. Sampoerno, he is in touch with all facets of the Pathfinder projects, although there was some indication that more time might well be spent in Yogyakarta.

2. Quarters and Staffing

Pathfinder Offices are located at 78 Jalan Cikini Raya, convenient to Government offices and elements of the University of Indonesia. The actual offices occupy three rooms on the second floor of a modest office building. A Pathfinder sign identifies the office site. The facilities are well within the norm for similar offices in Jakarta, is well-lighted, and air-conditioned. The office building seems to be well maintained and was neat and clean at the time of the visits. The office has been under a two-year lease, beginning in January 1978 (at which time Pathfinder decided that it would be in their best interests to continue to have a Country Representative). The lease agreement provides for an office area of 42 square meters at a rent of U.S.\$14.00 per meter per month (about \$600.00 per month) which covers lighting, air-conditioning, security and telephone service through a central switchboard.

The office staff consists of a secretary and an administrative assistant. Files seem to be well maintained and office procedures quite adequate.

3. Administrative and Financial Operations

The Indonesia Pathfinder Office budget, as approved by Pathfinder/Boston, apparently is adequate to cover the operations. Dr. Sampoerno is authorized about six in-country trips a year in connection with project administration; Boston clearance is not required on such travel. In addition to his quarterly budget for office expenses, Dr. Sampoerno is provided with an in-place advance equivalent to about \$3,000.

Project financing is handled through the BKKBN and all project commodities are sent into the country through the Bureau of Logistics of the Central BKKBN, on the basis of an agreement between Pathfinder and the Government of Indonesia of 1976. Since the consignee is the BKKBN, Pathfinder does not have to pay duties and similar charges. Commodity lists are provided to the Ministry of Finance by Dr. Sampoerno to ensure that no proscribed articles are included. Since storage charges are assessed by the BKKBN, Dr. Sampoerno tries to clear project supplies from the warehouse as soon as possible after receipt. Because of a misunderstanding, commodities were held up for several months, but as of 5 November 1978, all Pathfinder commodities were released and are moving to the Project Directors - some had been held since March 1978; more about that later.

4. Program and Project Development

According to Dr. Sampoerno, most Pathfinder funded programs/projects originate in Indonesia. Perhaps half might be said to have been spontaneous, with another half having been inspired centrally by meeting with sponsors and through distribution of Pathfinder Guidelines and Pathfinder introductory booklets to potential project sponsors, village leaders and others. Dr. Sampoerno stated that he was cautious about suggesting ideas since he feels that it is important that projects' sponsors initially be responsible for

presenting their complete project concept. In the event that the original presentation is not of an acceptable quality, Dr. Sampoerno will alert Boston and then rewrite the proposal to bring it up to par. Clearance time experience indicates that it has ranged from 2½ to 4 months, although some longer delays have been experienced.

Dr. Sampoerno attempts to visit the Project sites at least once in the middle of the project year, but may pay other visits if the need is indicated. He maintains a "tickler" alert system as a reminder for the quarterly project reports. The principal project guideline operational at this time provides that Pathfinder will support sterilization projects in areas other than Java, which is the domain of AVS.

5. In-Country Relationships

From discussions with Project Directors and others involved in the Population Family Planning world in Indonesia, it appears that Pathfinder's role is understood and appreciated. Dr. Sampoerno seems to have a good reputation and is respected by his peers. Because of his role as Head of a Department in the University of Indonesia, he maintains his professional credentials in an adequate manner. While his role as Chairman of PUSI is valuable in ensuring coordination, one gets the feeling that perhaps Dr. Sampoerno is over-extending himself just a bit.

6. Assessment

Pathfinder's role in Indonesia is understood and appreciated. The organization is being well served by Dr. Sampoerno as the Country Representative. Outwardly, at least, the Office functions well and exchanges between Boston and Dr. Sampoerno appear to move well, subject to the caveat that there are the occasional lapses and misunderstandings. These may be a reflection of some overload in the system.

RECOMMENDATIONS

Pathfinder/Boston should review with Dr. Sampoerno his workload and determine whether or not it might be well to enhance the operation by the addition of a professional assistant.

B. Project Review

Given the limited time available, it was not possible to devote a great deal of attention to a detailed review of project data, or make detailed analysis of financial or performance records. An effort was made to gain a good understanding of project objectives in general, and to assess whether or not these are being met. In the following paragraphs, ongoing projects will be dealt with first and then projects for which financial support has terminated according to plan.

1. Rural Youth ZPG Program (PIN 6155)

The Rural Youth ZPG Program in in a sense an outgrowth or continuation of a series of programs undertaken by the ZPG since its founding in 1973. The ZPG Headquarters is in Yogyakarta. Seven local chapters have been organized and are operating with varying degrees of vigor in Surakarta, Semarang, Surabaya, Cirebon, Bandung, Bali and Ujung Pandang, with the most "active" groups being in Surakarta, Surabaja and Semarang (in addition to the parent Yogyakarta group). There appear to be about 500 active members, and it is reported that some 17,000 people have been involved in some way in the activities of the ZPG, which revolve around the three main tasks of raising consciousness, changing attitudes, and encouraging active involvement in meeting Indonesia's population problems. The organization also has published a monthly journal, Warta ZPG, centered around population issues. Initially, the ZPG organization concentrated on University and High School students. For a variety of reasons, not the least of which is that the BKKBN appears to be looking to the government sponsored National Youth Movement (KNIP) as its channel to this group, the ZPG last year shifted its attention to "rural" youth.

This particular project is a one-year pilot effort to see if a replicable model can be developed through which rural youth can be involved in the three basic ZPG target tasks. Pathfinder is providing the ZPG organization \$18,280.00 in Rupiah to cover the costs of the pilot effort.

a. Project Objectives

The general objective of the project is to develop a program for promoting the small family norm among rural youth in Indonesia. In achieving this, a KAP type survey is to be carried out among 1,000 rural youth selected from 20 villages (about 50 per village) to determine how knowledgeable rural youths are about population/family planning, and to determine the best channels for communicating with rural youths on these matters. The sample group is to consist of about 68% school dropouts, 24% high school students, and 8% college students resident in villages. Based on the findings of the survey, a series of five orientation courses will be held in Yogyakarta, Bandung, Semarang, Surabaya and Surakarta for groups of 40 rural youths at each locality, to train them in the techniques of disseminating information of population matters in their home locality, and to obtain a commitment to carry out such activities. Follow-up is to be carried out to determine the results. Finally, a two-day seminar will be convened to share with interested government and private agencies the results of the operation, and, assuming success of the project, to discuss replication.

b. Project Results

As of the time of the evaluation visits on 7-8 November, the following had taken place:

- (1) KAP Study completed and results published.
- (2) Orientation courses carried out in three locations.
- (3) Five follow-up programs carried out by orientation attendees.

Two additional orientations were scheduled for November and December. Follow-up evaluations of the village programs are in process. The seminar for the presentation of the findings presently is set for February 1979.

From the foregoing, it can be seen that the Project is moving fairly well but with some slippage in time.

c. Project Impact

It patently was far too early to assess results of the Project. It seemed to be clear the project design is good and the management is capable of carrying out the project.

d. Project Direction/Administration

From what could be ascertained from discussions in Yogyakarta, the ZPG management group is a serious and dedicated body of relatively young individuals, most of whom occupy at least nominal faculty positions with institutions of higher learning in the Yogyakarta area. None appears to have any real background in population/family planning; however, all have acquired considerable practical familiarity with the subject. The management group also has developed a fairly high degree of skill in organizing and running seminars and meetings.

Based on discussions with Dr. Masri and Terence and Valerie Hull at the Population Institute, Gadjah Mada University, wherever the ZPG management senses a lack of capacity within their own group, they do not hesitate to call on outside help. Such assistance was made available in designing and carrying out the KAP study. Similarly, in the orientation meetings, outside consultants are asked to take part (and provision is made in the budget for this service). Reports on the calibre of the communications staff were good and the samples of their work seemed to bear out these reports.

e. Pathfinder Role

Pathfinder's role in the development and management of this project is not terribly clear. Comment was made by Mr. Hull to the effect that the ZPG could use some additional Pathfinder help in the design and carry-through of some of the innovative ideas they have, and the suggestion was made that the Country Representative usefully could make another visit to Yogyakarta.

f. Project Assessment

Although the project is experiencing some slippage in the implementation schedule, it seems to be a soundly conceived operation. The ZPG management staff appears to be on top of the situation and there appears to be no reason why the project cannot achieve its goal.

Although not related specifically to this project (PIN 6155), some measure of the dedication of the ZPG group is indicated by their determination to press ahead with publication of the Warta ZPG, even though the source of support for the activity is quite unclear. An issue was produced in August 1978 with 2,500 copies at a cost of U.S.\$14,615.

Turning to an issue beyond the immediate project, that of the longer term future of the ZPG organization, from all sources contacted, there seemed to be agreement that the organization does have a role to play. It was emphasized that it is an "indigenous" group, Provincial government heads react well to its activities, the ZPG has good relationships with the Press. The BKKBN is "supportive" (e.g., authorizes attendance of ZPG representatives at international meetings, and provides staff and facility support). Relationships between ZPG and village and religious local/leaders (Lurahs and Dukuns) are good. The 1978 Wallach/Metcalf Evaluation Report, in general, is very positive. On the other hand, the matter of financial support for the ZPG is extremely unsatisfactory and, aside from general agreement on this point, there seems to be little movement toward a solution to the financial problem.

Again, although not related specifically to this Project, the satellite "Chapter" system which the parent ZPG group has brought into being appears to be functioning reasonably well, with some Chapters apparently doing quite well, e.g., Surabaya. This element seems to be worth encouraging.

RECOMMENDATIONS

If the project was successfully implemented, Pathfinder had suggested consideration of funding for ZPG for an additional year to give all ZPG chapters a thorough exposure to the program. Pathfinder/Boston and the Pathfinder Country Representative should work with ZPG management and with representatives of the BKKBN and other relevant organizations to develop a mechanism whereby the parent ZPG organization at least will have a reasonably assured source of funding.

SOURCES

- Mr. A. Rahim Jibrán, Project Director (Chairman ZPG)
- Mr. M. Mardiyono, (Secretary ZPG)
- Mr. Thomas Reese, Population Officer, USAID
- Dr. Masri Singarimbun, Director, Population Institute
Gaduhay Mada University
- Mr. Terence Hull, Advisor, Population Institute
- Ms. Valerie Hull, Advisor, Population Institute
- Dr. Haryono Suyono, Dy Chairman III, BKKBN
- Yogyakarta Staff, ZPG

2. Dharma Dutta Family Planning Clinics, Renewal (PIN 6246)

The Dharma Dutta Project provides for a one year funding for five family planning clinics in Bali. Pathfinder had provided financing to Dharma Dutta, a Social Welfare organization on Bali, since 1972, in connection with the establishment and operation of a total of 17 family planning clinics. The present five are the last of the series. Total funding, exclusive of the present project, has been U.S.\$204,450.90. Pathfinder is providing, under PIN 6246, U.S.\$20,122 for local cost support during this final year.

a. Project Objectives

The general objective of the Project is to continue to make it possible for Dharma Dutta to offer family planning services and information in sections of Bali where otherwise such services would not be available. Specific target objectives are:

- (1) Recruit 1500 new family planning acceptors.
- (2) Register 4500 follow-up visits at the clinics.
- (3) Register 4000 home visits to provide information and follow-up.
- (4) Conduct 350 group talks on family planning.

b. Project Results

Although only one clinic, Cempaka Kawan in Bangli Regency, was visited, it appears from discussions with Dr. Astawa and from observations made at Cempaka Kawan, that the clinics are in general meeting their objectives. Certainly, the clinic at Cempaka Kawan appears to be functioning in good order, is adequately staffed according to the standard pattern of a part-time physician, a part-time midwife, three full-time field workers and a clerk. The premises were neat and clean, with adequate equipment and space.

c. Project Impact

It appears that each of the Dharma Dutta Clinic projects probably did meet goals or targets; however, in the longer run, it seems that very little impact will be observable. According to Dr. Astawa, with withdrawal of Pathfinder funding, the clinics will shortly fade away as viable entities. In only one case has a Dharma Dutta clinic been picked up by the Department of Health. Active community support has permitted the continued operation of another. He hopes for community take-over for another five. With termination of Pathfinder funding, the services of the physician and midwife are no longer available to the clinics. However, Dr. Astawa pointed out that in his opinion the principal impact of the Dharma Dutta clinics were two: first, at the time the clinics were first established, other clinical services were not in the area (only 15 BKKBN clinics were in existence in Bali in 1971; now there are 156); and the second is that through the establishment of the Dharma Dutta clinic network, an "awareness" of family planning was built up.

d. Project Direction/Administration

Nothing was noted that indicated any shortcomings in this area.

e. Pathfinder Role

Pathfinder appears to have made little input as far as this specific project is concerned. There was no way to judge the importance of the longer term Pathfinder role.

f. Project Assessment

While the failure of the Dharma Dutta to have made possible the continued operation of the 17 clinics after the withdrawal of Pathfinder funding is regrettable, Dr. Astawa's opinion that perhaps, in the long run, the fact that an awareness of the need for family planning developed as a result of the establishment of the clinics and is the most important impact seems to be sound. Family planning services are being provided through the network of BKKBN clinics, and contraceptive availability through the Banjar system is island-wide.

RECOMMENDATIONS

This should be the final year of Pathfinder support to Dharma Dutta.

SOURCES

Dr. Astawa Ayda Bagus, M.D., Chairman,
BKKBN, Bali and Project Director

Mrs. Wiryati, Secretary, BKKBN, and
Dy. Director

Mr. Gorde, Head, Evaluation Section, BKKBN

Dr. Does Sampoerno, M.D., Pathfinder Representative

3. Medan Sterilization Training Program (Renewal) PIN 6218

This is a continuation of an activity through which physicians attached to District, Provincial and other hospitals in Sumatra receive training in female sterilization procedures at the Medan Center. Upon satisfactory completion of training, they receive, as appropriate, culdescopy, minilap, and/or postpartum kits. After they return to their duty station, they are expected to provide sterilization services as a part of the total health and family planning services available. For each physician trained, two paramedic support personnel also receive appropriate training at the Center. Under earlier projects supported by Pathfinder, 22 physicians and 44 paramedics have been trained. Fifteen additional physicians and 30 paramedics will be

trained under this project at a cost of \$49,202 in local currency. Fifteen culdoscopy sets and 30 minilap kits are to be funded under another project at a cost of \$1,000.

a. Project Objectives

The objective of the project is to continue training in female sterilization at the Female Sterilization Center at the University of North Sumatra for staff from district and other hospitals in Sumatra. Specifically, the project will provide for:

- (1) The training of 15 general practitioners.
- (2) The training of 30 surgical assistants to work with the 15 physicians.
- (3) The performance of a minimum of 600 female sterilizations, 300 of which will be by culdesopic procedures.

b. Project Results

At the time of the visit to the Sterilization Center, 13 November 1978, it was found that the first three of the new group of 15 general practitioners were in place with the fourth due to arrive on the 13th. Two already were well into the training cycle. A training staff of six experienced obstetricians was on board in addition to the Project Director, Dr. Hanafiah. Facilities were excellent, including the Pathfinder funded sterilization facility. Record keeping appeared to be outstanding. Indicative of this, there was provided a listing of all physicians and assistants trained to date under earlier projects, the equipment provided and the institutions to which assigned.

According to the Project Director, at least 80 patients are now coming in to the facility monthly, which he considers completely adequate for the training and to meet the sterilization targets.

c. Project Impact

The impact of this project must be looked at in the longer term - in the light of two earlier projects (PIN 3186 and PIN 3186A). It is the results of these which will be carried over or combined into the present which will determine the effect on the fertility pattern in Sumatra. It was to assess this impact that a visit was made to the Karolin District Hospital, Kabanjahe. The hospital is a 100-bed institution. The original structure was built in 1921, with a subsequent addition in 1935 (operating theatre and other facilities and wards). An obstetrician, Dr. Ngarap Dat, M.D., who had received his training at the Medan Center in 1977, was on duty (since May 1978). Earlier, a Dr. Batur Ginting also trained in Medan, had been assigned here but had been transferred to Tapanuli, North Sumatra. Five other physicians also were assigned. The two paramedics trained under the program were still on duty. Between January and September 1978, the following were recorded:

81 Culdescopies
16 Minilaparotomies
49 Post-partum sterilizations
1 vasectomy
12 other procedures

The hospital is equipped with one Pathfinder funded culdescope and one minilap kit. They had experienced, and were continuing to have problems with light source and lenses. It was pointed out by the staff that procurement of spares for sterilization equipment through Indonesian Government budget financing was difficult because sterilization is not a part of the BKKBN family planning service delivery. It was also stressed by Dr. Ngarap Dat, that the equipment (sterilization) was now three years old and that some provision should be made for routine replacement of such equipment. Although the operating theatre seemed to be reasonably adequate by local standards, Dr. Ngarap Dat indicated that some sort of provision for dedicated space would be useful. He also expressed a wish for a special table for culdesopic procedures. It was noted that the hospital was using Medan Sterilization Center prescribed reporting forms and was submitting reports quarterly and annually as instructed.

A visit also was made to the Plantation Hospital, Medan (Dr. Sofyan Abdul Ihah), (Rumkit Dam II 1313). Sterilization services are being provided in a special sterilization unit built on the pattern of the Pathfinder unit at the Medan Training Center. The hospital receives referrals from nine plantation hospitals.

In addition, a call was made at a local military hospital, Medan (Dr. Mirsal D. Yatim, (R.S.P.T.P. 1X Medan)). Dr. Yatim received training in 1977 at the Medan Center, but had received only a minilap kit. He still was awaiting his culdesopic kit (Dr. Yatim is a gynecologist and qualified to use it).

According to Dr. Sampoerno, the culdescope is to be delivered shortly, having been caught up in an equipment clearance log-jam which was just cleared up on 5 November. This points up an often referred to problem in the Medan Project, the fact that several physicians who had been graduated at least a year ago had not yet received their equipment, even though the prescribed certification had been given. In the case of the newly trained general practitioner, this was seen as creating a serious problem of confidence. In spite of the problems cited, the general impact of the Medan Training Program seems to have been very real and valuable.

d. Project Direction/Administration

Project direction has consistently been strong. The training facility and training staff are excellent. Project record keeping is up to date and complete.

e. Pathfinder Role

Obviously, Pathfinder had a great deal to do with the original organization of the project mechanism. Pathfinder continues to make an input and had utilized the Medan facility in connection with the several other sterilization projects being carried out under Pathfinder financing in other parts of Indonesia.

f. Project Assessment

Overall, the project is well administered and directed, and the training apparently is of high quality. The project, as with the earlier components, may be expected to make an important contribution to the availability of sterilization services in Sumatra.

RECOMMENDATIONS

Pathfinder should consult with USAID and the BKKBN to determine how there can be made available to the Pathfinder Country Representative a small stock of minilap kits, culdescoptes, other equipment, and family planning supplies. These supplies can be drawn on for making immediate deliveries to projects or personnel in keeping with project plans, in the event of supply delays arising from administrative or shipping problems not related to project performance.

Pathfinder should consult with AID to determine whether or not it would be feasible to arrange for a scheduled periodic replacement of critical items of equipment (e.g., culdescoptes) pending the completion of arrangements whereby such replacement would be available through the country's own supply (and financing) channels.

SOURCES

Dr. M.J. Hanafiah, Project Director

Dr. Hessty Sitimpol, M.D. Trainer

Dr. Iskander, M.D., Trainer

Dr. Magiste Lumbanraja, M.D., Trainer

Dr. Ngarap Dat, M.D., District Hospital, Kabanjahe

Dr. Mirsal D. Yatim, M.D., Military Hospital
(P.S.P.T.P. IX, Medan)

Dr. Sofyan Abdul Ilah, Plantation Hospital
(Rumkit DAM II-BB Medan)

Dr. Does Sampoerno, M.D. Pathfinder

4. Warga Desa (PIN 3219)

This project terminated at the end of February 1977, after being supported as a continuing activity for three years. (1974 - \$15,087, 1975 - \$25,341, and 1976 - \$25,341). The basic purpose of the project was to provide support to the Indonesian Family Planning Writer's Society in their program of preparing, printing and distributing 5,000 copies of the semi-monthly newsletter of the Society, Warga Desa. The newsletter, printed in Bahasa Indonesia, was to disseminate accurate data on family planning and related subjects to local leaders, radio announcer and newspaper editors. The publication was to be self-supporting after termination of Pathfinder support.

Apparently what has happened is that:

a. The IKPB continues to function as an association or society of writers in the family planning field. The IKPB receives support from the BKKBN, in the form of office space and other unspecified prerequisites.

b. The IKPB, or at least its officers and staff, is involved in the publication, with BKKBN financing, of two newsletters somewhat in the format of Warga Desa, which is no longer published. The new newsletters are the Warga Sejahtera and the Warga Metropolitan. The Warga Metropolitan (200 copies monthly) seems to be targeted at middle level family planning officialdom, physicians, and communicators in Jakarta city. The Sejahtera seems to have as its target groups family planning workers and the local community leaders. It was understood that the themes of the two publications, in general, relate to the national family planning program, but with some inclusion of news items in the field and technical pieces. Apparently, the BKKBN suggests themes for writers contributing to the newsletters.

From the foregoing, it can be seen that while Warga Desa no longer is published, what might be called "residuals" are present in the form of two new publications covering to some degree the same target audience. The IKPB continues to exist as an organization and to make an input. On balance, the Warga Desa project, at best, could be considered a marginal success. Apparently, the principal shortcoming in the project was lack of clear goals or target populations and a lack of an evaluative mechanism.

SOURCES

Mr. Susilo Murti, former Project Director, Chairman,
Indonesian Family Planning Writers Society (IKPG),
and a staff member of the Indonesian News Agency (KNI)

Mr. Soegyarto, former Project Secretary,
Antata News Agency/News paper

Mr. S. Budiharsono, Member, IKPB for Foreign Relations

5. Mohammadiyah Project

Contact with the Mohammadiyah was largely in the form of a courtesy call. The Pathfinder/Mohammadiyah relationship has been covered in great detail in a report of a review of the Pathfinder funded projects of July 1978. Pathfinder is now considering a new "project" with Mohammadiyah, but the discussions are at a very early stage.

SOURCES

Dr. Jusuf, Executive Director

Dr. Rizal

Mrs. Rahman, Information Officer

III. IN-COUNTRY COORDINATION

There appears to have been a very satisfactory degree of coordination between Pathfinder and other donors with regard to projects and activity financing. Since Pathfinder is so deeply involved in sterilization activities, the fact that Pathfinder's Country Representative also acts as the chairman of the Indonesia Association for Voluntary Sterilization (PUSSI), is an ideal mechanism to ensure that there will be a minimum of conflict. The agreement whereby PUSSI acts as the supply channel for Pathfinder equipment also is extremely useful. There also appears to be a continuing exchange between Dr. Does Sampoerno, the Pathfinder Representative, and USAID, and between Dr. Sampoerno and the BKKBN.

IV. MISCELLANEOUS COMMENT

None.

V. OVERALL ASSESSMENT/RECOMMENDATIONS

Given the vigorous family planning program in being in Indonesia, which basically covers the delivery of family planning services throughout the most densely populated areas of Indonesia, and which is being expanded in a phased manner to the outlying and less densely populated areas, the emphasis placed by Pathfinder on support for specialized service programs such as the training of physicians in sterilization techniques is the correct one. Although only one of the sterilization center projects was reviewed, it was clear that this center was playing a key role as a training center and is a bellwether for other elements of the sterilization service development program.

As another element in the picture, it is felt that Pathfinder's efforts to work with religious groups such as Mohammadiyah, particularly given the fact that Pathfinder is represented locally by Dr. Sampoerno, and the important role played by religious leaders in the decision making process in the villages, should be supported. As a final point, it is to be hoped that Pathfinder will

be able to assist the ZPG group to develop a long term source of in-country support. In order to do this may require that Pathfinder provide financial assistance to selected ZPG projects over the next two or three years.

Specific recommendations on the Indonesian elements were covered in earlier sections of this report.

VI. PERSONS/ORGANIZATIONS VISITED/CONSULTED

A. Government of Indonesia

1. National Family Planning Coordinating Board (BKKBN)

Dr. Haryomo Suyono, Dy Chairman III, BKKBN

Dr. A.A. Gde Mumimjaya, (Kesinman Health Center and
BKKBN F.P. Clinic Dunspar)

B. Program/Project Related

1. Pathfinder Fund Country Representative

Dr. Does Sampoerno, M.D., MPH

2. Warga Desa Project

Mr. Susilo Murti, Chairman (Indonesia News Agency - KNI)

Mr. Soegyarto, Secretary (Antara)

Mr. S. Budiharsono, Member (Indonesian Times)

3. Muhammadiyah

Dr. Jusuf, Executive Director

Dr. Gosen Rizal

Mrs. Rahman, (Aisyiyah Organization)

4. Rural Youth ZPG Project

Mr. A. Rahim Jibrán, Chairman ZPG (Islamic University,
Yogyakarta-Syarich Faculty)

Mr. Mardiyono, Secretary ZPG

5. Dharma Dutta Project

Dr. Astawa Ayda Bagus, Project Director
(Chairman, BKKBN, Denpasar/Bali)

Mrs. Wiryati, Dy Director (Secretary, BKKBN)

Mr. Gorde, Head, Evaluation Section, BKKBN

6. Medan Sterilization Clinic

Dr. M.J. Hanafiah, Project Director (Department
of Obstetrics and Gynecology, Medical
School, University of North Sumatra)

Dr. Hessty Sitompol, Trainer

Dr. Iskander, Trainer

Dr. Magiste Lumbamraja, Trainer

C. Voluntary Agency and Others on Population/Family Planning

1. Office of Country Coordinator, UNFPA

Ms. Petna Osinski, Country Coordinator

2. Population Institute, Gadjah Mada University Yogyakarta

Dr. Masri Singarimbun, Director

Mr. Terence Hull, Advisor

Ms. Valerie Hull, Advisor

D. U.S. Government

1. Agency for International Development

Mr. Thomas Niblock, Director

Mr. Thomas Reese, Population Officer

Mr. Morrie Blumberg, Dy Population officer

Mr. Michael Philley, Population Program Officer

TRUE COPY

CURRICULUM VITAE

R. Does Sampoerno, M. D.

DJL. Pegangsaan Timur 16
Djakarta, Indonesia
tel. 81066

Date of Birth: [REDACTED]
Married: Farida Fieke

Education:

M. D. Faculty of Medicine, Djakarta, Indonesia 1961
M.P.H. University of Hawaii School of Public Health 1969
Demography and Family Planning
Tuberculosis Control at the Institute of Tuberculosis
Bangalore, India

Positions Held:

Assistant, University of Indonesia School of Public Health, 1961-69
Djakarta
Head, Department of Demography and Family Planning, University 1969---
of Indonesia School of Public Health
Representative for Indonesia, The Pathfinder Fund, Djakarta 1969---

October 1978

PATHFINDER FUND EVALUATION

THAILAND

I. INTRODUCTION

It was suggested in the Scope-of-Work for the evaluation that the assessment center on the two projects in Thailand with which Pathfinder Fund has been associated in the past; PIN 3288, Auxiliary Midwife Training for IUD Insertion and Selected Other Procedures; and PIN 6041, Expanded Vasectomy Program Ramathibodi Hospital. Pathfinder support to these two projects terminated July 31 and December 31, 1977 respectively; therefore, the evaluation consisted primarily of a cursory review of the histories of the Projects and a fairly detailed look at the current status of activities related to or growing out of the projects. In other words, the primary effort was to determine what, if any, legacy had resulted from the project activity to see if the projects had left any "tracks." It was also suggested that contact be made with the Community Based Family Planning Services which has just signed an agreement with Pathfinder for partial support of a third country training program on CBD. Meetings also were arranged with representatives of several voluntary organizations to gain an understanding of the community in which the Pathfinder supported projects had been operating and will operate in the future.

II. IN-COUNTRY PATHFINDER PROGRAM REVIEW

A. Office of Country Representative

Pathfinder does not have a Country Representative in Thailand. All Pathfinder/Boston program contacts in Thailand have been directly with Project Directors.

B. Project Review

1. Expanded Vasectomy Program (Ramathibodi Hospital) PIN 6041

With the basic purpose of enhancing the use of vasectomy as an important element in the overall fertility control program of Thailand, a three-year pilot program was established under which training of physicians, interns and paramedical personnel in vasectomy technique would be accomplished and a substantial number of vasectomies carried out, followed by appropriate evaluation. In addition to financial assistance for the first two years in support of the project, Pathfinder provided for the third and final year U.S.\$26,092. Other costs, including those connected with selection, transportation and per diem for trainees and the training itself, were met by elements of the institutions involved.

a. Project Objectives

This pilot project had the following objectives to be met over the three year project period ending July 31, 1977 (later extended to December 31, 1977).

- (1) To provide 100 vasectomies a month through service points at: Outpatient Clinic, Department of Surgery, Ramathibodi Hospital;

Evening Clinic at Community Based Family Planning Services Clinic; in rural areas via Mobile Team Operated in cooperation with the Rotary Club of Sriracha, Chonburi Prov. A total of 1,200 vasectomies were to be performed.

- (2) To support the vasectomy target by training in vasectomy procedures of a sampling of medical practitioners and students including 5 provincial doctors, 26 residents, 35 interns and 72 medical students and 200 paramedics. (The training program required the development of new curriculum elements).
- (3) To publish a report on the project and an analysis of the data collected on acceptors.

b. Project Results

The vasectomy goals seem generally to have been surpassed (at Ramathibodi Hospital, 32 per month at the beginning of the project, 67 per month by the end of the first year, and 74 during the second year), and the patient records and follow-up analyzed. The resulting data were reflected in a report covering the years 1967-1977 published in November 1977.

Similarly, the training goal of the project was more than met during the first two years. Some 138 or so physicians, interns, residents, and students were trained during the first year, and 204 the second. The goal of training 200 paramedics during the third year was not met because of legal barriers preventing other than physicians from doing surgical procedures. However, as discussed later, the Project did have the desired effect in focusing attention on development of appropriate training courses, curriculum and supervisory and analytical procedures.

c. Project Impact

Project impact or "ripple effect" and project "tracks" results are impressive. The vasectomy program continues to be pushed by the Ramathibodi Hospital and Evening Clinic. Client records continue to be kept on Pathfinder provided forms and when time permits the information is being recorded on tape for subsequent evaluation. According to the running record at the Institute for Population and Social Research, 89 vasectomies were performed during July 1978 at Ramathibodi Hospital. The Thai Association for Voluntary Sterilization (TAVS) is providing funds for the continuing work in this field by Ramathibodi.

As a further indication of the impact of the physician training program and the growing availability of physicians trained in vasectomy procedures, the male/female proportion in sterilization was changed from 1-10 in 1976 to 1-7.8 in 1978. Service points of all kinds (hospitals, clinics, etc.) have increased from 250 in 1976 to 389 in 1977 and 430 in 1978. Mobile teams have increased from 3 in 1976 to 6 in 1977 and 46 in 1978.

It should be noted here that the proposed paramedic vasectomy program (for the training of 200 paramedics in the technique of vasectomy grew out

of the realization that with the expanded demand for vasectomy it would be physically impossible for the available trained physicians to meet the demand for services let alone carry out their other tasks even though the availability of vasectomy training for physicians had been greatly enhanced. However, the Thai MOH would not grant approval for the training of the 200 paramedics since it is not legal for paramedics to perform medical tasks. (The Project Director had banked on the relaxation of the rules on paramedic vasectomy because of an apparent relaxation of rules regarding the delivery of oral contraceptive services by Nurse/midwives.)

In spite of their stand on the training of 200 paramedics the MOH finally permitted Ramathibodi Hospital to arrange for the training of 20 paramedics, in four batches of five each, under the supervision of the Surgery Department. Basically the program called for the carefully selected paramedics (male nurse or sanitarian) to undergo:

- (1) Six weeks of theoretical and practical training at Ramathibodi.
- (2) Six weeks of practical application at local MPH centers, during which time he was to perform at least 20 vasectomies in the facilities of the MPH centers and under the supervision of the local physicians and instructors and perform periodic follow up.

They are to continue follow-up for one full year (and continue recruiting acceptors). Carefully laid out evaluation plans also were developed.

The initial assessment of the work of the newly trained paramedics was reported to have been excellent in the case of 19 out of the 20. Not only were the physicians with whom they worked very supportive, but client reaction has been good - in fact, there is some indication that the clients preferred the services of the paramedics to those of physicians.

At this point there seems to have been an effort to get the MOH to raise the ban on trained paramedics performing vasectomies given the "success" of the 20-man training program. Dr. Somsak Verakamin, Director of Family Health Division MOH, explained that the "government" had decided that a second pilot project should be carried out. There apparently was some feeling that the paramedics/sanitaricians selected for the first pilot effort represented a somewhat elite group. Also, since the training had been carried out at the University Hospitals, it was of higher quality than might be expected in a country-wide training effort centered in, say, Provincial Hospitals. Accordingly, such a Province based program is being developed. The source of financing for the program was not developed but it appeared that the Provincial and Central governments would carry it jointly.

d. Project Direction/Administration

The Expanded Vasectomy Program was under the joint direction of Dr. Prem Buri, Chairman, Department of Surgery, Ramathibodi Hospital (Mahidol University) and Dr. Boonlert Leoprapi, Institute for Population and Social Research.

In these two individuals the Project had highly qualified technical leadership. Although Dr. Prem Buri is by profession an ophthalmologist, he was able to call on the surgical skills of Dr. Phaitum Gojaseni in the Department of Surgery.

Even though Pathfinder support to the specific project has terminated, both Dr. Prem Buri and Dr. Boonlert continue to be deeply involved in the on-going continuing activities growing out of the original project. Given their enthusiasm and apparent excellent technical qualifications and their positions in the population/family planning community in Thailand the work seems to be in good hands.

e. Pathfinder Role

Direct Pathfinder support has terminated; however, it is clear that there is a close continuing relationship between the Pathfinder/Boston staff and the Project operation. This, of course, was formalized by the various periodic reports required by Pathfinder, but beyond this, from comments made by Drs. Prem Buri and Boonlert, they perceive Pathfinder personnel as having been and continuing to be strongly supportive and interested.

If during the life of the Project administrative or technical difficulties between Pathfinder/Boston and the Project occurred, such difficulties have left no obvious tracks.

f. Project Assessment

The Expanded Vasectomy Project clearly had met the goals originally expressed even though the third year goal of the training of 200 paramedics in vasectomy techniques was not permitted by the RTG. There has been a major country-wide expansion of facilities staffed by physicians trained to perform vasectomies growing out of the work at Ramathibodi Hospital under the Project. The pilot paramedic training program developed and administered as part of the Project must be regarded as a solid step toward the establishment of a new RTG policy permitting sanitarians and other paramedics to be trained in the techniques of and routinely to carry out vasectomies. Hopefully, the results of the upcoming Province-based pilot training program will be such that the MOH resistance to the involvement of paramedics in the vasectomy program will be completely overcome.

RECOMMENDATIONS

None except to suggest the obvious desirability of Pathfinder maintaining an informal interested relationship with the Project Directors and the work flowing from the Project.

SOURCES

Drs. Prem Buri and Boonlert Leoprapai
Project Directors

Dr. Phaitun Gojaseni, Ramathibodi Hospital

Dr. Vitura Sangsingkeo, TAVS

Dr. Suporn Sripahol, PRAT

2. Auxiliary Midwife Training for IUD Insertion and Selected Other Procedures

This project was an eighteen-month (July 1, 1976 - December 31, 1977) pilot effort in which auxiliary midwives were to be trained in the techniques of IUD insertion and other procedures such as breast and pelvic examination, the training to be followed by a study to evaluate the performance of the auxiliary midwives in IUD insertion. Pathfinder support included U.S.\$59,235 and technical guidance; the Thai government provided the equivalent of U.S.\$15,000 plus institutional support.

a. Project Objectives

As a part of the effort by the National Family Program administrators to broaden the availability of family planning services to rural women, it was decided in 1970 to allow auxiliary midwives to prescribe and distribute contraceptive pills without direct medical supervision. Later, in order to increase the availability of IUD insertion services, a pilot project to train nurses to insert IUD's was completed which was followed by a country-wide IUD insertion training program for nurses. However, given the finite limits on the number of nurses available and the demand on their time of other nursing tasks, the National Family Planning Program directors decided that the next step should be to broaden the responsibilities of the auxiliary midwives to include IUD insertions. In keeping with their usual practice, before moving to authorize this, the program administrators established a demonstration project in which auxiliary midwives would be trained in the techniques of IUD insertion to include a follow-up study to evaluate the performance of the auxiliary midwives in IUD insertion.

As initially programmed, auxiliary midwives in two groups of twenty each were to receive some two months of training, two weeks of didactic to be followed by eight weeks of practical training. Each trainee was to perform at least 30 IUD insertions and one hundred pelvic examinations. It was recognized in laying out the training program that all of those selected for training might not be capable of absorbing the skills to a satisfactory level. In addition to the IUD insertion elements, the auxiliary nurse midwives also were to receive training in breast and pelvic examination, motivational, and screening techniques and evaluation.

b. Project Results

Although the record is somewhat contradictory, it appears that 24 auxiliary nurse midwives completed the training satisfactorily and were assigned to three different Provinces to perform IUD insertions. (6-Nakorn, 3-Satun, 15-Udon). A total of 1,511 IUD insertions were performed between November 1976 and June 1977.

Based on a sampling of 400 of the 1,511, an evaluation was made with 400 IUDs inserted by physicians. The evaluation indicated that there was longer continuation and fewer side effects in the midwife group. Actual figures on continuation were 82% for 12 months for the midwife group as against 66% for the physician group. About 19% of the mid-wife clients experienced no side effects as compared with 13% for the physician group.

c. Project Impact

As an outgrowth of the satisfactory performance record of the auxiliary midwives under the program in July 1978, the National Family Planning and Population program recommended that the MOPH adapt the 1975 regulation on auxiliary midwives to permit trained midwives to perform IUD insertions. The MOH agreed in principle and directed that detailed plans be made. By September 1978 the NFPP had established a working group to work on the planning to cover:

- (1) Nationwide training program.
- (2) Criteria for selection of trainees.
- (3) Formulation of appropriate orders (directions).
- (4) Draft adaptation of Ministry regulations.

The goal of the working group (and the NFPP) is to bring the auxiliary midwives into the IUD programs by 1979. Dr. Somsok noted in his discussion of the program that he has the budget for bringing five groups of 20 midwives each into training by May 1979. Criteria for selection have been established. He stated that in such a program he will require more pelvic models and would like to send several potential instructors to a Trainer Course such as that given in the past by the University of Connecticut.

Beyond this immediate impact of the initial midwife training program Dr. Samsok reported that he was hoping next year to invite neighboring countries to send midwives (or others presently carrying out tasks at this skill level) to Thailand for training and is looking ahead to an expanded midwife training program over a three year period.

d. Project Direction/Administration

The Auxiliary midwife training program was under the direction of Dr. Samsok Varakamin, Director, Family Health Division, of Ministry of Public Health. Given Dr. Samsok's unquestioned technical and administrative skills, and because of his position in the family planning program, he was able to call on a broad spectrum of support for the project such as Dr. Aree Somboonsuk, and the facilities of Chulalongkorn University medical faculty (for the didactic training element), and the training staff and facilities of the Family Health Division during the practical training phase. Sampling and evaluation was carried out by the Research and Evaluation unit of the Division. The beneficial impact on project administration of such wealth of skills and facilities is clear. The strength of the project direction/administration continues to be reflected in the forward planning being done for the upcoming nationwide training program.

e. Pathfinder Role

As in the case of the Expanded Vasectomy Program, there appears to have been an excellent and continuing relationship between Pathfinder/Boston staff and the Project operations in Thailand. It was apparent that the Project staff continues to look to Pathfinder for moral and technical support even though formal Pathfinder support has terminated. There were no indications of major administrative or technical difficulties during the life of the project.

f. Project Assessment

The Auxiliary Midwife Training program seems clearly to have met its goals even though only 24 rather than the 40 midwives initially programmed for training appear to have met the NFPP criteria permitting them to enter into the pilot IUD insertion program. The results of the work of the midwives trained under the program must be said to have been more than satisfactory and it is clear that the MOPH decision to agree that the work of bringing the auxiliary midwives into the mainstreams of the IUD program was based on this record.

RECOMMENDATIONS

None except that Pathfinder should continue to maintain informal supportive contact with the Project Director and the ongoing work flowing from the original Project.

SOURCES

Dr. Somsak Varakamin, Director of Family Health Division,
MOH, RTG

Project Director Family Health Division Staff:

Mrs. Chusie Sujpluenas, Mi
Miss Tongpleaw Narkavonkit
Miss Pisamai Chamthavimon
Mr. Anthony Bennet (Columbia University,
Center for Population and Family
Health, Consultant to the Research
and Evaluation Unit of the Family
Health Division, MOH, RTG)

Dr. Aree Somboonsuk, PPAT

Dr. Vitora Sangsingkeo, ASIN

3. Third Country Training Program on Community Based Contraceptive Distribution (PIN 6225)

Agreement on this project has just been signed by Mr. Mechai Viravaidya, Director, Community Based Family Planning Services. Under the agreement,

Pathfinder fund is to provide approximately U.S.\$30,500 during the first year of the project, with the CBFPS providing about U.S.\$38,000 in services and facilities. The project basically is to provide training for physicians/administrators from countries having CBD programs and is designed to improve the programs by affording them the opportunity of seeing the Thailand program and to exchange ideas. The project also is to be geared to physician/administrators from countries where CBD programs are just beginning, to assist them in avoiding some of the pitfalls and errors experienced by countries with longer standing CBD programs.

The facilities and expertise available to the project are first-rate. Mr. Mechai is a well-known figure in the population field and his Thailand operation certainly has in it many elements which should be of value elsewhere.

SOURCE

Mr. Mechai Viravaidya, Director, CBFPS

III. IN-COUNTRY COORDINATION IN POPULATION/FAMILY PLANNING

The work of Pathfinder (as well as that of all other donor or participating organizations), in Thailand, is thoroughly coordinated and reviewed through the mechanism of a committee comprised of the directors of:

- A. The Planned Parenthood Association of Thailand (PPA)
- B. The Thailand Association for Voluntary Sterilization (TAVS)
- C. The Association for Strengthening Information on the National Family Planning Program (ASIN)
- D. The Community Based Family Planning Service (CBFPS)

The Committee, which meets monthly, is chaired by Dr. Somsak Varakamin, Director, Family Health Division, Ministry of Health. Since the member organizations are supported by the major non-government funding sources (IPPF, IVAS, FPIA), and since the Chairman, Dr. Somsak, heads both the national family planning program and acts as the head of the secretariat for the National Family Planning Policy and Coordination Committee, chaired by the Minister of Health (which coordinates Thailand government family planning population effort and all government to government financial assistance on family planning), very little chance exists of uncoordinated effort in family planning.

IV. MISCELLANEOUS COMMENT

None.

V. OVERALL ASSESSMENT/RECOMMENDATIONS

The two Pathfinder supported projects reviewed above appear to have been eminently successful in moving Thailand closer to having a strong body of non-professionals who will be able to participate in the delivery of family planning service elements previously within the provinces of the physician and professionally trained nurse. In addition, the projects have left a legacy of continuing interest in broadening the technical skills of the paramedical personnel and programs designed to support this movement have been put in place.

Given the maturity of the Thailand family planning program, the strong RTG financial and policy support to the program and the broad spectrum of general support to the Thailand family planning/population related programs available from bilateral, international and voluntary agencies, there does not appear to be a future role for Pathfinder on the Thailand scene. (This recommendation does not preclude completion of the just-initiated Third Country Training Program in Community Based Contraceptive Distribution (PIN 6225). Further, if resources are available, Pathfinder might usefully consider supplying some limited items of equipment needed for the expanded midwife training program, e.g., pelvic models.)

VI. PERSONS/ORGANIZATIONS VISITED AND/OR CONSULTED

A. Government of Thailand (RTG)

1. Dr. Somsak Varakamin, Director, Family Health Division, Ministry of Public Health, RTG.

B. Program/Project Related

1. Institute for Population and Social Research
 - a. Boonlert Leuprapai, PHD, Director and Co-Project Director.
2. Ramathibodi Hospital, Mahidol University
Department of Surgery
 - a. Dr. Prem Buri, M.D., Chairman
Dept. of Surgery, Project Co-Director
 - b. Dr. Phaitun Gojasani, Asst. Prof., Dept.
of Surgery
3. Family Health Division, Ministry of Public Health
 - a. Dr. Somsak Varakamin, Director (Project Director)

C. Voluntary Agencies and Others in Population/Family Planning

1. Planned Parenthood Association of Thailand (PPAT)
 - a. Dr. Suporn Sripahal, Director
 - b. Dr. Aree Somboonsuk, Secretary General
2. Thai Association for Voluntary Sterilization
 - a. Dr. Vitura Sangsingkeo, Secretary
3. Community Based Family Planning Services (TAVS)
 - a. Dr. Mechai Viravaidya, Director
4. Association for Strengthening Information on the National Family Planning Program (ASIN)
 - a. Dr. Vitura Sangsingkeo, Member

D. U.S. Government

1. Agency for International Development
 - a. Mr. Donald B. Cohen, Director
 - b. Mr. Richard R. Brown, Program Officer
 - c. Mr. W.D. Fleming, Asst. Program Officer
 - d. Mr. Karoon, O/PHN, Population Assistant

(Note: All U.S. staff members of the Office of Health and Population were out of the country.)