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EVALUATION OF THE REGIONAL TRAINING SERVICE AGENCY/ASIA CONTRACT WITH THE UNIVERSITY OF HAWAII SCHOOL OF PUBLIC HEALTH

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EXECUTIVE SUMMARY

The School of Public Health of the University of Hawaii is the regional contractor in Asia for a worldwide training assistance project. The project is designed to extend and expand the capacities of family planning paramedical, auxiliary, and community (PAC) health workers and the in-country units and institutions that train them.

The purposes of the evaluation were to determine if the countries served by the Regional Training Services Agency for Asia (RTSA/A), University of Hawaii, needed, wanted, and merited continuing training assistance, and to provide AID/W with recommendations either to extend the project or conduct follow-on activities after the current contract expires on September 30, 1982.

The RTSA/A, located on the University's Manoa campus in Honolulu, serves seven countries: Bangladesh, India, Indonesia, Nepal, the Philippines, Sri Lanka, and Thailand. It has since October 1, 1979, provided technical and financial support for in-country, regional, and U.S.-based training for workers through direct and subcontracted activities.

From March 30, 1982 to April 24, 1982, under the sponsorship of the American Public Health Association (APHA), three evaluators conducted an assessment of need and evaluated the contractor's performance from the perspectives of the Agency for International Development, Washington (AID/W), the RTSA/A, and four of the seven countries served by the RTSA/A. Interviews were conducted in Honolulu, Jakarta, Manila, Bangkok, and Kathmandu; project documentation was reviewed; and briefings were arranged by AID/W and RTSA/A. The evaluation team also met with staff of the Western Consortium for the Health Professions, Inc., in San Fransico, to determine whether any advantage might be gained from transferring the project to this group, of which the University of Hawaii is a member.

The evaluation team found that, for the most part, the RTSA/A is meeting its contactual requirements. In fact, the RTSA/A will exceed expectations for training specific numbers of PAC workers. Start-up was slow, because of poor and conflicting advice from AID/W; inexperience with AID/W, USAID missions, and PAC training in Asia; and administrative problems. But activity has accelerated over the past eight months as a result of improved administrative procedures; greater acceptance by, and stronger working relationships with, the USAID missions; and a clearer understanding by the RTSA/A and the host countries

of the RTSA/A's role in providing training assistance.

The team observed that the RTSA/A's planning and evaluation functions are not strong, perhaps because the RTSA/A perceives that priorities are set in Washington and by the USAID missions and are not, a priori, derived from the RTSA/A's knowledge of the field and numerical information. The team also noted that the number of staff visits to the field and the amount of in-country technical assistance provided by RTSA/A staff vary greatly, from staff member to staff member and from country to country. This may be because of the staff's obligation to the faculty and teaching responsibilities, which do not permit extensive field travel; it may reflect upon the approval process for staff travel.

The USAID missions look on the RTSA/A's involvement with mixed but generally positive feelings. The countries which have learned to use and value the contract--India, Nepal, the Philippines, and Thailand--view the RTSA/A as an unduplicated resource. Those countries that have used the contract in a limited way--Bangladesh and Indonesia--perceive little advantage in continuing a training assistance contract. The team does not have sufficient information to comment on Sri Lanka's feelings toward the RTSA/A.

Considerable training activity is under way in the region, and a variety of funding sources are active there, but the team believes that none will focus on in-country training for PAC workers--the largest segment of family planning personnel--as thoroughly as does the RTSA/A; nor can any other donor ensure that capacity-building within the training institutions and units will be linked to PAC workers' needs for pre-service, in-service, and refresher training.

The evaluators recommend briefings to AID/W that it continue to fund a training assistance contract for the Asia region, but that it modify the scope of work. This recommendation, which is discussed fully in Chapter VII, is based on the evaluators' briefings and interviews, review of project documents, and professional experiences.

ABBREVIATIONS

ACPD	Asian Centre for Population and Development (Thailand)
ADB	Asian Development Bank
AHW	Auxiliary Health Worker
AHW	Auxiliary Health Worker (Nepal)
AID/W	United States Agency for International Development, Washington
AMP	Assistant Medical Practitioner (Sri Lanka)
ANM	Assistant Nurse-Midwife (Nepal)
ANM	Auxiliary Nurse-Midwife (Thailand)
APHA	American Public Health Association
AVS	Association for Voluntary Sterilization
BAVS	Bangladesh Association for Voluntary Sterilization
BEE	Block Extension Educator
BHS	Barangay Health Station
BKKBN	National Family Planning Coordinating Board (Indonesia)
BSPO	Barangay Supply Point Officers (Philippines)
CDC	Centers for Disease Control
CFPC	Comprehensive Family Planning Center (Philippines)
CHW	Community Health Workers
CRS	Contraceptive Retail Sales
DCTP	Development Training and Communication Program (Thailand)
Dr.P.H.	Doctorate in Public Health
DTEC	Department of Technical and Economic Cooperation (Thailand)
FHD	Family Health Division (Thailand)
FLE	Family Life Education
FP	Family Planning
FPA	Family Planning Association
FPAN	Family Planning Association of Nepal
FPIA	Family Planning International Assistance

FP/MCH	Family Planning and Maternal and Child Health
FPOP	Family Planning Organization of the Philippines
FTOW	Full-Time Outreach Worker
GOI	Government of India
GOP	Government of the Philippines
H/P/N	Health, Population, and Nutrition
HMG	His Majesty's Government (Nepal)
IBRD	International Bank for Reconstruction and Development
ICFH	Institute of Community and Family Health (Philippines)
ICHSD	Integrated Community Health Services Development (Nepal)
IDA	International Development Assistance
IEC	Information, Education, and Communication
IGCC	Intergovernmental Coordinating Committee (Nepal)
IMAP	Integrated Midwives Association of the Philippines
IMCH	Institute of Maternal and Child Health (Philippines)
IPAVS	International Program of the Association for Voluntary Sterilization
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JOICFP	Japan Organization for International Cooperation for Family Planning
JSI	John Snow, Inc.
LAC	Latin American and the Caribbean
LDC	Less Developed Country
MCH	Maternal and Child Health
MOH	Ministry of Health
MOPH	Ministry of Public Health
MPH	Masters in Public Health
NEDA	National Economic and Development Authority (Philippines)
NGO	Non-Governmental Organization
NFPP	National Family Planning Program (Thailand)

OB/GYN	Obstetrics and Gynecology
OC	Oral Contraceptive
PAC	Paramedical, Auxiliary, and Community
PBHW	Panchayat-Based Health Worker (Nepal)
PES	Project Evaluation Summary
PHC	Primary Health Care
PHN	Population, Health, and Nutrition
PI	Project Investigator
POP	Population
POPCOM	Commission on Population (Philippines)
PP	Project Paper
PPAT	Planned Parenthood Association of Thailand
PVO	Private Voluntary Organization
RAG	Regional Advisory Group
RCUH	Research Corporation of the University of Hawaii
RFP	Request for Proposals
RHU	Rural Health Unit (Philippines)
RTSA/A	Regional Training Service Agency for Asia
TAVS	Thai Association for Voluntary Sterilization
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TRC	Technical Review Committee
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development (Country Missions)
VHW	Village Health Worker
WHO	World Health Organization
WHS	Westinghouse Health Systems

I. INTRODUCTION

Purposes of the Evaluation

From March 30, 1982 to April 30, 1982, three evaluators, Lyle Saunders, the team leader, Lynn K. Knauff, and Susan H. Fischman, conducted the first external evaluation of the activities of the Regional Training Service Agency for Asia (RTSA/A), under contract (AID/DSPE-C-0059) to the University of Hawaii School of Public Health. This evaluation was sponsored by the American Public Health Association (APHA) and the United States Agency for International Development, Washington (AID/W).

This three-year contract terminates on September 30, 1982. Therefore, the evaluation was intended to provide information on which to base a decision to extend the contract for two more years. The scope of work for the evaluation focused on the provision of information and insights to answer specific questions. One aim was to identify the strengths, weaknesses, problems, and successes of the contract in specified areas. In addition, the evaluators were asked to review the contractor's progress in responding to the issues and problems identified by the project monitor in her Project Evaluation Summary (PES), dated December 10, 1981.

The scope of work for the evaluation is described below.

Terms of Reference

The evaluation team was asked to respond to six questions about contract extension. These questions were:

1. Is there a continuing need, and where does it exist, for centrally-funded, flexible AID training assistance in the seven Asian countries served by the RTSA/A (Bangladesh, India, Indonesia, Nepal, the Philippines, Sri Lanka, and Thailand)?

2. Given the kinds of training assistance needed, should more or less attention be given to the following:

   a. Technical assistance, as compared to financial support, for training projects?

   b. Training for paramedicals, auxiliaries, and community (PAC) workers, either of a specific kind

or to fulfill especially a specific purpose, training to improve and make more systematic in-service and refresher training programs for family planning (FP) program personnel; to add to or improve knowledge of family planning and the skills of integrated FP, maternal child health (MCH), and primary health care (PHC) program personnel; to increase and improve the family planning curriculum and training in basic pre-service schools of professional and auxiliary nursing and midwifery; to improve management and supervision in family planning programs; to train traditional birth attendants (TBAs) and other traditional health workers in family planning; and to focus on the training of trainers (TOT) and to improve TOT?

c. Training in the United States; regional (multi-Asian-country) training, workshops, and seminars; country-specific training projects and programs; and intraregional observation and study trips?

3. Given the assessment of current needs for various kinds of assistance, should the contract be redesigned (what modifications would be recommended) and should follow-on activity be conducted?

4. How cost-effective is the current contract? Relative to other available or potential methods for delivering services, does the contract:

   a. Ensure appropriate training for the large numbers of personnel, other than physicians, who are needed to provide effective family planning services in AID-assisted developing countries in Asia?

   b. Develop, expand, and improve in-country and intra-regional capabilities and the capacity to provide effective training for the various categories of family planning service providers?

5. Has the Regional Advisory Group (RAG) been cost-effective? Should it be retained? If yes, how should it function and how often should it meet?

6. If an extension were awarded to a group outside the University of Hawaii, what would be the advantages and disadvantages of implementing the contract through the Western Consortium for the Health Professions, Inc.?

General Methodology

The team examined program documents, records, and reports provided by the AID/W program monitor, members of the Asia Bureau, and RTSA/A staff. The team also interviewed RTSA/A staff, the dean of the School of Public Health and selected members of the faculty in Honolulu, Health, Population and Nutrition (H/P/N) staff, and their chiefs, in the USAID missions, and host-country family planning officials and others who have participated in RTSA/A-assisted activities in Indonesia, Nepal, the Philippines, and Thailand. The team visited the headquarters of the Western Consortium in San Francisco, where it was briefed by three members of the staff.

Those H/P/N staff in USAID missions who were not visited during the evaluation were asked to respond in writing to a set of questions similar to those outlined in the scope of work. At this writing, USAID staff in two countries, India and Bangladesh, have responded.

Determinants of Contractor's Performance

Two members of the evaluation team examined the contractor's internal performance, that is, administration, management, capacity for planning and evaluation, staffing, and competence in providing technical assistance. Specifically, the evaluators assessed:

-- the adequacy and appropriateness of the staff. (Is there sufficient number of people to do the job? Do the staff possess the correct combination of skills, expertise, and experience?);

-- the RTSA/A's internal organizational structure, working relationships, and administrative procedures;

-- the RTSA/A's effectiveness in assessing the adequacy of family planning training for PAC personnel as a basis for planning activities;

-- the contractor's ability to collaborate effectively with USAID missions and with responsible persons in host countries;

-- overall effectiveness of planning;

-- the quality of the technical assistance which the RTSA/A

provides;

-- the adequacy of reporting and recording procedures;

-- deployment and outcomes of staff travel; and

-- development and distribution of training materials and publications.

The internal assessments were compared and contrasted with the observations that the team made during its site visits to four of the seven countries the RTSA/A serves, and with the findings and recommendations which project monitor included in her PES.

II. BACKGROUND

History

The RTSA/A contract (AID/DSPE-C-0059) with the University of Hawaii School of Public Health is one of three contracts which the Office of Population, AID/W, has awarded to paramedical, auxiliary, and community family planning personnel. All three contracts are part of a five-year project initiated on October 1, 1979. Two of the contracts, one for the Africa and NENA regions and one for Latin America and the Caribbean (LAC), were written for five years. From the beginning, the ability of the University of Hawaii School of Public Health to implement this program successfully in Asia was questioned, and it was not clear that the proposed assistance was needed in Asia. For these reasons, the contract was written for only three years. It will terminate on September 30, 1982.

The RTSA/A project began slowly and with difficulty, because of interrelated internal and external factors, including invalid assumptions, internal administrative weaknesses, inappropriate requirements in the RTSA/A contract, poor and conflicting advice from AID/W early in the contract, and insufficient monitoring by AID/W of the contract during start-up.

A. Assumptions

The design of the original RTSA/A contract was based on a similar contract which AID/W has implemented in the LAC region. It was assumed that the LAC model would be transferable to other regions in the world, even though bilateral funding for family planning through AID is prevalent in Asia and rare in LAC and Africa. Furthermore, because the University of Hawaii had experience in Asia, it was assumed that it would have access to and be able to work with USAID missions in Asia. Knowledge of AID protocols and experience in working within a contract's scope of work also were presumed.

B. Internal Administrative Problems

The administrative and managerial aspects of the project are discussed in Chapter IV of this report. Certain administrative weaknesses that impeded the development of the project in its earliest stages are described below.

It was assumed that the University of Hawaii had sufficient prior experience in the region, and with USAID missions and AID/W, to rapidly initiate contract activities and working relationships. This assumption proved false. No one on the staff had administered or managed an AID contract, or worked in a coordinating capacity with USAID missions. Not only did the staff have to learn about AID policies and procedures, but they also had to work within the administrative guidelines of the University of Hawaii. Consequently, considerable administrative time and effort were devoted to learning the "hard way" and to correcting administrative errors and improving relationships.

The director and co-director of the project told the evaluators that the mix of staff had been predetermined by the requirements in the Request for Proposals (RFP), but it appears that the lack of a training specialist and of a person with administrative experience with AID also contributed to the initial difficulties.* The employment of three physicians in a project that was prohibited from training physicians was, the evaluators were told, a requirement in the RFP. If this was a requirement, it was ill-advised, because in its early days, the project did not need persons with clinical skills, but persons who could stimulate and negotiate collaborative activities with the USAID missions, who could provide a country-by-country review of training needs, as these were identified in the contract, and who could apply skills in planning and designing programs.

External Factors

The RFP was written without advice from the USAID missions in the countries which the RTSA/A would serve. The USAID missions felt left out and undercut; they were further irritated when rumors reached them that the contract had been awarded to the University of Hawaii as a result of pressure from one of Hawaii's senators. Subsequently, poor and strained relationships between the RTSA/A and the USAID missions developed that were characteristic of initial interactions. Most of the missions were slow--and, perhaps, reluctant--to request training assistance, both because they had adequate programs and competent H/P/N staffs, and because they felt that this was an AID/W-imposed project.

In addition to these factors, a variety of conditions has made it difficult for the RTSA/A to function in several countries. For example, the political instability in Bangladesh has made it

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* Two members of the staff had been AID contractors in Pakistan.

very difficult to obtain the necessary government approvals to start new projects. In Sri Lanka, the USAID mission placed a hold on centrally-funded population activities that only recently was rescinded. And, in India, the government had not wanted technical assistance from AID-supported programs outside the bilateral agreement with USAID; consequently, it took a long time for the RTSA/A to establish a working relationship in that country.

The contract specified the numbers and categories of PAC personnel to be trained. Apparently, these numbers were determined without benefit of a needs assessment and without sufficient recognition of the extent of bilateral and multilateral training assistance in Asia. The requirements were modified in the contract amendment prepared after the release of the PES, dated September 1981.

The contractor was asked to provide 60 percent of training assistance through subcontracts. The enthusiasm of the project director waned, understandably, when it was learned that a considerable number of approvals would be needed before a subcontract would be awarded.

A recurring issue has been the development of needs assessments and a regional plan. As defined in the contract, the latter could, perhaps, have been designed to meet AID/W's requirements, but in the absence of needs assessments, such a plan would be of little use. AID/W told the contractor during the start-up phase that needs assessments were not required. This advice led to problems that were not clearly recognized and addressed. The contractor was not asked to design and conduct needs assessments until more than half the contract had expired, because, faced with a severe personnel shortage in the Training Division, AID/W had insufficiently monitored the project. The entire matter of designing and conducting needs assessments as a contractual requirement was inappropriately handled and created considerable conflict and confusion. The issue is discussed in the following section and in Chapter IV.

Progress Through September 1981

The PES, dated December 10, 1981, was prepared by the project monitor, Judith Rooks; summarizes the RTSA/A's progress. According to this document, in India the RTSA/A has initiated the first phases of a planned multiphased training program which, if successful, has the potential to significantly improve family planning communications training for the major categories of workers in India's primary health care system. In Indonesia,

the RTSA/A has provided high-level training, mainly in the design and management of community-based family planning and primary health care programs, for 19 highly-placed officials. In Nepal, it has made a significant contribution to training the financial, logistics, and key middle-level administrators of the government's FP and MCH program. It also has been effective in developing an in-country capability to train professional nurses to provide clinical contraception, including insertion of intrauterine devices (IUDs), and in upgrading the teaching and curriculum development skills of the training team for the FP and MCH program.

In the Philippines, the RTSA/A has helped to conduct a series of training activities directed toward the development of a community-based family planning service program and a family planning training program for midwives. In Sri Lanka, it is providing training in family planning clinical skills, including IUD insertion, to assistant medical practitioners (AMPs), who provide basic medical care in the country's small rural health posts. In Thailand, the contractor is participating in a careful evaluation of family planning refresher training for auxiliary midwives, and it is helping to design several new approaches to developing family planning counseling skills in community personnel. RTSA/A staff have also provided substantial technical assistance to the USAID missions in India and Thailand.

III. PURPOSES, INPUTS, OUTPUTS, AND BENEFICIARIES

Purposes of the Project

The contract contains three statements that outline the purposes of the project. The purposes are:

1. To strengthen and expand action agencies in less developed countries (LDCs) that provide or help to make available family planning services, particularly for the rural and urban poor. This goal can be reached by:

   a. Extending and enhancing the effectiveness of in-service training for PAC personnel;

   b. Improving the capacity of relevant pre-service PAC training systems; and

   c. Working to change those conditions that inhibit the ability or willingness of service systems to make maximum use of PAC personnel.

2. To seek to develop and upgrade LDCs' PAC training systems so that developing countries will have sufficient capability to plan for and implement their own PAC training programs.

3. To attempt to integrate family planning training and content with other closely related areas, such as maternal and child health, although the program will emphasize primarily the training of cadres of family planning workers.

Contract Specifications

The contract contains two statements about outputs. These statements are summarized below:

1. By the end of the three-year program, many PAC and PAC-supported personnel as possible will make available family planning services, particularly for the urban and rural poor of at least seven developing countries in Asia: Bangladesh, Nepal, Indonesia, Philippines,

Thailand, Sri Lanka, and India.

2. The contractor will assist in and support the development and implementation of training programs, conferences, seminars, and observation trips for 4,000-5,000 participants from these countries.

The contract specifies how output is to be produced and what proportion of effort is to be expended on implementation activities (20 percent), technical assistance and consultation (20 percent), and subcontracting (60 percent). It also specifies the proportions of expenditures on content areas: technical skills (40 percent), pre-service, curriculum development, and preparation of materials (30 percent), management and supervision (20 percent), and training of trainers (10 percent).

A wide variety of PAC workers is to be trained. In addition to the requirements noted above, the contractor was asked to prepare a regional training plan and country-specific program planning documents--all updated annually--for AID/W's approval.

Inputs

A. Funding

The estimated annual cost of the project is approximately $1 million. This estimate is compared below with actual expenditures and encumbrances, by category, to March 1982:

Category	Original Budget	Total Expenditures And Encumbrances To March 31, 1982
Administration	$ 1,297,795	$ 1,317,160.90
Participant Training	264,209	517,383.81
Subcontracts	1,059,468	255,834.18
TOTAL	$ 2,621,472	$ 2,090,378,89

There have been some problems in the past with prompt payment of consultants and training reimbursements, but these seem to have been resolved through a subcontract with the Research Corporation of the University of Hawaii (RCUH).

A shortage of clerical personnel delayed some reporting, recording and reimbursement processes. In June 1981, an accounting clerk was hired to assist the account officer, who was hired in May 1980. A paid student helper is employed part-time.

At this time, the process for disbursing funds to support training and subcontracts appears to be timely and in order. The evaluators did not assess the appropriateness of program expenditures.

RTSA/A staff have calculated the costs of training. These figures are shown in Tables III-1 and III-2. The range of costs is wide, both within a category and among categories. The evaluators realize that travel costs and the size of participant training groups influence these costs, but they believe that generalizations cannot be made from the data. It is clear that U.S. training is very expensive and may have limited value, depending on the persons selected and sent for training in the United States. It is appropriate, therefore, that U.S. training is accorded low priority, because the RTSA/A cannot approve nominees for this activity.

B. Subcontracts

The contract specifies that 60 percent of implementation activities is to be devoted to subcontracting. Currently, the proportion of the budget expended on subcontracts is 24 percent; the original budget called for 40 percent. It is difficult to identify precisely the percentage of subcontracting to total implementation activity, but it is currently in the range of 35 percent and increasing.

Despite the lack of a ceiling on the dollar amount of a subcontract, it is difficult to process a subcontract. The approval process, and not funding, discourages greater use of subcontracts to extend RTSA/A activity and to expand host countries' training capacities.

C. Staff

The RSTA/A employs 13 staff, of whom all but one are paid entirely from project funds. Students are employed part-time to fill in when clerical staff are overloaded or on vacation, and when special need occurs.

TABLE III-1

RTSA/A TRAINING COSTS, BY TYPE OF TRAINING,
OCTOBER 1979 - MARCH 1982

	Cost Per Participant			Cost Per Participant		
	Low	High	Average	Low	High	Average
Training	$ 7.40	$8,807.51	$2,396.82	$ 2.47	$266.95	$ 94.34
Seminar/ Workshop	241.89	2,461.91	1,048.37	16.94	472.96	221.60
Study Tour	297.84	3,780.14	1,542.32	60.00	290.78	130.03

Source: RTSA/A.

4/06/82

TABLE III-2

RTSA/A TRAINING COSTS, BY LOCALE OF TRAINING,
OCTOBER 1979 - MARCH 1982

	Cost Per Participant			Cost Per Participant		
	Low	High	Average	Low	High	Average
U.S. and Other	$932.50	$8,807.51	$4,844.04	$107.41	$472.96	$213.90
Regional	339.83	3,780.14	1,624.21	50.50	338.52	173.30
In-Country	7.40	693.57	61.70	2.47	57.97	23.34

Source: RTSA/A.

The categorical mix of the staff is as follows:

Position	Number
Administrative	4 (Izutsu, Watson, Dennis, Nishita)
Technical	4 (Peng, O'Byrne, Schmidt, Tsuei)
Support	5 (Hew, Kobashigawa, Miyano, Lee, Futa)

The adequacy and appropriateness of the staff are discussed in Chapter IV. Suffice it to say, the evaluators reviewed job descriptions, interviewed professional staff, reviewed trip reports, and inventoried staff travel. The results of their investigations are summarized below:

- Three of the six professional staff have extensive outside faculty responsibilities.
- The technical assistance of the staff is rather uneven, the quality varying according to where the members go and who travels.
- Staff cohesiveness is impaired somewhat by perceptual differences about the importance of the project effort.
- Morale has been impaired by the perception that AID/W is not supportive of the project.
- The project director has expended, perhaps unduly, energy and effort to respond to AID/W. He has done so at the expense of needed staff supervision and overall project direction.
- With the addition of an administrative assistant, the project director's time on administrative details, but not administration, has been reduced.
- The assignment of country responsibilities to professional staff has been beneficial for follow-through. Some technical staff, however, now feel that their technical skills are under-used because they have to attend to administrative matters related to subcontracts and activities.
- The position of co-director, as currently described, is no longer necessary. Moreover, the co-director does not

think that he is usefully employed by the project at this time.

Outputs

In this section and in Chapter IV, contract outputs are described and discussed. Here, outputs are compared with contract expectations and the revised scope of work, dated October 15, 1981.

A. Trainees

The numerical data which the evaluators received were not always consistent, but it has been determined that almost 5,000 persons have been trained to date (March 31, 1982) under the RTSA/A contract. This number will increase as ongoing and projected training activities and projects are completed. Thus, the RTSA/A will exceed by perhaps 40 percent the number of trainees--4,000-5,000--specified in the contract (see Article 1.C.).

The revised scope of work directs the RTSA/A to train more nurses, midwives, and auxiliaries and fewer community workers than was originally planned. However, the evaluation team is not certain that AID/W and the RTSA/A share a common understanding of the expected numbers of PAC workers in each category who are to be trained. Table III-3, which AID/W gave to the team, shows that 4,245 workers are to be trained; 1,076 (25 percent) of the workers are to be nurses and midwives. Table III-4, which RTSA/A gave to the evaluators, shows the same grand total as Table III-3, but nearly seven times fewer nurses and midwives are required to be trained under the contract. The number of auxiliaries and technicians, three times fewer, and the number of community workers is more than twice the figure in Table III-3. Only are the numbers of supervisors, administrators, and trainers fairly consistent with the totals AID/W provided. The evaluators attribute the discrepancies to the RTSA/A's use of an out-of-date document appended to the original contract.

The method used to count persons presents a problem when categorical data are being interpreted. For example, if a worker who is a nurse and a supervisor is trained as a trainer, in which category is she counted? The team was told that a worker is not counted more than once for a discrete training event, and in the above example, the worker would appear in the category of trainers. Similarly, if the same trainee later attended a training workshop

in supervisory skills in the U.S., she would be counted in the category U.S. Workshop. This example illustrates at least two problems with the current counting system:

1. Overlaps in categories of workers result in categorical undercounts.

2. Workers who receive training in several topical areas may appear in several categories over time. The total number of persons trained, therefore, should not be interpreted as a sum of individuals.

3. The evaluators also found that the method for counting participants by type of activity is puzzling, although there is consistency in the method. For example, a workshop is, by definition, a skill-training event, but, according to the RTSA/A's and AID/W's definition, it is an activity more akin to the conferences and seminars with which it is currently clustered than to other training activities. Thus, a skill-training workshop is not counted as a type of training activity, and workshop trainees are counted in the category of conference, seminar, and workshop activities.

In summary, the evaluation team is not confident that the categorical data are truly representative of the project's actual experience. Therefore, it would suggest that data system be modified if the project is continued.

B. Technical Assistance

Both staff and consultant visits were considered under the category of technical assistance. The total number of days provided from December 1980, through February 1982, was 885 (497 for staff and 388 for consultants). These totals, too, are questionable because of inconsistencies in the sources of data.

The evaluation team feels that consultant time has been used prudently and that consultations have been well-targeted. In general, the team feels staff visits were neither as frequent nor as long as they might have been (with some exceptions). (See Chapter IV.)

C. Projects

The outcomes of technical assistance have been projects. The RTSA/A defines a project as an activity or subcontract.

As of March 31, 1982, 118 projects had been proposed, of which 58 had been completed, according to the RTSA/A's records.

Currently, the development, review, and approval processes are well-systematized, and the assignment of staff country responsibilities should improve both the quality and comprehensiveness of proposal reviews. In-country project development also will be improved with country assignments.

Proposed project costs are reviewed by the administrative officer, who uses comparative data and AID guidelines to guide her assessments. The team feels that her reviews are thorough and helpful in ensuring that proposed expenditures reflect AID's regulations and past experience.

D. Publications

The program is expected to develop materials, but the contract does not specify how many and what kinds of curricular and educational materials should be developed. To date, the publications aspect of the program has been negligible, and little attention has been given to assessing gaps in training materials. Lack of a planning capacity or lack of enthusiasm, because of the number of approvals required, may have hampered activity in this area.

The person responsible for developing materials prefers field assignments; thus, it is doubtful that we will be able t coordinate or stimulate the development of publications by either the professional staff or writers and trainers in countries outside India and Thailand.

An information bulletin, recently written and now available, inventories and describes training opportunities and newly published training materials. It is not costly and may be useful. A comprehensive and quality document, it contains information to which the RTSA/A had access, both within the region and on the mainland.

E. Country and Regional Planning Documents

The evaluators requested that the RTSA/A prepare short priority statements for each country. They received two-page priority descriptions for each country which appeared to be statements about series of activities rather than strategies based on the RTSA/A's experience in the countries. The documents

seem to sum up the RTSA/A's approach to planning, which is to respond rather than initiate. This approach may be a result of experience with ADI/W and the USAID missions. It may also reflect the RTSA/A's lack of capacity to plan and to identify problems. (See Chapter IV.)

On the whole, the planning documents which the team reviewed are descriptive, and not analytical. With the exception of Summative data, program data are not used as a tool to identify problems.

Needs assessments are much discussed in this report. The team agrees with RTSA/A staff that no additional efforts should be made to conduct a comprehensive needs assessment. The team does not feel that the RTSA/A's proposed approach to gathering field data will yield important information, especially given the amount of effort that will be expended to collect the statistics.

The team was told that India, Nepal, and Bangladesh are the RTSA/A's priority countries in the region. The team is not satisfied, however, that either AID/W or the RTSA/A clearly understands why these countries constitute priorities for training, and what extra effort and expenditure may be required to demonstrate that a priority designation has been assigned.

India and Nepal have received the highest number of staff and consultant days, 181 and 280 respectively; Bangladesh has had only 6. Six proposals for projects in India have been approved; nine have been approved for Nepal. In Bangladesh, four projects for external training have been approved. Completed projects for the three countries constitute 38 percent of all country-specific completed proposals. Trainees from the three countries total 367, or 14 percent of all trainees. The team believes that the priority assignments should be reviewed, especially in light of a cable from the Bangladesh mission, which indicated that the training assistance offered by the RTSA/A will be only marginally useful. After this review is completed, a strategy that reflects the priority designations should be developed.

F. The Regional Advisory Group

The issue of the RAG is discussed in Chapter IV. Because this group no longer meets, and because it has been of marginal use in directing the program, the evaluation team recommends that it be discontinued.

Beneficiaries

The most direct beneficiaries of the RTSA/A project are the 5,000 PAC workers who have participated in in-country, regional, and U.S.-based training programs by the RTSA.

Other direct beneficiaries include the USAID missions in the six countries served by the RTSA/A which have received technical assistance and financial support that complements and expands the bilateral family planning program and accelerates training activities.

The host-country training units and training institutions have benefited from RTSA/A-supported activities and subcontracts. Their in-country training capacities have been strengthened and extended and, in some cases, the institutions themselves have been made aware that certain categories of PAC workers have been neglected in national training plans and programs and need to be brought into the mainstream.

Ultimately, the largest number of beneficiaries will be those people who receive and rely on family planning services. Good, well-targeted training should enable PAC workers to perform at high levels in a service system that is well-organized.

TABLE III-3

ESTIMATED NUMBER OF CATEGORIES OF OUTPUTS FOR THE ASIA REGION, FY 1979-FY 1982
CALCULATED BY AID/W

	9/30/79-9/30/81	10/1/81-9/30/82	TOTAL
A. Training: Categories of Family Planning Workers and Sites of Training			
1. Nurses and Midwives			
In-Country	99	898	997
Regional	13	60	73
U.S.	0	3	3
Other	3	-	3
Subtotal	115	961	1,076
2. Auxiliaries and Technicians			
In-Country	131	249	380
Regional	3	0	3
U.S.	1	2	3
Subtotal	135	251	386
3. Community Workers			
In-Country	356	600	956
Regional	0	30	30
U.S.	5	0	5
Subtotal	361	630	991
4. Supervisors			
In-Country	51	150	201
Regional	26	21	47
U.S.	14	2	16
Subtotal	91	173	264

TABLE III-3, cont.

ESTIMATED NUMBERS OF OUTPUTS FOR THE ASIA REGION AREA FOR FY 79-82 Pg. 2

	9/30/79-9/30/81	10/1/81-9/30/82	TOTAL
Others			
In-Country	5	0	5
Regional	25	10	35
U.S.	0	0	0
Subtotal	30	10	40
TOTAL, SECTION 4	182	336	518
5. Training of Trainers in Family Planning			
In-Country	44	40	84
Regional	19	60	79
U.S.	21	10	31
Subtotal	84	110	194
B. Conferences, Seminars, and Workshops			
In-Country	55	810	865
Regional	33	25	58
U.S.	24	0	24
Other	3	1	4
Subtotal	115	836	951
C. Observation Trips			
In-Country		15	15
Regional	46	68	114
Inter-Regional	-	-	
Subtotal	46	83	129
GRAND TOTAL	1,038	3,207	4,245

Source: AID/W.

Revised, 10/1/81, JRooks/cu.

TABLE III-4

ESTIMATED NUMBER OF CATEGORIES OF OUTPUTS FOR THE ASIA REGION, FY1979-1982
CALCULATED BY THE RTSA/A

	REQUIRED BY CONTRACT	TRAINED AS OF MARCH 30, 1982	ACCOMPLISHMENT(%)
Category of Family Planning Workers			
Nurses and Midwives	162	1,266	781%
Auxiliaries and Technicians	154	250	162%
Community Workers	2,352	2,403	102%
Supervisors and Administrators	318	72	23%
Trainers	189	821	434%
SUBTOTAL	3,175	4,812	152%
Specific Training Activities			
Conferences, Seminars, Workshops, and Observation Trips	1,070	231	22%
GRAND TOTAL	4,245	5,043	119%

Source: RTSA/A.

JYP:jhk
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IV. PERFORMANCE OF THE CONTRACTOR

Size and Composition of the Staff*

The RTSA/A employs six professionals, two administrative assistants, an educational specialist for materials development, and four secretarial and clerical support staff. The principal investigator, the dean of the School of Public Health, is responsible for the project, but has no active role in it.

The staff has grown slowly throughout the history of the program (see Exhibit Iv-1 for a list of the staff and dates of employment). The project director, the co-project director, and the technical skills coordinator were faculty members in the Schools of Public Health for several years before the RTSA/A contract was awarded and were available for immediate transfer to the project. The materials and curriculum development coordinator joined the staff in November 1979, after transferring from a position with Medex in Pakistan. The field director and the administrative assistant (financial) were recruited in April and May 1980; the first secretary was employed in November of that same year. All the remaining staff, including the administrative assistant, were added in 1981.

All but one of the professionals have faculty status in the School of Public Health and teach, either full- or part-time. As faculty, some also have extensive administrative duties. All the staff, with the exception of the co-project director, are paid entirely with project funds. The co-project director is a professor of international health and head of the department; he has a full-time teaching load of five courses. Thirty percent of his salary is paid by the project, although his duties consist mainly of consulting with the director and assuming formal responsibility for the project when the director is traveling.

Four of the professional staff are physicians; one is a nurse-midwife with university qualifications. The director has a doctoral degree in psychology. He has extensive managerial experience, but not in family planning and his involvement in Asia has been minimal. The field director has long been involved in Asia has been involved with family planning and population (FP/POP) programs, has lived and worked in Asia, and speaks several Asian languages. The curriculum development coordinator also has lived and worked in Asia, and has some experience in family planning programs and considerable experience in health; because of past connections, he has been able to work successfully, particularly in India and Thailand. The nurse-midwife coor-

*Staff activities and relationships are summarized in Chapter III.

dinator has overseas experience in Africa, but until she joined RTSA/A project, she had not worked in Asia. The technical skills coordinator is a specialist in obstetrics and gynecology (OB/GYN), and with both a practice and research interests, is strongly committed to family planning. The administrative assistants are both experienced and well-qualified in their fields.

Detailed job desciptions, listing duties, responsibilities, and required qualifications, are available for all positions. The credentials of the individual staff members fit the job descriptions almost exactly. This would be somewhat surprising, were the job descriptions not all dated April 14, 1982; apparently, the descriptions the team received had been revised or updated recently.

Each country which the RTSA/A serves is the assigned responsibility of one professional staff member, with one or more other members providing backup support. (See Exhibit IV-2 for a list of countries and assignments.) Each staff member is expected to be the principal point of contact for projects or activities in his or her assigned country; and each is expected to be able to call on other staff for either particular expertise or general assistance. This arrangement seems to work fairly well, and it is reflected in patterns of staff travel, but any staff member may be involved in activities in any country, and the director and administrative assistant handle much of the paper work required to activate proposals.

The staff seem to be professionally competent and, on the whole, they are well received and appreciated in the countries where they work. There are appropriate individuals and agencies in the countries the team visited; these people seem to know what is going on and what is needed and feasible in these countries. Analyses of problems, needs, and possibilities for assistance often are included in reports which, collectively, constitute a useful source of valuable knowledge about events and opportunities in countries in the region.

No small staff could have all the skills that might be required in a project as broadly conceived as the RTSA/A program. But RTSA/A staff do have expertise in curriculum planning and development, teaching methods, project design, nursing and midwifery training, and research and evaluation. This expertise is central to the purposes of the project. When additional expertise is needed, and it has been required on a number of occasions, consultants can be employed to fill the gap.

It is probable that the staff, as it is currently constituted and located, is larger than necessary. Certain basic skills are needed; among them, the ability to develop and main-

tain good relationships with people and organizations in target countries (including relationships with USAID missions); the ability to recognize needs and to design projects; and the ability to apply skills in planning and management. All others can be obtained from consultants. The project could operate, perhaps more effectively, with one or two field people and a small administrative office. It is essential that those in the field know Asia and be experienced in health and family planning.

Staff Travel

A frequent complaint of some countries is that RTSA/A staff do not visit often enough. That this may be so becomes evident when staff travel (see Table IV-1) and consultant travel (see Table IV-2) are broken down, by country and year. No one has visited Bangladesh since an exploratory trip in 1980. And staff members have been in Sri Lanka only nine days since the middle of 1980. Total RTSA/A staff time in Nepal and India is high, primarily because of long-term consultant work (Nepal) and the concentration of consultants for a communications workshop (India). The Project Director is the one member of the staff who has traveled the least during the period for which records are available. Four members have averaged fewer than four days a month; one has averaged approximately nine days. One staff member, who has principal responsibility for three countries, has spent a total of only 21 days on-site since mid-1980; another, responsible for two countries, has been on-site 58 days; a third, responsible for the Philippines, has spent 43 days in the country in 20 months.

Internal Organization, Administrative Procedures, and Working Relations

The staff structure is quite informal. The members all work on the same floor, enjoy the opportunity for frequent informal contact, and attend regular staff meetings one afternoon each week, at which time they discuss and resolve problems and clarify issues.

Each staff member is assigned principal responsibility for all activities in one or more countries and when the principal is absent, responsibility for backup. The field director is, in addition, responsible for regional training and training in the U.S. However, the arrangement is sufficiently flexible to permit any staff member to initiate and follow through on a project in any country in the region. The staff are expected to read and comment on all proposals and to participate in discussions during staff meetings.

Prior approval from AID/W and the USAID missions is required for staff travel, and trips are expected to be planned to cover more than one country. Travel schedules are expected to be drawn up each quarter to allow time for coordination, notifications, visas, and permission from the USAID missions to enter the countries.

Financial matters, expect salaries for professional staff, are handled satisfactorily, under contract, by the Research Corporation of the University of Hawaii, an autonomous, non-profit organization. Salary payments are made directly by the University. The need to work with two different accounting systems causes some problems for the administrative officer who handles finances, but these problems usually are minor.

There are written guidelines for submitting proposals. A summary and details about objectives, the rationale, the course content (if the proposal is for training), the budget, and proposed evaluation procedures are recommended. A series of written statements on administrative procedures also is available that covers the requirement for a timetable and a flow list to obtain approval for a project; the preparation of monthly and quarterly staff reports; procedures for communicating with AID/W and field missions; the selection of participants for regional or U.S. training (all nominations originate in USAID missions); the preparation and distribution of trip reports; handling of cables, telex, and mail; and procedures for recruiting consultants.

Staff relations are not entirely harmonious, but neither are they so bad that they are disruptive. Some staff do not appreciate the operating style of the director, who, they feel, tends to keep things too much in his own hands and does not make full use of staff knowledge and skills. On the surface, the staff appear to work without noticeable friction, but the members privately admit that they have little sense of team spirit, of working as a group, and that intra-staff tensions are increasing and becoming overt.

The staff of the School of Public Health, the institutional setting for the project, appear to be polarized around a number of issues, a situation that may be affecting morale. There is a possibility that the Department of International Health, with which the project is identified, may be abolished, with the staff and activities becoming once again part of a conglomerate department. If this should happen, it is likely to have adverse effects on the project and the staff.

Administrative procedures and ways of relating to USAID missions, AID/W, and host countries had to be worked out, often by trial and error, during the early months of the contract. During this period and while the staff was being built up, output

was, understandably, low. But once all the staff were in place and administrative procedures were established and codified, tasks became easier and were performed more efficiently. Output in the past six or eight months has increased dramatically.

Planning

Planning has not been a priority activity of the RTSA/A, nor has a systematic effort been made to assess the adequacy of family planning training for PAC personnel as a basis for planning. As its critics have noted, the RTSA/A's activities have been more project-oriented than problem-oriented, more responsive than self-directed, with the result that planning, in the formal sense, has not been emphasized. Several reasons may be given to explain this lack of planning. Among them are the preferred operating style of the project director, pressures to produce tangible output after a slow start, the staff's lack of experience in this field, and the feeling, not altogether unjustified, that there is little to be gained from trying to devise a strategy and follow a plan that any one of several sources can veto. Whatever the reasons, long-term planning has been minimal, except as it has been conceived as a method for implementing a series of discrete activities, each valuable in itself, but the sum of which is not aimed at achieving any broad, pre-conceived program-determined objective.

Statements about needs assessment have been prepared for each country. These do give some sense of the magnitude and variety of training required; they do not address the questions of what needs to be learned and for what purpose.

Priority statements also have been prepared for each country, but these tend to be lists of proposed activities, and not comparative assessments of what needs to be done and why.

The RTSA/A has been criticized, perhaps unfairly, for its failure to develop comprehensive needs assessments. As was argued elsewhere in this report, it is unrealistic to expect a small project, such as that of the RTSA/A, to undertake the large and complicated task of developing comprehensive needs assessments for seven countries. This task is better suited to donor-supported projects with a staff with no other responsibilities. It might have been realistical to have expected the RTSA/A to have assessed the training needs of one category of PAC worker in one or more countries, but a global approach to identifying the training needs of PAC workers in all countries in the region would have been ill-advised.

The RTSA/A has devised a plan and a set of forms to gather information from individaul clinics; it is hoped that these data

can be used in determining needs. If the project is continued, this activity should be discouraged, because there is no likelihood that the appropriate data can be gathered in this way to serve the purpose intended. Moreover, clinic staff are not the appropriate people to consult about training needs.

Reporting

The project director said that he provides weekly, monthly, quarterly, and semi-annual reports to AID/W, and is in frequent telephone contact to discuss project activities. The evaluation team did not see any of the reports, except a revised progress report for the period October 1979-September 1981.

Trip reports are required and are filed after each period of travel. The evaluators examined a large number of these reports and found that they contain a considerable amount of excellent detail about programs and problems in the countries visited. These reports could be a source of good material for program planning. The team did not ascertain whether and how the staff use the reports.

There are needs assessment statements for each country where the RTSA/A is active. They are based largely, but not entirely, on information provided by country nationals at the May 1981, meeting of the Regional Advisory Group. Some of the statements are dated later than May 1981, and have drawn on other sources for information. There is no evidence, however, that the statements are updated periodically or systematically.

Forms for project summaries have been prepared that require basic information about the project, including the names of the implementing agency and the contact person, details about the budget, a statement of the problem, numbers of personnel to be trained, training objectives, objectives implemented and comments and recommendations. Judging from the small sample the team saw, the number of evaluative comments varied. Forms also are available for end-of-project reports. These require information that is similar to that listed in the project summary, but they rarely provide evaluative information, although occasionally, such information is included in a participant's report.

Some information is reported and recorded, but this acvitity does not seem to lead to an analysis of data. Numbers and percentages are noted, but the figures do not appear to be used for program planning and substantive evaluation. Form often is substituted for substance, perhaps because, until recently, no staff member had specific responsibility for evaluation. In

addition, there are inconsistencies in data, depending on the source, which need to be corrected.

Technical Assistance

The RTSA/A has been criticized for not providing enough technical assistance to the countries it serves. But a fair amount of such assistance has been provided in some countries, and, on the whole, the quality has been judged to be good. (See Tables IV-3 and IV-4 for an inventory of RTSA/A consultants.)

In the Philippines, two members of the staff have helped to develop and conduct projects to upgrade the clinical skills of nurses, auxiliaries, and midwives to provide contraceptive services, especially the insertion of IUDs. This assistance has been much appreciated.

In Nepal, RTSA/A consultants have brought about significant and much-needed improvements in training for logistics officers and financial-records managers. They also have helped to improve training in clinical skills for nurses, auxiliaries, and midwives. The Nepalese now feel that they can handle their own affairs in these areas and need no more technical help from the outside.

Excellent staff work in India led to the organization in that country of a successful workshop on training for communications and a useful follow-up tour to Thailand, Indonesia, and the East-West Center in Honolulu, Hawaii, where an Indian task force will be developing curricula and programs for a large training program for block extension educators (BEEs). A member of the RTSA/A staff has been asked to help plan and design the programs. The RTSA/A is also working with the Government of India (GOI) and USAID/India to design and develop a needs assessment project. RTSA/A-recruited consultants from the Development Training and Communication Program (DCTP), the East-West Center, and the University of Hawaii made valuable contributions to the communications workshop, and an independent consultant, William Sweeney, with an extensive background in communications in Asia, was recruited to accompany the task force on its study tour. The Government of India, which does not readily welcome foreign assistance, has been pleased with the services the RTSA/A has provided, and it wants more such assistance. USAID/India, too, has expressed its enthusiastic appreciation of the RTSA/A's work in the country.

In Thailand, RTSA/A staff helped to plan a workshop on family life education (FLE) at Mahidol University, and the RTSA/A provided consultants from Hawaii and the Philippines to help teach the subject. RTSA/A staff have taught the training

courses of the Asian Centre for Population and Development (ACPD), in Bangkok, and one employee has helped the Ministry of Public Health (MOPH) design a research project to assess the value of refresher training for nurses and auxiliaries. Jointly sponsored by USAID/Thailand and the United Nations Fund for Population Activities, (UNFPA), another RTSA/A employee analyzed PAC training in Thailand; this person will now spend several weeks revising and expanding the analysis as the first long step toward a comprehensive needs assessment for that country.

No technical assistance has been provided to Indonesia or Sri Lanka.

External Relations

A. Host-country Relations

Relations with host-country individuals have been mixed, but generally, they are quite good. The Nepalese are very pleased with the help they have received from consultants from the RTSA/A employee who has been working with them. Positive relationships have been developed by RTSA/A staff with Indonesian officials, although input has been limited. Those who were contacted in the Philippines had little criticism of the RTSA/A's performance, and they have made good use of the skills of the staff who have visited them. Thais, on the whole, have been favorable toward the work of the RTSA/A, but some critical comments have been made. Thais who were interviewed are unanimously in favor of continuing the RTSA/A's work, because of the organization's flexibility, its concern for human resource development, its availability, and its willingness to support innovative projects that larger donors will not fund. There are few reports of administrative shortcomings, and those that are made are concerned primarily with the late delive of funds and the sluggishness of the process to approve proposals.

B. Relations with USAID Missions

Initially, most missions doubted the need for the project, and several said they did not want it. But the RTSA/A has been able to generate more favorable opinions. Today, some remain relatively indifferent to the project; others are highly favorable. The missions in India and Nepal are most positive. They value what the RTSA/A has been able to do, are pleased with the performance of the staff (particularly in India), and want the project continued.

Opinion in Thailand is balanced. There, the RTSA/A is viewed as useful and likely to become more so as AID shifts its

assistance from a grant to a loan program. It is felt that performance has improved considerably over time, some useful projects have been supported and significant technical assistance has been provided on several occasions.

Earlier, the RTSA/A was seen as being too responsive, too uncritical of proposals, and unable to determine its own program because of insufficient planning. These shortcomings are evident in the proposals developed in the Philippines. It is still felt that the RTSA/A lacks a basic plan to guide its decisions and actions and that the agency has failed to provide sufficient technical input for curriculum development, especially for development of a revised pre-service curriculum for nurses and auxiliaries. (In fairness to the RTSA/A, this latter need is being addressed. Two regional and several follow-up in-country workshops are being designed that will address this subject.)

The opinion of the mission in the Philippines is, for the most part, positive. Only one staff member feels that the RTSA/A's input, although of some value, would not be missed if it were not available. Others see the RTSA/A as quite useful, especially for the technical assistance it can provide to organizations such as the Institute of Maternal and Child Health (IMCH). The Indonesian mission seems to feel there is little need for the RTSA/A in that country. It has pointed out that the Indonesians who participate in regional programs have language problems; that local resources are available for in-country training; and that Indonesia has funds to send people abroad for long-term training when such training is needed.

C. Relations with AID/W

Relations between the RTSA/A and AID/W have not been good. The leadership of the RTSA/A feels that AID/W has been too directive and that, rather than plan a coherent program, the RTSA/A itself has tried to respond to whatever it thinks AID/W wants. It feels caught between the sometimes opposing views of the USAID missions and AID/W. The project director has stated that he does not wish to continue in his position; one of his reasons is that he is "tired of taking flak" from AID/W. Many of AID/W's criticisms appear to be justified; a few, however, seem to be trivial. Communications have become more open since the project began; both sides appear to have a better understanding of each other; and relations have improved in recent months.

Materials

The RTSA/A has produced almost no training materials. A small number of items have emerged from or were prepared for RTSA/A-sponsored training courses. Two papers are being prepared for upcoming regional workshops in Manila. Two sets of proceedings have been printed. One set, the proceedings of the Regional Advisory Group, which met in Honolulu in 1981, was published in an edition of 200 copies, which have been distributed to participants and other appropriate recipients, mostly in Asia. The second set contains the proceedings of a workshop for traditonal birth attendents. Both sets of proceedings were published before release of the contract amendment that suggested that less expensive ways be found to communicate the results of meetings.

Some grantees and subcontractors have used RTSA/A funds to purchase materials, but no data on these materials have been compiled. The contract has supported the development of training manuals in Nepal, that are highly valued by the Nepalese.

The development and distribution of curricular and educational materials were among the four areas of work called for in the contract. In this area, contract expectations have not been fulfilled adequately.

Project Activity

By the end of February 1982, the RTSA/A had considered 117 project proposals. Of these, 70 were approved and 47 were disapproved. Approvals and disapprovals, by countries benefiting from approved projects, are listed in Table IV-5. By the end of March 1982, 58 projects had been completed. Of these, 16 were subcontracts. The distribution of these subcontracts and other activities by country, is shown in Table IV-6.

The evaluation team was able to examine a large number of tables that show output for different time periods by type and number of persons trained, mode of training (direct course, workshop, seminar, and study tour), content area, and costs, but these tables failed to give a clear picture of the RTSA/A's activity. Different tables show different totals for identical time periods and there are typographical errors in the tables that make it difficult to identify the correct numbers. Also, the categories that were used are not mutually exclusive (see Chapter III), and this makes it difficult to specify with any certainty what is included in, or excluded from, any of several categories.

The most recent table on number of persons trained (see Table III-4 in Chapter III) lists a grand total of 5,043 trainees, of whom only 231 (5 percent) participated in conferences, workshops, seminars, or study tours. When data from several other tables (not included in the report) are combined, it appears that these 5,043 persons received their training in 53 projects at a total cost of $930,656. (This cost figure does not agree with the figure that the administrative officer provided to the evaluators. See Chapter III.) A breakdown of the numbers by content area, and a comparison of these percentages with contract specifications of what the expenditures should have been reveal some striking imbalances.

Content Area	Percent Trained	Percentage of Projects	Percent	Percent of Contract Specification
Technical Skills	74%	28%	34%	40%
Curricula Development/ Materials Preparation	1%	8%	4%	30%
Management/Supervision	9%	53%	40%	20%
Training of Trainers	16%	11%	22%	10%

Assistance to upgrade technical skills appears to be highly cost-effective, both in terms of costs and project effort, and this activity seems to be receiving approximately the correct proportion of funds, given the requirements of the contract. The development of curricula and training to prepare materials has received little attention. Training in management and supervision is very costly, perhaps because, to date, it has been conducted primarily as a regional and extra-regional activity. TOT has been reasonably emphasized and has been provided at relatively moderate cost.

Cost-Effectiveness

There is no way to make an objective estimate of the cost-effectiveness of the RTSA/A's activities, because it is not known what effects those activities may have had (or may yet have); nor can one calculate the monetary value of those effects in comparison to costs.

By the end of March 1982, the RTSA/A had spent or encumbered 80 percent of its budget in 83% of the time alloted to the contract. It considered 118 proposals, of which no fewer than 70 were approved and have been completed, are in progress, or pending. According to one recent set of figures, during these 30 months, the RTSA/A, served 5,043 participants, 4,812 of whom received direct training, 166 of whom attended seminars or workshops, and 65 of whom went on study tours.

On the whole, the costs seem reasonable, even though some of the project's administrative costs went to pay for the time that staff devoted, not to the project, but to duties to the University of Hawaii. It is not possible to estimate how much time was diverted to university duties; it may have been considerable, because the co-project director is head of the department and carries a full teaching load; the project director does some teaching, has several administrative responsibilities to the university, and is vice-president of the Western Consortium; and others on the professional staff have responsibilities as teachers and preceptors.

USAID mission personnel were not asked to comment on the cost-effectiveness of the project in the countries visited, but the India mission has indicated that the services that the RTSA/A has provided to that country have been highly cost-effective. The Nepal mission's reply would probably be similar.

Compliance with PES and Contract Amendment

The PES, dated December 10, 1981, contains a number of amendments to the project's contractual scope of work. These are listed below and are followed by an assessment of the RTSA/A's efforts to comply with each change.

1. *Shift the balance of trainees in favor of more nurses, midwives, and auxiliaries and fewer community health workers (CHWs).*

According to RTSA/A figures, the original contract required that 14 times as many community workers as nurses, midwives, and auxiliaries be trained. As of March 31, 1982, nearly eight times as many nurses, midwives, and auxiliaries as the contract required had been trained, whereas the number of community workers who had received training was approximately equal to the figure in the contract. Between October 1, 1981, and March 31, 1982, approximately twice as many community workers as nurses, midwives, and auxiliaries had been trained. RTSA/A staff are aware that the balance needs to be shifted, but because projects are already in the pipeline, efforts to effect this shift have been delayed. It is worth noting that at least two countries, Thailand and

Sri Lanka, heavily emphasize the need for training for community workers, because much of the motivational and service work in these nations depends on these workers.

2. *Improve the required needs assessment and program planning documents.*

No significant effort has been made to fulfull this requirement.

3. *Forego further meetings of the RAG, reduce the number of participants being sent to the United States; and do not establish a regional office.*

No additional meetings of the RAG have been scheduled. The number of participants being sent to the U.S. for training and study has been reduced. No regional office will be opened. The evaluation team believes, however, that a regional office is needed and recommends that such an office be established if the program is continued.

4. *Do not initiate regional (multi-country) projects unless USAID missions indicate clearly their interest in such activities.*

Recently, in compliance with this requirement, a series of circular cables was dispatched. Mission concurrence is required for all RTSA/A activities, and persons slated for regional and U.S. training must be nominated by the missions. The evaluation team sees value in regional activities and hopes that such activities will be continued whenever and wherever appropriate.

5. *Delegate more responsibility to the administrative assistant to give the project director more time for planning.*

It is difficult to ascertain from one visit to what extent the RTSA/A has complied with this requirement. It is doubtful that the relationship between the administrative assistant and the project director and the responsibilites of the two positions will be changed substantially.

6. *To conserve money, take the following steps: (1) eliminate the further participation of graduates as country trainees; (2) provide more selective U.S. training; (3) find less expensive ways to communicate the outcomes of confrences, seminars, and workshops; (4) seek inexpensive places for training sites; (5) avoid low-priority training; (6) require that host countries contribute money or in-kind support for activities; and (7) analyze costs per participant for training programs.*

The participation of graduate country nationals is not anticipated.

U.S.-based training has been given very low priority. The RTSA/A has stated that all nominations must come from the USAID missions.

The proceedings of only two meetings have been published, both before the amendment was issued. Neither publication was expensive. It is felt that the RTSA/A has published too little, not too much.

Expensive training sites are being avoided.

More than 90 percent of training has been for in-country projects which are high in priority and low in cost.

Forms for initiating projects carry a space to record estimates of host-country contributions. RTSA/A staff are aware that all projects are expected to be supported in part by the country involved.

Costs per participant and per day have been calculated, but they have not been analyzed for all projects. Estimates of costs per participant and per day must be recorded on the initiation forms for projects.

7. *Do not work in "graduate" countries.*

The RTSA/A no longer works in these countries. What was done in those countries was done before AID/W ruled against such activity.

8. *Seek low-cost ways to use a computer to store numerical data on projects.*

Work is proceeding to meet this requirement. The RTSA/A realizes, however, that it would be wasteful to devote considerable time or money to this activity if the project will not be continued.

9. *Identify in future reports numbers of trainers, educators, instructors, managers, and supervisors; also note the proportion of costs to support training in these categories.*

Data on these categories of personnel are now available for past projects and will continue to be made available in the future.

10. Negotiate subcontracts whenever possible.

The RTSA/A has opted to de-emphasize subcontracts because of the long delays in receiving approvals. The evaluation team would encourage the RTSA/A to negotiate more subcontracts, and this may be done. The requirement that 60 percent of training costs be expanded through subcontracts has not been fulfilled.

11. Employ a materials-development specialist, part-time or temporarily, to expedite the development, exchange, and distribution of training materials.

An educational specialist has been employed, full-time, according to the evaluators' sources, who may or may not have provided accurate information. No new training materials, other than papers by two staff members for a Manila workshop, appear to be in preparation.

Regional Advisory Group

The Regional Advisory Group, or RAG, is composed of 15 members from 10 countries, selected, for the most part, on the advice and counsel of USAID missions and government officials. Most of the members have extensive experience and an international reputation in family planning.

The functions of the RAG were discussed and accepted at the first (and only) meeting of the group. The four functions are:

1. To advise the RTSA/A on the development of long-term plans and programs in family planning.

2. To help identify gaps in and needs for training for PAC workers and other FP professionals.

3. To recommend appropriate measures for the RTSA/A to formulate strategies to fill the needs for and gaps in training.

4. To advise on appropriate mechanisms for evaluating RTSA/A activities.

Contributions to discussions of these activities, suggestions for RTSA/A priorities, and data useful in generating needs assessments for each of the countries represented were presented at the RAG meeting in Honolulu, Hawaii, in May 1981, and were duly recorded in a lengthy volume on the proceedings.

Members of the evaluation team interviewed the participants in their respective countries (except Bangladesh, Sri Lanka, Philippines, and the "graduate" countries. The team ascertained that there is little interest in the RAG. Moreover, there is little to indicate that any substantial and systematic effort has been made to follow up the suggestions offered in Honolulu. Only in Nepal was the feeling expressed that the meeting was a good experience and not duplicated by other regional conferences. In the other countries, the evaluators' questions about the meeting were greeted with noncommital and disinterested responses.

Apparently, there has been little regular contact with the group since the decision was made, at the suggestion of AID/W, to refrain from scheduling additional meetings. A member of the RTSA/A staff observed that the RAG was good to use to get things started but was not good for the long haul. This may be one reason for the lack of interest in the group. A Thai who was interviewed expressed the opinion that the group as it is now constituted serves no purpose, but he pointed out that a new group composed of carefully selected middle-level managers with training program responsibilities might be useful.

The RAG meeting cost $31,922 ($665 per person-day). The group has not functioned in any formal way since that first meeting. Individual members have been contacted by RTSA/A staff during their on-site visits; in fact, because of their positions, more of the members would be visited, whether or not they were members of the RAG.

Except for the materials reproduced in the report on the proceedings, the RAG has produced no outputs. Although long, the volume on the proceedings was produced inexpensively in an edition of 200 copies that were distributed to appropriate persons in the region. RTSA/A staff helped to organize and conduct the first meeting, but they have done little since; activities have been confined largely to occasional visits to RAG members, often to discuss other business.

It seems unlikely that any attempt will be made to revive the RAG, but the evaluators believe it may be worthwhile to consider establishing a technical advisory group of carefully selected persons with program responsibilities. The members would serve in an individual capacity rather than as country representatives. They would not meet, except at their own initiative. They would be sources of information and advice and would be kept informed of the problems and successes of their counterparts elsewhere in the region.

Exhibit IV-1

EMPLOYMENT CHRONOLOGY OF RTSA/A PERSONNEL

Staff Member	Date	Percentage
Mr. Michael Dennis	05/01/81 - 06/30/81	50%
	07/01/81 - 06/30/82	100%
Ms. Beverly Futa	11/02/81 - Present	100%
Ms. Naomi Hew	05/12/81 - Present	100%
Dr. Satoru Izutsu	10/01/79 - 09/30/80	100%
	10/01/80 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Mrs. June Kobashigawa	08/18/81 - 06/30/82	100%
Ms. Donna Lee	11/01/80 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Mrs. Colleen Miyano	06/22/81 - 09/29/82	100%
Mrs. Dorothy Nishita	05/16/80 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Dr. Michael O'Bryne	11/28/79 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Dr. J. Y. Peng	04/07/80 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Ms. Marilynn Schmidt	11/01/81*- 06/30/82	100%
Dr. Julia Tsuei	10/01/79 - 06/30/80	50%
	07/01/80 - 06/30/81	100%
	07/01/81 - 06/30/82	100%
Dr. John Watson	10/01/79 - 06/30/80	15%
	07/01/80 - 06/30/81	30%
	07/01/81 - 06/30/82	30%

*This date may be a typographical error. The evaluators were told that Ms. Schmidt became a staff member in January 1981.

Source: RTSA/A

Exhibit IV-2

RTSA/A STAFF ASSIGNMENTS, BY COUNTRY

Country	Principal	Backup (Support)
Bangladesh	Dr. J. Y. Peng	Dr. S. Izutsu
India	Dr. M. O'Bryne	All Staff
Indonesia	Ms. M. Schmidt	Dr. J. Tsuei
Nepal	Ms. M. Schmidt	Dr. J. Y. Peng
Philippines	Dr. J. Tsuei	Ms. M. Schmidt
Sri Lanka	Dr. J. Y. Peng	--
Thailand	Dr. J. Y. Peng	D. M. O'Bryne

Source: RTSA/A.

Table IV-I

STAFF TRAVEL, BY COUNTRY AND YEAR
(In Days; Exclusive of Consultant Travel)

Country	Staff Member							
	Izutsu	Peng	Tsuei	Schmidt	O'Byrne	Nishita	Total	TOTAL
Bangladesh								
1980	3	3	-	-	-	-	6	
1981	-	-	-	-	-	-	0	
1982	-	-	-	-	-	-	0	6
India								
1980	-	-	-	-	-	-	0	
1981	25	6	-	-	80		111	
1982	-	-	-	-	-	-	0	111
Indonesia								
1980	3	3	-	-	-	-	6	
1981	-	-	6	6	4	-	16	
1982	-	-	-	7	4	-	11	33
Korea								
1980	2	2	-	-	-	-	4	
1981	-	-	-	-	-	-	0	
1982	-	-	-	-	-	-	0	4
Malaysia								
1980	-	1	-	-	-	-	1	
1981	-	13	-	-	-	4	17	
1982	-	-	-	-	-	-	0	18
Nepal								
1980	4	4	-	-	-	-	8	
1981	5	3	-	22	-	-	30	
1982	-	-	-	23	-	-	23	61
Philippines								
1980	5	3	-	-	-	-	8	
1981	12	11	22	-	-	4	49	
1982	-	6	21	15	-	-	42	99
Singapore								
1980	-	2	-	-	-	-	2	
1981	-	3	-	-	-	3	6	
1982	-	-	-	-	-	-	0	9

Sri Lanka								
1980	3	3	-	-	-	-	6	
1981	-	3	-	-	-	-	3	
1982	-	-	-	-	-	-	0	9
Thailand								
1980	-	-	14	-	35	-	49	
1981	-	12	-	-	46	5	63	
1982	-	-	3	-	5	-	8	120
TOTAL	62	78	66	73	174	16	469	469

Source: RTSA/A records, June 1980 - February 1982. Data are not available for the period October 1979 - May 1980.

Table IV-3

LIST OF CONSULTANTS USED AS OF MARCH 16, 1982

Name	Dates Consultation	Number of Fee Days	Country	Reason for Consultancy	Total Cost (Inclusive)
DIAMOND, Milton	09/14/81-10/02/81	15	Thailand	Project TH-0067	$5,275.00
FARGO, George A.	12/01/81-06/30/82	8	Hawaii, U.S.	Project PI-0075	1,320.00
HERM, James	08/03/81-08/22/81	18	India	Project IND-0084	7,309.54
HERM, James	01/12/82-01/22/82	9	Hawaii, U.S.	Project IND-0100	3,324.29
NEUSE, Margaret	06/02/81-06/26/81	22	Nepal	Project NE-0046	6,241.88
NEUSE, Margaret	08/31/81-10/02/81	31	Nepal	Project NE-0046	8,353.63
PALMORE, James A., Jr.	08/03/81-08/22/81	18	India	Project IND-0084	6,693.29
PENG, Jui Yun	12/17/79-12/20/79	4	Hawaii, U.S.	To Map Program Strategy	1,745.12
PENG, Jui Yun	01/14/80-01/25/80 02/12/80-02/13/80 02/22/80-03/18/80 04/02/80-04/04/80	33.5	Hawaii, U.S. Singapore-Kuala Lumpur Bangkok	Prior to Becoming Staff Field Director	13,802.48
RAMOS, Rebecca	10/17/81-10/18/81	2	Philippines	Project PI-0096	190.00
SCHMIDT, Marilynn A.	08/18/80-09/19/80	25	Hawaii, U.S. Philippines	Prior to Becoming Staff Nurse-Midwife	6,247.01
SWEENY, William	01/05/82-01/22/82	13	Hawaii, U.S. Thailand Indonesia	Project IND-0100	6,560.70
SWEZEY, Curtis	05/17/81-06/01/81 06/17/81-07/23/81	49	Nepal	Project NE-0060	13,926.46
VALENZUELA, Amanda	09/22/81-09/25/81	4	Thailand	Project TH-0067	1,272.98
WEEKS, Philip O.	02/01/81-07/09/81	137	Nepal	Project NE-0021	31,930.02
	TOTAL	388.5			$114,192.40

Table IV-2
RTSA/A STAFF AND CONSULTANT TRAVEL, BY COUNTRY AND YEAR
(In Days)

Country	Year 1980	1981	1982*	TOTAL
Bangladesh	6	-	-	6
India	-	181	-	181
Indonesia	6	19	15	40
Korea**	4	-	-	4
Malaysia**	1	17	-	18
Nepal	8	249	23	280
Philippines	8	54	27	89
Singapore**	2	6	-	8
Sri Lanka	6	3	-	9
Thailand	49	107	13	169
TOTAL	90	636	78	804

* Through February.

** Graduate countries.

Source: RTSA/A records, June 1980 -February 1982. Data are not available for the period October 1979 - May 1980.

Table IV-4

LIST OF CONSULTANTS PROJECTED TO BE USED BY SEPTEMBER 29, 1982
(As of March 31, 1982)

Name	Date of Consultation	Number of Fee Days	Country	Reason for Consultancy	Total Cost (Inclusive)
LYONS, Joyce	05/05/82 - 06/04/82	30	India	Mission Request	$ 9,315.00
MARSHALL, Margaret Ann	To Be Determined	20	Philippines	Project RG-0093	$ 7,650.00
NEUSE, Margaret	07/01/82 - 08/15/82	39	Nepal	Project NE-0046	$10,358.00
NELSON, Jack	To Be Determined	39	Bangladesh	Project BA-0103	$10,000.00
THOMPSON, John	To Be Determined	10	Hawaii, U.S.		$ 2,480.00

Source: RTSA/A.

Table IV-5

PROJECT PROPOSALS APPROVED OR DISAPPROVED, BY COUNTRY BENEFITING

Country	Approved	Disapproved
Bangladesh	4	1
Hongkong	1	0
India	6	2
Indonesia	5	4
Korea	1	4
Malaysia	3	0
Nepal	9	3
Philippines	21	8
Sri Lanka	6	0
Thailand	12	22
Region	9	3
TOTAL	77*	47

* This total is higher than the number of approved projects, because several projects were designed to benefit two specified countries.

Source: RTSA/A, Project Proposals, Master List.

Table IV-6

SUBCONTRACTS AND ACTIVITIES COMPLETED,
OCTOBER 1979 - MARCH 1982

Country	Subcontract	Activity	TOTAL
Bangladesh	1	0	1
India	0	1	1
Indonesia	0	0	0
Nepal	1	3	4
Philippines	6	1	7
Sri Lanka	2	0	2
Thailand	4	0	4
Other Countries	1	1	2
Regional	0	18	18
U.S. and Other	1	18	19
TOTAL	16	42	58
	(28%)	(72%)	(100%)

Source: RTSA/A.

V. TRAINING NEEDS AND COUNTRY TRAINING AGENDAS

Training Needs

The aggregate of the region's needs for pre-service, in-service, and refresher training for all categories of workers -- paramedicals, auxiliaries, community workers, as well as managers and supervisors -- far exceeds the RTSA/A's mandate and capacity. For example, an incomplete count of prospective trainees for only four of the seven RTSA/A countries totals 300,000 persons. Even with the multiplier effect of TOT, it is doubtful that the RTSA/A could and should respond to training needs of this magnitude.

Any inventory of training needs for the RTSA/A will reflect only a fraction of the total training needs of the region. The RTSA/A's scope of work is shaped by training needs that are not already funded under existing host-country plans and programs, that are not proposed as part of bilateral and multilateral programs or projects of non-governmental organizations, and that are accorded high priority by the USAID missions and host-country governments. The flexibility of the contract enables the RTSA/A to act in a variety of ways. It can, for example, choose to fund subcontracts for which little or no technical assistance is required; to provide technical assistance during the development and implementation of a project; to monitor and assist in the field evaluation of a project; to develop regional workshops with planned in-country follow-on; to sponsor regional seminars or workshops that will stimulate nationals to think about a particular approach; to identify problems that may be corrected with training, and to provide consultation to the USAID missions and host countries on how the RTSA/A might provide that training; to assist in the development of curricula of broad interest (e.g., techniques to teach clinical contraception in pre-service training) and to share this work with other countries in the region; and to help the regions develop their capacities to provide consultation, establish and operate training institutions, and design and produce training materials.

The RTSA/A has attempted to use in-country working groups to identify training priorities and to develop proposals. If the groups are representative of the various family planning training interests, and if they meet regularly, the RTSA/A should continue to use them as a primary resource. However, RTSA/A staff need not only be reactive; they also should alert these groups to problems and opportunities that RTSA/A staff and consultants have identified during site visits and from data analysis.

The training agendas which are described below by no means represent all the possibilities for training and technical assistance that the RTSA/A might uncover were it to give more attention to planning and evaluation. The agendas do represent current and planned training activities, and they reflect the RTSA/A's and AID/W's priorities to provide in-country training for PAC personnel, to trainers whenever possible, and to emphasize especially training in management and supervision for specific categories of PAC workers and for family planning managers and supervisors.

Country Training Agendas

A. Bangladesh

The evaluators recommend that a site visit be made before the RTSA/A become further involved in Bangladesh. The last visit was made in August 1980. The cable which the USAID mission sent to Judith Rooks is not supportive of RTSA/A in-country and regional training (see Appendix C).

B. India

In-country training should be provided for block extension workers and to train trainers. Technical assistance is needed to develop a curriculum and a training plan for block extension workers; to assess the training needs of paramedical personnel; and to develop a training component for a social marketing project.

Regional training could accommodate approximately 20 persons each year in India. Regional training can take the form of workshops, seminars, and conferences.

It is not known whether training in the United States is possible.

C. Nepal

In-country training in Nepal should be provided for various categories of personnel. The following kinds of training are recommended:

- Refresher training in financial management and TOT for accountants and district administrators.
- Refresher training in logistics, supply management, and TOT for storekeepers and district administrators.
- Inservice training in financial management for new accountants and district administrators.
- Inservice training in logistics and supplies for storekeepers and district administrators.
- Inservice training in recordkeeping and data collection for clerks and statistical assistants, and TOT.
- Refresher and inservice training for nurses and midwives to upgrade skills in clinical contraception.
- Inservice training in family planning technology for auxiliary health personnel.
- Inservice training for district-level and middle-level family planning managers.

Technical assistance is needed to prepare and monitor in-country programs; to develop the capacity to design for the schools of nursing and to provide pre-service training for assistant nurse-midwives (ANMs) and auxiliary health workers (AHWs); to conduct field evaluations of training; and to design refresher courses for auxiliary health personnel and district-level and middle-level family planning managers.

Eight slots should be reserved for Nepal representation at regional meetings, workshops, and seminars.

The possibilities for U.S. training are not known.

D. Philippines

In-country training should be provided for two categories of personnel. Nurses and midwives should receive training in clinical skills and natural family planning. Training to develop and improve curriculum for these workers and to train trainers also should be provided. Community health workers should be trained in family planning motivation and outreach.

Technical assistance could take several forms. The following is recommended:

- Pre-service and inservice training to develop the capacity to design curricula in contraceptive technology and clinical skills for nurses and midwives.
- Training to develop the capacity to design curricula for schools of nursing and midwifery and to develop TOT. This training should be provided to the IMCH to strengthen its capacity as a regional training resource.
- Training for the Integrated Midwives Association of the Philippines (IMAP) to enhance its capacity to develop curricula for the schools of midwifery.
- Training in proposal development and training-program preparation to ensure that all existing in-country sources of funds are used where appropriate and possible.

Five slots should be reserved for the participation of Filipinos in regional workshops, seminars, and conferences. Funds should be made available to the IMCH to prepare for and conduct a series of courses for the region in curriculum development in the schools of nursing and midwifery.

It is thought that U.S. training would be useful, but it is not known to what extent such training would be provided.

E. Thailand

In-country training should be provided for community-level workers (extension agents, volunteers, and elites); sanitarians, nurses and midwives (sterilization skills), and auxiliary workers (injectables); storekeepers and local administrators (logistics); and satisfied clients who have had vasectomies (to promote motivation for outreach).

Technical assistance should be provided in Thailand to prepare for in-country training programs; to upgrade and standardize the family planning content in pre-service and inservice programs for nurses, midwives, and auxiliaries; and to maintain the Asian Centre for Population and Development as a regional resource.

Fifteen slots per year should be reserved for Thai participation in regional workshops, seminars, and conferences.

The possibilities for U.S. training are not known.

F. Indonesia

No in-country training support is recommended. No direct technical assistance for the country is recommended. Five to 10 slots per year should be reserved for Indonesian participation in regional workshops, seminars, and conferences. The possibilities for U.S. training are not known.

G. Sri Lanka

The evaluators recommend that a site visit be made to Sri Lanka before the RTSA/A becomes further involved in the country. The USAID mission in Sri Lanka failed to respond to Judith Rooks' request for an evaluation.

VI. POTENTIAL INVOLVEMENT OF THE WESTERN CONSORTIUM FOR THE HEALTH PROFESSIONS, INC.

As part of its assignment, the evaluation team was asked to visit the Western Consortium for the Health Professions, Inc., in San Francisco, California, to assess its capacity to assume the RTSA/A contract, should a decision be made to transfer the project from the University of Hawaii.

The history, organization, and activities of the consortium are described in a brochure attached to this report. Briefly, the consortium is an independent, non-profit corporation that was organized by, but is relatively independent of, the Schools of Public Health at Berkeley, Los Angeles, and Honolulu. Dean Michael, of the University of Hawaii, is a member of the policy board; Satoru Izutsu, the current project director, is vice president.

The only current international activity of the consortium is a five-year, UNFPA-supported health and manpower development project in Bangladesh. The consortium is interested in exploring new strategies for international work and is seeking to develop new approaches to international technical assistance.

The team spent a day in San Francisco talking with the director of the consortium, Mr. Joe Hafey; the director of the International Project, Dr. Robert Miller; and with Ms. Shoshanna Churgin, who has not yet been given a title.

The consortium's staff have talked with Dean Michael and Satoru Izutsu about the possibility of shifting the RTSA/A to the consortium. The idea, they say, originated with Dean Michael and fits well with the other deans' desires to handle their international activities through the consortium. The shift would have economic advantages for the consortium and for the University of Hawaii. Overhead, which now goes to the State of Hawaii's general fund and does not directly benefit the university, would go to the consortium under the new arrangement; this might (although Hafey says it would not) result in a reduction or the elimination of the membership fee -- approximately $20,000 a year -- that Hawaii now pays. Another advantage would be that Hawaii's hitherto difficult relationship with AID/W would be shifted to San Francisco. Were the contract shifted to the consortium, the consortium could, perhaps, be expected to assume the administrative and financial chores now contracted to the Research Corporation of the University of Hawaii, with Hawaii then contracted to continue project activities as they are now operating.

The evaluators' impression is that the consortium is willing, perhaps even eager, to have the contract. The staff have begun to consider prospective candidates for the position of project director and they have obtained the resumes of two persons. They would not respond directly to questions about what they would do differently, if the contract were awarded to them, but it is highly probable

that this issue has been discussed with the Hawaii representatives on the Board.

The staff of the consortium, with the exception of Dr. Miller, lack international experience. The Bangladesh project is now in its third year, but the experience has not been shared systematically with the San Francisco staff to facilitate planning and conceptual development, although the staff aspire to expand their international activities.

If the contract were to be transferred, a first step would be to hire a new project director. This should be someone with appropriate overseas experience. He or she would be directly responsible to Hafey, serve as the liaison to AID/W, and would have a major role in deciding how to identify problems and possible approaches and to determine operating procedures. The project director would be full-time. In one suggested scenario, the director would have spent half of the time in the field, one-fourth of the time in Hawaii, and one-fourth of the time in San Francisco.

The consortium is open to the idea of a field office in Asia and might consider locating such an office in Dacca, where its current project is now operating, and where it could perhaps draw on the Dacca staff for some services. (The evaluation team feels that locating the office in Dacca would be a mistake.) Some, perhaps all, of the staff would be based in Hawaii. The consortium might decide to retain all, or only some, of the current staff, but its decision would be flexible.

The consortium feels that it has the capability to become an active participant in needs assessments. The staff possess the skills for such activity and, if necessary, could draw on the resources of the member universities to fill any gap. It is said that the staff are heavily oriented toward planning and would welcome a chance to participate in the planning of an international project.

A transfer to the consortium would have both advantages and disadvantages. The following are among the advantages:

- Demonstrated administrative ability.
- Long experience with government contracts.
- Experience with at least one Asian manpower development project.
- Good planning capability.
- Ready access to skilled and experienced consultants.
- Freedom from the administrative constraints of university affiliations.

- Lower overhead than the RTSA/A.
- Potential to obtain foundation support to finance an overseas office.
- Resources and skills for needs assessments.
- Potential to salvage the experience of current RTSA/A staff.

The disadvantages would include:

- Relative lack of international experience.
- A break in continuity.
- Staff's lack of familiarity with USAID mission personnel in Asia and with Asian organizations, which would slow start-up.
- Possibility that things would continue as they are.
- A longer distance to Asia and considerable distance from Hawaii, which would result in higher travel costs and slower communications.
- Loss of the East-West Center as a resource.
- Lack of prior experience with AID/W.

The consortium would welcome the opportunity to discuss its qualifications with AID/W, if a decision to transfer the contract is seriously considered.

VII. RECOMMENDATIONS

VII. RECOMMENDATIONS

In formulating its recommendations, the evaluation team attempted to respond to the major questions posed in the scope of work for the evaluation, dated March 9, 1982.

Those questions, in abridged form, are summarized below.

1. Is there a continuing need for this kind of AID training assistance in Asia? Is there a need in specific countries, but not in others? Specifically, is there more or less need for (a) technical assistance, as compared to financial support; (b) training to increase or improve the family planning knowledge and skills of PAC program personnel; (c) assistance to improve the capacity to develop pre-service curricula for nursing, midwifery, and auxiliary training institutions; (d) training to improve management and supervision; (e) training to upgrade the skills of TBAs and indigenous health workers to provide family planning; (f) training for trainers; (g) refresher training; and (h) training in the U.S., in Asia, and in-country?

2. Has this contract been, or could it be, a cost-effective mechanism (compared to other alternatives) to ensure the training of large numbers of non-physician family planning workers, and to develop or improve the in-country or intra-regional capacity to provide effective training?

3. Should the Regional Advisory Group be continued? If yes, how should it function?

4. What would be the advantages and disadvantages of implementing this program through the Western Consortium instead of the University of Hawaii School of Public Health?

The following conclusions and recommendations do not correspond to the order of the questions listed above, but they do reflect an effort to respond to the major issues posed in this evaluation.

Provision of Training

1. A centrally-funded, flexible training program, such as that of the RTSA/A, is useful in Asia, because it helps to increase the numbers of trained PAC workers and to strengthen in-country and regional capacities to design and implement pre-service, inservice, and refresher training for the various categories of personnel. Needs and policy preferences vary from country to country, but throughout the region, there is continuing need for the kinds of activity specified in the first question listed above.

a. The activities now performed under the RTSA/A contract are less useful in Indonesia than in other countries in the region. Indonesia recognizes that it has a special need for long-term degree-type training, and it has the funds to provide such training. Language problems interfere with the RTSA/A's ability to sponsor regional training activities.

b. Site visits should be made to Bangladesh and Sri Lanka before a final decision is made about a scope of work for those countries. Few visits have been made to either country, and none has been made recently. A reassessment of these nations' situation and needs is required.

c. It is possible that Pakistan may again come into AID's orbit, and that Burma, which has made some tentative advances to the RTSA/A, may request assistance in the near future. The opportunities that these events present should be considered.

Extension of the Project and Modifications

2. The RTSA/A project should be extended for two years, but its structure and the scope of work should be modified substantially.

a. A field office, staffed by two professionals and supported by a small Asian staff, should be established. It would be preferable to locate this office in Bangkok, because of that city's central location in the region, its accessibility, and its good communication facilities.

b. A central project office with a small staff either should be retained or established. The office could be staffed by a project director with strong planning, program design, and field skills, and experience in South Asia or Southeast Asia; an administrative officer; and a secretary.

c. The project should primarily rely on consultants, preferably Asians, for the range of skills needed to provide short-term technical assistance.

d. A new project director should be appointed. (This recommendation does not constitute a vote of no confidence in the current director. It is instead a recognition of the director's expressed desire not to remain in the position.)

e. The scope of work should be revised. The new scope of work should:

1. Concentrate activities in five countries, Nepal, India, Thailand, Philippines, and Sri Lanka, and give minimal attention to Indonesia and, perhaps, Bangladesh. The project should consider the addition of Pakistan or Burma (or both countries), should the need arise and should AID and the missions request such action.

2. Give more attention to overall planning and design.

3. Focus on problems as the basis for projects.

4. Spend more time in the field when and where such activity is acceptable to USAID and the host-country governments.

5. Synthesize and standardize training designs, curricula, teaching techniques, and training methodologies to facilitate the preparation of practical training materials.

6. Provide more technical assistance in field evaluation to country programs.

7. Decrease the emphasis on comprehensive needs assessment and increase use of existing in-country materials, relying on observations during site visits to determine training needs.

8. Give more attention to capacity-building and the institutionalization of training capabilities in-country and in regional institutions.

f. Use a non-university contractor (if a decision is made to change the contract) to eliminate an unnecessary, and often constraining, layer of administration; to avoid the constraints of hiring from within a state civil service system; and to ensure that all staff can devote 100 percent of their working time to the project.

Continuity of the Project

3. The continuity of the project should be protected to the fullest extent possible. This can be done, for example, by placing current staff in appropriate field, central, and technical-assistance positions.

Priorities

4. Maintain the current priorities of the RTSA/A. These priorities are to provide in-country training for PAC personnel and managers and supervisors, stressing in particular logistics management, financial management, clinical contraception skills, and curriculum development; to provide some regional training that gives particular attention to capacity-building and in-country follow-up; to assign low priority to long-term training or training in the U.S., except when such activity is strongly recommended by a USAID mission.

5. The RTSA/A should explore and remain alert to the possible need for training for paramedical and auxiliary personnel to perform clinical contraceptive skills in non-clinical settings. Greater use might be made of these workers if they are trained in these skills. When paramedicals and auxiliaries begin to provide contraceptive services, efforts should be made to develop training programs for them and to train trainers.

Replacement of the RAG

6. The RAG should be allowed to lapse and fade away, as it already has done for all practical purposes. The project should consider replacing the RAG with a technical group of carefully selected operational-level training administrators. The new group would meet once or twice each year, in Asia, to exchange information and ideas, to work on plans for the upcoming year, and to learn about the RTSA/A's activities and perspectives. Responsibility for convening the group should rest with the members, with RTSA/A providing technical and administrative backup and funds for transportation and per diem. If such a group is constituted, it should have close and frequent relations with RTSA/A staff.

Continuation or Termination of the Project

The team considered several options to continuing or terminating th project. Its recommendations, in order of preference, are listed below.

7. The project should be continued for another two years, but not with the University of Hawaii. The kinds of changes listed above should be effected, and a special effort should be made to ensure to the greatest possible degree the continuity of the project.

8. The project should be continued with the University of Hawaii as the contractor, but as many as possible of the changes recommended above should be made. (This recommendation is made with the full knowledge that the principal investigator and the project director have both said that they would prefer to have the project transferred. The Research Corporation of the University of Hawaii, an autonomous, non-profit corporation, might be a possible alternative contractor, but its interests and capabilities were not explored by the evaluation team.)

9. The project should be terminated, but the current contract should be extended six months to enable the RTSA/A to fulfill its existing commitments. (This extension may be possible without additional funding.)

10. The evaluators were not asked to make any recommendation about possible transfer of the contract to the Western Consortium. (For information on the consortium, its interest in the project, and the evaluators' perceptions of the relative advantages and disadvantages of the consortium as an alternative contractor, see Chapter VI.)

11. The evaluators do not recommend a new two-year contract with a contractor who has had no relationship to the current project. This action would result in a complete break in continuity and would require a long start-up time before the new project could gain momentum. The team's views about a new five-year contract, if such a project is possible, might be different.

Part Two

REVIEWS OF ACTIVITIES, BY COUNTRY

VIII. COUNTRY REVIEW: INDONESIA

Family Planning Program Content

Indonesia is a vast, densely populated country of 150 million people. Sixty-four percent of the population lives on 7 percent of the land area, which consists of Java and Bali. The annual rate of growth in Indonesia is 2 percent; at this rate, the population doubles every 35 years. The national goal is to achieve a birth rate of 22/1,000 by 1990. Some progress has already been made. Since the initiation of the FP program in Indonesia, the birth rate has decreased from 44/1,000 to 36/1,000, according to the 1980 census.

The Indonesian family planning program has been judged to be relatively successful. It was begun in 1970 at the initiation of the National Family Planning Coordinating Board (BKKBN), an independent agency that reports directly to the president. The BKKBN is responsible for coordinating all population and family planning programs. To facilitate achievement of family planning goals, the Indonesian government actively supports the national program. Recently, it increased its contributions to that program from $69 million in 1981 to $91 million in 1982.

The Indonesian family planning program is comprehensive; all contraceptive methods are available. According to USAID, the sterilization program is becoming more intensive; the number of procedures performed in this program has increased from 40,000 to 60,000 over the past two years. The USAID mission anticipates that the sterilization program will increase exponentially in coming years. Because the BKKBN cannot engage officially in the sterilization program, funds from the International Planned Parenthood Federation (IPPF) are being directed toward this effort. The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) has been involved in training physicians to perform the sterilizations.

Indonesia's contraceptive distribution systems are very good. More than 300,000 women use injectables. Backup medical services for IUD users are adequate. Sixty percent of family planning acceptors use oral contraceptives (OCs), although the distribution of method acceptance varies from place to place. For example, in Bali, IUDs are very popular.

A USAID document prepared by Morrie Blumberg, entitled Indonesian Family Planning Successes, (February 19, 1982), reveals that, compared with figures for 1970, the number of children 0-4 years decreased in 1980 in several areas in Indonesia. Mr. Blumberg feels strongly that neither excess mortality nor out-migration of parents explains this phenomenon.

Role of the USAID Mission

The USAID mission in Indonesia plays a major role in the Indonesian family planning effort through the National Family Planning Coordinating Board. Over the past 10 years, USAID has increased its bilateral population program assistance from $2.16 million to $22.7 million. Currently, a $2 million AID loan for Indonesia's family planning and population training program is being negotiated for the 1982-1983 budget. The bulk of this loan will be earmarked for long-term training abroad to prepare Indonesians at the masters and doctoral levels. Currently, 20 Indonesian students are in the United States for long-term study. This activity is being supported by AID at a cost of $600,000.

In the last seven years, 121 people have been sent abroad to obtain educational degrees; only a few of these trainees have been BKKBN staff. Few BKKBN staff are grounded in population, management, planning and evaluation, and computer sciences. To strengthen staff skills and to redress past omissions, USAID would like to see 50 percent of the new $2 million loan go to BKKBN staff. The cost for training is estimated at $22,000 per year per person, including tuition, travel, and stipends. USAID estimates that it takes an average of 16 months to obtain a masters degree.

During the 1980s, USAID/Indonesia plans to continue to maintain a large population and family planning and family planning assistance program. The major areas for which USAID will provide assistance are described below. USAID intends to:

- -- provide technical experts to assist the BKKBN in planning, finance, management, training, reporting and recording, and logistics;
- -- continue financing local costs for innovative village family planning activities;
- -- support expansion of voluntary family planning services;
- -- continue and expand training assistance, especially at the mid-level, and geographically in the provinces outside Java-Bali;
- -- support the expansion of family planning services in the relatively neglected urban areas;
- -- encourage the BKKBN to assume financial responsibility for the purchase of contraceptives; and
- -- promote the integration of other development activities with family planning, so long as the family planning program does not suffer.

Training Needs

Since early 1982, USAID/Indonesia has employed a training adviser to work with the BKKBN to assess training needs and to develop appropriate mechanisms and proposals to meet those needs. Currently, a manpower development plan is being prepared by each department at the BKKBN under the adviser's direction. The top training needs, in order of priority, are management training, planning, administration, demography, population education, and epidemiology. Because management training is at the top of the list, the chief of the Center for Education and Training would like to send staff, funded by the RTSA/A, to the East-West Asian Centre for Population and Development in Bangkok, which will be conducting general courses in management in September 1982.

Role of the RTSA/A

For the past three years of this project, the RTSA/A's function has been primarily to fulfill a "pass-through" function for extra-regional and U.S. training, especially when BKKBN funds were not specifically earmarked for such training. USAID/Indonesia has been successful in finding other donors to pick up travel funds when the BKKBN has indicated that it cannot do so. But, because USAID bilateral funds may not, by law, be used to pay for travel, and BKKBN departments often do not budget travel funds, RTSA/A funds which include travel, in addition to tuition and per diem, are very desirable.

Priorities

A recent document prepared by RTSA/A staff listed the following priorities for Indonesia:

- Increase Indonesia's (the BKKBN's) capability to serve as an international training center in family planning, especially logistics management and reporting and recording. The assistance of the RTSA/A may be required for selected development of the individuals who will be involved in conducting these courses. Also, technical assistance from the RTSA/A may be required to help plan, implement, and evaluate the international training courses.

- Continue to support carefully selected individuals for regional training seminars and workshops, and perhaps, for short-term training in the United States.

- Identify and develop prospective consultants for countries in Asia, particularly persons with training and evaluation skills.

- Investigate the possibility of working with non-governmental agencies to provide training in family planning.

Critique of the RTSA/A's Priorities

The first RTSA/A-sponsored regional training course will cover logistics management. Tentatively scheduled for September 1982, this course will be co-sponsored by the BKKBN. The Centers for Disease Control (CDC), in Atlanta, Georgia, and the RTSA/A will provide the faculty for this course. (This activity has not been implemented yet; thus it was not possible to evaluate its outcome, or to estimate its future utility.)

There is no doubt that the BKKBN would like to be recognized as a regional training center for other Asian nations (Priority No. 1). At this time, many Asians come to Indonesia for training. Training sessions are arranged primarily in response to requests and are not scheduled routinely. Nonetheless, the BKKBN would like to systematically translate training materials from Indonesian into English. It is not clear what the RTSA/A's role in this effort would be, given USAID's very visible presence and support of training efforts.

The RTSA/A should continue to provide regional training for Indonesians who are capable of strengthening selected aspects of in-country PAC training programs; this should meet the identified training needs of the country (Priority No. 2). Because short-term U.S. training has not been identified as a priority, and because USAID has ample funds for long-term U.S. training, the RTSA/A should not expend funds on U.S. training programs for Indonesians.

The RTSA/A should continue to draw upon Indonesian experts who can serve as consultants to various intra-regional family planning population workshops and seminars. (Priority No. 3).

The RTSA/A should not, however, expend resources to develop proposals for in-country training involving non-governmental organizations (NGOs) (Priority No. 4). USAID/Indonesia has made it clear that additional external funds for in-country PAC training are not needed. Furthermore, relationships between USAID and the RTSA/A continue to be strained; the base of support which the USAID mission must provide to ensure that the RTSA/A's in-country operations are effective is not present.

Obstacles to RTSA/A Activities

According to USAID/Indonesia, to ensure that the RTSA/A functions in-country, it is essential that a RTSA/A field person who is current and relevant visit the country at least

every two months, maintain regular correspondence, and plan with both USAID and the BBKBN. An in-depth knowledge of the country, its people, and the culture is needed to conceive and design projects that fit the nation's needs. RTSA/A projects cannot be written rapidly during a one-day or two-day stay. Although the BKKBN has the information, it needs consultants to assist it and to develop the necessary schema to assimilate and organize the data on which decisions are based. For example, the USAID training adviser assisted the unit chiefs of the BKKBN in conceptualizing the audiovisual needs of the country, including the materials that are needed, the equipment that is available, and the job descriptions of the persons who are to be trained. The result of this work was a needs assessment for Indonesia.

To use training funds in Indonesia, the BKKBN needs at least six months to one year to obtain and process suitable candidates for training. Very few Indonesians have an adequate English-language capability to function satisfactorily in a training program abroad. In the past, the BKKBN tried to use RTSA/A training monies when AID would not fund nominees whose English-language ability was inadequate. USAID/Indonesia apparently stopped this "back-door" approach.

Regional Advisory Group

One of Indonesia's two representatives to the May 1981, Regional Advisory Group meeting in Honululu was interviewed. This person feels that the meeting helped the participants to learn from one another and showed how priorities differ among various countries. The representative was unable to state specifically how the RAG meeting helped her to develop proposals for PAC training, although this may have been because of her difficulty in communicating in the English language.

RTSA/A Inputs

RTSA/A staff's visits totaled 33 person-days. Eight of these 33 days were devoted to training for Indians, and not Indonesians. The breakdown, by staff, dates, and number of person-days, is given below.

Staff	Dates	Number of Person-Days
Izutsu, Peng	June 1-4, 1980	6
Tsuei, Schmidt, O'Byrne	April 12-18, 1981 December 19-22, 1981	16
Schmidt, O'Byrne	January 13-16, 1982 February 2-9, 1982	11

Three days (August 25-27, 1981) were devoted to consultation. This consultation was provided by Ms. Susan Anderson, International Resources Unit, University of Hawaii.

Outputs of the RTSA/A

Regional training was conducted for 38 Indonesians, 16 of whom are physicians. The breakdown, by activity and number of participants, is given below.

Activity/Subject	Number of Participants
1980 Asian Family Planning Training Forum: Community Approach	2
Training for Urban Family Planning Program in Indonesia	26
ASEAN Parliamentarians Ad Hoc Committee Meeting on Resources, Population, and Development	2
International Seminar on Traditional Birth Attendants in Family Planning	3
TOT in Family Life Education Relative to Family Planning	5

Twelve persons, of whom two are physicians took part in U.S.-based activities. The breakdown, by type of activity and number, of trainees, is given below.

Activity	Number of Trainees
RAG Meeting (Honolulu)	2
Family Planning, Nutrition, and Primary Health Care in Developing Countries (Columbia University, New York)	6
Asian TOT Family Planning Workshops Naomi Gray Associates)	2
Evaluation as a Tool for Program Management (CEFPA)	1
Communication Planning and Strategy (Cornell University, New York)	1

Forty-eight persons were trained abroad. Eighteen (38 percent) of these trainees are physicians. Two persons attended two projects.

Conclusions

As a result of its meetings with staff at the University of Hawaii, USAID/Indonesia, and the National Family Planning Coordinating Board, the evaluators have concluded that *there is no apparent need for RTSA/A-funding in Indonesia.*

1. *The Indonesian Government is receiving a considerable amount of money for family planning programs from USAID/Indonesia and donor agencies.*

   Among the donors are AID, Japan Organization for International Cooperation for Family Planning (JOICFP), Ford Foundation, Colombia Plan, China Medical Board, Pathfinder Fund, IPPF, The Population Council, and World Bank. The Indonesian Government provided approximately $69 million to the family planning movement in 1981.

   According to USAID/Indonesia, the costs for all in-country training can be covered with either USAID bilateral funds or additional funds (provided to the BKKBN) from donor agencies and the Indonesian government.

2. *BKKBN trainers adequately meet in-country training needs for updates on contraceptive technology and IUD insertion.*

   The RTSA/A's primary mission is to provide PAC training when, according to the USAID mission, Indonesia no longer needs PAC training.

3. *For the RTSA/A to function effectively in-country, it is essential that positive relationships be established with the USAID mission.*

   In Indonesia, relations between the RTSA/A and USAID continue to be strained and reflect the lack of a supportive association. The RTSA/A has not been able to develop any in-country training project in the past three years. This fact underscores the RTSA/A's difficulties in working with the mission.

Recommendations

The following action is recommended to facilitate the RTSA/A's work in Indonesia:

1. The BKKBN should continue to be notified, through USAID/Indonesia, of regional short-term training opportunities. All applicants for training should be screened carefully to ensure that they have adequate facility with the English language. The funding of short-term, U.S.-based training should receive low priority.

2. Direct RTSA/A technical assistance in Indonesia should be given low priority, if not eliminated entirely.

IX. COUNTRY REVIEW: NEPAL

Family Planning Program Content

The organization and delivery of family planning services began in earnest in Nepal in 1968 and were accelerated between 1975 and 1980 in response to the health priorities described in the Fifth Plan and recommendations for population policy.

With the assistance of USAID, the UNFPA, and the United Nations Children's Fund, (UNICEF), the Family Planning and Maternal and Child Health Project (FP/MCH) operates clinics in 52 of Nepal's 75 districts. Family planning programs in 23 other districts are offered through an integrated approach, the Integrated Community Health Services Development Project (ICHSD), which is also supported by USAID/Nepal, the World Health Organization (WHO), and eight other donor agencies. The Family Planning Association of Nepal (FPAN) operates two clinics in Kathmandu and conducts pilot projects. Its basic support comes from the IPPF. The Association for Voluntary Sterilization, (AVS), World Neighbors and AID, whose funding is channeled through the International Program of the Association for Voluntary Sterilization (IPAVS) and the IPPF, also assist the FPAN.

These three service delivery systems--FP/MCH, ICHSD, and FPAN--employ more than 4,000 persons. Four different entities help to train personnel. They are

- the training unit in the Department of Health;
- the training units in the projects;
- the Institute of Medicine; and
- overseas universities (for degree and postgraduate training).

In addition to the service delivery systems, several special programs whose approach is primarily motivational are conducted through mothers' clubs, the ex-servicemen's organization, and youth clubs. These organizations also provide training for their employees and volunteers.

The Contraceptive Retail Sales (CRS) Project, funded by AID and implemented through a contract with Westinghouse Health Systems (WHS), sells pills and condoms, which AID/W provides at no cost to dealers, who in turn sell them to retailers. In 1979, there were 418 retail dealers in five urban locations who sold pills and 2,149 shops in seven urban locations that sold condoms. A short orientation is given to dealers.

The National Commission on Population provides an overall perspective on population and family planning. Recently, the commission which is chaired by the Prime Minister, was elevated to a status equal to that of the National Planning Commission. The Commission receives funds from USAID/Nepal and the United Nations Development Program (UNDP) to conduct studies and pilot projects and to employ central staff, including a foreign adviser.

Despite the array of family planning programs and population policy recommendations, Nepal's annual population growth rate continues to be high --2.6 percent. The crude birth rate is 45/1,000. The results of a contraceptive prevalence survey in 1981 showed that only 7 percent of eligible couples are contracepting and that only 25 percent of married women know where to go to obtain family planning services. Both Nepali officials and foreign advisers acknowledge that there are major problems in program operation and delivery of services that are impeding effectiveness. These problems include:

-- selection and posting of personnel;

-- training (pre-service, inservice, and refresher);

-- logistics;

-- supplies;

-- recordkeeping and reporting;

-- accountability;

-- management;

-- supervision

-- clinical skills; and

-- coordination.

These problems are interrelated and must, therefore, be remedied with a set of activities implemented at the central, regional, district, and local levels. The latter two levels assume high priority, because a community-based approach to the delivery of health services has been introduced and increasing numbers of community-level workers--village health workers (VHWs) and panchayat-based health workers (PBHWs), whose scope of work is vast--are being used.

In the Sixth Plan (1980-1985), health policy is directed toward the integration of vertical programs into a system of community-based primary health care. It is not clear whether the policy can be implemented in five years, but there is a plan

to integrate districts and to train personnel to staff district offices and clinics and village health posts.

Role of the Mission

USAID/Nepal has played a dominant role in the family planning program since 1967. Still the largest foreign donor, it will contribute $34 million over the next five years to the FP/MCH and ICHSD projects. Assistance has been focused mainly on the delivery of commodities and services, field research in delivery systems, advisory assistance in program direction and management, and training of personnel (primarily, advanced training in the U.S. and Third World countries). The budget for the FP/MCH project has also been supplemented by grants of rupees. For example, funds were provided to construct the central project headquarters in Kathmandu and a warehouse and machine-repair facility.

There are four direct-hire USAID staff in the H/P/N division. In addition, there are four long-term advisers who are members of an integrated health contract team from John Snow, Inc. (JSI). A fifth person specifically targeted for family planning will arrive in July 1982. The Westinghouse Health Systems contract provides a long-term adviser to facilitate implementation of the contraceptive retail sales project.

Currently, there are 25 centrally-funded projects which receive support from NGOs for family planning motivation workers, contraception (condoms and pills) distribution programs, and sterilization training for physicians, nurses, and equipment technicians.

In the past, the training component of the bilateral program was focused on participant training in the U.S. for M.P.H. and Dr. P.H. candidates and short-term technical training. Currently, the emphasis is on in-country training of mid-level and low-level family planning workers. However, under the JSI contract, there are 80 slots for short-term regional training and 20 places for short-term U.S.-based training. A resident training adviser is also provided under the contract. WHO, which provides the entire training budget for the ICHSD project, also supports M.P.H. training, regional tours, and short-term U.S.-based training.

Other Donor Activities

Twenty-four Nepali organizations are involved in population-related activities, including research, population education, and family planning service delivery. All these organizations receive either direct or indirect foreign assistance through grants, loans and contracts.

The major donors--none of which makes a contribution that exceeds that of the USAID, are:

- o UNFPA: The UNFPA provides direct support to the family planning component of the ICHSD and FP/MCH projects and to population education and demographic studies (pre-1981 census activities received support). The UNFPA will renovate the three FP/MCH training centers and install video equipment. It is also contributing to training in sterilization procedures.

- o WHO: The World Health Organization provides the entire training budget of the ICHSD project and a long-term foreign management consultant, overseas training, and supplies.

- o UNICEF: This organization contributes supplies and equipment, particularly to the MCH component, and supports nutrition programs, as well as the services of a long-term adviser.

- o IPPF: The IPPF provides direct support to the FPAN.

- o IPAVS: IPAVS provides direct support to the FPAN.

- o FPIA: Family Planning International Assistance provides direct support to Youth Club Family Planning, which includes training in the FP/MCH project.

Japan, the Netherlands, the United Kingdom, and Switzerland have contributed support to FP activities in Nepal. Private voluntary organizations (PVOS), such as United Missions to Nepal, Save the Children (British), and the International Human Assistance Program, operate health projects in selected areas that provide maternal and child health services and that have a training component.

Special in-country PAC activities in population education have been supported by the UNFPA. Through the FPAN, the IPPF and IPAVS have supported similar activities in motivation among teachers and members of mothers' clubs, and management training for volunteer and staff.

WHO supports ongoing, in-country training of PAC personnel in the ICHSD project.

Policy Structure for Training

The FP/MCH project has a Training Division that oversees the operation of three field-training centers. The centers conduct basic training for community-level workers, and refresher and inservice training for district and community-level personnel.

The Institute of Medicine provides pre-service and continuing education for paramedical personnel (nurses and midwives, assistant health workers, and assistant nurses and midwives) on four campuses. Also offered are orientation sessions for family planning officers, health aides, and intermediate supervisors.

The Integrated Community Health Services Development project has a Training Unit in which 10 trainers conduct a variety of basic, in-service, and refresher courses ranging from three days to six weeks. The project operates one field-training center.

The Department of Health Services of the Ministry of Health has an International Health and Training Division which administers training abroad.

There is no known entity in the Ministry of Health or the Department of Health Services to guide and advise the operating training units, to plan for manpower development and use, and to oversee the curricula and monitor activities for duplication or overlap.

In-Country Training Organizations

The Family Planning Association of Nepal has a training and program officer who arranges the FPAN's annual meeting and designs and runs training programs in connection with the FPAN's special projects.

There are private training organizations in Nepal, but they are not used by the government. These include the Nepal Studies Center, New Era, the Training Services Center, and Educational Training Services. These organizations provide training under contract with foreign assistance agencies, including Peace Corps and USAID.

The Presence of the RTSA/A in Nepal

A. History

At the end of February 1980, a representative from Nepal, Dr. Badri Raj Pande, director of the FP/MCH project, attended

the RTSA/A-sponsored Asian Family Planning Forum in Bankgok. The purpose of this meeting was to introduce the RTSA/A project to representatives from the countries that would be served, and to initiate discussions about the needs for PAC and management training and how the RTSA/A might assist in meeting those needs.

On June 17, 1980, Drs. Izutsu and Peng traveled to Kathmandu to brief the mission on the RTSA/A contract and to be briefed on Nepal's training needs. They also met with the director and the division chiefs of the FP/MCH project, who proposed five training projects, and assisted in preparing the preliminary proposals.

Subsequently, three of the five proposals were approved. Another, on financial management, was developed and approved in early 1981.

Why was Nepal so ready for the RTSA/A's assistance? There are several reasons. Between January and March of 1980, an APHA team had evaluated AID-financed health and family planning projects in Nepal, and included in its report the following recommendations:

1. Efforts to improve financial administration and accounting should continue.

2. USAID/Nepal should continue to provide assistance to improve commodity and logistics management.

3. USAID/Nepal should contract for more technical assistance to help correct service delivery problems.

4. USAID/Nepal should continue to support participant training to develop health and family planning staff. It should encourage and support the staff training efforts of His Majesty's Government (HMG).

The evaluators noted that the demographic impact of the family planning program had been minimal. This lack of impact, they felt, "may reflect inadequate reporting, inadequate supplies, and inadequate management staff skills, and training."*

The evaluators' findings, in addition to the Mid-Term Health Review, published in 1979 by the Ministry of Health, provided evidence that training and consultation in management, supervision, and field-level clinical skills would be required for the family planning delivery system to become more effective.

Specific areas where USAID/Nepal should make contributions were identified, and the FP/MCH project and USAID/Nepal began to implement the evaluators' recommendations. Weeks, Swezy, and

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* APHA, 1980.

Noyes (who were later employed as RTSA/A consultants) provided consultation logistics and supplies, financial management, and supervision, respectively. The three consultants' recommendations led to the development of project proposals to

-- train FP supply personnel in logistics management;

-- train FP/MCH accountants and FP officers in financial management; and

-- train district-level and other middle-levels FP managers and provide refresher training for auxiliary personnel in clinical and program management in family planning.

A fourth proposal on clinical training for nurses (including IUD insertion) was developed by Drs. Pande and Vaidya of the FP/MCH project.

In February 1981, Dr. Izutsu traveled to Nepal to discuss the first, third, and fourth proposals. The proposal to provide training in financial management did not arrive in Honolulu until mid-March 1981; it was not discussed during Dr. Izutsu's visit.

B. Implementation of Projects

1. <u>In-country Training</u>

Since the RTSA/A began its work in Nepal, 257 persons have received in-country training. A total of 293 consultant-days and 51 staff-visit days also have been provided under the RTSA/A contract. The descriptive data on these activities are summarized below.

<u>Projects</u>

1. Training of FP Supply Personnel in Logistics Management

   107 Persons Trained;
   137 Consultant-Days Provided (Weeks)

2. Financial Management Training for FP/MCH Accountants and FP Officers

   126 Persons Trained;
   49 Consultant-Days Provided (Swezy)

3a. Training for District-Level and Other Middle-Level Managers

10 Trainers Trained;
53 Consultant-Days Provided (Noyes)

3b. Refresher Training for Auxiliary Personnel in Clinical and Program Management

4 Trainers for study tour to Malaysia and Bangkok

4. Clinical Training for Nurses (including IUD insertion)

24 Trainers Trained

RTSA Staff Visits

Project Development: 2

Project Consultation: 29 Days
(23 days for clinical training for nurses)

Project Design, Monitoring, and Review:
20 Days

2. Regional Training

Of the seven regional activities in which Nepalis have participated, four were directly related to in-country training proposals; a fifth was concerned with bilateral training; the sixth activity was not related to any proposal or activity; and the seventh was the Forum. In general, follow-through on regional training activities in Nepal has not been good. An exception is the management training received in the Philippines; this activity led to modifications in the in-country training course in financial management.

3. U.S.-Based Training

Three Nepalis attended training courses in the U.S. and two attended the RAG meeting in Honolulu. Of the three who attended courses in the U.S., one is currently employed in the family planning program (she could not be interviewed for this evaluation because she was in Japan for short-term training).

4. Other

A senior public health nurse attended the International Congress of Nurse Midwives in Brighton, England. Interviewed by the evaluators, she feels that this meeting gave her ideas for organizing and upgrading the professional status of nurses in Nepal.

Training Needs

A. Need for Pre-Service, Management, and Supervisory Training

In addition to the 257 persons who were trained in-country under the RTSA/A contract, 300 will be trained under active and pending proposals. All but one of the six proposals address management and supervision. To date, the FP/MCH project has trained 1,300 panchayat-based health workers and intermediate supervisors. USAID/Nepal supports the training and all operational costs for these workers.

The Institute of Medicine and the ICHSD project are providing pre-service and inservice training to paramedical, auxiliary, and community-level personnel. A community Health Leaders' Development program was initiated in eight districts. This program provides pre-service and refresher training, using Peace Corps volunteers as on-site trainers. No data on the number of persons trained under the auspices of the Insitute of Medicine and the ICHSD project were made available.

JHPIEGO provides vasectomy training to physicians and paramedicals.

B. Current Need for Training

During this calendar year, a training needs assessment will be conducted by JSI's long-term training adviser. It is reported that a training needs assessment has been completed for the ICHSD project.

The collection of data for the assessment and the application of the findings will be hampered for several reasons. One, some FP/MCH personnel have been shifted to the ICHSD project. Two, there are gaps between sanctioned positions and filled posts. Three, turnover insome job categories is high. Four, there have been transfers, deputations, delayed postings, and promotions.

Given these factors, it will be difficult to develop a training plan that accurately lists, by region, the numbers and categories of personnel to be trained. Such a plan will be needed so that the district centers can plan for training. The data will have to be updated continually in the training plan, adjusted accordingly to ensure that all training needs are met.

The Sixth Plan calls for the addition of health posts and district offices and the gradual absorption of vertical projects into the integrated project. Thus, to be comprehensive, the training plan also will have to respond to new staff training needs, as well as inservice training for transferred staff.

Overall, under the Sixth Plan, the number of personnel currently in filled posts will more than double. Long- and short-term pre-service training and regularly scheduled inservice and refresher training will be needed. Appropriate levels of funding for overseas training and support for both the Institute of Medicine and the training centers will have to be provided.

C. The Training Gap

Training gaps have been identified by the RTSA/A Working Group, in the written reports of the APHA evaluation team, in the Mid-Term Health Review, and by the Planning Unit of the Ministry of Health.

The need for short-term in-service and refresher training in logistics and financial management is acute, because of the demand for greater accountability in an expanding and changing service delivery system. Also, because of the reportedly high turnover among accountants and storekeepers, training in financial management and logistics must be ongoing.

The evaluator was told that nurses who need refresher and inservice training have been neglected. Because the nurses are performing in expanded roles, including supervision, they, too, will need ongoing inservice training. Supervisory training for ANMs and AHWs is also needed, because of these workers' expanded roles and importance in both the FP/MCH and ICHSD projects.

USAID/Nepal and the FP/MCH project view field-based, short-term training as necessary, and they feel that the use of mobile teams is the appropriate way to deliver such inservice and refresher training.

1. In-Country Instrumentalities to Fill the Gap

The FP/MCH project operates three field training centers, and the ICHSD project operates one training center (it is housed in the same building as one of the FP/MCH project's training centers). All these centers are staffed, and all the personnel have been trained to design and implement training courses. (This training was provided by a Berkeley contract team in 1975-1978).

Both projects have central training units. These and the field training centers receive funds from USAID/Nepal, the UNFPA, and WHO, which provides total support for the ICHSD training unit.

The JSI's long-term training adviser provides consultation to both projects. Advisers also are available for logistics and supplies and management. In addition, USAID/Nepal has four health and FP advisers on its staff and a special assistant for population whose work is mainly with the Population Commission.

The magnitude of bilateral and other donor assistance is considerable; sources of technical assistance and consultation are available either on-site or through USAID/Nepal, the UNFPA, and WHO. The FP/MCH and ICHSD training units have the capacity to design and conduct short courses and workshops.

2. Inadequacy of the Instrumentalities

What appears to be lacking is continuous and specific attention to the development and implementation of training courses that respond to immediate needs for refresher and inservice training. This may seem curious, given the resources that are committed to training. However, an inordinate amount of the staff time of Nepalis' and foreign advisers is consumed in meetings, expended in writing regular reports and planning documents (one year and five years), and used to respond to evaluations, audits, and special reports. Nepalis seem to be directing their attention toward the future, and not to the immediate needs for refresher and inservice training.

3. The Gap and the RTSA/A

Considerable flexibility was built into the RTSA/A contract; consequently, the RTSA/A has been able to respond to the requirements of USAID/Nepal and the FP/MCH project for technical assistance and short-term funding for training. The RTSA/A has, in fact, filled a gap effectively.

The ability of the RTSA/A to directly fund the FP/MCH project under a subcontract has had several effects:

1. The staff of the FP/MCH project feel that the training projects are theirs, not those of a donor agency.

2. Training projects of immediate benefit can be conducted that do not require lengthy negotiations between ministries.

3. Outcomes of earlier consultations can be analyzed and recommendations can be implemented without first developing a time-consuming plan and conducting a series of meetings. The justification for the training projects had been established over time; what was needed was a mechanism for easy implementation. The RTSA's flexibility allowed for that.

4. The consultants who helped to develop the justification for the training projects were able to be hired to help implement activities. These were persons who had already established good working relationships with USAID/Nepal and the FP/MCH project.

5. Daily and travel allowances have been adjusted to somewhat higher levels than HMG provides, and honoraria are given to the Nepali trainers. These changes have benefited field personnel and often have been cited as examples of positive change in the usual government system of reimbursement.

6. A high-priority training approach--in-country training delivered at field sites by mobile teams--has been implemented.

In summary, the RTSA/A has responded to the training priorities of the FP/MCH project and USAID/Nepal and

has provided a source of and means for funding and technical assistance that were unavailable through USAID/Nepal, the UNFPA, WHO, and HMG.

There is a continuing need for long- and short-term, U.S.-based training that can be met by other sources. WHO and JSI both provide for participant training in the U.S.

The need for regional training is not as clear as the need for in-country training, but, undoubtedly, there are personnel who would benefit from short courses and workshops in a third country.

RTSA/A Performance

A. Training Projects

The RTSA/A has been responsive to the needs for training identified by the RTSA/A Working Group and to the need for technical assistance to implement training projects. It is evident that the RTSA/A has collaborated with USAID/Nepal and the FP/MCH project, for both Nepalis and Americans share the feeling that the projects belong to Nepal, and not to the University of Hawaii.

The technical assistance which Marilynn Schmidt provided has been particularly helpful, because neither the staff of the FP/MCH project nor the staff at the mission had the time or perspective required to design and review the clinical training project. As the Nepal representative of the RTSA/A contract, Ms. Schmidt also reviews all planned projects, and she provides continuity among projects.

B. Technical Assistance

Marilynn Schmidt provided the FP/MCH project with a diagram of the RTSA/A proposal review-and-approval process and explained how it works. Her explanation appeared to be very helpful. Until June 1981, there had been some confusion about the process.

With Ms. Schmidt's encouragement, the FP/MCH project also formed a RTSA/A Working Group, which includes the chief of the ICHSD project and a USAID/Nepal FP adviser. The group does not include any representatives of the private sector, although Ms. Schmidt encouraged the appointment of such persons.

C. Provision of Materials

Each of the RTSA/A-assisted training projects has prepared a manual which serves as both a training guide and a reference book. USAID/Nepal feels that the manuals were unnecessary and will not be used, but the FP/MCH staff feel that they are essential, both to conduct training and to provide a reference source for field staff after training. The RTSA/A provided funds to cover the costs for developing and printing the manuals. Marilynn Schmidt reviewed the manual on clinical contraception.

The RTSA/A has provided other materials when these have been identified as components of a training project. However, materials are not routinely forwarded to Nepal. An informational memorandum recently prepared in the RTSA/A's office has been forwarded, and Marilynn Schmidt has sent reference books to support the development of the curriculum for the clinical contraception training project.

D. Regional Advisory Group

The Regional Advisory Group has met once. The two members who attended are also members of the RTSA/A Working Group. Although the RAG meeting was thought to be expensive, because of its yield, the two Nepali representatives said that it had provided a unique opportunity to discuss training as a topic in itself; they added that they came away with the feeling that their training projects were connected to a "bigger picture" and might, therefore, be of value to other countries. The USAID/Nepal representative felt that despite the considerable expense and time, few gains were made at this meeting.*

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* The points of view of Dr. Kokila Vaidya, deputy director, FP/MCH Project, J. Tuladhar, chief of evaluation, FP/MCH project and D.B. Lama, training chief, UNFPA, could not be obtained because these persons were away at the time of the evaluator's visit. Mr. Raibhandari and Mr. Jacoby, of the ICHSD project, were not available for interviews.

Inputs of the RTSA/A

A summary of the technical assistance which the RTSA/A provided to Nepal is given below. This assistance consisted of staff visits, consultant visits, and funding for training projects.

The staff provided 51 days of services while visiting Nepal. The breakdown, by date, staff member, and number of person-days per visit, is given below.

Date	Staff	Number Person-Days
June 17, 1980	Peng and Izutsu	2
February 16-21, 1981	Izutsu	6
June 15, 1981 - July 7, 1981	Schmidt	23
January 13, 1982 - February 1, 1982	Schmidt	20

Consultants provided 239 days of services worth $60,456. The breakdown, by date, consultant, and number of person-days, is given below.

Date	Consultant	Number Person-Days
February 1, 1981 - July 8, 1981	Weeks	137
May 17, 1981 - June 1, 1981; June 17, 1981 - July 23, 1981	Swezy	49
June 2-26, 1981; August 31, 1981 - October 3, 1981	Noyes	53

The RTSA/A provided $107,111 to support Nepal training projects. The breakdown of costs, by activity, is given below.

Activity	Cost
Logistics Management	$ 20,416
Financial Management	29,683
Development of Trainers for Training of District-Level and Other Managers	36,017
Refresher Course for Auxiliary Personnel (Stage 1)	6,920
Clinical Contraception Training (Stage 1)	14,074
TOTAL	$107,111

Outputs of the RTSA/A

The RTSA/A's outputs may be categorized as "persons trained" and "manuals produced." These outputs are summarized below.

Persons Trained

Type of Training	Activity/Subject Area	Number Trained
A. In-Country	1. Logistics	107
	2. Financial Management	126
	3. Clinical Contraception	24
	Subtotal	257
B. Regional	1. Seminar for TBAs	3
	2. TOT in Family Life Education	3
	3. Skill-Training in Clinical Contraception	2
	4. Observation Tours	5
	5. Forum	1
	Subtotal	14

Type of Training	Activity/Subject Area	Number Trained
C. U.S.	1. RAG Meeting	2
	2. Columbia University Course	1
	3. CEFPA Courses	1*
	4. TOT, Naomi Grey Associates	1
	Subtotal	5
D. Other	1. International Congress of Midwives, England	1
	TOTAL	278

* The same person attended the two CEFPA courses

Manuals Produced

Subject of Manual	Status	Language
Financial Management	Completed	Nepali
Logistics Management	Completed	Nepali
Contraception Skills	Completed	English
Supervisors' Manual	In Preparation	---

CONCLUSIONS

1. *There is a continuing need for in-country training for paramedical and auxiliary personnel and for field-level managers and supervisors.*

The need for in-country training for paramedicals, auxiliaries, field managers, and supervisors is well documented in an AID audit, the Mid-Term Review, and in the report of the APHA health and family planning evaluation team. Both USAID/Nepal and the FP/MCH project acknowledge this need and have used the RTSA/A contract to implement specifically targeted short-term training programs.

2. *Training priorities in Nepal are consistent with the RTSA/A's stated priorities, and are appropriate to the contract's purposes.*

The RTSA/A's highest priority is in-country training for paramedical and auxiliary personnel that emphasizes supervision and management. All of Nepal's training proposals in the completed, active, and pending categories are directly related to these priorities.

The RTSA/A assigns less priority to regional and U.S.-based training and training for community leaders than to in-country training. There is however, some need for regional and U.S-based short-term training, and the John Snow contract and WHO provide for participant training in the U.S. and throughout the region. Training in family planning and population for community leaders is conducted also, in part by the FPAN and in part by the Community Health Leader Development Program. This kind of training need not be given high priority under the RTSA/A contract.

3. *The RTSA/A has been responsive to Nepal's in-country training needs.*

The RTSA/A has provided USAID/Nepal and the FP/MCH project with the technical assistance and training funds each has requested. The training projects that were approved were the outcomes of recommendations and consultations conducted under non-RTSA/A auspices. An exception was the clinical contraception training project, which was developed by the FP/MCH project. The training projects are felt to be Nepal's, and not those of external donors.

4. *The RTSA-sponsored consultants have deepened Nepal's in-country training capacity.*

The training of trainers (TOT) has been a primary feature of training programs in Nepal. Although the Berkeley contract team

pioneered this approach during its consultation project (1974-1978), follow-on and reinforcement were provided by RTSA-sponsored consultants who strengthened the ability and enhanced the confidence of Nepali trainers to design and conduct their own training programs.

To complement TOT, training manuals and reference books have been developed under the contract that not only guide the trainers, but also provide continuity to trained operating-level personnel who are in the field, often isolated, and lacking easy access to headquarters and their trainers.

5. *The assignment of a specific RTSA/A staff member to oversee Nepal's subcontracts and to provide technical assistance has had positive results.*

The responsibility for Nepal was assigned to Ms. Marilynn Schmidt. As a result of her work, both USAID/Nepal and the FP/MCH project have a clear understanding of the processes related to proposal development, review and approval, budgeting and reimbursement, and evaluation. Ms. Schmidt provided a considerable amount of technical assistance to develop the training design and manual for clinical contraception. Her familiarity with Nepal, all of Nepal's training projects, and the people who are involved in these projects has helped to strengthen the linkages among the various projects. Ms. Schmidt represents a readily identifiable (and known) source of technical assistance to Nepal.

USAID/Nepal values Ms. Schmidt's work and feels that no one else on the RTSA/A staff could provide assistance of either the quality or volume that characterizes Ms. Schmidt's activities.

6. *The RTSA/A contract does not duplicate in-country training efforts or contracts.*

There are in-country sources that develop, implement and finance in-country training, but their activities are not, in the view of USAID/Nepal and the FP/MCH project, duplicated by the RTSA/A. The activities are not duplicated for several reasons. One, the RTSA/A uses training approaches that are field-oriented; training is delivered by mobile teams and directed toward operating-level personnel. Two, it targets training for specific categories of persons, including trainers who are operational-level personnel, accountants, storekeepers, field administrators, and nurse-midwives, and ANMs, AHWs, nurses, statistical assistants, and intermediate supervisors. Three, it provides a means to finance training (e.g., direct subcontracting with the FP/MCH project).

USAID/Nepal feels that the RTSA/A contract complements and expands the bilateral program, which has no funds earmarked for training.

The John Snow contract does provide a training adviser, but this adviser and the other JSI advisers are responsible for health and family planning overall, and they cannot focus exclusively on the provision of consultation and technical assistance to develop and review in-country family planning training for PAC workers.

It should be noted that the Ministry of Finance and the ICHSD project are reviewing the training programs in logistics management and financial management for possible implementation. The multiplier effect of RTSA-sponsored training is desirable and should be encouraged.

7. *There is a difference of opinion between the FP/MCH project and USAID/Nepal about the needs for outside technical assistance and monitoring.*

The staff of the FP/MCH project feel that little, if any, outside technical assistance is required to conduct the RTSA/A-sponsored training projects. They feel that they can do the fiscal monitoring and evaluation that are required. They have made clear to the RTSA/A that any RTSA/A- or USAID/Nepal - initiated technical assistance and consultation must first be approved by the FP/MCH project.

USAID/Nepal feels that the FP/MCH project will need technical assistance to prepare for and implement the training projects. In addition, the mission requires that projects be monitored, and does not feel that its own staff have the time to do all the monitoring that is required. USAID/Nepal staff used the JSI contract team to edit and elaborate the training proposals which the FP/MCH project developed. According to one USAID/Nepal staff member, the proposals would not have been approved either by USAID or the RTSA/A if this assistance had not been provided.

Recommendations

The following action is recommended to facilitate and improve the RTSA/A's performance in Nepal.

1. A RTSA/A contact should be retained in Nepal to help provide in-country refresher and inservice training for paramedical, auxiliary, supervisory, and managerial staff in the field.

2. Specific responsibility for Nepal should continue to be assigned to a member of the RTSA/A staff. The person assigned to Nepal should be capable of providing technical assistance and monitoring during the development the implementation of training proposals.

3. USAID/Nepal and the FP/MCH project should resolve their differences of opinion about the need for outside technical assistance and monitoring of RTSA-sponsored training projects.

4. The RTSA/A should not be expected to develop a manpower needs assessment for Nepal. An assessment by the JSI training adviser is under way, and there is already ample justification for in-country training of field-level PAC personnel. The approval process--FP/MCH project to USAID/Nepal, to RTSA/A, to AID/W, to RTSA/A -- should ensure that inappropriate proposals and requests for training are not funded.

X. COUNTRY REVIEW: THE PHILIPPINES

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Introduction

The population policy of the Government of the Philippines (GOP) is non-coercive and multi-sectional. This approach represents a change from earlier fertility-oriented national efforts that were focused primarily on the promotion of contraceptives. The government now is trying to reduce fertility levels to lower population growth and to improve Filipinos' welfare by integrating family planning more completely with other socioeconomic development activities.

Currently, the population is nearing 50 million, and the government is calling for a decrease in the annual growth rate, which is 2.4 percent. The government would like to see this rate reduced to 2.3 percent by 1982, and to 2.1 percent by 1987. The attainment of this goal would mean that by 2000, the country's population would be approximately 70 million. The government hopes to achieve by that time a net reproduction rate of 1, so that the country's compound annual growth rate will be approximately 1.6 percent between 1995 and 2000.

More than 40 public and private agencies participate in the nation's population and family planning program. In the government sector, family planning and contraceptive services are delivered by the Ministry of Health, which, through regional and provincial health officers, operates rural health units (RHUs). These units function as family planning, MCH, and general health care clinics, and they are usually staffed by municipal health workers, public health nurses, a midwife, and a sanitation inspector. RHU personnel dispense contraceptives, do counseling and motivation, and refer clients to hospitals for sterilizations.

Barangay (district-level) health stations (BHS) have been established below the RHUs to facilitate the delivery of health services to people in remote areas where there are no other health personnel, to treat minor ailments, and to deliver MCH and family planning services.

In the private sector, agencies such as the Institute of Maternal and Child Health (IMCH), the Institute of Community and Family Health (ICFH), and the Family Planning Organization of the Philippines (FPOP) offer a variety of family planning services, including training, either through their own or existing health facilities.

The Commission on Population (POPCOM), the national family planning board, has its own outreach project. Full-time outreach workers (FTOWs) organize barangay service points and supervise

volunteer workers, thus filling a need in rural areas where houses are scattered and only a resident of the barangay can make the frequent contacts required to promote family planning.

Multipurpose workers are recognized as important agents in family planning motivation, particularly in remote rural areas. Extensive use is being made of such field officers and volunteers in the nearly 42,000 service outlets included in the outreach program of the Ministry of Health and POPCOM.

Role of the USAID Mission

From the onset, the USAID mission has been a facilitator and supporter of the RTSA/A, providing entrèe into the country and positive introductions to key institutions involved in family planning population training activities. USAID hired a population consultant to act as a liaison between the mission and centrally-funded projects. In this capacity, the consultant is a linkage between RTSA/A staff, both in Hawaii and the Philippines, and the staff of the various Filipino training institutions. This consultant's knowledge, interest, and ability to communicate effectively with all parties has expedited proposal development, funding, and implementation. In part, because of this consultant's effectiveness, and because the Philippines is one of the easier Asian countries in which to work, it is generally felt that a RTSA/A field representative is not needed for this country.

In 1982, USAID provided $11 million to the Philippines for population activities, half in the form of a loan and half as a grant. Bilateral funds for in-country training programs total $476,000, but only $30,000 were allocated for training abroad. According to the USAID population officer, the Filipinos have had enough training out-of-country. This sentiment is not shared by the project's training officer, who indicated to the evaluators that bilateral funds are not sufficient for out-of-country training. The training office is looking to the RTSA/A to fill this gap.

USAID bilateral funds are used primarily to train the barangay supply point officers (BSPOs)--volunteers at the grass-roots level--who, because of influential community positions, can stimulate awareness of family planning and motivate the practice of contraception. There are approximately 50,000 BSPOs in the Philippines. They are supervised by nearly 2,500 full-time outreach workers. The FTOWs, who select the BSPOs, are paid by the Government of the Philippines. A three-day course is provided for the BSPOs and retraining takes place as often as once a year.

To date, the program implementation papers, which allow the expenditure of AID funds for population and family planning

activities, have not been signed by the recently appointed head of the National Economic Development Authority (NEDA), who is a conservative Catholic and opposed to all contraceptive methods, except natural family planning. Consequently, the population funds that have been allocated for the 1982 budget cannot be spent. Although the costs for current training are being covered with unexpended 1981 funds, the situation is creating confusion in the mission.

Commission on Population

The Commission on Population, an agency with 600 employees and 13 regional offices, was created in 1969 as the national family planning coordinating board. As the main funding source for family planning and population activities in the country, POPCOM provides monies to support the family planning training and service activities of the Ministry of Labor and Economics.

POPCOM receives funds from the GOP, local governments, USAID, and many donor agencies, including the World Bank, the UNFPA, Family Planning International Assistance (FPIA), the IPAVS, the IPPF, Association of South East Asia Nations (ASEAN), JHPIEGO, and the Ford Foundation, which is winding down following the closing of its office last year. The World Bank has provided $40 million over the past five years which must be matched by the Government of the Philippines.

POPCOM's 1982 budget totals 285 million pesos. Fifty-two percent (147 million pesos) of the funds for population and family planning come from the GOP. This amount has been increased gradually over the years as donor agencies have begun to turn projects over to the GOP. USAID contributes 35 percent of the budget (101 million pesos, or U.S. $11 million), and the International Development Association (IDA) of the World Bank contributes 10 percent, or 29 million pesos. Since 1980, when the U.S. contribution went from 27 million pesos to 101 million pesos, USAID money has increased almost fivefold. This figure reflects the increase in loans, whereas earlier, funds came primarily from grants. POPCOM has requested an additional 38 million pesos from the GOP to offset the 10 percent cuts in revenues.

POPCOM is divided into four divisions:

- Service Delivery;
- Information, Education, and Communication (IEC);
- Training; and
- Research and Evaluation.

Because of cutbacks, several major surveys that were to have been conducted by the Research and Evaluation Division have been canceled. The role of the Training Division is to ensure that minimum training requirements are met in each course; to set standards, guidelines, and policies; to evaluate short-term training programs; and to evaluate the training of PAC workers.

Proposal Review Process

POPCOM must review all proposals for which funding is sought. The review process involves four steps:

Step 1: A POPCOM techical review is conducted by in-house staff with a knowledge of the proposed activity.

Step 2: A Technical Review Committee (TRC), comprising POPCOM staff, consultants, and Board members with a knowledge of the topic, is formed.

Step 3: The POPCOM Board, comprising the ministers of all government agencies and chaired by the director of the National Economic Development Authority, meets once each month.

Step 4: The NEDA, the government agency which oversees all foreign assistance and economic programs and which has budgetary authority over all ministries, reviews the proposal.

In this process, the project investigator (PI) is invited to attend the meetings of the Technical Review Committee to answer questions and clarify the proposal. At any step, the proposal may be returned to the submitting agency for revisions. Proposals to continue a project which do not contain major revisions may be submitted to the NEDA without being passed through Steps 2 and 3.

In the past, Step 4 was merely a formality, but the new director of the NEDA appears to be taking a conservative approach to proposals which involve contraceptive methods, especially IUDs and sterilization, and is requiring that this step be observed. The director reportedly refused to sign several United Nations proposals which, although development-oriented and directed to the fishing and forestry industries, provided for the delivery of certain family planning services. Because of his views, POPCOM is directing its funding away from training in clinical skills and toward training in natural family planning (i.e., the Billing's method).

Although POPCOM's review process is lengthy, it screens out proposals which are redundant, which overlap, and which are unnecessary. POPCOM is aware of the needs for PAC training in the Philippines and feels that these needs cannot be met with the available funds, especially in light of recent budget cuts. Staff from the planning and training divisions of POPCOM have expressed great appreciation for RTSA/A funding and would like to see these funds continued so that the GOP can carry on its various projects.

When asked to cite specific training needs, the staff of the Training Division prepared a list for the evaluators which is summarized below. Even though the GOP has increased its appropriations to POPCOM, most of the funds are used to sustain programs and pay personnel; little money remains for new programs. It is felt that the RTSA/A could fund innovative projects that are not covered by other monies, as well as short-term training abroad.

- Training of Midwives

  Of 42,000 midwives, 60 percent are in private practice, often in remote areas. An additional 2,000 midwives graduate each year. Approximately 7,000 midwives belong to the Integrated Midwives Association of the Philippines, a group that has already demonstrated its responsiveness to requests to update contraceptive technology. It is felt that the midwife in private practice is out of the mainstream of training and needs to be brought up-to-date on current activities in family planning and population.

- Training of Religious and Lay Leaders

  Religious and lay leaders should be trained in natural family planning and used as motivators.

- Development of the POPCOM Information, Education, and Communication Division

  The division should be developed as a regional training site where Asians can be taught to design and produce low-cost IEC materials on population topics.

- Training to complete the Master's Training Programs

  The World Bank initiated this training. Two contingents of trainers, one from the Ministry of Health and one from POPCOM, were trained in the U.S. as master trainers in training skills, organizational development, communicaations, research, and evaluation. These groups were to

have trained 60 others in the field. The Ministry of Health funded the entire training scheme, but POPCOM funds ran out. Funding from the RTSA/A would enable 24 master trainers to continue the training program.

- Development of a Regional Training Center for TOT

  Family planning program management and the management of volunteers are to be taught at the regional training center for trainers.

In-Country Training Organizations

The primary training agencies with which the RTSA/A has developed proposals are described below.

A. Institute of Maternal and Child Health

A private accredited training institution, the IMCH receives funds from POPCOM to conduct training and to operate a network of family planning clinics. The IMCH subcontracts with other government agencies, such as the Department of Defense, the Department of Labor, and the Department of Agricultural Reform, to provide training related to population and family planning.

The RTSA/A is assisting the IMCH to strengthen its capacity as a training center for international health personnel, not only in-country, but also regionally.

B. The Institute of Community and Family Health

Established in 1973 as a social community action unit of the Children's Medical Center Philippines, Inc., the ICFH undertakes community health projects, training, and research on various social and sociomedical problems, especially maternal and child health.

The ICFH has used RTSA/A funds to train mother health workers--volunteer outreach workers in rural areas who visit, inform, motivate, and make appropriate referrals related to family planning and health care. A proposal to continue this activity was initiated recently.

C. The Family Planning Organization of the Philippines

Funded by the RTSA/A, the FPOP trains family planning and community health volunteers to motivate, educate, distribute information, and make referrals at the grassroots level. A proposal to continue these activities is currently being reviewed at POPCOM. Unlike other agencies, the FPOP receives sufficient funds from the IPPF to keep its small staff occupied with training projects. Thus, RTSA/A funds do not fill gaps for this organization.

D. Comprehensive Family Planning Center, Dr. Jose Fabella Memorial Hospital

A government hospital operated under the Ministry of Health, the center also conducts contraceptive studies that are funded with research grants from donor agencies. As one of the first hospitals to initiate a family planning program, the center has considerable experience in training a variety of health personnel in family planning activities. As early as 1973, the Comprehensive Family Planning Center (CFPC) trained public health nurses and midwives in the techniques of IUD insertion. Through POPCOM, the CFPC has trained physicians and nurses-assistants in voluntary sterilization. In addition, the hospital is a training program for residents in OB/GYN, medical interns, nursing students, and midwives, as well as government physicians who are required by the Ministry of Health to have family planning training.

POPCOM returned several CFPC proposals that were prepared in collaboration with the RTSA/A for revisions. One proposal was designed to train teams of physicians and nurses to train PAC workers in the community. Because of the MOH's experience with a similar program, questions were raised as to whether physicians are good candidates for training. POPCOM feels that the proposal does not specify clearly how the teams of medical doctors and nurses will train the community workers whom they will follow up and supervise.

POPCOM considered a second CFPC proposal, designed to develop the skills of instructors in schools of midwifery to teach family planning, to be duplicative of an ongoing project of the Institute of Public Health at the University of the Philippines. The proposal was returned for this reason.

The proposals that were rejected are cited here to illustrate the consequences of inadequate program planning and failure to assess needs before writing a proposal. The

proposals were generated in haste because termination of the contract was pending and concept papers had not been sent to POPCOM before proposal development began. Had this latter step been taken, POPCOM could have indicated its concerns and suggested alternative strategies.

The rejection of these proposals illustrates also that, despite POPCOM's need for additional funds, proposals are carefully scrutinized for their usefulness and relevancy to national family planning goals.

RTSA/A staff have urged agencies which apparently do not need outside funds to develop proposals. For example, the FPOP receives considerable funding from the IPPF.

Entry of the RTSA/A

Prior to the initial visits of Drs. Izutsu and Peng, Dr. Flora Bayan, director of the Office of Family Planning, Ministry of Health, was introduced to the purposes and goals of the RTSA/A at the February 1980, Asian Family Planning Training Forum.

In June 1980, Drs. Izutsu and Peng entered the country and met with USAID staff, who introduced them to the staff of the key family planning and population training institutions. The purpose of the visit was to generate subcontracts for PAC training.

The RTSA/A was warmly received by several private agencies, such as the IMCH and the ICFH, which have long histories of involvement in training activities in population and family planning. Proposals were developed with the technical assistance of RTSA/A staff. Training of community family planning workers in motivation, referral, and follow-up activities; training of trainers in field management, supervision, and teaching techniques; and updating of contraceptive skills, including IUD insertion, for nurses and midwives were emphasized in the proposals.

Gradually, other groups were approached to determine interest in RTSA/A-funded projects, and subsequently, proposals were generated by the FPOP, the Comprehensive Family Planning Center of the Dr. Jose Fabella Memorial Hospital, and the IMAP.

The Philippines has been one of the most responsive countries to RTSA/A funding, and its training institutions have produced and implemented a significant number of proposals. RTSA/A staff have provided technical assistance appropriate to current needs and greatly appreciated by agency staffs.

Relationships between the RTSA/A and the various Philippine institutions have remained extremely positive.

Regional Advisory Group

The Filipino representative to the May 1981, RAG meeting in Honolulu was out of the country during the evaluator's visit; this precluded any opportunity to discuss the reactions to, or consequences of, the meeting, and to gauge interest in additional RAG meetings.

Inputs of the RTSA/A

Between 1980 and 1982, the RTSA/A provided technial assistance that consisted primarily of staff visits and consultant visits. RTSA/A staff spent a total of 95 days in-country. The breakdown, by date, staff, and number of person-days, is given below.

Date	Staff	Number Person-Days
June 4-7, 1980; August 21-23, 1980	Izutsu and Peng	8
February 10-14, 1981; March 6-11, 1981; March 29, 1981 - April 12, 1981; June 8-14, 1981; August 25-31, 1981; October 12-19, 1981	Izutsu, Peng, Nishita, Tsuei, and Schmidt	49
January 10-16, 1982; January 25, 1981 - February 15, 1981; February 9-19, 1981	Peng, Tsuei, and Schmidt	38

A total of five person-days; provided by Ms. Susan Anderson, was devoted to consultation.

The RTSA/A has, to date, contributed $132,513 to support in-country population and family planning training activities in the Philippines. The breakdown, by activity, is given below.

Activity	Amount
Family Planning for Mother Health Workers	$ 9,814

Activity	Amount
Continuation of Family Planning Training for Mother Health Workers (Ongoing)	$ 11,816
Skill-Training for Nurse-Midwives	44,997
Continuation of Skill-Training for Nurse-Midwives (Ongoing)	27,397
Training for Family Planning Volunteers (A proposal to continue this training is being reviewed by POPCOM).	10,075
Update on Contraceptive Technology: Post Scientific Session for the IMAP	19,151
Field-Training, Supervision, and Teaching Techniques for IMCH Staff (Ongoing)	9,263
TOTAL	$132,513

Outputs of the RTSA/A

The RTSA/A's outputs may be summarized as numbers of persons trained. To date, the RTSA/A has helped to train 1,810 Filipinos. The breakdown, by type of training, subject and activity, and number trained, is given below.

Type of Training		Activity/Subject Area	Number Trained
A. In-Country	1.	Community Family Planning Workers	493
	2.	Contraceptive Skill-Training	115
	3.	Supervision and Teaching Skills	30
	4.	Scientific Session for Midwives	1,126
		Subtotal	1,764

Type of Training		Activity/Subject Area	Number Trained
B. Regional	1.	1980 Asian Family Planning Forum	1
	2.	Community Training for MCH/ FP Program, IMCH	11
	3.	ASEAN Parliamentarians' Ad Hoc Committee Meeting	2
	4.	International Seminar on TBAs in FP	9
	5.	TOT in Family Life Education	7
	6.	Contraceptive Skill-Training for Nurses and Midwives	7
		Subtotal	37
C. Regional	1.	Asian TOT Family Planning Workshop, Naomi-Gray Associates	3
	2.	RAG Meeting	2
	3.	Training, Administrative, and Management Techniques for FP Personnel, University of Connecticut	1
	4.	FP, Nutrition, and Primary Health Care, Columbia University	1
		Subtotal	7
D. Other	1.	International Congress of Midwives, England	1
		TOTAL	1,810

Conclusions

1. *There is a continuing need in the Philippines for in-country PAC training.*

The Commission on Population has documented the needs and carefully reviews all proposals to ensure the appropriateness of each training effort. POPCOM has approved proposals, funded by the RTSA/A to continue training of mother health workers and family planning volunteers. A proposal designed to continue the process of updating and incorporating midwives into the family planning arena has been approved and will be implemented soon by the Integrated Midwives Association of the Philippines. Regional conferences to strengthen pre-service family planning content in Asian schools of nursing and midwifery are currently being planned.

POPCOM's scrutiny leads to the rejection of training proposals which are duplicative, overlapping, or of questionable value.

2. *The RTSA/A has filled gaps in the in-country training of PAC workers.*

RTSA/A funding is flexible, can be obtained quickly, and can be advanced. But, because POPCOM's budget is fixed one year in advance, funds cannot be advanced and may be used for local training only. Thus, RTSA/A funds have been and are especially useful for out-of-country training, including travel.

The RTSA/A does provide funding to private agencies which have difficulty obtaining funds for projects outside the scope of the GOP's priorities. Given current cuts in POPCOM's budget, the availability of this funding is noteworthy.

3. *RTSA/A funds are useful for small, innovative projects.*

According to several persons, much has been accomplished by applying the RTSA/A's creative ideas. For example, the Integrated Midwives Association of the Philippines' annual meeting was extended for two days to update more than 1,000 midwives in contraceptive technology. This effort, the IMAP's first scientific conference, was focused on the private midwife as a resource for family planning. As a result of this experience, the IMPA developed a proposal to upgrade midwives in contraceptive technology and natural family planning.

4. *The technical assistance provided by RTSA/A staff has strengthened in-country training capacities.*

The technical assistance which RTSA/A staff have provided has been a catalyst, generating new ideas. Filipino nurses and midwives are qualified and skilled, but, with outside assistance it has been possible to conceptualize and refine the work already being done. Technical expertise has also helped to expand and institutionalize the IMCH's capacity as an international training facility for PAC workers, especially nurses and midwives.

5. *The RTSA/A may have to modify or forego its priority to provide skill-training in contraceptive technology, including IUD insertion for nurses and midwives.*

The director of the National Economic Development Authority, a conservative who opposes all contraceptive methods, except natural family planning, may block training programs which incorporate IUD skills. Whether he will oppose the training of all family planning workers, including the community grass roots volunteers, remains to be seen.

6. *In their facilitative and supportive roles, the USAID population consultant and population adviser have done much to ensure the RTSA/A's success in the Philippines.*

USAID appointed a person to serve as a liaison to centrally-funded project personnel; through this mechanism, out-of-country consultants are able to function effectively, especially in the absence of a field representative. The positive relationships that exist between USAID staff and RTSA/A staff have resulted in initial introductions to key agencies and organizations; ongoing, open communications; and continuous monitoring and follow-up of training programs and proposals.

Recommendations

The following action is recommended to facilitate and improve continued activity in the Philippines:

1. Direct RTSA/A technical assistance and financial support should be continued for in-country training of nurses, midwives, supervisory and managerial field staff, and community health workers.

2. RTSA/A staff should continue to provide technical assistance to the Institute of Maternal and Child Health to strengthen the institute's capacities and potential as a regional training center for Asian nurses and midwives.

3. The RTSA/A should continue to fund short-term, regional, and U.S.-based training for paramedical personnel and other mid-level trainers.

4. RTSA/A funds should be directed toward private agencies, such as the IMCH and the ICFH, which have demonstrated their potential to conduct training programs of high priority. Conversely, RTSA/A funds should not be used to train physicians; nor should they be provided to agencies with sufficient funding from other sources.

5. A RTSA/A staff member should assume responsibility for coordinating and monitoring the development of all in-country proposals. This will prevent the hasty generation of ill-conceived or duplicative proposals.

XI. COUNTRY REVIEW: THAILAND

Family Planning Program Context

Thailand has had a national population policy since 1970, and has instituted a vigorous program to implement that policy. The National Family Planning Program (NFPP) does not appear in any organizational chart; it is a loosely coordinated set of activities involving both government and private sector organizations. If the program can be said to have any nucleus, it would be the Family Health Division (FHD), one of several units of the Department of Health in the Ministry of Public Health (MOPH). However, many other units of the government, as well as private organizations, are engaged in the provision of family planning information and services.

Several themes characterize the national programs. One is integration, in the usual sense: merging family planning and health delivery activities. But the program also involves family planning personnel from other ministries (e.g. Ministry of Agriculture, Ministry of Education, Ministry of Interior, and Ministry of Defense) and makes extensive use of community volunteers and local leaders. Another feature is use of non-medical personnel to give services (e.g., injections, sterilizations, oral contraceptives, and IUD insertions) which, in many countries, are restricted to physicians. And a third feature is decentralization of training and supervision from the center, to the provinces, to the districts and, ultimately, to the villages.

Structure of Training

Responsibility for training is dispersed widely. At the center, major responsibility for family planning and maternal and child health training rests with the Training, Supervision, and Education Section of the FHD. Training for information and motivation is provided by the Information Section of the FHD. A Health Training Division, not in the Department of Health but directly responsible to the Office of Under-Secretary of State for Public Health, provides family planning training in its programs for sanitarians and village volunteers.

The FHD operates six midwifery schools at the auxiliary level that graduate some 75 students every six months. Since 1978, these schools have been offering two-week refresher courses for pre-1978 graduates who work in health and midwifery clinics. The MOPH operates 10 of the country's 22 college-level schools of nursing and 7 practical-level nursing schools, all of which offer some courses in family planning. Decentralization of training is achieved in a variety of TOT and curriculum-development courses conducted throughout the country at the provincial, district, and local levels. Private sector training is provided by such organizations as the Planned Parenthood Association of Thailand

(PPAT), the Thai Association for Voluntary Sterilization (TAVS), the Asian Centre for Population and Development, and the Population and Community Development Association.

There is no comprehensive plan to guide the training of PAC personnel in Thailand. However, recommendations on the development of such a plan were included in an analysis of the training effort in Thailand. This analysis was prepared by Michael O'Byrne, of the RTSA/A staff, at the invitation of the UNFPA, and with the concurrence of USAID/Thailand. Dr. O'Byrne will be in Thailand early in May to revise and expand his analysis. It is expected that this study will form a substantial part of the documents on which a training needs assessment will be based.

Donor Assistance

As in other countries, funding for training in Thailand is provided by the government, by the major international donors, including the USAID, the UNFPA, the World Bank (which in Thailand coordinates funding from a number of developed-country sources that collaborate in a massive program for primary health care development), WHO, and UNICEF, as well as private donors, such as the Pathfinder Fund and the IPPF. The funds of large international donors tend to support large, long-term projects and are not always available for smaller, often somewhat spontaneous projects that can be funded by an organization such as the RTSA/A. Such projects are of interest to private sector donors, but their resources are no longer as ample as they were in the past.

Entry and Activities of the RTSA/A

The RTSA/A's involvement in Thailand began with the organization of the Asian Family Planning Training Forum in February 1980, to which eight Thais, in addition to participants from other countries in the region, were invited. This was a planning conference to identify the current and future training needs of countries in the region and to determine the role that the RTSA/A might play in meeting those needs. In addition to that meeting, the RTSA/A has developed and funded (as of March 1982) 17 proposals on such topics as management skills, program design, curriculum development, program evaluation, motivation, skills for clinical contraception, family life education, and counseling. Fourteen of the proposals that were implemented involved training exercises; two entailed regional meetings, (Thais participated in both meetings in Bangkok), and one, now under way, is a curriculum evaluation project. Some technical assistance was provided to seven of the projects. Nine projects delivered services to individuals making possible their attendance at seminars and workshops. Four projects

Exhibit XI-I

THAI PROPOSALS FUNDED BY RTSA/A THROUGH MARCH 1982

Proposal	Status		
1980 Asian Family Planning Training Forum (Meeting)	P	C	A
Critical Training, Management, Leadership Skills (Training)	I	C	A
Family Planning, Nutrition, Primary Health Care in Developing Countries: Program Design, Management, Evaluation (Training)	I	C	A
Fifth International Conference on Venereal Disease, Human Sexuality (Training)	I	C	A
Training of Trainers in Family Planning/MCH for Agricultural, Educational, Public Health Personnel at Provincial Level (Training)	P		SC
Seminar on Family Life Education for Administrators (Training)	P	C	SC
Clinical Training for Nurses (Study Tour, Training)	P	C	A
Development and Testing of Counseling in Family Planning and Sterlization Services (Training)	P	C	SC
Evaluation of the Refresher Training Course Curriculum for Auxiliary Midwives in Family Planning and MCH (Evaluation)	P		SC
Curriculum Development for Training in Integrated Family Planning, Health, and Development Programs (Training)	I	C	A
Management Problems of Family Planning Programs (Training)	I	C	A
International Training Program: Increasing Effectiveness of Family Planning Programs Through Better Motivation and Promotion (Training)	I	C	A
Training of Trainers in Family Life Education Relative to Family Planning (Training)	P	C	A
Social Sciences Course in Communication, Education, and Administration (Training)	I	C	A

Exhibit XI-I (cont'd.)

THAI PROPOSALS FUNDED BY RTSA/A THROUGH MARCH 1982

Proposal	Status		
International Seminar on the Training and Utilization of PAC Personnel in the Provision of Clinical Contraception (Meeting)	P	C	A
International Training Program on Curriculum Development for Training in Integrated Family Planning, Health, and Development Programs (Training)	I		A
Development and Management of Integrated Family Planning, Health and Development Programs (Training)	I		A

Note: Some of the above are regional programs held in Thailand and/or participated in by Thais

Code:
- P - Defined as a Project (some technical assistance provided)
- I - Service to Individuals (e.g., study tour, workshop attendance)
- C - Completed
- A - Defined as Activity of RTSA/A (i.e., not a sub-contract)
- SC - Subcontract

Source: RTSA/A, Project Proposals, Master List.

Exhibit XI-2

THAI RTSA/A PROPOSALS DISAPPROVED

Proposal	Disapproved By
Training in counseling and pre-counseling	Thai Working Group; AID/T
Family Planning training for members of sub-district council	Thai Working Group; AID/T
Training for family planning trainers on development of educational media to integrate family planning	Thai Working Group; AID/T
Seminar for provincial chief monks on population education	Thai Working Group; AID/T
Training for village scouts trainers on population education and family planning	Thai Working Group; AID/T
Workshop on family planning counseling skill for clinical nurse/midwives	Thai Working Group; AID/T
Training of trainers in midwifery schools	Thai Working Group; AID/T
Team approach in the training of non-physicians in family planning	Thai Working Group; AID/T
Development of Chulalongkorn University personnel on oral health and family planning	Thai Working Group; AID/T
Observational trips in family planning/ maternal and child health in the 3rd countries	Thai Working Group; AID/T
Short term training seminars and workshops	Thai Working Group; AID/T
Urban universities personnel: KAP survey project	Thai Working Group; AID/T
Provision of family planning care by nursing students	Thai Working Group; AID/T
Production of audio-visuals on family planning guidance for faculty staff and students in Chulalongkorn University	Thai Working Group; AID/T
Workshop on family planning and maternal and child health management for nurse/ midwives	Thai Working Group; AID/T

Exhibit XI-2 (cont'd.)

THAI RTSA/A PROPOSALS DISAPPROVED

Proposal	Disapproved By
ICARP: Asia Information and Communication Center	AID/W
Training of managers of Bangkok recreational establishments about family planning and venereal disease control	AID/T
Family planning/maternal and child health study visits	AID/W
Small grants for studies related to training in family planning	AID/T
International training program: Monitoring research and evaluation of community based programs	Lack of Participants

Source: RTSA/A, Project Proposals, Master List.

were subcontracts for relatively long projects.

The proposals that were approved and disapproved (the latter mostly by the Thai Working Group and USAID/Thailand) are listed in Exhibits XI-1 and XI-2.

The procedure for obtaining the necessary approvals for Thai proposals is cumbersome. Even under the best of circumstances, considerable time is required to clear a project. It is probably that certain steps in the required sequence were omitted for some proposals, because the Thai Working Group has not met recently and some of the approved proposals are current. The Working Group, composed of Thais from both the public and private sectors who are concerned with training for PAC workers, is chaired by the deputy director general of the Department of Health, with the head of the Training, Supervision, and Education Section of the FHD serving as secretary. The group was appointed by the secretary of state for public health and, to expedite the approval of projects, a representative of the Department of Economic and Technical Coordination (DTEC), which must approve all external aid to Thailand, was included. The possibility of inviting a representative from USAID/Thailand to join the group was discussed, but not followed up. In recent months, the Working Group has had little contact with any member of the RTSA/A staff, and its members (especially the secretary) are uncertain about what its functions are. No meetings have been arranged.

In the 20 months between June 1980, and February 1982 (the period for which data are available), RTSA/A staff members spent a total of 120 days in Thailand. RTSA/A consultants were in the country for an additional 49 days. The most frequent visitor was Dr. O'Byrne, who was in Thailand for 89 days, through February 1982, and who returned on April 19 for another stay that may last a month. (These figures are taken from travel records which may not be complete and which may, therefore, understate the amount of time the staff have spent in Thailand.)

Four Thai subcontracts were reviewed by a member of the evaluation team who visited Thailand on April 9-19, 1982. One subcontract is to agricultural, educational, and health workers to train others for motivational and promotional activities in family planning. The training sessions are part of a four-step design, developed with the help of a Thai consultant, that calls for national-level "training" of top leaders to win their approval and support. The sessions are to be followed by a regional workshop with much the same purpose. The RTSA project is Step Three in the design (the first two steps were funded by the UNFPA), which calls for training of workers from each of nine provinces in groups of 50. This task has now been completed; sufficient funds remain to provide training for two more states. Training for one state has been held; an eleventh session is scheduled for May. The training is expected to result in the development of a model curriculum for this kind of training which can be used at the district

level; to promote collaboration among agricultural, educational, and health personnel; to establish central demonstration areas for other provinces; and to enhance the ability of 550* trainees to provide family planning motivation and services (i.e., motivating acceptors, providing information, distributing condoms and pills, and revisiting and evaluating acceptors).

The chief of the Training, Supervision, and Education Section of the FHD, who is implementing the project, gives high priority to this kind of training because, one, it brings in people who are not ordinarily associated with family planning and, two, it helps to capture the interest and attention of high-level people (e.g., governors and provincial chief medical officers) who can make things happen. The chief would like to extend training to all 71 provinces (excluding Bangkok) and may wish to approach the RTSA/A as a source of funding.

The fourth step in the design is to train district-level personnel. This will be an enormous task, because there are 600 districts and the intention is to train groups of 35 workers from each district. The per capita costs will be lower than those for provincial-level training, and the districts may be able to fund a portion of their own training, although the demand for external funding will still be great.

It is anticipated that this project will be evaluated (the Supervision Section will be responsible for the activity), but no date for an assessment has been set. It is hoped that Dr. O'Byrne will be able to help with the evaluation design.

The Training, Supervision, and Education Section is also the implementing agency for a survey research project that proposes to evaluate the refresher training curriculum for auxiliary nurse-midwives. Dr. Julia Tsuei helped work out the project design. All ANMs (more than 1,000) who have graduated since 1978, who are working in family planning, and who have had refresher training are to be tested against a sizable sample of similar ANMs who have not received follow-up training. Junior nurses in training at Khon Kaen midwifery school will collect the data. (The sample is probably larger than it need be for reasonably accurate results.) The findings, if they are suitable, will be used to revise the curriculum for refresher training.

Funding for this project was delayed; it was to have started in March 1981, but it got under way only in October. It is far behind its new schedule and may be in trouble. The design calls for a pretest of the study instrument that will be used to gather data. When the instrument was tested, it turned out to be inadequate for its intended purpose. Revisions are now being made with the help of a university professor with a degree in statistics, and the revised instrument itself will be tested. It will be a long time before the project is completed.

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* In fact, 670 workers were trained in the first 10 sessions, although only 550 were expected to be trained.

A RTSA/A-funded seminar on family life education for administrators was completed in February; 81 persons from various organizations, including the Ministries of Education (23), Public Health (10), Interior (2), Office of University Affairs (10), and National Economic and Social Development Board (2), and 20 resource persons from a wide range of other organizations attended. Sex education has been considered a sensitive subject in Thailand, but the participants are reported to have been unanimous in agreeing that it is time to approach the topic. Programs for both in-school and out-of-school youth who range from elementary-school age to university age were discussed. The implementing agency, the PPAT, was selected as a "core organization" to develop instructional materials and training programs for resource people who would be taught to train sex education teachers. The PPAT was also chosen to coordinate efforts to influence school administrators to accept family life and sex education and to begin to lobby for the inclusion of policy on such education in the Sixth National Economic and Social Development Plan.

The PPAT (funded primarily by the IPPF) will apply to the RTSA/A for funds for materials to trainers. Currently, the PPAT trains volunteers, sex education resource people, coordinators (on staff), and newly married couples in family planning. Both the IPPF and FPIA fund this training activity.

The director of the PPAT sees a need for a RTSA/A-type organization to fund special projects, such as the sex education project, and to provide technical assistance. He reported no administrative problems with the RTSA/A, but stated that he is not clear about the application process for additional funding. He was not aware of the existence of the Thai Working Group, which is supposed to screen all proposals.

(The seminar on family life education appears to be outside the area specified in the RTSA/A's contract, because it is not, on the surface, concerned with PAC training. But RTSA/A staff point out that, in Thailand, teachers are obligated to do community work and it is what they formally or informally teach to fulfill this obligation that puts them in the category of community workers.)

The evaluators reviewed a fourth project, a joint effort of the TAVS and the MOPH. This project aimed to involve satisfied acceptors of vasectomy in motivating and recruiting others for the operation, and also for tubectomy. The last of three workshops was completed in February; total attendance was 160 participants. Pre- and posttests were administered, and the results, in addition to feedback on acceptors who have already been recruited, indicate that the training was successful. It was planned that if the training was successful, other groups could be contacted and trained. A coupon system is being used to identify easily anyone who is referred by any of the trainees. With this system, it will be relatively easy to determine the impact of the training. As a matter of policy, no incentives are being offered for referrals.

Subtotal 1,764

This fourth project grew out of a meeting between the director of the TAVS and Dr. O'Byrne of the RTSA/A staff at a scientific conference in Pattaya in 1980. The availability of RTSA/A funding made it possible for the director to conduct a project which he had had in mind for a long time.

According to project staff the only problem with the RTSA/A-funded effort was the late arrival of the budget. AID/W objected to the first draft of the project; so Dr. Peng went to Bangkok and there worked out an acceptable revision. The director is pleased with his relationship with the RTSA/A and regards it as a source of funds for projects that are not otherwise fundable from sources available to him.

The MOPH, a co-sponsor, is interested inthis project and its outcome. If the project turns out to be effective, the ministry may take it over and continue it as a government activity. Mr. David Oot, USAID/Thailand, is also interested in the project and has been talking with Dr. Suwanee of the FHD about repeating this kind of training in two more provinces. Dr. Phaitoon, professor of urology at Ramathibodi Medical School, designed the curriculum for the TAVS workshops and recruited highly qualified instructors. He is convinced of the utility of employing satisfied consumers of family planning services as motivators and recruiters and believes this approach is a good way to involve local people.

The RTSA/A has funded a number of Thais and other persons from the region for training in curriculum development and other training-related topics at the Asian Centre for Development and Planning. RTSA/A staff have helped to develop curricula for ACDP courses; Dr. O'Byrne is helping to teach a course that began April 19. The director of the ACPD favors the continuation of a RTSA/A-type program, because the RTSA/A is highly flexible and responsive, is concerned with human resource development, and is willing to fund experimental programs that large donors will not support financially. Ideally, he would like to have the RTSA/A's support administered through a subcontract so that he can deal directly with prospective participants from the private sector without involving the USAID/missions or AID/W. This approach would make recruiting easier and require less time of RTSA/A staff. The director told the evaluators that he has proposed a subcontract, but has had no response from the RTSA/A. (Dr. O'Byrne said later that he had brought up the matter twice at RTSA/A staff meetings, but that it was not seriously considered.)

The director of the ACPD thinks well of the RTSA/A, but he also finds fault with it. He believes the RTSA/A has not done the necessary assessments to enable the staff to make helpful suggestions about the kinds of training that are needed and the priorities that should be established. He also is critical of the Regional Advisory Group. He thinks the RAG would have real

Exhibit XI-3

THAI PARTICIPANTS IN RTSA/A ACTIVITIES

U.S. Training

Number	Title of Trainee	Subject Area	Location of Training
1	Nurse Trainer Supervisor, MOPH	Management and Leadership Skills	University of Connecticut
1	Chief, Research and Evaluation, MOPH	Program Design, Management, and Evaluation	Columbia University
5	Head, MOH Department; Head, Department of Health Education Assistant Professor, Mahidol University; Head, Training Section; Head, Education Section, FHD, MOPH	Training-the-Trainers Workshop	San Francisco, Naomi Gray Associates
2	Technical Assistant, to Deputy Director General, Department of Health Population and Community Development Association	Management Problems of FP Programs	Washington, Center for Population Activities
2	Senior Communication Officer, FHD, Department of Health (both)	Program on Population Communication, Education, and Health	University of Chicago

In-Country Training

Number	Title of Trainee	Subject Area	Location of Training
4	Health Educator, FHD, Department of Health; Health Trainer, FHD, Department of Health; Manager, Rural Operating Division; Manager, Urban Operating Division, Community Based Family Planning Services	Curriculum Development	Asian Centre for Population and Development
11	Various University, Health, and Education Organizations	Training of Trainees in Family Life Education Relative to Family Planning	Mahidol University
550	Employees of Agriculture, Health, and Education Ministries	Training of Trainers in Family Planning/Maternal and Child Health for Provincial level personnel	Ministry of Health, Family Health Division
29	Junior Nurses in Training	Evaluation of Refresher Training Curriculum for Auxiliary Midwives in Family Planning and Maternal and Child Health	Family Health Division, Research Project

In-Country Training

Number	Title of Trainee	Subject Area	Location of Training
80	Educational Administrators	Seminar on Family Life Education for Administrators	Planned Parenthood Association of Thailand
160	Satisfied Vasectomy Acceptors	Counselling in Family Planning and Sterilization Services	Thai Association for Voluntary Sterilization

Regional Seminars, Workshops, Meetings

Number	Title of Trainee	Subject Area	Location of Training
2	Dean, Faculty of Public Health	Honolulu. First Regional Advisory Group Meeting	Mahidol University; Official, Family Health Division, Department of Health
8	Director General of Health, (Retired); Deputy Minister of Public Health; Dean, Faculty of Health	RTSA/A. Asian Family Planning Training Forum	Mahidol University; Vice-Rector Chulalongkorn University
2	Member of Parliament	Parliamentarians Ad-Hoc Committee Meeting on Resources, Population, and Development	Director Population and Manpower Division, National Economic and Social Development Board. ASEAN

Regional Seminars, Workshops, Meetings

Number	Title of Trainee	Subject Area	Location of Training
3	Provincial Chief Medical Officer	Analyst, National Economic and Social Development Board. ASEAN Population Coordinating Unit, Institute of Community and Family Health (Manila), Malaysia Family Planning Board. Seminar on Traditional Birth Attendants in Family Planning.	Training Section, Family Health Division

value if it were composed of carefully selected people with training responsibilities, and if the members clearly understood what the RAG should be and should do. He would like to see the RTSA/A project continued, but only if management is improved. (At least three other people who were interviewed in Thailand expressed a similar opinion, and a spokesman for USAID/Thailand also indicated that he would prefer that the project be continued at Hawaii, but only if the number of staff and amount of time devoted to university work were reduced.)

RTSA/A projects in Thailand have enabled 11 Thais to receive short-term training in the United States; 15 to attend a regional seminar, workshop, or meeting; and more than 950 to receive some kind of in-country training. The categories of participants and the kind of training they received are listed in Exhibit XI-3.

Anticipated future projects include an ACPD course for trainees from several countries in the region (this will be conducted in August) and an in-country workshop, "Strengthening Family Planning Content in Curricula of Schools of Nursing and Midwifery, Including Schools of Auxiliary Nurses and Midwives," which will follow a regional seminar on the same topic that is scheduled for May in Manila. Pre-service training in these subjects is considered to be inadequate, and it is hoped that the RTSA/A activities will contribute to revisions in the curricula that will result in the better preparation of nurses and midwives for family planning work.

No Thais are scheduled to receive training in the United States.

A needs assessment paper for Thailand was prepared in December 1981. Similar to papers prepared for other countries in the region, this document provides some information useful for planning, but it falls short of being an ideal statement of needs. A more comprehensive statement was prepared by Dr. O'Byrne for the UNFPA in September 1981. This paper is being revised and expanded in the hope that it may approximate, or at least provide a solid foundation for, an adequate training needs assessment.

Performance of the RTSA/A

The RTSA/A program in Thailand, as elsewhere in the region, has been more responsive than directive, with much of the initiative for proposals coming from Thai organizations with varied interests. There has been little forward planning and little observable adherence to a pre-determined set of priorities. This lack of planning may be attributable, in part, to the management style of the agency; undoubtedly, it also is due to factors beyond the control of RTSA/A (e.g., the need for four separate approvals for every proposal), the result of a feeling that the RTSA/A must respond to every request and suggestion coming from USAID/Thailand or AID/W. Whatever the reason, the RTSA/A's operating style appears to be to respond more

to initiatives than to generate or stimulate activities according to a staff-formulated plan for each country.

Relations with Thai agencies and with USAID/Thailand have been good. An earlier association between the USAID H/P/N officer and a member of the RTSA/A staff has facilitated relations between the mission and the agency. Overall, relationships could be strengthened if RTSA/A staff made more regular contact with Thai agencies (including USAID). Several persons interviewed by the evaluator expressed dissatisfaction with RTSA/A staff because they did not see them often enough and were not notified of the staff's visits or departures. It was also pointed out that the staff did not use the occasion of a visit to Thailand to convene the Working Group to stimulate and discuss proposals. To date, relations with AID/W appear to have been less than satisfactory, for both sides.

Inputs and Outputs

Relatively little technical assistance has been provided in Thailand, but what has been provided has been good. Excellent consultants were recruited for a family life workshop at Mahidol University. Dr. Tsuei helped to design the workshop and served on the staff; she also helped the project to evaluate refresher training for nurses and midwives. Dr. O'Byrne has participated in ACPD training courses, has helped to design curriculum development training, and has completed a good preliminary analysis of Thailand's training needs for the UNFPA.

The evaluators are not aware that the RTSA/A has produced any significant number of training materials either in the country or for Thailand; nor are they aware of any sizable distribution of materials produced elsewhere.

Two Thais attended the Regional Advisory Group meeting in early 1981. RTSA/A staff subsequently contacted the two Thais, but it is not likely that they were consulted or used in any special way because of their status as RAG members.

The evaluator had neither access to the data that were required nor the time to calculate the monetary output to support Thai participants and projects. The evaluator also could not determine how much managerial and staff time, other than the 169 days of staff and consultant time spent in Thailand, was spent in Honolulu on Thai projects. Production and distribution of materials have been negligible. Thus, no accurate statement can be made about total projects' inputs to Thailand.

Among the outputs are the 17 projects that were conducted in Thailand, the training programs that involved at least 1,000 Thais, and the limited technical assistance which RTSA/A staff and consultants provided.

Conclusions

There is apparent need in Thailand for continued assistance of the kind the RTSA/A project can provide.

One cannot state this conclusion definitively because the concept of need is ambiguous and it is not known what other sources of assistance can and will do; however, it appears that some form of assistance should be continued. The Thai projects that have been funded have been useful and are defensible; all were approved by the Thai Working Group, the DTEC (whose representative is a member of the Working Group), USAID/Thailand, and AID/W. All the persons who were interviewed feel that it is highly desirable to have this kind of resource for projects outside the scope of the major donors; they also feel that non-medical manpower development in health and family planning is still a high-priority objective. Thailand is committed to making maximum use of non-medical personnel, including traditional healers and birth attendants, village volunteers, local leaders, and satisfied contraceptive users, and it emphasizes the involvement of a wide range of agencies, both the public and private, in activities. *Thus, the need for training is immense and is likely to remain so for the foreseeable future.* A RTSA/A-type project could be a valuable resource for identifying needs, helping to determine priorities, contributing to the institutionalization of the various kinds of training that are needed, and funding small innovative projects (those, for example, of the PPAT and the TAVS) in the private sector that can test approaches that later can be adopted by the national programs.

Recommendations

If a RTSA/A-type project is to be continued in Thailand, efforts should be made to maintain more systematic contact with the in-country group and to use the group's knowledge and skills to develop projects and evaluate and plan projects, assess needs, and establish priorities. This group has what may be considered semi-official status because it was appointed by the Secretary of State for Health and includes representatives of the DTEC and other government units. To neglect it or bypass it would be politically unwise and constitute the waste of a useful resource.

It would be desirable to have more RTSA/A staff available in-country. In the past, contacts have been broken, and negotiations and arrangements for projects have had to be conducted by correspondence or telephone. More regular visits, or, better still, the presence of a staff member in a country, could do much to improve and maintain relationships with Thai agencies (including USAID/Thailand) and expedite the development, realization, and monitoring of projects.

One objective has not been fully attained in Thailand--or elsewhere in the region: the generation of an adequate needs assessment. One obstacle, perhaps, has been the tendency to conceptualize this task in global terms and to conceive of a single program that embraces all the needs of all training programs. The task might be more manageable if a selective, and not a global, approach were taken, and if the needs for certain kinds of training for certain categories of trainees were accommodated separately and sequentially. In this approach, the task would not seem so overwhelming and parts of the assessment could be used for planning even though the entire evaluation has not been completed.

Although the RTSA/A's somewhat eclectic approach to identifying supportable proposals may have been the best--and perhaps the only--approach that could be used, given the context in which the project has had to operate, it would be desirable to establish priorities to direct the project's activities and the expenditure of resources. If an effort is made to establish priorities for the RTSA/A's work, the following needs should be considered:

1. In the TOT program it may be desirable to give more attention to the techniques of training, as well as content. Trainers are made, not born, and although it is essential to know the subject matter, it is also essential to know best how to pass on that knowledge.

2. There have been a number of experiments to train sanitarians, nurses, and midwives to do sterilizations and give injections. These efforts have been successful, and it is likely that the workers' new capabilities will be introduced gradually into the national family planning program. To ensure that the workers make a substantial contribution to the national program, an effort will have to be made to provide a considerable amount of carefully planned training. Follow-up and less vigorous emphasis on skill-training in IUD insertion may facilitate achievement of the goal.

3. The emphasis on techniques of communication in courses for extension workers, satisfied acceptors, village volunteers, and others expected to transmit information and motivate prospective family planning acceptors should, perhaps, be increased.

4. There may be a need for a systematic evaluation and review of the decentralized "chain" of training that is prevalent in Thailand. Training that passes through three levels of trainers (central, provincial, and district) is likely to be highly attenuated by the time it reaches the ultimate trainees.

5. It may be desirable to explore the feasibility of standardized curricula and training modules for some categories of trainees (e.g., the pre-service training for nurses,

auxiliaries, and sanitarians).

6. Training for the development and operation of logistics systems, especially for training materials and supplies, may deserve more attention than it is now receiving.

7. The production and use of training materials would seem to be an area for which systematic training might be usefully organized.

XII. REVIEW OF ACTIVITIES IN OTHER COUNTRIES

XII. REVIEW OF ACTIVITIES IN OTHER COUNTRIES

Bangladesh

The RTSA/A has not been active in Bangladesh. One reason is the unsettled political situation in the country; another is the presence of a large number of other agencies active in all areas of health and family planning. In August 1980, Drs. Satoru Izutsu and J. Y. Peng briefly visited the country to review training needs; no staff member has visited Bangladesh since then.

Fifteen Bangladeshis have been involved in RTSA/A activities; two were included in trips to the U.S., and the others participated in regional training projects.

One subcontract for a training program for field agents has been approved but has not been implemented. To be implemented by the Bangladesh Association for Voluntary Sterilization (BAVS), the activity will begin with a two-day workshop at BAVS headquarters. A RTSA/A consultant will design the materials which dais will use to recruit clients. It is anticipated that, if the training is successful and if the RTSA/A project is continued after September 1982, additional workshops will be held. Another prospect is a workshop to strengthen family planning content in the curricula of the schools of nursing and midwifery. This workshop would be conducted as a follow-up to a similar regional workshop scheduled to take place in Manila in May.

Two projects are awaiting approval: a two-day national workshop to review training programs and to determine how they might be made more effective, and a program to train traditional birth attendants to communicate health and family planning information.

Approval was received to send one person from Bangladesh to the Master Trainer Program, which will be held at the University of Connecticut from April 23, 1982, to June 30, 1982. If the RTSA/A project is continued, a follow-up workshop on family planning technology and teaching methods will be conducted (a workshop on this topic will be held for the region in Manila in July). The objective of the workshop will be to improve the teaching skills of the faculty in the schools of nursing and midwifery.

No member of the RTSA/A staff has recently visited Bangladesh, but staff of a Western Consortium project that is operating in the country with funding from the UNFPA have been helping to make arrangements for RTSA/A activities.

India

During 1981, three members of the RTSA/A staff visited India; Dr. Peng spent six days in the country; Dr. Izutsu, 25; and

Dr. O'Byrne, 80. O'Byrne returned once this year to organize a tour of the region and of Hawaii for a group of Indian communications personnel. Consultant William Sweeney accompanied the Indians on their regional tour. Seventy days of consultant time, much of which was devoted to preparations for a workshop on family welfare communications which was held in August 1981, also were provided.

India has not been the site of any RTSA/A regional meetings, and no subcontracts for activities there have been awarded. Six proposals were approved. Three required travel to the U.S.; one included a regional study tour; and one involved an in-country planning and strategy conference on communications. Fifty-five Indians, drawn largely from the Ministry of Health and Family Welfare, attended the communications conference; fourteen took part in the regional study tour; two attended the 1980 Forum meeting in Bangkok (apparently, no one from India went to the Regional Advisory Group meeting in early 1981); and two attended a parliamentarians' meeting in the U.S.; six Indians attended training courses at the ACPP: two took part in a course in curriculum development; three attended a course on motivation and promotion of family planning; and one participated in a management course.

Much of the RTSA/A's effort in India has been in communications as a result of the GOI's priority on communications training for block extension educators. Mrs. Serla Grewal, additional secretary (and commissioner) for family welfare, attended the 1980 Forum meeting in Bangkok and a population policy seminar at the East-West Center later that year. Continuing contact with India led to an invitation to provide a consultant and assist one to organize the workshop on communications, held in August 1981, and the study tour that enabled prominent Indian communicators to observe programs in Thailand and Indonesia and to discuss next steps with personnel at the East-West Center. The latter facilitated the development of a plan for training block extension educators at the Ministry of Health and Family Welfare. Ms. Susan Anderson, of the International Resources Unit of the University of Hawaii, and Mr. James Palmore, of the East-West Population Institute, were among the consultants recruited for the workshop.

A RTSA/A staff member (Dr. O'Byrne) and a RTSA/A consultant are working with USAID/India to assess the training needs of paramedical personnel in India and to design a training component for a new bilateral project in social marketing. In April, Dr. O'Byrne went to India to help prepare a detailed plan for training block extension educators and to follow up the training needs assessment. Recently, a request was received for Dr. O'Byrne's services in July, to help write the training section for the social marketing project.

It is difficult to gain access to India. Much of the RTSA/A's success in developing projects there can be attributed to the organization's diplomatic approach and to the quality technical assistance that O'Byrne and the RTSA/A consultants have provided to the country.

Sri Lanka

Like Bangladesh, Sri Lanka has not been visited often by RTSA/A staff, primarily because, until recently, USAID/Sri Lanka had a policy that discouraged any attempts to work in the country. Staff members Izutsu and Peng made exploratory visits in 1980, and Peng revisited Sri Lanka--in 1981 for a total of only nine days in the country. No consultants have been used to provide assistance to the nation.

Despite this lack of direct contact, Sri Lankans have been able to participate in the RTSA/S's program. Two subcontracts have been approved, one to train assistant medical practitioners and one to train village-level volunteers. Neither subcontract has been fully implemented. In addition, three other proposals were approved. Two have been completed. For one project, two persons were sent to the U.S. to participate in a course on women in management sponsored by CEFPA. The second activity was a study tour for district administrators to observe program management. For the third proposed activity, one person will be sent to the University of Connecticut to attend a course in management training, which will begin in April.

Forty-one persons have participated in some kind of RTSA/A-sponsored activity. Two attended the 1980 Forum meeting in Bangkok; two were at the meeting of the Regional Advisory Group; five participated in the study tour on program management; four have completed or are now receiving training in the U.S. Thirteen Sri Lankans attended regional courses at the ACPD or workshops at the IMCH. Fifteen assistant medical practitioners also have been trained (one of the persons included in the total number of trainees is now beginning training in the U.S.).

Nearly 800 assistant medical practitioners remain to be trained, and there are thousands of community workers whom the Family Planning Association (FPA) of Thailand would like to train eventually.

The RTSA/A perceives a need for strengthening the family planning component in the pre-service training curricula of the school of auxiliary nursing and midwifery and in the nine college-level and two practical-level schools of nursing. A first step toward achieving this objective has been taken: Several Sri Lankan will be sent to Manila in May and July to attend IMCH workshops.

The training records of community workers and assistant medical practitioners are confusing. One set of records which the evaluators examined shows that only 15 AMPs and community workers have been trained. In a more recent document it is noted that the Ministry of Family Health received assistance to train 58 AMPs in two districts and that a total of 620 were trained. According to this same document, 1,800 community workers have been trained, and 1,950 more CHWs are expected to be trained by September. The discrepancy in the figures was noted only after the team had left Honolulu; it is not known which data are correct. It is likely that training of both groups was supported by some agency other than the RTSA/A.

After September, if the RTSA/A project is continued, two in-country workshops will be conducted to follow up the workshops that were held in Manila in May and July. These projected workshops are designed to help strengthen both content and teaching in schools that provide pre-service training for nurse-midwives and auxiliaries.

Other Countries

Training activities were conducted in Korea, Malaysia, and Singapore before the RTSA/A was advised that these are considered to be "graduate" countries and that all activities should be suspended, expect for occasional use of the regional training facilities that may have been developed in one or another of the countries. No activity has occurred in these countries in recent months, and none is contemplated: for these reasons, no report of the earlier activities is included in this review.

APPENDICES

Appendix A

LIST OF PERSONS INTERVIEWED

Appendix A

LIST OF PERSONS INTERVIEWED

UNITED STATES

American Public Health Association

Ms. Myrna Seidman, Chief, Technical Advisory Services, International Health Programs

Ms. Danielle Grant, Program Assistant, Technical Advisory Services

Agency for International Development, Washington

Ms. Judith Rooks, Project Monitor

Ms. Charlotte Ureksoy, Program Operations Assistant

Ms. Ann Aarnes, Chief, Information, Education, and Communication (IEC) Division, Office of Population

Mr. Duff Gillespie, Deputy Director, Office of Population

Mr. Mike Jordan, Asia Bureau

Mr. Ed Muniac, Asia Bureau

University of Hawaii

Dean Jerrold Michael, Principal Investigator, and Dean, School of Public Health

Dr. Satoru Izutsu, Project Director

Dr. John Watson, Project Co-Director

Ms. Marilynn Schmidt, Nurse-Midwife Coordinator, and Director, Evaluation

Dr. J. Y. Peng, Field Director, and Coordinator, Regional Training

Dr. Michael O'Byrne, Coordinator, Material and Curriculum Development

Dr. Julia Tsuei, Coordinator, Technical Skills

Mr. Michael Dennis, Administrative Assistant.

Ms. Dorothy Nishita, Administrative Officer

Mr. Jerry Grossman, Professor of Health Education

Dr. Manny Voulgeroupolous, Professor of International Health

Ms. Susan Anderson, Director, International Health Resources Unit

Dr. Roy Smith, Associate Dean, School of Public Health

Western Consortium for the Health Professions, Inc., San Francisco

Mr. Joe Hafey, Director

Dr. Robert Miller, Director, International Affairs

Ms. Shoshanna Churgin

INDONESIA

USAID/Indonesia

Mr. Morris Blumberg, Deputy Chief, Office of Population

Dr. Thomas D'Agnes, Office of Population, and Adviser, Training Division, National Family Planning Coordinating Board

National Family Planning Coordinating Board (BKKBN)

Dr. (Mrs.) E. Srihartati P. Pandi, Chief, Center for Education and Training

Dr. (Mrs.) Emmy Salman, Chief, General Education Division

Mr. Sridadi Suparto, Chief, Development of Education and Training Division

Mr. Estiko Suparyono, Chief, Reporting and Evaluation Division

Dr. Henry Pardoko, Deputy Chairman for Population Program

Dr. Isa Trisnawati, Bureau of Contraceptives, Division of Contraceptive Services

NEPAL

USAID/Nepal

Dr. Gerald van der Vlugt, Chief, Office of Health, Population, and Nutrition (H/P/N)

Ms. Gladys Gilbert, Program Adviser, H/P/N*

Ms. Sigrid Anderson, Program Adviser, H/P/N

Mr. Bill Nance, Chief, Program Office

Mr. Phil Weeks, Long-Term Adviser, Rural Area Development

Dr. Mel Thorne, Long-Term Adviser; Chief of Party, John Snow Inc. Contract

Dr. Nellie Kanno, Long-Term Adviser for Training, John Snow Inc. Contract

Ms. Diane Altman, Evaluator, Contraceptive Retail Sales Project

Ms. Margaret Neuse, Consultant, RTSA/A*

Dr. Curt Swezy, Former Consultant, RTSA/A*

Family Planning and Maternal-Child Health Project, Ministry of Health, His Majesty's Government

Dr. Dr. Nadri Raj Pande, Director**

Dr. Achyut Acharya, Chief, Services**

Mr. G. Mishra, Chief, Financial Section

Mr. P. R. Sakya, Chief, Training**

Mr. H. Hamal, Chief, IEC

Mr. G. M. Shrestha, Chief, Supplies

Ms. Chandra Shrestha, Senior Public Health Nurse

Mr. Savitri Joshi, Senior Public Health Nurse

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*Member, Working Group, Regional Training Service Agency for Asia (RTSA/A)

**Interviewed by phone in the U.S.

Family Planning Association of Nepal

Mr. Kush N. Shrestha, Chief, Program and Training

Mr. Govinda Chitrakar, Executive Member

PHILIPPINES

USAID/Philippines

Mr. Steve Sinding, Officer in Charge, Population, Nutrition, and Health

Mr. John Dumm, Office of Population

Ms. Nancy Hopkins, Population Consultant

Ms. Charlotte Cromer, Population Adviser

Mr. Zynia Rionda, Project Training Officer

Comprehensive Family Planning Center, Dr. Jose Fabella Memorial Hospital

Dr. Ruben A. Apelo, Project Director, and Acting Director, Training Division, Ministry of Health

Dr. Rebecca Ramos, Associate Director

Ms. Asuncion Ramos, Nursing Supervisor

Ms. Flor S. Bernardo, Director, Dr. Jose Fabella Memorial Hospital Midwifery School, and President, Integrated Midwives Association of the Philippines

Institute of Community and Family Health

Dr. Perla Sanchez, Executive Director

Ms. Asuncion Eduarte, Training Director

Ms. Feliciana Eraldo, Nurse-Trainer

Commission on Population

Ms. Florina Dumlao, Associate Director, Planning Division

Ms. Luisa Nartatez, Planning Officer

Ms. Rocela Rada, Planning Officer

Ms. Eden Divinagracia, Planning Officer

Ms. Madge Navado, Director, Training Division

Mr. Joe Oborto, Head Fellowship Program, Training Division

Family Planning Organization of the Philippines

Mr. Senon Posadas, Executive Director

Dr. Jose Catindig, Regional Director, International Planned Parenthood Federation

Program Committee and Resource Persons for Regional Training Proposal, PI-RG-093

Ms. Evangelina Dumlao, Dean, School of Nursing

Ms. Julie Yabes, Professor, Institute of Public Health, University of the Philippines

Ms. Helen Filmore, Nurse Educator for World Health Organization

Ms. Magdalina Dugenia, MEC

Ms. Nelida Castillo, Nurse Educator and Consultant

Ms. Rosario Perpina, Nurse Educator, Ministry of Health

THAILAND

Government of Thailand

Dr. Somasak Varakamin, Deputy Director General, Department of Health

Dr. Suwanee Satayapan, Family Health Division, Department of Health

Dr. Prasert Suwannus, Director, Family Health Division, Department of Health

Ms. Chusie Sujpluem, Chief, Training, Supervision, and Education Division, Family Health Division, Department of Health

Ms. Penpan Rucksanok, Head, Education Section, Family Health Division

Ms. Piendchai Satayut, Head, Training Section, Family Health Division

Ms. Nongnuch Boonyakiat, Head, Technical Support Section, Family Health Division

USAID/Thailand

Mr. David Oot, Office of Health, Population, and Nutrition

Mr. Karoon, Administrative Officer

United Nations Fund for Population Activities

Mr. K. V. R. Moorthy, Assistant Coordinator, Thailand

Mahidol University

Dr. Debhanom Muangman, Dean, Faculty of Public Health

Planned Parenthood of Thailand

Dr. Chaiwat Panjaphong, Executive Director

Thai Association for Voluntary Sterilization

Mr. Arry Sritburatham, Executive Director

Dr. Phaitoon, Professor of Urology,
Ramathibodi Medical School

Asian Centre for Population and Development

Mr. Thanothai Sookdhis, Manager

Appendix B

LIST OF DOCUMENTS REVIEWED

Appendix B

LIST OF DOCUMENTS REVIEWED

Materials Prepared by AID/W

The following materials were prepared for evaluation of the activities of the Regional Training Services Agency, Asia, under contract to the School of Public Health, University of Hawaii (AID/DSPE-C-0059):

Agenda

Scope of Work for Evaluation

Cable Traffic re: Travel

Overview of PAC Projects

Original Contract

Amendment to Contractual Scope of Work

RTSA/A Brochure

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*Prepared by Judith Rooks

Materials Prepared by RTSA/A Staff, University of Hawaii

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