

**PROJECT EVALUATION SUMMARY (PES) - PART I**

Report Symbol U-11

<b>1. PROJECT TITLE</b> Physicians Post Graduate Training in Reproductive Health			<b>2. PROJECT NUMBER</b> 932-0604	<b>3. MISSION/AID/W OFFICE</b> ST/POP/TI
<b>4. EVALUATION NUMBER</b> (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>81-47</u> <u>9/21/81</u>			<input type="checkbox"/> REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION	
<b>5. KEY PROJECT IMPLEMENTATION DATES</b> A. First PRO-AG or Equivalent FY <u>73</u> B. Final Obligation Expected FY <u>86</u> C. Final Input Delivery FY <u>87</u>		<b>6. ESTIMATED PROJECT FUNDING</b> A. Total \$ <u>87 million</u> B. U.S. \$ <u>85 million</u>		<b>7. PERIOD COVERED BY EVALUATION</b> From (month/yr.) <u>9/76</u> To (month/yr.) <u>10/80</u> Date of Evaluation Review <u>November 1980</u>

**8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR**

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAF, PIC, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<p>New five-year Project Paper 1982-1986 for \$45 million now ready for A.I.D. Administrator's signature.</p> <p>Five principal recommendations of the recent evaluation have already been implemented by JHPIEGO as described on page 16 of the New Project Paper. They are the following:</p> <p>(a) Courses should be initiated to improve the skills of graduate nurses in LDCs. (Such courses have already been held in Tunisia, Morocco, Zaire and Indonesia.)</p> <p>(b) The International Council should include experts in professional training of nurses, and experts in the development of educational materials as well as experts in training of physicians. (A nursing trainer has been added. Materials expert will be added.)</p> <p>(c) JHPIEGO should sponsor in-country or regional coordination meetings involving medical school deans and professors of Ob/Gyn to help introduce reproductive health in medical school curricula. (Such JHPIEGO meetings are already scheduled for Mexico and Thailand.)</p> <p>(d) JHPIEGO should incorporate demographic information and contraceptive technology in all its courses. (These elements are now being included in all courses.)</p> <p>(e) JHPIEGO should become a resource center for all sorts of I&amp;E materials on reproductive health. (This type of resource center is being developed.)</p> <p align="right">(continued)</p>	Andrew T. Wiley ST/POP/TI	Sept. 30, 198

<b>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</b> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Project Paper</td> <td><input type="checkbox"/> Implementation Plan e.g., CFI Network</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Plan</td> <td><input checked="" type="checkbox"/> PIC/T</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Logical Framework</td> <td><input type="checkbox"/> PIC/C</td> <td><input checked="" type="checkbox"/> Other (Specify) - <u>Contact Extension</u></td> </tr> <tr> <td><input type="checkbox"/> Project Agreement</td> <td><input type="checkbox"/> PIC/P</td> <td>_____</td> </tr> </table>	<input checked="" type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CFI Network	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Financial Plan	<input checked="" type="checkbox"/> PIC/T	_____	<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIC/C	<input checked="" type="checkbox"/> Other (Specify) - <u>Contact Extension</u>	<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIC/P	_____	<b>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</b> A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
<input checked="" type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CFI Network	<input type="checkbox"/> Other (Specify) _____											
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<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIC/P	_____											

<b>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Name and Title)</b> Andrew T. Wiley, M.D. Project Monitor	<b>12. Mission/AID/W Office Director Approval</b> Signature: <u>J.J. Speidel</u> Typed Name: <u>J.J. Speidel, S&amp;T/POP (Acting)</u> Date: <u>9-21-81</u>
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## PROJECT EVALUATION SUMMARY (PES) – PART II

The following topics are to be covered in a brief narrative statement (averaging about 200 words or half a page per item) and attached to the printed PES facesheet. Each topic should have an underlined heading. If a topic is not pertinent to a particular evaluation, list the topic and state: "Not pertinent at this time". The Summary (Item 13) should always be included, and should not exceed 200 words.

13. **SUMMARY** - Summarize the current project situation, mentioning progress in relation to design, prospects of achieving the purpose and goal, major problems encountered, etc.
14. **EVALUATION METHODOLOGY** - What was the reason for the evaluation, e.g., clarify project design, measure progress, verify program/project hypotheses, improve implementation, assess a pilot phase, prepare budget, etc? Where appropriate, refer to the Evaluation Plan in the Project Paper. Describe the methods used for this evaluation, including the study design, scope, cost, techniques of data collection, analysis and data sources. Identify agencies and key individuals (host, other donor, public, AID) participating and contributing.
15. **EXTERNAL FACTORS** - Identify and discuss major changes in project setting, including socio-economic conditions and host government priorities, which have an impact on the project. Examine continuing validity of assumptions.
16. **INPUTS** - Are there any problems with commodities, technical services, training or other inputs as to quality, quantity, timeliness, etc? Any changes needed in the type or amount of inputs to produce outputs?
17. **OUTPUTS** - Measure actual progress against projected output targets in current project design or implementation plan. Use tabular format if desired. Comment on significant management experiences. If outputs are not on target, discuss causes (e.g., problems with inputs, implementation assumptions). Are any changes needed in the outputs to achieve purpose?
18. **PURPOSE** - Quote approved project purpose. Cite progress toward each End of Project Status (EOPS) condition. When can achievement be expected? Is the set of EOPS conditions still considered a good description of what will exist when the purpose is achieved? Discuss the causes of any shortfalls in terms of the causal linkage between outputs and purpose or external factors.
19. **GOAL/SUBGOAL** - Quote approved goal, and subgoal, where relevant, to which the project contributes. Describe status by citing evidence available to date from specified indicators, and by mentioning the progress of other contributory projects. To what extent can progress toward goal/subgoal be attributed to purpose achievement, to other projects, to other causal factors? If progress is less than satisfactory, explore the reasons, e.g., purpose inadequate for hypothesized impact, new external factors affect purpose-subgoal/goal linkage.
20. **BENEFICIARIES** - Identify the direct and indirect beneficiaries of this project in terms of criteria in Sec. 102(d) of the FAA (e.g., a. increase small-farm, labor-intensive agricultural productivity; b. reduce infant mortality; c. control population growth; d. promote greater equality in income; e. reduce rates of unemployment and underemployment). Summarize data on the nature of benefits and the identity and number of those benefitting, even if some aspects were reported in preceding questions on output, purpose, or subgoal/goal. For AID/W projects, assess likelihood that results of projects will be used in LDC's.
21. **UNPLANNED EFFECTS** - Has the project had any unexpected results or impact, such as changes in social structure, environment, health, technical or economic situation? Are these effects advantageous or not? Do they require any change in project design or execution?
22. **LESSONS LEARNED** - What advice can you give a colleague about development strategy, e.g., how to tackle a similar development problem or to manage a similar project in another country? What can be suggested for follow-on in this country? Similarly, do you have any suggestions about evaluation methodology?
23. **SPECIAL COMMENTS OR REMARKS** - Include any significant policy or program management implications. Also list titles of attachments and number of pages.

## Project Evaluation Summary (PES)

### Part II

#### 13. Summary

This project was conceived in 1973 when an A.I.D. feasibility and planning grant was made to Johns Hopkins University to see if it would be feasible to plan a consortium of American medical institutions to meet the need for training LDC physicians in modern techniques of reproductive health and for providing appropriate equipment to these physicians. Out of this grew the JHPIEGO Corporation in 1974. It originally involved four American universities but as training has shifted overseas, U.S.-based training is now confined to Johns Hopkins Medical Institution in Baltimore, Maryland where the JHPIEGO Corporation is located.

A five-year Project Paper authorizing A.I.D. support of \$38,000,000 over the years 1977-1981 is about to expire. An external evaluation was completed in January 1981 and an A.I.D. audit was closed in September 1980. The consensus is that JHPIEGO is achieving its goals and purpose of upgrading reproductive health in LDCs by institutionalizing such training in-country. Approximately half of eligible LDC medical schools have already been reached.

A new five-year Project Paper for 1982-1986 authorizing up to \$45,000,000 is presently before the Agency for approval.

It is felt that by 1986 JHPIEGO assistance for most countries will have been completed but not for a number of African and Near Eastern countries. JHPIEGO assistance beyond 1986 may prove necessary.

#### 14. Evaluation Methodology

Evaluation was conducted in 1980 prior to the five-year renewal of the Project to verify the project hypothesis and to check on Project implementation. The evaluation which took three weeks was conducted under APHA auspices by a team of internationally known experts in the field of family planning training and program administration. The team was briefed in AID/W, spent several days at Project headquarters in Baltimore, visited project activities in Brazil together and then divided into two teams to visit a total of six projects in six countries. The teams met with project directors and A.I.D. population officers in each country visited and in four of the countries also met with representatives of the Ministry of Health or the National Family Planning Program.

#### 15. External Factors

The major change in Project setting has been the shift to in-country training. Training programs under this Project now are in place in 14 countries. In contrast to former years, the majority of training is now done overseas. The original assumptions of the Project regarding the worldwide desire for and acceptability of reproductive health training is as valid now as it was when the Project began.

#### 16. Inputs

The evaluation team found no problems with the major project inputs which are laparoscopic instruments and technical training. The team did recommend, however, that the educational materials provided to overseas training centers should be of a greater variety and should be tailored to the needs of each center rather than the present system of a uniform educational package sent to each center. One strong recommendation of the evaluation team, which has since to a large extent been implemented, is more adequate and timely provision of Project funds to overseas centers to avoid the financial crises that several overseas centers had experienced.

#### 17. Outputs

The 1977-1981 A.I.D. Project Paper authorized a total of \$38,650,000 in A.I.D. funds over a five-year period and called for the training of 3,000 professionals. To date only \$27,209,000 of those A.I.D. funds have been provided but when currently funded overseas training programs are complete, at least 4,000 professionals will have been trained. The new five-year Project Paper for 1982-1986 calls for the training of at least 10,000 more professionals.

#### 18. Purpose

The Project purpose is to improve the reproductive health of LDC women and infants by making modern concepts and technologies of fertility management available to LDC physicians so that these new methods can be used to provide improved medical services to reproductive-age women. This purpose is achieved through institutionalizing such training within the medical establishment of individual LDCs. Under this Project, the institutionalization of reproductive health training is proceeding essentially as planned. Political/technical problems, beyond the control of this Project, however have interfered with this institutionalization process in several important countries, e.g., India and Ethiopia.

#### 19. Goal/Subgoal

The Project goal of making modern reproductive health services available to LDC women includes a reduction in rates of maternal mortality and morbidity and in infant mortality and morbidity. This is an expected outcome of institutionalizing in-country training where this JHPIEGO supported institutionalization process has already occurred. For example, in Korea, Colombia, and Thailand, there has been a substantial drop in these mortality and morbidity rates. These improvements are certainly not solely attributable to JHPIEGO supporting the institutionalization of reproductive health training, because in each case the government has been a helpful partner in the process. Also, other groups such as IPAVS and the local IPPF affiliates have also had important roles to play. Whatever the extenuating circumstances, it can be said that in these particular countries JHPIEGO's goals and subgoals are close to having been achieved.

20. Beneficiaries

In each of the three countries mentioned above, along with reduced maternal and infant mortality rates, there has also been control of population growth as evidenced by a sharp drop in birth rates over the years in which JHPIEGO training and JHPIEGO equipment have been provided. The ultimate beneficiaries in all JHPIEGO programs are the reproductive-age couples who are relieved of the health and economic burdens of uncontrolled fertility.

21. Unplanned Effects

Unplanned effects of this Project have occurred in several countries. For example, the Minister of Health of Morocco, after hosting a JHPIEGO Conference in his country, announced that since he had just learned at the JHPIEGO-sponsored conference that female sterilization could, under certain conditions, be reversed, he had decided that female sterilization would henceforth be included among the acceptable methods of family planning in Morocco.

In another country, Mauritania, a very conservative West African nation, the visit of a French-speaking JHPIEGO consultant team convinced the government leaders that family planning was an important service that should be made available to protect the health of reproductive-age women. Another unexpected development of this Project was its being welcomed into Burma as the first A.I.D. grantee organization to gain access to that country. These special entrees into countries with very conservative policies has been an unexpected but very welcome result of this Project.

22. Lessons Learned

The lessons being learned from this Project are that A.I.D.-funded technology transfer, associated with a prestigious U.S. organization or entity in the health and/or population field, can be successfully accomplished if it is sensitively provided, effectively administered and adequately backed up, e.g., maintenance, spare parts, etc., until well institutionalized.

23. Special Comments or Remarks

At a recent Agency-wide review of the new Project Paper, which authorizes A.I.D. support of this project for an additional five years, there was complete agreement that this Project was successful and could effectively use any money A.I.D. could make available to it. A copy of the January 1981 Evaluation Report is available from S&T/POP or S&T/DIU.

8.A.continued

The APHA Team evaluation of JHPIEGO, which began in October 1980 and was completed in January 1981, was constructively performed and was strongly supportive of JHPIEGO.