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MEMORANDUM

TO : DS/POP, J. Joseph Speidel

FROM : DS/POP/R, Duff G. Gillespie
James D. Shelton

SUBJECT: Site Visit Evaluation of International Fertility Research Program (IFRP), Research Triangle Park, N.C., Sept. 29 - Oct. 1, 1980.

I. INTRODUCTION

IFRP was last extensively evaluated in September 1977 both by a Research Advisory Committee (RAC) Subcommittee and separately by a three-person Office of Population, Research Division team. The current evaluation also consisted of a concurrent evaluation by the Research Division and by outside consultants; however, the auspices and mandate of the outside group was somewhat different. Although one member of the current evaluation team is a member of RAC, the outside team was not constituted as a RAC evaluation team specifically and the purview of the evaluation went beyond IFRP's research activities.

The workscope for the evaluation is attached. The remainder of this trip report contains our assessment of IFRP, primarily focusing on the items contained in the Problems and Issues Section (J) of the workscope.

II. FERTILITY CONTROL RESEARCH (Contract 1172 Activities)

A. Sterilization

IFRP has adopted a reasonable systematic approach toward quinacrine as a means of non-surgical female sterilization. While the quinacrine pellet is of questionable programmatic usefulness because it requires three separate insertions, it fortells potentially much better results using alternative vector approaches. Continued work on these other approaches as well as more fundamental animal and pharmacology studies on the basic compound makes good sense.

Active studies in the traditional IFRP area of female sterilization hardware are fast winding down with a few residual studies on the laprocator, open laparoscopy, and Rocket Clip. Continued work in this area should focus on longterm follow-up studies and on secondary analysis of the current large data set. Expectation should not be too great regarding longterm follow-up studies, however, because of the inevitable weaknesses of relatively incomplete follow-up and limited ability to compare results with good control or comparison groups. Secondary analysis of the existing data base, however, has produced important major research findings and hopefully will continue to do so.

The area of male sterilization, unfortunately, currently offers no reasonably good method for testing. Techniques for non-surgical sterilization may offer good opportunity in the future.

B. [illegible] Contraceptives

Comparative oral contraceptive studies seem to be among the most difficult to carry out. Nevertheless, a number of these studies (based upon a systematic research strategy) are actively ongoing and will provide more complete information. Results to date indicate very little "bottom line" difference between low and very low dose O.C.'s or among brands. The "lactation pill" or progestin-only oral contraceptive studies are progressing well and will provide extremely important information. Future work with injectable contraceptives would be a useful undertaking.

C. IUD's

[illegible] IUD's (Delta Loop and Delta-T) developed by IFRP are [illegible] the most important current development being tested. In addition to the "pooled" data which indicate their superiority, the randomized trial data also are showing their relative superiority. Faced with an impending success, IFRP is following a reasonable plan for ultimate programmatic use. The initial phases of FDA approval have begun and more studies will be carried out in the U.S. Furthermore, in countries such as Tunisia and Egypt, very large trials are to be carried out and the transition to large, widescale programmatic use should be made easier.

IFRP has also planned or is carrying out a number of other IUD studies including studies of the Copper-T-380Ag, a nylon-wound T, the Copper-T-200 with and without tail, and an IUD containing the progestin, levo-norgestrel. Although the importance of IUD trials has decreased in recent years, testing of IUD's continues to be important and will undoubtedly remain so.

D. Barrier Methods

IFRP data on NeoSampoons foaming vaginal contraceptive tablets has been very valuable to AID in helping to decide whether to purchase them. The high attrition rate of studies in this area, however, perhaps parallels the real limitation on the programmatic usefulness of the current crop of barrier methods. The current research strategy for comparative trials of barrier methods including NeoSampoons, other vaginal tablets, the Collatex vaginal sponge, the diaphragm, and conventional contraceptive foam will provide much needed meaningful data in this area which to date has largely been lacking. For a number of years, researchers have contemplated and, in a few cases, carried out studies to determine if barrier methods prevent venereal disease. While this is a difficult area to study, IFRP should continue to pursue it.

E. Pregnancy Termination

The osmotic cervical dilator is an exciting new lead and should be vigorously pursued. Evaluation of the prostaglandin analogue - Sulproston for intramuscular use in very early pregnancy - should also be pursued.

F. Natural Family Planning

Current information on both the ovulation and symptothermal methods appears more than adequate to demonstrate their general inappropriateness for developing country family planning programs. Any IFRP studies should be limited to situations where local testing of such methods might serve an important programmatic purpose.

Studies of the relationships between lactation, food supplementation, ovulation, and methods of contraception appear promising and could provide very valuable programmatic information.

G. Epidemiologic or "Phase 4" Studies

The area of more sophisticated research methodologies which go beyond straightforward clinical trials in assessing contraceptive safety is a much needed approach and one that IFRP should continue to move into. The Reproductive Age Mortality Study or RAMOS project is a reasonable attempt to obtain meaningful information on the safety of contraception and pregnancy for a circumscribed population in a developing country. Currently, almost no such data exists. The newly initiated study on the island of Bali in Indonesia will probably be supplemented by studies in Egypt and Sri Lanka to give more broadly-based information from different ethnic, cultural and contraceptive mix situations.

Other newly initiated Phase 4 studies include:

1. Follow-up studies of large numbers of Depo-Provera users in Thailand and Indonesia, including assessment of the effect of longterm use on the endometrium.

2. A longterm follow-up study of family planning acceptors at Grady Hospital in Atlanta which will allow assessment of the effect of Depo-Provera use on a number of important disease entities including several forms of cancer.

3. A comprehensive follow-up study of vasectomized men enrolled in the Kaiser-Oakland prepaid medical plan.

4. An assessment of the influence of previous induced abortion and other factors on pregnancy outcome in Hungary (using the maternity record data).

5. Various other studies using the current IFRP data base such as the recently published case-control study on sterilization failure.

From AID's perspective, more of these kinds of studies are clearly needed. Currently, AID's contract with IFRP merely calls for an evaluation on an international basis of the "safety, effectiveness and acceptability" of fertility control methods. While there is mention of "field trials" there is little other mention of methodology for achieving this evaluation. A more specific mandate for Phase 4 epidemiologic studies would be a helpful addition to the IFRP workscope.

H. Special Studies

IFRP's ability to conduct special studies has been invaluable to AID. For instance, at AID's request IFRP has developed and applied a testing procedure for testing the strength of the small tubal rings used in female sterilization. The testing quickly provided much needed programmatic information. This kind of activity should continue.

I. FIGO Journal

For over three years, IFRP has been involved with the publication of the International Journal of Gynaecology and Obstetrics (FIGO). IFRP supplies editorial services, reviewers, arranges printing, maintains the subscription lists, and subsidizes subscriptions for developing world members. Under IFRP the quality of the Journal has increased in a clearly documented manner. The number and quality of manuscripts has increased dramatically. There are now manuscripts accepted sufficient for five issues. Before, manuscripts were difficult to get for the upcoming issue. The subscription list has increased to over 5,000. The format of the Journal has been made much more professional and readable. The Journal is issued on schedule, unlike before.

Despite the outstanding job IFRP has done with the Journal, AID and IFRP have always been aware that its role with the Journal is somewhat tangential to its role as a research organization. Although such functions as the technical editing and dissemination of research findings are in the mainstream of IFRP's objectives, the "publishing" aspects are more marginal.

For over a year, IFRP has been attempting to find a suitable publisher for the Journal and has now completed negotiations with Elsevier, a Dutch firm that concentrates on medical and other professional publications. The contractual arrangement between IFRP, FIGO, and Elsevier is presently being reviewed by AID's GC.

We strongly endorse this approach. It should be a considerable improvement over the current arrangement. It will cost IFRP less money, and should improve the circulation both in developed and developing countries.

III. GRANT

A. Background

The grant activities at IFRP began in September, 1977. The contractual relationship between AID and IFRP began in 1971. Over the years, IFRP became increasingly involved with activities that were related to its research activities but, considered by themselves, could not be categorized as research. For example, IFRP became involved with institutional building activities in order to allow host-country organizations to take over many of the IFRP functions in their respective countries. IFRP also conducted field trials in selected countries of methods and procedures that did not require further evaluation in an absolute sense. These studies were requested by the host-country to determine the methods or procedures applicability to their country. Such studies were not required to assess the usefulness of the technology generically, but were useful in determining the acceptability of the technologies in the particular setting.

On reviewing these non-research activities, the Research Advisory Committee (RAC) felt that they should be funded through some other mechanism than the research contract. As a result, non-research activities were separated from the contract and a separate grant was established with IFRP.

B. Funding

The grant was initiated in September, 1977, and is approved to August 31, 1982. The total amount it has been approved for is $8,438,208. For comparison, the contract (1172) has been funded a total of over $31 million since 1971 including 4.8 million in FY 1980. Obligations for the grant through August 31, 1981 are:

FY77	$ 655,208
FY78	1,600,000
FY79	1,835,000
FY80	1,800,000
TOTAL	$5,890,208

C. Objectives

The grant has the following objectives:

1. To provide limited clinical training, equipment and evaluation services to facilitate incorporating into new or existing programs of LDCs fertility control technologies that have been shown to offer better protection from unwanted pregnancy than technologies in general use in the country.

2. To provide initial core costs for newly established national fertility research programs in Africa, Asia and Latin America and to strengthen institutional capabilities in LDCs.

3. To provide limited supplies not available in LDCs for collaborating investigators to continue programs initiated as field trials until other sources of supply can be developed.

4. To conduct clinical studies of proven fertility control methods, techniques and instruments as a means of encouraging the widespread use of contraceptive methods that will complement those already in general use in a specific country, culture or program.

5. To provide monitoring and evaluation services to LDCs for programs involving maternity care, family planning, community- and household-based contraceptive distribution and other similar health-related projects, as well as the development and pretest of program management data collection systems and the conduct of acceptor follow-up and contraceptive prevalence surveys.

6. To provide physicians and other health personnel with information on the newest family planning concepts, methods, surgical techniques and instruments as a means of introducing these concepts and techniques into national programs in LDCs. This activity includes the publication of an international medical journal and the support of conferences.

D. Activities

It is beyond the scope of this memorandum to describe the considerable IFRP grant activities. Instead, for each objective, an illustrative project or projects are given below.

Objective 1 -- To provide clinical training, equipment and evaluation services to introduce new methods of contraception:

Mexico: Training in contraceptive Technology for Graduating Physicians of the Universidad de Yucatan

Under this subgrant, 18 physicians graduating from the Universidad de Yucatan received training in the use of oral contraceptives, barrier methods, female sterilization by minilap, and the use of IUDs in the postpartum period and interval period. Dr. Thelma C. de Cetina, Head of the Department of Reproductive Biology was responsible for project implementation. Three Mexican physicians served as instructors. The training took place in Merida, Yucatan, in March 1980. At the end of the seminar, physicians received copies in Spanish of monographs on oral contraceptive use and brochures on the minilaparotomy techniques. A postcourse evaluation elicited positive comments from most participants, especially those from rural areas. Several requested that such seminars be held on a regular basis.

Objective 2 - To provide support for establishing national fertility research programs and to strengthen institutional capabilities in LDCs

Bangladesh Fertility Research Programme

Over the past three years, the IFRP has provided three subgrants to the BRFP, a seminautonomous unit of the Government of Bangladesh rsponsible for the planning and coordination of research in the field of fertility control. During the funding period, the BFRP has become a viable organization with a large network of physicians engaged in a variety of research areas including IUDs, oral contraceptives, sterilization, menstrual regulation, maternity care and hospital abortion. Among the accomplishments are the completion of a number of fertility research studies, the publication of 25 papers, the organization of conferences and seminars to share research findings, the provision of technical support to the government in dealing with population problems and improving health and family planning services. The BFRP is widely acclaimed as the authority in the field of contraceptive technology in Bangladesh. One result of their success has been additional funding from other international population assistance agencies.

Interregional: International Federation for Family Health (IFFH)

The IFFH was established by existing national fertility research programs as an agency to serve their common interests. Since its creation, it has grown to include national fertility research programs of 13 developing countries and four international technical assistance agencies. The objectives of the organization are:

1. to assist in the development of national fertility research programs;

2. to develop guidelines for the formulation and implementation of fertility research and the related areas of maternity care, community health, and program evaluation;

3. to develop standard study designs, data analysis and reporting procedures in the areas of fertility research;

4. to serve as a resource of advice in fertility management technology to governmental and non-governmental groups.

Objective 3: To provide limited supplies of contraceptives to continue programs

Bangladesh: Female Sterilization Program Tubal Ring Supplies

In order to assist the nationwide female sterilization program of the BFRP, this subgrant provided 10,000 tubal ring packs.

Brazil: IUDs for CEMICAMP Evaluation

This subgrant provides supplies of 10,000 IUDs to the Campinas Center for Research and Control of Maternal and Infant Diseases. The IUDs will be used in a program to introduce IUDs as a contraceptive method in Brazil.

Objective 4 - To conduct clinical studies of proven contraceptive methods to introduce methods that have not been used previously in the particular culture

Mexico: Postpartum IUD Comparative Study

The IFRP is providing assistance to the Coordinacion del Programa Nacional de Planificacion Familiar for documentation and analysis of 3000 postpartum IUD insertions. The three devices to be compared, which are available locally, are the TCu-220-C, the Progestasert and the Lippes Loop D. One thousand insertions of each device will be done at seven hospitals in Mexico City with a one-year follow-up. Results of such a study will provide the national program with data for the selection of the most acceptable IUD for their postpartum program.

Objective 5 - To provide monitoring and evaluation services to LDC's for programs involving maternity care, family planning, contraceptive distribution systems and related projects

Brazil: Contraceptive Prevalence Survey in the State of Sao Paulo

This subgrant supported a Contraceptive Prevalence Survey in the State of Sao Paulo, Brazil. The study provided data on contraceptive prevalence, including information on the socioeconomic characteristics of acceptors and users of contraception in the metropolitan area of Sao Paulo, as well as in other urban and rural areas in Sao Paulo State. In addition, an analysis of selected factors related to the use of contraception was carried out.

A number of reports and papers have been prepared using data from the survey:

1. In January/February 1979, a report was prepared (in Portuguese) and presented at a conference held in Campinas.

2. An oral debriefing of the results of the survey was presented at AID in April 1979.

3. A written report was presented to AID in June 1979.

4. Two papers based on the results of the survey are or will be published. One appeared in the March/April issue of INTERNATIONAL FAMILY PLANNING PERSPECTIVES AND DIGEST, and a scond appeared in the July issue of STUDIES IN FAMILY PLANNING.

One of the Brazilian physicians involved in the survey, who is an important advocate of family planning in Brazil, has used the results of the survey on many occasions to influence opinions concerning family planning. He has presented these results to the Brazilian Senate several times. Because of his efforts, Sao Paulo is closer to having a family planning program.

Tunisia: Household Distribution of Contraceptives

These three subgrants have supported a pilot project to make family planning available to women living in a dispersed settlement pattern. Contraceptives were distributed on a door-to-door basis to married women aged 15 to 44 in a rural area of Tunisia. Under the supervision of a medically trained project director, a small corps of locally recruited canvassers visited all households within the project area, encompassing a total population of approximately 40,000. Oral contraceptives were offered to all eligible women; IUDs and sterilizations were made available at no charge. The goal of the project was the development of a low-cost family planning delivery system for rural Tunisia.

At the start of the project, overall contraceptive prevalence was 6.6 percent. Following two years of intensive household distribution, the level of contraceptive use increased to 17.7 percent, a relative increase of 168 percent. A decline of nearly one sixth in the pregnancy rate was reported. The traditional preference for male children, however, persists and is found to affect both future fertility plans and current contraceptive behavior.

The pilot project represented a major departure from the clinic-based national family planning program. It demonstrated the feasibility of this type of delivery system for rural Tunisia, with extra-medical personnel providing a vital link between the household and the health infrastructure. The success of this experiment has led the Government of Tunisia to implement similar projects in other areas of the country.

Interregional: Maternity Care

Support is provided for the collection, analysis and reporting of data on obstetric deliveries and spontaneous and induced abortion using the single-sheet Maternity Record and Hospital Abortion Record and their variations. The data collected help demonstrate the need for, and the effectiveness of, postpartum and postabortion contraceptive service programs and provide information about maternity care services in general in a wide variety of developing countries. These data are also useful in highlighting possible ways of securing the best use of the limited resources available for maternal and child health care and the most appropriate provision of contraceptive resources.

Data have been collected on more than 300,000 deliveries and incomplete abortions.

Objective 6 - To provide physicians and health personnel with information on family planning and contraceptive techniques in order to enhance knowledge and skills for conducting successful population/family planning programs.

Panama: High Risk Pregnancy and Family Planning Training Project

The seminar was organized in response to a request from the Ministry of Panama. The aim was to provide information that would improve the level of maternal care in Panama and incorporate the latest contraceptive technology into their family planning services.

The participants were largely government-employed physicians from the city of Panama and the provinces of Colon, Chiriqui, Veraguas, Azuero, Bocas del Toro, Coele, Darien and San Blas. The majority were obstetrician-gynecologists, but some private general practitioners, public health specialists and pediatricians were also present. Twenty-eight physicians from the provinces were invited; 23 attended. From Panama City over 30 people received invitations from the Ministry, yet a much larger number was present.

Topics included for presentations were the relationship between high risk pregnancy and family planning, recent developments in contraception, and management of high-risk pregnancies. Particular emphasis was placed on maternal and contraceptive care of teenagers.

E. Issues

Most of the issues identified during our site-visit concerned IFRP as a whole and were not specific to the grant or contract. Still, there are several issues that relate primarily to the grant activities.

1. Research Versus Non-Research Activities: Most of the grant activities are clearly not research activities and belong under the grant. There are some grey areas. For instance, the contraceptive prevalence of Sao Paulo survey could be considered as research. The distinction between research and non-research is more than academic. First, the funding mechanism (grant or contract) is determined by the research designation. Second, contract activities are subject to RAC review. Grant activities are not.

   We feel that the activities carried out under the grant do not constitute the type of research that is typically subjected to RAC review. The Sao Paulo survey did not entail any new or complex methodology. Rather, it was essentially an information gathering activity of limited scope.

2. Level of Grant Activities: IFRP was established as a research organization with special emphasis on research designed to determine the safety, effectiveness, and acceptability of new and modified fertility regulation technologies. Care must be taken that IFRP does not lose this critical focus.

   As a result of IFRP's numerous contacts overseas, the greater flexibility of the grant, and the pervasive influence on integration, IFRP staff are presented with many research and programmatic opportunities to undertake non-research population activities, usually health activities. It is our impression that the senior IFRP staff are keenly aware of the danger of IFRP becoming overextended, both in terms of the number and types of activities.

IV. ORGANIZATIONAL ASPECTS

For the most part, we were favorably impressed with how well the organization appears to be running. Organizational improvements over the last couple of years are now having their effect and there was a remarkable paucity of problems. The systematic approach to research questions with strategies, protocols, task forces, etc. appears to be working quite well. The increase in the number of technical staff made possible by efficiencies introduced in the administrative area is also a laudable achievement as is the continued ability to attract talented young professionals to work at IFRP. The new system for cost accounting of time under the research contract should allow better understanding and management of resources. This system will be fully operational this January and will indicate not only from what source the respective staff should be paid, but also the functional areas they are working on. Although relationships with contributors is hard to assess in a site visit to North Carolina, our limited impression is that such relationships are reasonably good.

While IFRP is on a generally sound organization footing, some problem areas remain. The role of the Technical Advisory Committee (TAC) continues to be an issue. There is a general sense that the talents of the Committee are underutilized but no concensus as to how or if they can be better used. Trying to use the expertise of TAC members and other outsiders at various phases of project development and execution seems one reasonable approach. Trying to model the TAC along the lines of PARFR's Scientific Advisory Committee (SAC), however, would be a mistake. IFRP's activities are much more diverse and have proportionally less "science." One should not underestimate the value of the current TAC function. The annual general technical, directional and broad policy function is a highly valuable one.

In the area of senior level personnel, IFRP is apparently on the verge of having a Deputy Director. We have long strongly supported this idea. This will only leave the vacancies in the senior regional coordinator positions as major personnel deficits. The recruitment of a senior level regional coordinator for Latin America stationed in Bogota, Colombia within the last year represents a major improvement in this area. Strong efforts to recruit other such senior level regional coordinators should continue.

V. SUMMARY AND MAJOR RECOMMENDATION

IFRP is a sound research institution which has made remarkable organization improvements over the last few years. Under its research contract, it provides much needed information regarding the use of fertility control methods in developing countries and under its grant provides much needed programmatic information and services which capitalize on its research activities. The following are some of the more major recommendations:

1. IFRP should continue to increase activity in the area of "Phase 4" studies with emphasis on more sophisticated epidemiologic methodologies for assessing the safety of fertility control methods used in developing countries.

2. IFRP should continue to recruit top notch scientific talent to carry out these "Phase 4" studies and others.

3. IFRP should carry out current plans to hire a Deputy Director.

4. IFRP should continue to strengthen its relationships with contributors with emphasis on recruitment for the senior level regional positions.

5. IFRP should proceed with arrangements with Elsevier to take over publication of the FIGO Journal.

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SCOPE OF WORK FOR TEAM EVALUATION
OF THE
INTERNATIONAL FERTILITY RESEARCH PROGRAM

A. Project Title/Number

International Fertility Research Program (IFRP)
932-0537 (Both AID/pha-C-1172 and AID/pha-G-1198)

B. Contractor/Agency

IFRP

C. Purpose and Rationale for Team Evaluation

Periodic intense evaluation

D. Composition of the Team

The evaluation will require: 1) a scientist specializing in contraceptive development, 2) a scientist specializing in contraceptive evaluation with emphasis on epidemiologic aspects, 3) a social scientist with extensive and varied experience in family planning programs in developing countries. In addition, since the contract (1172) is reviewed by RAC, inclusion of a RAC member would be helpful.

We propose the following for membership:

1. Dr. Elizabeth Connell, Ob/Gyn formerly involved in contraceptive development activities with Rockefeller Foundation and PARFR (RAC member).

2. Dr. Nicholas Wright, Epidemiologist, Chief of the Contraceptive Evaluation Branch, NICHD, NIH.

3. Dr. Donald Lauro, Sociologist/Demographer, Research Associate, Columbia University Center for Population. Extensive field experience in Thailand and West Africa.

E. Other Observers

Dr. James Shelton, DS/POP/R
Dr. Duff Gillespie, or other professional from DS/POP/R

F. Dates and Places of Evaluation

Research Triangle Park, N.C., September 29 - October 1, 1980

G. Cost Analyses

To be determined by APHA.

H. Project Background

The IFRP project dates back to 1971. Its original purpose was to develop an international network of collaborating investigators to carry out clinical field trials and other studies to assess the safety, effectiveness and acceptability of fertility control methods in various international settings. This remains the primary activity under the research contract 1172 which AID has supported at a level of 3+ million dollars for the last several years. Beginning in 1977, AID has also provided IFRP with a specific support grant (1198) aimed at executing more programmatic activities including institution building, information dissemination, training, contraceptive commodity activities and family planning program evaluation/enhancement. FY1980 support for the grant was 1.6 million dollars

I. Measurement of Progress to Date

IFRP has established and maintained an international network of contributors and has contributed to the introduction of a number of important fertility control modalities. It has also supported the development of a number of National Fertility Research Programs and carried out a wide range of related information dissemination activities and other activities mandated by the grant 1198.

Recent annual reports are attached as well as the report from a RAC site visit evaluation in September 1977.

J. Problems and Issues for IFRP Evaluation

The evaluation should encompass both the research contract (1172) and the non-research grant (1198). The team should feel free to probe and evaluate any facets of the projects which seem relevant. Examination of the following areas, however, would be particularly useful to AID:

1. Assessment of current status of the various areas of fertility control technology research:

   a. female sterilization
   b. male sterilization
   c. systemic contraception
   d. intrauterine contraception
   e. barrier contraception
   f. pregnancy termination
   g. natural family planning
   h. epidemiologic studies
   i. special studies

   Consideration should be included of:

   a. the quality and quantity of the studies being carried out
   b. the quality of data analysis and promulgation of results
   c. the appropriateness of current research priorities
   d. future research priorities

2. Assessment of current status of grant activities

   a. National Fertility Research Programs
   b. Maternity Care Monitoring
   c. hospital abortion studies
   d. programmatic studies
   e. International Federation for Family Health
   f. information dissemination and training
   g. contraceptive commodites (supplies, equipment, quality assurance)
   h. surveys and evaluation
   i. special projects

   Consideration should be included of:

   a. the quality and effectiveness of the projects being carried out
   b. the appropriateness of current grant priorities
   c. recommended future directions for grant activities, particularly which capitalize on the ongoing research activities of the organization

3. Organizational aspects:

   a. appropriateness of size of contributor network and IFRP relationship with contributors
   b. adequacy of overall study plans and task forces in the various major research work areas
   c. adequacy of the regional focus of activities (including regional coordinators in developing countries) within the IFRP organizational structure
   d. role of the IFRP Technical Advisory Committee
   e. importance of institution building efforts through the National FRP's and IFYP
   f. adequacy of overall structure and staffing pattern

K. Reference Documents

(1) Workscope from AID/pha-C-..72
(2) Workscope from AID/pha-C-1198
(3) Scientific Directions 1980-1981
(4) Semi-annual Report AID/pha-C-1172 January 31, 1980
(5) RAC Site Visit Repo :