

PATHFINDER FUND EVALUATION
PART IV
REGIONAL REPORT FOR AFRICA
AND THE MIDDLE EAST

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PATHFINDER FUND EVALUATION
REGIONAL REPORT - AFRICA, PART IV

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 also has been prepared on the work of the Pathfinder Fund Representative for North Africa and the Middle East.

The reports in this section cover Pathfinder Supported projects in Egypt, Kenya and Senegal; the operations of the Pathfinder Fund Country Office in Egypt; and the Regional Office, in Nairobi, for sub-Sahara Africa (covering project activities in Kenya and Senegal and elsewhere in the region).

The schedule of field visits was as follows:

Geneva 24-25 October
Egypt 26 October - November 1
Kenya 2-11 November
Senegal 12-15 November

As with Asia, each of the country programs evaluated in Africa are at a different stage of development and are quite country-specific in their make-up. We have not prepared a regional assessment or regional recommendations (except to suggest that Pathfinder should review its Sub-Sahara Africa regional breakdown). Overall assessments and recommendations have been made for each country covered by the evaluation.

PATHFINDER FUND EVALUATION - EGYPT

I. INTRODUCTION

Pathfinder Fund supports three main projects in Egypt: Comparative Sterilization Report (PIN 3210), Family Planning Registration and Services Project (PIN 6080) and Alexandria Comprehensive Family Planning Clinic (PIN 6161). The AID scope of work for the evaluation in Egypt suggested the team look at the workings of the newly established office of the Country Representative and assess two of the country's sub-projects. However, since two of the sub-projects involve the Family Planning Association of Alexandria, it was possible to see all three of the sub-projects within the time available.

Fortunately, a visit to Cairo by Dr. Robert Holtrop, M.D., Chief of the Fertility Services Division, Pathfinder Fund, Boston, coincided with the visit of the Evaluation Team member, D. A. Collins, thus permitting a joint review of projects and strategies.

The Pathfinder Country Representative, Dr. Tarick H. T. El-Din A. Dahab, also arranged for a one day trip to Kafr-el Sheikh to visit a large community hospital. There Pathfinder support is proposed for a surgical contraceptive project along the lines of the Alexandria project.

Mr. Collins was accompanied during visits to the Project sites and to Kafr-el Sheikh by Dr. Dahab. Dr. Dahab also participated in the discussions with Dr. Holtrop so there was an opportunity to observe Dr. Dahab as the Pathfinder project administrator. Dr. Dahab has an impressive comprehension of the overall population/family planning effort underway in Egypt.

II. IN-COUNTRY PATHFINDER PROJECT REVIEW

A. Office of the Country Representative

1. Country Representative

The Pathfinder Country Representative, Dr. Tarick H.T. El-Din Aboul Dahab is an obstetrician/gynecologist. He received his diploma in OB/GYN from Ain Shams University in 1973. He holds the position of Assistant Lecturer and Clinic Demonstrator, Department of OB/GYN, Faculty/Medicine at Ain Shams University (since March 1974). Dr. Dahab's curriculum vitae is attached as Egypt-1. Dr. Dahab was a former student of a one-time Cairo medical power, Dr. Ragab, whose abortion services to highly placed people in the country was legendary. Dr. Ragab has been "retired" and his activities totally obliterated by the Ain Shams Hospital, where he worked. This example has made even the most daring of family planners nervous and has caused Dr. Dahab to be extremely conservative in espousing activities in the sensitive areas of sterilization and abortion. However, Dr. Dahab appears to be a person of great physical vigor and stamina who is not reluctant to travel to the extent necessary to develop and oversee projects. Finally, Dr. Dahab is a highly qualified practitioner who has made many innovations, including a so-called vacuum cup device which lessens

trauma during the mini-lap procedure. The device also aids in solving the mini-lap technique on obese women, a common phenomena in Egypt.

2. Quarters and Staffing

The Pathfinder Office is located on the first floor of a four-storied residential building situated on a side square near the Cairo Sheraton and thus in a good location for contact and logistics, especially given the poor quality of telephone service in Cairo and traffic problems in general. Dr. Dahab is employed by Pathfinder on a half-time basis. His wife provides secretarial help as needed. The office includes space for meetings, film shows and training.

3. Administrative and Financial Operations

Dr. Dahab Pathfinder Country Representative only since March 1978, thus far has been primarily in the role of project monitor. His Office Projects records appear to be excellent; very fine graphic displays reflect project progress. Although Dr. Dahab does have available several personal or family vehicles he can use, none are in good repair and all are quite unsuited to the kind of rural travel needed for work in the Delta region. A four-wheel drive vehicle could be of great value if such could be provided.

Communication with Pathfinder/Boston by mail is slow (at least ten days one way) and uncertain at best. Cable service similarly is not good. Use of Telex at fixed times on a weekly contact basis was suggested.

Dr. Dahab is paid about \$12,000 a year for half-time service, a figure within the local norm for professional services.

4. Program and Project Development

As noted earlier, Dr. Dahab generally has been engaged thus far in project monitoring. However, he is actively pursuing a strategy to stimulate the establishment of surgical contraception, mainly mini-lap, growing out of the mini-lap-dominated sterilization studies at Ain Shams. In this fashion, through a network of dedicated, trained doctors in the country's medical schools, and through the existing provincial medical infrastructure in the country, Dr. Dahab feels that the country could have a national sterilization project working quietly and effectively before too many years have past. Obviously, physicians for that program must be trained at medical schools, and this training process seems to be vigorously underway with the comparative sterilization project at Ain Shams. (Approximately half of the students there are women, and they crowded in huge numbers around the doctor performing the sterilizations we observed in the hospital under PIN 3210.) Dr. Dahab's stated policy: "go slow, but make the right moves all along and build on existing strengths" which appears to be a thoroughly sound approach.

His interest in fostering a project at Kafr-el Sheikh reflects Dr. Dahab's additional strategy of employing the substantial infrastructure of provincial and community based health facilities already built and staffed.

5. In-Country Relationships

Dr. Dahab appears to have excellent relationships with members of the medical community and within the Egyptian Government family planning operation. He works closely on good terms with Mrs. Aziza Hussein, President, Egyptian Family Planning Association and with Dr. Hafez Youssef and Mrs. Zahia Marzouk of the Family Planning Association of Alexandria (FPAA). Both Dr. Merrill Shutt, Health and Population Office and Mr. Michael Jordan, Population Advisor, USAID/Cairo seem to think highly of Dr. Dahab and are thoroughly cooperative and supportive of his efforts in the sterilization area.

6. Assessment

In summary, Pathfinder is being well served by Dr. Dahab as Pathfinder country representative for Egypt and the Sudan. His vigor and enthusiasm are appropriately tempered by a good sense of the possible. Because of this, Dr. Dahab should be given as much flexibility and freedom as necessary to develop programs under the overall strategy of surgical contraception/training/diffusion throughout the country.

The office is functioning well in spite of inadequate provisions for transport and the problems of poor mail and cable service.

Dr. Dahab has been given responsibility for program development and overview in the Sudan. However, in view of the importance of the Egyptian program development, time available for Sudan may well be limited.

RECOMMENDATIONS

- a. Pathfinder/Boston should provide the Cairo/Pathfinder office with a four-wheel drive vehicle.
- b. Pathfinder should explore authorizing Pathfinder/Cairo to arrange for Telex service for communication with Boston.

B. Project Review

According to plan during the time in Egypt, the three active Pathfinder supported projects were visited. These were:

Comparative Sterilization Project (PIN 3210)

Alexandria Comprehensive Family Planning Clinic (PIN 6161)

Family Planning Registration and Service Project (PIN 6080)

These are discussed below.

1. Comparative Sterilization Project (PIN 3210)

This project began in October 1976 and will run through the end of the year. The Project, located at Ain Shams University, Department of Obstetrics and Gynecology provides for a phased introduction of modern methods for female sterilization in the department of obstetrics and gynecology. Methods to be introduced start with mini-laparotomy (mini-lap) to be followed by culdoscopy, laparoscopy and hysteroscopy, with sufficient time allowed in each case for staff training and familiarization with procedures and equipment. A study of the comparative acceptability and patient response to each method will be undertaken concurrently.

Total local costs to be met by Pathfinder Financing will be LE10, 764 (U.S. 27,449). Consultant services and equipment will be provided by Pathfinde

a. Project Objectives

According to the Project documents, the objectives of the project were:

- (1) To introduce modern sterilization methods in the Department of Obstetrics and Gynecology at Ain Shams on a special basis with the goal of performing a minimum of 300 sterilizations per year.
- (2) To evaluate the relative acceptability of the different methods in one setting and to report on the findings: All methods initially were to be offered on an in-patient basis. As patients and medical teams become more familiar and comfortable with the new procedures, emphasis will be placed on offering sterilizations on an out-patient basis. Data on comparative acceptability of the different methods will be coded, processed and analyzed at Ain Shams.

Given the role of Ain Shams as a demonstrated leader in influencing national family planning policy development, it is anticipated that successful introduction of modern methods, and the publications that will result, could lead to important national policy decisions in favor of wider availability of modern sterilization services.

b. Project Results

The excellent records show that project goals generally are being met. In terms of actual numbers, the record shows that operations performed were slightly less than the targeted 300; 265 the first year, 273 the second year. However, with the publication of the results given and the large numbers of students being trained in these techniques, especially mini-lap, the project

should have an increasing impact over the years.

c. Project Impact

While it is yet too early to quantify the impact of the project, it has fairly well demonstrated that the mini-lap procedure is the best for widespread introduction in Egypt. The Project has generated considerable interest in the Egyptian Family Planning Association broadening the activity in other medical schools, possibly with IPPF financing.

d. Project Direction/Administration

From all indications, the direction and administration of the project has been structured carefully with overall direction being provided by two top staff, Professors Mohamed Ikram Shoukri and Daa Seif Eldin of the Department of Obstetrics and Gynecology of Ain Shams University. Similarly, responsibility for each technique has been assigned to specific individuals. In the area of culdescopy and laparoscopy, training for instructors in these techniques is being provided in advance of the beginning of the actual training.

The project is being handled on a very conservative basis as is shown by the fact that if a woman is to receive a sterilization in the program, she must have three living children (with both sexes represented), all healthy, the youngest of which must be at least five years old. The woman must also obtain the written consent of her husband for the operation.

e. Pathfinder Role

Pathfinder was involved in the project design. Pathfinder assisted in preparation of special forms for comparative analysis of the different sterilization methods introduced. These will be processed and analyzed at Ain Shams, with copies sent to Pathfinder.

A medical consultant provided by Pathfinder visited Ain Shams during the year for project monitoring and follow-up training. As noted above, Pathfinder is providing the required equipment.

f. Project Assessment

From what could be learned during the visit, the project is being well administered, and the results are on target. It is too early to assess the long-term effect, but there seems to be little reason to believe that the project will not be effective.

RECOMMENDATIONS

None

SOURCES

Dr. Tarick Dahab
Dr. Merrill A. Shutt (USAID)
Dr. Michael Jordan (USAID)
Mrs. Aziza Hussein (FPA)
Prof. Dr. Moh. Ikram Shoukri (Ain Shams)

2. Alexandria Comprehensive Family Planning Clinic (PIN 6161)

A clinical facility providing a wide range of family planning services is to be established in a populous area of Alexandria, Egypt by the Family Planning Association of Alexandria, including mini-laps. The facility also will provide pediatric services and serve as a referral center for contraceptive complications identified at other family planning clinics run by the Family Planning Association of Alexandria.

The project will be conducted over a three year period. Pathfinder is funding the project from May 1, 1978 to April 30, 1979. Funds for the 2nd and 3rd years will be made available based on the previous year's performance. First year funding is budgeted at LE36,527 (U.S. \$62,515).

The first three months of project activities were to be devoted to renovating two adjoining apartments to serve as a clinical facility. This includes repairing floors, rewiring to accommodate electrically operated medical equipment, replacing and adding plumbing, painting, etc. The clinic is to open as soon as renovations are completed and essential equipment and supplies are in place. Plans were to have the clinic operational by the beginning of the fourth month of project activities.

a. Project Objectives

The general objective is to establish a clinic offering a full range of family planning services, including those needed to deal with complications referred by other FPAA clinics, and routine pediatric services. While the clinic is to provide family planning services, it will focus its motivational activities on those in need of sterilization services. Initially, minilaparotomy will be the method used for female sterilization. Pediatric services will be available to the children of clients of the clinic. The clinic will maintain records, provide nutrition counseling, immunizations, and other preventive health services. The clinic is to be open six days a week, and a physician will be on duty at night to handle emergencies and to attend to patients who require overnight post-operative care.

During the first year of the project, the following objectives are to be reached: 350 women will accept the IUD, 200 women oral contraceptives, 100 women other methods, and 225 will accept voluntary sterilization as a method of contraception during the project's initial year of operation. Pediatric services will be provided for 500 children of acceptors during the first year.

b. Project Results

During the evaluation, a visit was made to the location for this comprehensive family planning clinic with the Project Director, Dr. Hafez Youssef, long-time medical doctor and board member of the FPAA. The Project has been plagued by rising costs. The basic construction costs have risen from LE7,000 to LE20,000 since the project was originally conceived to the present time. At the time of the visit, the construction bids had been advertised, but not formally met. The total establishment costs of the clinic will probably be closer to \$100,000 than the present budget of \$62,515. The clinic is near public transportation in back of the War Memorial in central Alexandria in a bustling, working class neighborhood. (Population densities in Alexandria are as high as 130,000 per square kilometer, so that this quite anonymous apartment building as a location for this clinic should be ideal.)

c. Project Impact

Since clinic operations have not yet started, impact is yet to be felt.

d. Project Direction/Administration

The Project Director, Dr. Hafez Youssef, is a dynamic and capable individual who has worked hard to put this clinic together. Dr. Youssef is being extremely careful in his staff selection and training to ensure that the clinic will provide high quality service. Hafez apparently has been well-trained and has had a trip to Indonesia and Bangladesh to observe clinic work in those countries.

e. Pathfinder Role

Pathfinder/Boston has assisted in project planning and has contributed to the development of the equipment and supply lists, Pathfinder designed reporting systems and forms to be utilized by the project. In addition, consultant services by a physician to be selected by Pathfinder are planned. Dr. Holtrop, Pathfinder/Boston, was in Egypt in connection with Project Administration and Guidance at the time of the evaluation visit.

f. Project Assessment

Although the project is not yet operational, Pathfinder, AID and the FPAA have high hopes for the project as a responsible installation.

RECOMMENDATIONS

Given the delay in the project and the locality costs, Pathfinder should review the project budget within the next few months to ensure that adequate funding is projected.

SOURCES

Dr. Hafez Youssef, Medical Director,
Family Planning Association of Alexandria

Dr. Merrill A. Shutt, Health and Population
Officer, USAID

Dr. Tarick Dahab
Pathfinder Country Representative

3. Family Planning Registration and Service Project (PIN 6080/3205)

The project was designed to locate and to provide family planning information and services to all women of child-bearing age in the Mena el Basol area of Alexandria, an area served by five private family planning clinics and two government agencies. Key personnel in the project were to be to "natural" leaders in the community identified as influential and satisfied accepters of contraceptives. They were to be trained to contact certain eligible women (post-partum and 18 to 25 years), suggest that they visit a nearby family planning services delivery clinic to obtain added information and to perform a followup. Local leaders also will be apprised of the value of the program. Project duration was to have been October 1, 1977 to September 23, 1978 with Pathfinder funding of U.S. \$24,500.

a. Project Objectives

The basic objective of the project was to devise a methodology whereby 50% of the women who gave birth during the project year can be convinced to accept a method of family planning. Fifty "natural leaders" will also be identified who can provide family planning information and education. Local leaders will be oriented on the effects of a successful project on the area's economic, political and social institutions. In addition, according to the project progress, family planning education programs, specifically designed to the interests of women factory workers, mothers of school children and teachers, were to be developed.

b. Project Results

While a large number of post-partum women were reached during the life of the program, it appears that somewhat less than 50% of these women were induced to accept some method of family planning. It was reported that the 50 natural leaders were in place although this could not be confirmed. The program of contacting local leaders appeared to be moving well. Pathfinder/Boston has detailed reports on these matters.

c. Project Impact

Although a reported 55,000 post-partum women were contacted by mail and in other ways, the impact of this contact is not clear. If 50% of the group was convinced of the desirability of practicing family planning, this could be said to be a desirable impact.

d. Project Direction/Administration

From everything that could be learned about this project, project direction and administration are of a satisfactory quality.

e. Pathfinder Role

Pathfinder has provided acceptable direction to the project.

f. Project Assessment

Although Pathfinder (Dr. Robert Holtrop, Chief, Fertility Services Division) and USAID (Dr. Merrill Shutt) are enthusiastic about the project, in the opinion of the Evaluation Team, it has been of limited value. Involving community leaders is an innovative and potentially useful idea.

RECOMMENDATIONS

None. Suggest that future project activities of this type have more clearly defined goals.

SOURCES

Dr. Hafez Youssef, Medical Director, APAA

Dr. Merrill A. Shutt, Health and Population Officer, USAID

Dr. Tarick Dahab, Pathfinder Country Representative

III. IN-COUNTRY COORDINATION IN POPULATION/FAMILY PLANNING

Although a broad spectrum of Egyptian Government agencies and institutions (Universities, hospitals) as well as several voluntary organizations are involved in population/family planning activities in Egypt, and most are involved in or receive some type of financial or technical assistance from foreign donors, mechanisms for ensuring that coordination is effected are present. At the policy level, the Supreme Council for Population and Family Planning with its secretariat, the Population and Family Planning Board, is the responsible body. In the area of family planning service delivery, the Minister of Health chairs a ministry level committee which coordinates activities. International donors such as the UN family of agencies, the IBPD and bilateral donors (U.S., Sweden and other countries) work through the Population and Family Planning Board and the relevant ministries, as do such voluntary groups as the IPPF and CARE. The Family Planning Association of Egypt with its numerous chapters functions in a coordinative role also. As noted earlier, Pathfinder's country representative, Dr. Dahab, works closely with the Family Planning Association.

IV. MISCELLANEOUS COMMENT

None.

V. OVERALL ASSESSMENT/RECOMMENDATIONS

Pathfinder's role thus far seems to have been carefully geared to the sensitivities of the Egyptians on the subject of sterilization yet is developing a cadre of medical practitioners qualified to provide high quality sterilization services and thus in the long run to provide the base for the broadening of availability of such services. Similarly, the establishment of well equipped, staffed and operated clinics for the provision of sterilization services will lead to the broadened acceptance of sterilization as an important part of the family planning weaponry.

It is felt that Pathfinder is on the right track. It is recommended that Pathfinder continue in its role of providing low profile support to training of physicians in the techniques of sterilization and to small-scale, well equipped clinics for the provision of services.

VI. PERSONS/ORGANIZATIONS VISITED/CONSULTED

A. Program Related

Dr. Tarick El-Din A. Dahab
Pathfinder Country Representative

Mrs. Aziza Hussein, President,
Family Planning Association of Egypt

Dr. Hafez Youssef, Medical Director
Family Planning Research of Alexandria

Prof. Moh. Ikram Shoukri
University School of Medicine

B. U.S. Government

Dr. Merrill A. Shutt, Health & Population Office
USAID/Cairo

Dr. Michael Jordan, Population Advisor
USAID/Cairo

DR. TARICK ABOUL DAHAB
DEPT. OF OBSTETRICS & GYNAECOLOGY
AIN SHAMS UNIVERSITY HOSPITAL

*Attachment
Egypt - 1*



Dr. Tarick Aboul Dahab
3 Finney Sq., Dokki
Cairo, A.R. of Egypt

CURRICULUM VITAE

Name: Tarick Hassan Tag El-Din Aboul Dahab.

Nationality: Egyptian.

Date of Birth & Place: 10.22.1947., Cairo.

Marital Status: Married. (*Negla*)

Offsprings: 2 Boys:

Occupation: Doctor (Obstetrician & Gynaecologist)

Position: Assistant Lecturer & Clinical Demonstrator.
Department of OB/GYN. Faculty of Medicine Ain Shams University.

Educational Background:

I graduated from the "English School Heliopolis" in Cairo in July 1963. After which I entered the Faculty of Medicine Ain Shams University in September of that year. I graduated from that Faculty in June 1969, with the M.B., B.Ch. with the grade very good.

I was then appointed as an Intern in the Ain Shams University Hospitals from March 1, 1970 to February 28, 1971, practicing a rotatory internship.

On March 1, 1971 I was then appointed as a resident in the department of OB/GYN. of that University's Medical Faculty up till March 30, 1974.

During that period I received my Diploma in OB/GYN, in April 1973, (D.G.O.) with the grade excellent, also I received my Diploma in General Surgery in May 1974, (D.S) with the grade very good.

On March 31, 1974 I was appointed as Clinical Demonstrator and Assistant Lecturer in the department of OB/GYN.

I hold that present position at the moment, although I will be shortly sitting for my M.Ch. degree in OB/GYN. for the position of Lecturer.

In October 1977, I received a certificate on "Medical education" with distinction.
Current work:

My present position involves, teaching, patient care and research, the latter being mainly in the field of fertility control.

In 1972-1973 I worked with Prof. Ragab while designing the "Ragab Cannula for suction abortion". I was actively involved in the clinical trials.

In Late 1974 I invented a new technique for delivery of the fallopian tube by vacuum during abdominal or vaginal sterilization.

In 1975 I was involved with my colleagues in working on a comparative sterilization project funded by Pathfinders.

In 1977 I was appointed as project coordinator for the Ain Shams University Training Center in Fertility Control Methods.

..../..

DR. TARICK ABOUL DAHAB

**DEPT. OF OBSTETICS & GYNAECOLOGY
AIN SHAMS UNIVERSITY HOSPITAL**

During 1977 and early 1978, I put the sterilization cycle at Ain Shams into operation in coordination with the C.F.P.A., involving social workers, doctors and nurses.

I have recently completed my thesis "The Effect of IUCD's on the Pituitary Ovarian Function."

Publications:

I. A New technique and Instruments for delivery of the Fallopian tube in Female sterilization.

- Int J Gyn.Obst. 14: 364-366, 1976.

- Proceedings of the Third International Conference on Voluntary Sterilization 1976. In the chapter of "Impact of New Technology in Program Development."

- Proceedings of the Second Conference on Sterilization of the Egyptian Fertility Control Society in 1975.

Memberships: (Medical)

-Member of the Egyptian OB/GYN. Society.

-Member of the American Fertility Society.

-Member of the Egyptian Fertility Control Society.

-Member on the Supervising Committee of the Comprehensive Clinic(Alex).

PATHFINDER FUND EVALUATION - KENYA

I. INTRODUCTION

Pathfinder Fund is or has provided support to four Projects in Kenya, two with AID financing, Provincial Workshop on Population & Family Planning (PIN 3272) and Family Planning Clinic Expansion (FPCE) (PIN 6296); and two with private funding, Surgical Contraception Conference (PIN 9431) and Nyeri Sterilization Project (PIN 9471-72/9548). In addition, a fifth project, Family Planning Motivational Service (Maendeleo) is under review (PIN 6191). It was indicated in the scope-of-work for the evaluation that only two of the projects should be looked at. Since the operation of all of the Projects would reflect how Pathfinder or Project administration was being carried out, during the visit to Kenya some attention was given to the status of all five.

In addition to the review of the Kenya projects, an evaluation was to be made of the functioning of the Pathfinder Regional Office for Sub-Sahara Africa and the work of the Pathfinder Regional Representative, Dr. Borgade J. Marasha, M.D. Although the Regional Office currently is responsible for other parts of Sub-Sahara Africa, since the Regional Office is in Nairobi, and since Dr. Marasha devotes a great deal of time and energy to the Kenya program, it appears wise to cover the Regional Office picture in the Kenya section.

Fortunately, the first day of the Evaluation visit, 11 Nov. 1978, overlapped with a visit to Nairobi by Mr. James Crawford, Program Operations Director, Europe, Africa and Middle East for Pathfinder, so there was an opportunity for a detailed discussion with Mr. Crawford and Dr. Marasha about the Pathfinder program and the history of the Pathfinder work in Kenya and other parts of Sub-Sahara Africa. It should be noted that Pathfinder has had a long relationship with family planning in Kenya, with an association which goes back into the 1960s, when Pathfinder was instrumental in the establishment of the Family Planning Association of Kenya, an association which has continued to the present.

II. IN-COUNTRY PATHFINDER PROJECT REVIEW

A. OFFICE OF THE REGIONAL REPRESENTATIVE

1. Regional Representative

The Pathfinder Regional Representative is Dr. Borgade J. Marasha, a Prague-trained obstetrician/gynecologist who also holds an MPH degree from the University of California, Berkeley. Dr. Marasha, a person of vigor and enthusiasm with quite good professional credentials, appears to have excellent contacts at top levels of government (particularly in Kenya).

2. Quarters and Staffing

The Pathfinder Regional Office is located in International House in the center of Nairobi. The office space is quite adequate, with rooms for Dr. Marasha, his secretary and a reception area. From what was observed, secretarial support services could be supplemented.

3. Administrative and Financial Operations

Although the quality of secretarial support service may be less than adequate, from what could be learned during the visit, record keeping in the office is adequate; the filing seems to be up-to-date. A Xerox machine is available. A Toyota Corolla provides adequate transport for Kenya and neighboring areas. No complaints were registered about travel fund availability, or office expense budget.

4. Program and Project Development (Regional)

No clear picture of Dr. Marasha's involvement in the program and project development on a regional basis emerged during the visit. From comments from AID/Washington and Pathfinder staff, and from observations made in Senegal, it does appear that Dr. Marasha does not involve himself to the degree he should in critical project review and analysis, resulting in a need for a fairly large amount of exchange with Pathfinder/Boston seeking clarification of various points. There also is a clear indication that Dr. Marasha's surveillance of projects outside of Nairobi/Kenya could be increased to ensure high quality performance and proper use of funds.

On the other side of the coin, Dr. Marasha does have good rapport with top level government officials in Kenya and moves easily in population/family planning circles. He seems to be imaginative and interested in moving programs in the population area.

5. In-Country Relationships (and Regional)

From what could be observed and from comment by various officials and from the USAID/Kenya Population Officer, Dr. Marasha enjoys excellent relationships with the Kenyan hierarchy involved with family planning/population. On the other hand, it was not confirmed that the same could be said about relationships with program and project officials in areas outside of Kenya. He may well not have the time necessary for him to develop the kind of relationships he enjoys in Kenya (and it is not at all certain this would ever be possible to achieve given the strong tribal and cultural barriers which exist between East and West Africa, for example).

6. Assessment

Pathfinder appears to have a strong representative in the person of Dr. Marasha, but his usefulness to the Pathfinder program probably would be greater were his territorial responsibility limited to Kenya (and perhaps neighboring countries having similar cultural patterns) rather than being extended to the whole of Sub-Sahara Africa as it is now. Although apparently there have been some shortcomings in Dr. Marasha's project review inputs, in part at least it is suggested that these could be overcome by limiting his area of responsibility and requiring that he obtain stronger, more capable administrative staff support.

RECOMMENDATIONS

Pathfinder should redefine Dr. Marasha's area of responsibility to limit it to Kenya and neighboring countries (e.g. Uganda), and at the same time investigate the possibility of finding a regional representative for West Africa (and/or for such other region as might be suggested by program possibilities). Alternatively, if heavy project load in any given country appears likely, Pathfinder might consider the desirability of employing a well-qualified country representative for that country.

Given the importance of developing new initiatives in population and family planning in much of Sub-Sahara Africa, Pathfinder should review its staffing needs both in-country and in Boston as a matter of high priority.

B. PROJECT REVIEW

Four completed or on-going projects were reviewed and the opportunity was afforded to look at the background and at the present status of a possible new project element which may receive Pathfinder support. The Projects reviewed were:

Provincial Workshop on Population/Family Planning (PIN 3272)

Family Planning Clinic Expansion, FPAK (PIN 6096)

Surgical Contraception Conference (PIN 6074/9431)

Nyeri Sterilization Project Conference (PIN 9471)

Site visits were also made to observe elements of the Maendeleo Project for which Pathfinder support has been requested (PIN 6191).

1. Provincial Workshop on Population and Family Planning (PIN 3272)

Pathfinder assisted the Family Planning Association of Kenya (FPAK) to organize and direct eight workshops in eight provinces for opinion leaders; mainly administrative officers, heads of women's organizations, church leaders, trade unionists, and other provincial leaders on the subject of population and family planning. The eight workshops conducted over a period of one year cost KSh. 284,320.00, equivalent to U.S. \$26,655 which was met by Pathfinder. The Headquarters of the FPAK, in conjunction with the Family Planning Area Officer in the province, was responsible for organizing the workshops.

a. Project Objectives

FPAK feels that emphasis on family planning programs must be shifted to rural areas where the majority of Kenya's population resides. The goal of each of the eight workshops was to provide information on how population growth is linked to the Kenya National Development Program. A secondary goal was to provide information on various contraceptive methods and the National Family

Planning Program. Each workshop covered four subject areas:

- (1) Family Planning and National Development
- (2) Population and Family Welfare
- (3) The role of various organizations in the Family Planning Program.
- (4) The role of leaders in the Family Planning Program.

b. Project Results

Workshops were held in each of the eight provinces of the country during the period of July 1976 through September 1977. These conferences included middle and top-level people involved in provincial leadership (i.e. politicians, teachers, etc.). Program content included an overview of family planning and a discussion of why it is important to spend money on such programs, their relevance to Kenya, and a realization that women must expand their roles in society beyond those of motherhood and homemaking. A fair amount of press coverage was obtained.

c. Project Impact

Beyond the record showing that conferences were held in eight provinces as scheduled and a file of clippings of press accounts filed during the conferences, no obvious further results were noted.

d. Project Direction/Administration

All that can be determined as far as the direction and administration of the conferences are concerned is that they were held as scheduled with there being some indication from the press notes that at least some of the key target figures were present.

e. Pathfinder Role

No record except in project documentation which indicated that Pathfinder was to assist with development of pre and post conference questionnaires.

f. Project Assessment

Since no "tracks" related to the conference were noted, it seems to be a fair assumption that the project probably had a positive but minimal impact on the Family Planning/Population effort.

RECOMMENDATIONS

See general recommendations under V.

SOURCES

Mrs. Angele Gethi, Executive Director, FPAK

Dr. Samson Mwathi, Life Chairman, FPAK

Dr. Borgade J. Marasha, Pathfinder Regional Representative

2. Family Planning Clinic Expansion-FPAK (PIN 6096)

Under this Project, Pathfinder was provided to defray the costs involved for one year in expanding services available from eight FPAK clinics, from half-time to full-time so that each clinic would operate 46 hours weekly. The primary cost involved was the employment, orientation and support of eight nurse-midwives, one of whom was to be assigned to each of the clinics. The one-year cost (November 1977-October 1978) was to be KSh 362,348 or U.S.\$46,044. Assuming success, FPAK is to seek IPPF support for the second and succeeding years. All supplies, equipment and contraceptives were to be furnished by the FPAK.

a. Project Objectives

Eight newly hired nurse/midwives were to be assigned to operate in eight FPAK family planning clinics on a full-time basis to satisfy a demonstrated need for these services on a regular basis. Each employee of the FPAK in each area where services were to be extended from a part-time to a full-time basis were to be informed of their responsibilities as a result of the extended family planning services program. Services to new acceptors are to go up to 75% above the 1976 figure.

Each clinic is to provide family planning services for eight hours a day Monday through Friday and for six hours on Saturday. Each clinic is to have a consultant physician on call and time is to be set aside for cases referred by the clinic's paramedical personnel.

Each clinic will have two Field Educators attached to it, and each clinic is expected to recruit 15 additional acceptors per month.

b. Project Results

At the time of the evaluation the eight full-time FPAK clinics were operating as planned. Although specific detail was not available on new and active (continuing) acceptors, it was reported to Pathfinder/Boston that 4,597 new acceptors and 17,174 active acceptors had been recorded at the end of the second quarter.

It was learned that the nurse-midwife in the Nyeri FPAK had actually resigned and would be leaving the clinic at the end of November for a better job with the IPPF regional office in Nairobi. Pathfinder no doubt will wish to follow up to be sure that a replacement is found.

c. Project Impact

During the visit to Nyeri, the provincial capital of the central province, it was observed that the FPAK clinic was an outstanding supplement and indeed perhaps, the main source of family planning service in the area due to crowded

conditions in the local hospital. (The policy of the Kenyan government is to supply what are called "integrated" services). Because of the crowding at the Nyeri hospital, the provision of family planning is a low priority service. Therefore, many women come to the FPAK clinic, despite the fact that they are required to pay a nominal fee for services (the local FPAK charges 5 Kenyan shillings for an injection of Depoprovera). Crowding at the FPAK clinic also is great, but there is the feeling of personal attention which is not replicated at the Nyeri hospital.

There appears to be no doubt of the success of field workers in recruiting new acceptors. It is these same field workers who have been referring sterilization candidates to the Nyeri Sterilization Clinic (Dr. J. Kyani) (PIN 9471/9422/9438), so this does seem a doubly effective use of limited personnel. It was found that outreach workers from the Nyeri FPAK clinic are supplied with consent forms from the Nyeri's Sterilization Clinic which they give to women to use in discussing sterilization with their husbands.

d. Project Direction/Administration

From all indications the FPAK Clinic Expansion Project has been well directed and administered although admittedly this belief is based only on discussions with Mrs. Angele Gethi, Executive Director, FPAK and Dr. Marasha, and observation of the Nyeri FPAK Clinic operation. However, the Nyeri Clinic operation does show the effect of careful planning and strong direction.

e. Pathfinder Role

Pathfinder's contribution to this project appears largely to have been in providing crucial financing although Pathfinder is following the project on a continuing basis through the quarterly financial and operational reports.

f. Project Assessment

This project appears to be one which has brought maximum benefit from a relatively small input and builds on an existing institutional framework. Assuming continued success it should be the basis for obtaining funding for continuation (and expansion) from other donors such as the IPPF, London.

RECOMMENDATIONS

Pathfinder should check to be sure the full-time nurse-midwife for the Nyeri FPAK Clinic is replaced.

SOURCES

Mrs. Angele Gethi, Executive Director, FPAK

Dr. Samson Mwathi, Life Chairman, FPAK

Dr. Borgade J. Marasha, Pathfinder Regional Representative

3. Surgical Contraception Conference (PIN 9431)

Originally scheduled for January/February 1977, the conference was to assemble a group of professional people (about 45), including out-of-country experts from various disciplines, to discuss specific issues related to sterilization in Kenya. This was to include an examination of attitudes toward sterilization and an examination of the possibilities of integrating sterilization into the Kenya National Family Planning Program. The conference was held in Nyeri, the capital of the central province, and in one of the population centers of the country. Pathfinder input included KSh 261,500 plus a medical consultant. The conference was organized under the direction of the Department of Obstetrics and Gynecology, University of Nairobi, in consultation with the Pathfinder Regional Office.

a. Project Objectives

Basically, this conference was designed to examine the role of female sterilization in family planning programs for developing countries (Kenya in particular) and the possibilities of integrating sterilization into the National Family Planning Program, to inform the Kenyan people on the issue of sterilization as another technique for birth control, to increase the awareness of people and government about the national and global impact of population problems and to provide Kenya with an opportunity to learn of family planning approaches taken by countries such as India and Zambia.

A conference report was to be prepared by the Project Director.

b. Project Results

The conference was held 8-13 May 1977 with broad attendance. A brief summary report of the conference was compiled and distributed to the participants. A more detailed report on the conference, including conference papers, is being prepared and is expected to be completed early in 1979. What other follow-up was designed into the Project is not clear.

c. Project Impact

Apparently as one of the major outgrowths of the conference, the Nyeri Sterilization Clinic (PIN 9471), was established in September 1977 by Dr. Joseph Kyani (with Pathfinder Fund assistance). Since Nyeri is very much a regional and political center, the importance of having a privately operated sterilization project there working in a collaborative relationship with the Family Planning Association of Kenya should not be underestimated.

d. Project Direction/Administration

Apparently the conference was very well handled. However, the preparation of the interim report of the conference received somewhat spotty distribution and the delay in preparing and distributing the main report probably has reduced somewhat the impact expected.

e. Pathfinder Role

Although the record is not complete, Pathfinder inputs to the Conference of organizational assistance, consultation and funding seems to have been key elements.

f. Project Assessment

In general this project seems to have been instrumental in the introduction of sterilization into the arsenal of family planning in Kenya, albeit sterilization still is not accepted in the official government family planning program.

RECOMMENDATIONS

Pathfinder should take action to ensure that the Conference Report is completed and distributed. (Pathfinder should ensure that adequate mechanisms are put in place to provide follow-up on any key recommendations growing out of the Conference as set forth in the Project Report.)

SOURCES

Dr. Joseph Kyani, Ohamia Clinic, Nyeri

Dr. Borgade J. Marasha, Pathfinder Regional Representative

4. Nyeri Sterilization Project (PI# 9471)

This project will provide sterilization services to the people of the Nyeri area of Kenya. This is the third year of an introductory project working through a private clinic to demonstrate that sterilization services can be easily integrated into the services offered at private and public health clinics in Kenya. The Family Planning Association of Kenya is collaborating by referring clients from its clinics, especially in Nyeri, to the sterilization service. Pathfinder provided KSh 200,00 for local costs in this third year (September 1, 1977 to August 31, 1978). No AID funds are involved.

a. Project Objectives

Dr. Joseph Kyani, the Project's sponsor, was to continue to demonstrate in his private clinic (The Ohamia Clinic, Box 727, Nyeri), the simplicity of providing sterilization services to the people of Nyeri and the surrounding area. Minilaparotomy will be utilized for female patients and vasectomies for male patients. In addition to sterilization services, the project is to provide for contraceptive counseling and services for those patients who for one reason or another are not ready to accept sterilization. The FPAK will use the clinic for referrals. The project will provide minilaparotomy services to 325 cases during the project year. It will also provide other contraceptive

services to 150 new clients during the project year. It is expected also that selected physicians will be cycled through the facility for training in minilaparotomy.

b. Project Results

Purely in terms of numbers compared with targets, at the time of the evaluation the Nyeri Clinic had performed 323 minilaporotomies and had provided 96 other new clients with other forms of contraception. Thus it would appear that the Project was falling slightly short of the mark; however, given the interest in sterilization which the project has stirred up over the past three years, and the training provided, the slight shortfall in numbers is not considered to be too critical.

c. Project Impact

This well-run project developing under the direction of Dr. Kyani, who holds a highly respected position in the medical community, FPAK, and the local hospital, is an excellent example of the kind of service provider needed in Kenya. Currently there is a problem of capital funds for financing other clinics of this kind. (AID funds cannot be utilized since sterilization is thought to be a far too sensitive issue by some members of the U.S. official community.)

d. Project Direction/Administration

The Project Director and the Pathfinder Country Representative appear to have done an outstanding job of project administration.

e. Pathfinder Role

In the last project year, Pathfinder has had little to do with the details of project administration. The Pathfinder Regional Representative seems to have spent a fair amount of time striving to identify other potential projects sponsors, thus far without too much success in view of the shortage of funds.

f. Project Assessment

This project, with its complete records in all cases, has an extremely well-trained staff and an excellent clinic lay-out, including locally made medical tables and chairs, which are obviously acquired at low cost. It is, in all respects, an excellent prototype for other similar clinics in the country. It is to be hoped that other sponsors can be identified.

RECOMMENDATIONS

Although not specifically related to this project, discussions have been held in Kenya and Nairobi regarding the need for some form of financing for the establishment of clinical facilities by private physicians to provide the kinds of services provided by Dr. Kyani in his Ohamia clinic. Pathfinder

should review with appropriate parties how required funding might be made available, keeping in mind the restriction on the use of U.S. aid funds in this context.

SOURCES

Dr. Joseph Kyani, Ohamia Clinic, Nyeri

Dr. Bogarde J. Marasha, Pathfinder Regional Representative

5. Family Planning Motivational Services (PIN 6191)

This project is designed to involve Kenya's largest women's organization, the Maendeleo Ya Wanawake in the National Family Planning Program by organizing a motivational program which will be conducted in four Kenya Provinces on a pilot basis. The campaign is to galvanize support for the National Family Planning Program in highly populated rural areas and in remote areas where the Government and the Family Planning Association of Kenya have encountered difficulty in motivating people to take advantage of family planning services.

Coordinators are to be hired by Maendeleo to work in Western, Central and Nyanza Provinces, and a portion of Coast Province to coordinate a series of seminars and workshops at provincial, district, divisional and other levels for leaders of Maendeleo clubs, to instruct the leaders in motivational techniques for family planning, and to enlist their support for the National Family Planning Service and motivational program and the FPAK program with the extensive Maendeleo clubs.

The Project has not yet begun to move.

III. IN-COUNTRY COORDINATION

There appears to be a good overall comprehension by the top government officials about the need for family planning, and there is an apparent willingness to cooperate fully with private sector agencies in whatever ways possible to enhance the availability of services, but there seems to be a lack of central coordination, direction and drive.

While the Government of Kenya has given strong lip service to family planning, this failure of overall coordination at the national level has hurt progress.

Examples of the problems are: (a) When the national government took over FPAK services for its integrated MCH/FP Program, it was widely expected that such services as FPAK's mobile units would be continued. Unfortunately, this has not been the case. Therefore, the remaining FPAK clinics which continue to operate in the eight provinces, have become even busier than before. (b) Abortions are common despite their continuing illegality, and sterilization is greatly in demand as evidenced by Kyani's clinic, yet there is no strong move to provide more sterilization services through a clinical network, nor to enhance availability of contraceptives.

Although Nairobi is the center for several population-related organizations such as FPIA, IPPF Regional Office, Rockefeller Foundation and others, one gets a feeling that communication among the organizations is not all that it should be.

IV. MISCELLANEOUS COMMENTS

None.

V. OVERALL ASSESSMENT/RECOMMENDATIONS

Pathfinder reported activities over the past several years in Kenya have been well conceived and executed and have filled a need. However, one senses that something more should be done. There appears to be a need for the development of additional sterilization service points. Contraceptive availability may not be all that it should be, particularly if the motivational work being discussed in connection with the Maendeleo project comes to pass. A serious teenage pregnancy problem in the country has not been addressed. It is recommended that:

A. Pathfinder review the overall population/family planning situation in Kenya and lay out some type of country priority plan which will permit Pathfinder to utilize its resources most effectively in helping to meet the problem of excessive population growth in Kenya. In doing this, attention should be given to the work being done by the several voluntary and governmental groups in Kenya. Specific attention should be given to the possible application of Community Based Contraceptive Distribution to the problem.

B. Pathfinder should strengthen the staffing of the office of their local representative, Dr. Marasha, and at the same time, as suggested earlier, II,A,7, should redefine Dr. Marasha's area of responsibility so as to permit him to concentrate on the Kenya program (and perhaps those in a very limited number of neighboring countries).

VI. PERSONS/ORGANIZATIONS VISITED/CONSULTED

A. Government

Minister of Water Resources, Federal Government
Dr. J.G. Kiano, Nyeri Provincial Governor.

Director of Social Services,
Nyeri, Mr. A. K. Thaka

Chief Community Development Officer, Nairobi
Mrs. Mirian Okege

B. Program/Project Related

Family Planning Association of Kenya
Mrs. Angele Gethi, Executive Director

Dr. Samson Mwathi, Life Chairman

Mandeleo Yu Wanawake
Mrs. Jane Kiano, National Association

Ohamia Clinic
Dr. Joseph Kyani, Director

Pathfinder Fund
Dr. Borgade J. Marasha, Regional Office

C. U.S. Government

Mr. Lou Gardella, Population Officer
USAID

TRUE COPY

NAME: BOGARDE J. MARASHA M.D., D.OBS., D.P.H.

SEX: MALE. AGE: 36 years. SINGLE. D.O.B. 5/28/37

NATIONAL STATUS: RHODESIAN (British subject) I hold a British Subject passport class D.

1962-1968:

Attended Charles Medical University, Prague Czechoslovakia.

11th June, 1968.

Awarded an M.D.

July, 1968 - August, 1970.

Senior Medical Officer of Health Kenya East Africa.

Worked with the Ministry of Health at Kenyatta National Hospital and Nakuru Provincial Hospital. Provided all medical services, consultation and participated in various projects within Makuru Province. Taught paramedical personnel.

At Kenyatta National Hospital - lectured to medical students, nurses and midwives.

August, 1970 - March, 1972.

Joined Makerere University in Uganda as Senior House Officer in the Department of Obstetrics and Gynaecology, Mulago Hospital, Kampala. Provided consultative services in the department, taught medical students, nurses/midwives, potential sister tutors and paramedical personnel.

March, 1972.

Awarded a Diploma in Obstetrics and Gynaecology.

July, 1972 - April, 1973.

Senior Public Health Physician in the Department of Public Health Makerere University. Main interest Maternal and Child Health and Family Planning. Taught the afore-mentioned to medical students, nurses and midwives and refresher courses to up-country staff. Organised projects in Family planning for medical students and conducted Family Planning services at various clinics.

March, 1973: Awarded a Diploma in Public Health

June, 1973 - September 1973:

Consultant Physician in Family Planning at Freedmans Hospital, Howard University, Washington, D.C.

October, 1973: Joined the University of California, Berkeley, California. Majoring in M.C.H. and Family Planning for an M.P.H. degree.

PATHFINDER FUND EVALUATION - SENEGAL

I. INTRODUCTION

It was suggested by Pathfinder/Boston that in the evaluation of the Pathfinder program in Senegal (West Africa) three "completed" Pathfinder-assisted projects be reviewed, i.e. Clinique la Croix Bleue (PIN 6004/3220/3093), Paramedical Training Program (PIN 3200/3021), and Ob/Gyn and Family Planning Clinic-Dakar Center. Subsequently, after arrival in Senegal a fourth project, Development of MCH/FP Clinics (PIN 6029), was suggested as a candidate for evaluation and accordingly visits were made to several of these clinics. Since, with the exception of this last project, Development of MCH/FP Clinics, the active phase of project development in the Pathfinder-assisted projects had been over for some time, very little remained to be evaluated except for residual effects. Therefore, in this portion of the Evaluation there has been a departure from the standard outline employed for other country program discussions, and comment has been limited to a summary statement on each.

The visit to Dakar covered the period November 12-15, 1978. Unfortunately, Dr. Borgade J. Marasha, M.D., the Pathfinder Regional Representative, became ill during the visit and thus was unable to participate in the site visits and discussions, although he did provide background briefing en-route to Dakar from Nairobi.

II. IN-COUNTRY PATHFINDER PROGRAM REVIEW

A. Office of the Country Representative

Pathfinder does not have a Country Representative in Senegal. Dr. Marasha, the Regional Representative, who is based in Nairobi, Kenya oversees Pathfinder-assisted projects in Senegal, traveling there from Nairobi as required. The matter of the adequacy and appropriateness of this arrangement is discussed in the report on the evaluation of the Kenya Pathfinder program evaluation. Suffice to say at this point, it has been recommended that Pathfinder consider restricting Dr. Marasha's area of responsibility to Kenya and perhaps a few neighboring countries in Eastern Africa, and, program load being sufficient, appoint either a Western Africa Regional Representative or country-specific representatives as needed.

B. Project Review

1. Clinique la Croix Bleue (PIN 6004/3220/3093)

Under this project from July 19, 1974 through June 1977 Pathfinder provided three years of on-going support of the family planning activities of the Clinique la Croix Bleue, then only one of two functioning family planning clinics in Senegal. Pathfinder's assistance included staff salary support, local administrative and travel expenses, contraceptive supplies and equipment. Total Pathfinder support was the equivalent of U.S.\$141,266.12. During the last year of project support Pathfinder provided U.S.\$51,814.00 equivalent in local currency plus some supplies shipped from Pathfinder/Boston.

The major goal of this Project was to make possible the continued functioning of la Croix Bleue as an active family planning clinic in conjunction with its traditional role as a maternity hospital and clinic for Senegalese women. During the time Pathfinder was involved in the financing of the clinic development and operations, specific goals or performance targets were set, e.g. from July 1, 1976 through June 30, 1977 the clinic was to gain 600-800 new IUD and oral pill acceptors, provide follow-up services to 3,500 continuing acceptors and make 14,000 family planning visits. According to reports made to Pathfinder/Boston, the clinic obtained 883 new acceptors, and provided service to 13,596 continuing acceptors, and the staff made 14,375 family planning visits.

Assessment: A visit was made to the clinic/hospital and meetings held with the Director, Madame Phebean Whest-Allegre and her son, Dr. Whest, M.D., Ob/Gyn. Although there was no real opportunity to review records or to assess the quality of service, there seemed to be no doubt that a large-volume business is conducted. Fees are charged for the services; the fee schedule was not obtained. It was reported by Dr. Marasha that the clinic/hospital is purported to make a "profit" monthly of \$40,000.

Summarized, Pathfinder assisted in the developing and equipping of a facility which seems to be fully qualified to provide family planning services; whether or not the facility is serving the intended target population is not clear.

2. Paramedical Training Program (PIN 3200/3021)

These projects were to cover expenses related to courses in family planning for nurses and midwives scheduled in association with the Clinique la Croix Bleue in Dakar, Senegal. Courses were conducted on a quarterly basis. Each course was designed to train ten paramedical personnel from the countries of Francophone West Africa and to last four weeks. Expenses covered included the travel of participants to and from the training site, per diem for their maintenance during their stay in Dakar, lecturers' fees, costs of reproducing course materials and other related expenses. On the basis of ten trainees each quarter some 40 paramedics were trained yearly. While the available records are not complete, training sessions appear to have been held in July and November of 1971, February and June 1972, January, June and November 1973 and January 1974. Four additional sessions during 1975-'76," with funding provided under Project PIN 3200, apparently took place. The final funding date for training activities was December 1977 according to a summary sheet given to the Evaluation Team by Pathfinder/Boston. As nearly as can be determined, Pathfinder funding of the training extended from November 1973 through December 1977 and totaled \$99,438.46. As many as 120 midwives or nurse/midwives were trained.

The course, conducted in French, offered full four-week sessions in which instruction was given in anatomy and in the basic guidelines for the administration of family planning programs. In addition, a major portion of time was given over to clinical training sessions in actual delivery of family planning services,

during which each participant was given the opportunity to practice and learn the techniques and nuances of pelvic examinations, IUD insertions, prescription of orals or other means of contraception, the recognition of contraindications to contraception, motivation, etc. The aggregate goal of all of this was to prepare each trainee to return to her country and to the clinic or other location in which she worked and be fully prepared to deliver family planning counseling and services in conjunction with her other duties, and beyond that give basic instruction to her paramedical colleagues.

Assessment: While documents and pictures in the possession of the Project Director, Madame Phebean Whest-Allegre, throw some light on the program and trainees, course records were not made available so information on numbers of trainees and on present assignments is lacking. The USAID Regional Health Officer, Dr. Marc Vincent, apparently has had some contact with the trainees, at least to the extent that he felt able to make some judgment as to quality of training. He felt that the graduates were not as well trained as those from courses in the U.S., say from Santa Cruz. However, this is not to say that the trainees were not reasonably well qualified or had not benefitted from the training.

3. Ob/Gyn and Family Planning Clinic, Dakar Center (PIN 3223)

Under this project, between November 1975 and October 1976, some U.S.\$ 33,368.46 was provided to the Project Director, Dr. Abdoulaye Dia, with which to set up and equip a family planning clinic in the center of the city of Dakar to provide on-going family planning services to the populace at a reasonable price. FP services were to be provided to at least 100 people per month. No clinic of this type had at that time been established in Senegal, although a great need for family planning existed in Dakar center. There were approximately 300,000 inhabitants in the middle of the city, the majority of whom were laborers who could not get to the Clinic la Croix Bleue or to the Pikine Clinic because they were too far away from the mid-city area. In addition to general family planning services the clinic was to provide motivation and information as well as Ob/Gyn consultation, delivery services and pre-and postnatal care.

The Project Director, Dr. A. Dia, a gynecologist who had been trained in family planning in Montreal and in Philadelphia, was interested in family planning problems in Africa, particularly Senegal. He had taught courses in family planning in Montreal, and in Dakar he had helped conduct the Paramedical Training Course at la Croix Bleue and assisted Peace Corps Volunteers in training rural midwives.

A clinic apparently was opened and the immediate objectives met, according to Dr. Dia. However, the original clinic is no longer in existence. On the site of the former clinic is what must be termed a magnificent four-storied health facility equipped with the very latest in medical equipment. A fully equipped operating theatre is located on each of the four floors. The source of funding for the new facility is obscure. The facility is to start operations in January 1979.

Assessment: Although the new facility possibly will be able to provide family planning services, there would seem to be some question whether they will meet the need foreseen when the Ob/Gyn and Family Planning for Central Dakar was proposed and financed. The whereabouts of the Pathfinder financed equipment and supplies was not determined. The Pathfinder Regional Representative apparently has been aware of the situation, but there seems not to have

been any action on his part to bring it to the attention of Pathfinder/Boston, and as far as the records in Boston show, no action from that office has taken place.

RECOMMENDATION

It is recommended that Pathfinder review this project on an urgent basis to assure itself that project funded facilities and equipment are being utilized in accordance with the provisions of project documents.

4. Development of MCH/FP Clinics (PIN 6029)

The development objectives of this project were to:

a. Renovate a facility for delivering MCH/FP services and training of personnel in the delivery of MCH/FP services, this facility to be located in Dakar, Senegal.

b. Prepare five (5) MCH/FP centers to provide MCH/FP services, the centers to be located in a) Bel-Air, b) Pikine, c) Rufisque, d) Thies and e) Kaolack, all in Senegal.

This project was to be conducted by the Ministry of Health and Social Affairs of the Republic of Senegal. The Ministry was to let a contract for renovation of facilities and monitor the renovation using personnel and facilities of the Government of Senegal.

Pathfinder Fund was to provide local currency financing for facility renovation (CFA 6,210,000) and purchase of locally available materials and equipment (CFA 2,363,130) and to procure and ship from the United States gynecological tables, medical and surgical equipment and supplies and training equipment.

The original Project Director was Dr. Matar N'Diaye, Minister of Health. Currently the Director is the present Minister, Mr. Mamadou Diop.

Although the project was to have started in late 1976, as of April 25, 1978 (according to the Project Bank Statement), no project funds had been expended. At the time of the evaluation the project accountant reported that as of August 1978 about 60% of the project funds had been expended for renovation work and procurement of supplies.

During the course of the evaluation, which included a call on the Minister of Health, Mr. Mamadou Diop, and a discussion with the project accountant, a visit was made to the Dakar central clinic. This clinic was to have been the pilot center for the delivery of services and the training of personnel for the other clinics which were to be established under this project. The central facility occupies a four-room suite in the Medina district. It was understood that a small amount of family planning advice and supplies are dispensed from one of the four rooms. One room, identified as the examination room, was largely incomplete. In order for the room to be able to function properly, sinks will be needed and probably some improvement in layout will have to be made.

At the time of the visit several new, unused tables were stacked in the room. In a second room new, unused equipment was stored, and in another room, other Pathfinder-supplied equipment was being held.

Visits were made also to three of the outlying clinic sites, but only one of the three was operating.

Assessment: This project patently is in need of strong direction and corrective action. While the concept of having a clinic project sponsored by a Ministry of Health should raise no questions, the national Minister of Health scarcely is in a position to give the project the kind of day-to-day attention which should be available from the Project Director.

As a further point, the fact that the project clearly had fallen behind schedule should have generated questions both from Pathfinder/Boston and from the Pathfinder Regional Office in Nairobi (if there was in fact any communication between Pathfinder/Nairobi and Senegal). The record seems not to reflect any really serious action by either Boston or Nairobi.

There does appear to have been some lack of clear definition of the responsibilities of the Nairobi Regional Office with regard to this project, a lack which seems to be continuing.

RECOMMENDATIONS

- 1) Pathfinder should review the status of this project as a high priority matter, and initiate corrective action in those areas in which the project is short of the mark. If the Pathfinder Regional Representative is to continue to have responsibility for Western Africa, he should be brought into the review process.
- 2) Pathfinder should ask the Minister of Health to designate a full-time Project Director other than himself, or at the very least to designate a Deputy Project Director with full executive powers for this project.

III. IN-COUNTRY COORDINATION IN POPULATION/FAMILY PLANNING

It is not at all clear just what, if any, coordinative mechanisms are extant in the population/family planning field in Senegal. In the case of the Pathfinder, project documentation on the Clinique la Croix Bleue and the Paramedical Training Program indicate that some coordinative functions were performed by a few strongly motivated or interested individuals such as Madame Whest-Allegre. Pathfinder-USAID relationships in project areas should be reviewed and clarified.

IV. MISCELLANEOUS COMMENT

None.

V. OVERALL ASSESSMENT/RECOMMENDATIONS

Although Pathfinder has been active in Senegal since 1973 (or perhaps earlier) there seems to be little to show for the effort. The Clinique la Croix Bleue is operating, but it scarcely can be said to be providing family planning services to the originally intended target population. The role being played by the paramedical personnel trained under Paramedical Training Project is not at all clear. The Ob/Gyn and Family Planning Clinic/Dakar Central has disappeared. The clinics which were to have been developed under the Development of MCH/FP Clinic Project are not yet in place, with only some very marginal operations ongoing.

Pathfinder's role in Senegal is not clear, including the assigned role of the Pathfinder Regional Representative.

There appears not to be a coordinative mechanism operative in the population/family planning field in Senegal - at least it did not surface during the evaluation visit.

RECOMMENDATIONS

- 1) Pathfinder should review the potential program requirements and possibilities for Senegal and, on the basis of their conclusions, consider whether or not it would serve a useful purpose to assign either a Western Africa Regional Representative or a Senegal Country Representative.
- 2) Pathfinder should arrange for a meeting with USAID to work out agreement on areas of responsibility in population/family planning in Senegal and to develop at least an informal mechanism for coordinating activities in these fields.

VI. PEPSONS/ORGANIZATIONS VISITED AND/OR CONSULTED

A. Government of Senegal

Mr. Mamadou Diop, Minister of Health

B. Program/Project Related

Pathfinder Fund Regional Representative
Dr. Borgade J. Marasha, M.D.

Clinique la Croix Bleue, and Paramedic Training Project
Madame Phebean Whest-Allegre
Dr. Whest, Ob/Gyn

Ob/Gyn and FP Clinic-Dakar Center
Dr. Abdoulaye Dia

Development of MCH/FP Clinics
Mr. Mamadou Diop, Minister of Health

U.S. Government
Dr. Marc Vincent, M.D.,
Regional Health Officer

PATHFINDER FUND EVALUATION

OFFICE OF THE PATHFINDER REPRESENTATIVE FOR NORTH AFRICA AND THE MIDDLE EAST

As noted in the basic report on the evaluation of the Pathfinder Fund, Regional reports have been prepared on Pathfinder supported projects and activities in Asia, Africa and Latin America and on the functioning of the offices of the Pathfinder Regional or Country Representatives in each of the areas. This report summarizes the situation with respect to the work of the Pathfinder Regional Representative for North Africa and the Middle East. The Representative, Mr. Douglas M. Deane, a citizen of Australia, has been with Pathfinder for 13 years and is the only non-physician among the roster of Pathfinder Representatives in the field. Mr. Deane's curriculum vitae is attached.

Mr. Deane has a substantial record of initiating new projects in Africa and the Middle East. Many Family Planning Associations and strong individuals currently involved in population/family planning at all levels are seen as a legacy left by Mr. Deane.

Pathfinder Projects overseen by Mr. Deane in the past few years include several centered in Turkey at the Ankara Maternity Hospital. Among these are \$25,000 for training, \$160,000 for village midwives, \$4,500 for an abortion study and approximately \$250,000 for audio-visual materials. Some work is going on in training and material supply in Istanbul and activities have started in Amman, Jordan.

Mr. Deane has been most active in developing a large program in Turkey through the Turkish Development Association. He feels that Turkey is well positioned now for a major Pathfinder effort, an opinion shared by Pathfinder/Boston. If such comes to pass it would almost surely mean that a full-time Pathfinder Country Representative would have to be appointed for Turkey.

Mr. Deane has done little traveling during the year just passed, with only one trip abroad in April 1978 when he accompanied members of the Pathfinder Board to Turkey and Jordan. He expects to make another trip early in 1979 to Turkey. Mr. Deane expects to retire within the year.

The question before Pathfinder now is what to do about the Geneva office, which does serve some marginal purpose in terms of liaison with members of the donor community.

March 30, 1964.

Personal History submitted to Church World Service.

Douglas Maxwell Deane,

Born May 4, 1909., Adelaide, Australia, Now Australian citizen.

5 ft. 7 in., 148 pounds, married, 3 sons born 1942, 1944, 1947.

Wife, Alice Lucie Borel, born May 13, 1911.

1940 - 1945 Canadian YMCA auxiliary war services, Capt. (Hon.) RCAF then RAF.

Springfield College, Geneva Branch 1933-34, 1939-40; 1952 B.A.

Adelaide School of Mines, 1927-32, Certificate

Scott's Business College, Bookkeeping and Accountancy, 1929-32

Licentiate, London College of Music

Associate Trinity College, London.

Secretary-Treasurer, (since 1958) World Federation of National YMCA Associations of Secretaries..

Was Treasurer of International Committee for World Refugee.

Now Treasurer, International Council of Voluntary Agencies.

Nov. 1954 to present (\$4,500 to \$7,500) Sec. for work with refugees and migrants (since 1958), under World Alliance of Y.M.C.A.s. 27 Quai Wilson, Geneva. Secretary to the lay committee of 35 (20 countries) which advises on and approves program. Interpretation of the work now being done in some ten countries to the National YMCAs in over 60 countries. Represent the World Alliance in its cooperation with other international voluntary agencies.

Feb. 1953 - Nov. 1954 (\$10,000) Republic of Indonesia. Transmigration expert in National Planning Bureau. Attached first to Office of Vice-Prime-Minister, then Economics. Advising and counselling on resettlement of surplus population from Java to Sumatra, Kalimantan (Borneo) and Celebes.

June, 1952 - Feb. 1953 (\$7,000?) World Council of Churches Migration Officer. Coordination of migration to British Commonwealth Countries.

June 1949 - Dec. 1951 (\$7,500-\$8,500) International Refugee Organization. Director of Children's Village (for whole of Germany). Later IRO Liaison to Voluntary Agencies in Italy. (see enclosed sheet)

June 1948 - June 1949 (\$8,000) United Nations ad hoc Committee. Educational Consultant, to advise upon and organize the establishment of the UN International School, N.Y.