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EVALUATION OF THE PATHFINDER FUND

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GLOSSARY

AID	Agency for International Development
AREPF	Associacao Brasileira de Entidades de Planejamento Familiar
ACEP	Asociacion Colombiana para el Estudio de la Poblacion
ASCOFAME	Asociacion Colombiana de Facultades de Medicina
AVS	Association for Voluntary Sterilization
BAVS	Bangladesh Association for Voluntary Sterilization
BEMFAM	Sociedade Civil de Bem-Estar Familiar no Brazil
BKKRN	Badan Koordinasi Keluarga Berencana Nasional (National Family Planning Coordinating Board - Indonesia)
BR	Bangladesh Railway
CA	Cooperating Agency
CRD	Community-Based Distribution
CBR	Crude Birth Rate
CRPH	Consultora Boliviana de Reproduccion Humana
CBS	Community-Based Services
CCRP	Corporacion Centro Regional de Poblacion
CDR	Crude Death Rate
CENPA	Centre for Development and Population Activities
CIS	Centro de Investigaciones Sociales
CO	Country Office
CPAIMC	Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca
CPR	Contraceptive Prevalence Rate
CPS	Contraceptive Prevalence Survey
CR	Country Representative
CROF	Consultorio Radial de Orientacion Familiar

CWFP	Concerned Women for Family Planning
DA	Development Associates, Inc.
ERC	Evaluation Review Committee (Pathfinder)
FD	Functional Division (Pathfinder)
FP	Family Planning
FPAK	Family Planning Association of Kenya
FPIA	Family Planning International Assistance
GOB	Government of Bangladesh
GOI	Government of Indonesia
ICRF	Instituto Colombiano Para el Bienestar Familiar
ICOMP	International Committee on Management of Population Programs
IEC	Information, Education, and Communication
IPAVS	International Project of the Association for Voluntary Sterilization
IPPA	Indonesian Planned Parenthood Association
IPPF	International Planned Parenthood Federation
ISTI	International Science and Technology Institute
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JSPB	Jano Sheba Poribar Parikalpana (Bangladesh PVO)
KAP	Knowledge, Attitudes, and Practice
LA	Latin American
LDC	Less Developed Country
LHV	Lady Health Visitor
MCH	Maternal and Child Health
MCH/FP	Maternal and Child Health/Family Planning

MOH	Ministry of Health
MOP	Ministry of Planning
MOHPC	Ministry of Health and Population Control
MYWO	Maendeleo ya Wanawake Organization (Kenya Women's Organization)
NGO	Non-governmental Organization
NCPD	National Council for Population and Development (Kenya)
NTTC	National Technical Coordinating Committee (Kenya)
OB/GYN	Obstetrics/Gynecology
PHM	Project Hearing Meeting (Pathfinder)
PIN	Project Identification Number
PKCK	Persit Kartika Chandra Krana, Village-Based Contraceptive Distribution, South Sumatra
PPFN	Planned Parenthood Federation of Nigeria
PROFAMILIA	Asociacion Pro-Bienestar de la Familia Colombiana
PROPATER	Promocao da Paternidade Responsavel
PVO	Private Voluntary Organization
RD	Regional Director
RNI	Rate of Natural Increase
RR	Regional Representative
SOF	Servico de Orientacao de Familia
TA	Technical Assistance
TRA	Traditional Birth Attendant
TPF	The Pathfinder Fund
UCH	University College Hospital (Ibadan, Nigeria)

UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development (In-Country Missions)
VCD	Village Contraceptive Distributors
VHW	Village Health Worker
WIF	Women for Improved Family
YWCA	Young Women's Christian Association

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## EXECUTIVE SUMMARY

The Agency for International Development (AID) requested the International Science and Technology Institute (ISTI) to arrange for an evaluation of the activities of The Pathfinder Fund (TPF) between 1982 and 1985. A team composed of Joseph Toner (team leader), Sallie Craig Huber, Stephen Isaacs, Neal Munch, and Anne Firth Murray spent the week of April 16 at the headquarters of TPF in Chestnut Hill, Mass., split up and spent two weeks visiting TPF projects in eight countries, and reassembled in Chestnut Hill to draft the report. As required by the Scope of Work, the evaluation team concentrated primarily on organizational, programmatic, and management issues.

Established in 1957, TPF gives grants and provides technical assistance to organizations doing population and family planning projects in developing countries. It prides itself on identifying and funding promising subgrantees and projects. A staff of 33 professionals located in Chestnut Hill and field staff in Bangladesh, Brazil, Colombia, Indonesia, Kenya, Peru, and Turkey oversee 92 subgrants in 19 countries (as of April 1985). The FY 85 budget was approximately \$11 million, of which about 90% came from AID.

The timing of this evaluation was particularly opportune. Pathfinder is currently negotiating a new five-year cooperative agreement with AID which will significantly increase the resources at its disposal. A new Executive Director began work in February 1985. There is a perceived need for changes in the structure of the organization and for a re-examination of the present and future roles of Pathfinder.

The evaluation team was favorably impressed with the high quality of TPF staff, particularly its overseas field staff; its tradition and talent for identifying excellent subgrantees and developing innovative ideas into active projects; and the extent to which family planning services have been made available (often in difficult-to-reach locations) under Pathfinder-supported projects.

Within this general framework, the evaluation team had a number of suggestions for improving the program development and management of TPF, the most salient of which are summarized below.

The team found that the current organizational structure, in which a number of key staff members make major decisions by consensus, no longer reflected the needs of TPF. Therefore, it recommends that the Executive Director prepare a plan of reorganization by the end of this calendar year. Related to this, the team recommends that the field offices be given more authority in the development, implementation, and monitoring of projects.

To improve project development and monitoring, the team suggests that the current, cumbersome project review process be overhauled; that staff and consul-

tants provide more technical assistance than they do currently (particularly in the areas of management and evaluation); that the key steps in project development, implementation, and monitoring be transmitted to field offices and subgrantees by means of a procedures manual which can be revised periodically, and that additional training, similar to that recently given to African field staff on project preparation, be provided.

The team believes that an overall strategy, which articulates the special role of Pathfinder and establishes global priorities, is lacking. Such a strategy would help place the activities of TPF within a coherent framework, and the team urges the Board and Executive Director to develop such a strategy. In conjunction with the future role of Pathfinder, the team examined the project mix. It recommends that a better balance be struck between large and small projects and that, where advisable, projects routinely be funded for periods longer than one year. More large and long-term projects, combined with a better system of keeping track of grant allocations, should reduce the uncertainty about availability of money and anticipated obligation rates (with its concomitant pressure on staff to increase or decrease the rate of obligations) that has characterized TPF over the past few years. The team also suggests that TPF examine the appropriateness of the major role in commodity distribution proposed in the new cooperative agreement and its capacity to carry it out.

With the wealth of experience that it accumulates and the large number of projects that it evaluates (eight to 10 in-depth evaluations are conducted yearly), TPF should develop mechanisms to share its knowledge more widely--both within Pathfinder and to the field at large. To an extent, this is done through the Pathpaper series and other publications. The team suggests that the results of important evaluations and other relevant project information be disseminated in a quarterly newsletter or other similar publication. The team also urges that all Country and Regional Representatives should meet in Chestnut Hill yearly.

These suggestions are examined in greater depth in the section entitled "Observations and Findings" (pp. 4-25), which lead to the recommendations made on pp. 26-28. They are followed by the reports of the individual team members based on their visits to the field. These sections contain additional suggestions applicable specifically to the country or region visited.

Despite the length of this report and the number of recommendations and suggestions that are offered throughout, the team views The Pathfinder Fund as a fine organization. It has a history of outstanding accomplishment in the international family planning field and is highly regarded. In many countries it has led the way for other agencies to contribute, and the advice of its representatives is sought in all regions. Our hope is that this evaluation will make a good organization better at a time when the work Pathfinder does is of such great importance.

## I. INTRODUCTION AND BACKGROUND

### I.1 The Pathfinder Fund

#### I.1.1 Purpose and Funding

Established in 1957, The Pathfinder Fund (TPF) is a public, not-for-profit foundation that promotes and supports population and family planning (FP) activities in less developed countries (LDCs). It prides itself on identifying and assisting innovative or "pathfinding" activities. Since 1967, TPF has received a substantial amount of its budget from the United States Agency for International Development (AID), the remainder coming from private sources. Of a total budget of \$10.9 million in FY 1985, \$9.8 million came from AID (\$8.1 from the Office of Population, \$720,000 from the USAID Mission in Bangladesh, and \$1 million from the USAID Mission in Nigeria). The remaining \$1.1 million was contributed by foundations and individuals.

TPF is currently negotiating a new five-year cooperative agreement with AID, to begin when the current funding runs out on September 30, 1985. The new agreement would provide an increased level of funding, or \$60 million over five years.

#### I.1.2 Program

TPF provides grants and commodities to FP and other organizations in LDCs. Since its inception, it has funded more than 2,500 projects in over 80 countries. Most have been small, with many in the \$20,000 range. As of April 1985, TPF was providing funds to 92 discrete projects in 19 countries. Latin America has been the recipient of the largest amount of TPF's project funding. However, as geographic priorities have shifted, the percentage going to Latin America has decreased (from 64% in FY82 to 49% in FY85) and that destined for sub-Saharan Africa has increased (from 16% in FY82 to 38% in FY85).

#### I.1.3 Staff and Organization

To plan and oversee its activities, TPF has a staff of 33 professional and 18 administrative people in its headquarters office located in Chestnut Hill, a suburb of Boston. A new Executive Director started work in February 1985. Under him are an Associate Executive Director, three Regional Directors (one each for Africa, Latin America, and Asia), Directors of Functional Divisions (Family Planning, Policy, and Women's Programs), a Director of Finance and Administration, a Director of Development (fund raising), a Director of Evaluation, and a Director of Communications.

#### I.1.4 Overseas Operations

TPF has Regional Offices located in Colombia (covering the north of Latin America and the Caribbean), Peru (covering the south of Latin America), and Kenya (covering sub-Saharan Africa). It also has Country Offices (COs) in Indonesia, Bangladesh, Turkey, Nigeria, and Brazil. A new CO is being opened in Mexico in 1985.

#### I.2 Purpose and Scope of the Evaluation

The last external evaluation of TPF was conducted in 1980. An audit of the current AID grant (AID/pha-G-1138) reviewed TPF's financial activities between 1976 and 1983. A brief "Management Review" was conducted by AID in December 1984.

AID requested the International Science and Technology Institute, Inc. (ISTI) to arrange for an evaluation of the activities of TPF between January 1, 1982, and the present. The objective of the evaluation was described as follows:

The evaluation will focus on the overall management of Pathfinder's overseas programs; the selection, design, implementation and evaluation of subgrants through the country and regional offices; and the administrative structure through which grants are developed, approved and monitored.

#### I.3 Team Composition and Plan of Work

The team was comprised of Joseph Toner (team leader), Sallie Craig Huber, Stephen Isaacs, Neal Munch, and Anne Firth Murray.

It met at TPF headquarters in Chestnut Hill for four days (April 16-19). There the team read relevant documents and interviewed the members of TPF staff. Then the team split up in order to review the overseas operations at first hand and to examine the Roston operation in more depth. The countries visited were as follows:

Joseph Toner -- Turkey and Kenya  
Sallie Craig Huber accompanied by Edwin McKeithen, AID/Washington Project Manager for The Pathfinder Fund -- Bangladesh and Indonesia  
Stephen Isaacs -- Roston  
Neal Munch -- Brazil, Bolivia, and Colombia  
Anne Firth Murray -- Kenya and Nigeria

The team reassembled in Chestnut Hill during the week of May 13 to conduct final interviews and to draft its report. The key findings were presented to TPF staff on May 15 and a briefing for AID was held on May 23.

The overall purpose of the evaluation was to assist TPF to improve the planning, management, and evaluation of its subgrants. With this in mind, the Scope of Work set out specific topics for the team to explore. The Observations and Findings are written as the team's responses to the specific questions asked in the Scope of Work.

## II. OBSERVATIONS AND FINDINGS

### II.1 Organization and Structure

Are the composition and organization of The Pathfinder Fund adequate for carrying out its programs? Should any changes in staffing or structure be considered?<sup>1/</sup>

- (i) Are the divisions of responsibility and lines of authority between Boston and the international staff appropriate to the Pathfinder program?
- (ii) Are the roles and responsibilities of the Boston office's regional divisions and staff divisions optimally defined to support the program?
- (iii) Are the staffing levels of each geographic region (in both Boston and the field) commensurate with the program requirements of each?

#### II.1.1 Recent Developments Affecting Headquarters

In the last few years, Pathfinder has been evolving from a small family-type foundation to a larger less personal operation. For this and other reasons, these years have been difficult for Pathfinder. The composition of the Board of Directors and its role in the administration of the affairs of TPF have been in a state of flux. Some people have felt that leadership was inadequate. Recently, the Executive Director resigned and a new Executive Director was recruited and hired. Earlier, in the summer of 1983, Pathfinder found itself the target of attacks from Capitol Hill, which led to its dropping all abortion activities (even those funded with privately-raised funds), and subsequently was the subject of an audit by the federal government that was highly critical of Pathfinder's internal review procedures.

Despite these difficulties, TPF has continued to fund projects and oversee the activities of its subgrantees, thanks in large part to the high quality and dedication of the large majority of its staff. During this difficult period, the staff has remained fairly stable but has continued to function largely by committee, although the new Executive Director clearly is capable of a more decisive management style. Now that TPF may receive a much larger infusion of funds from AID, however, the team feels that new systems of management should be devised to assist TPF as it evolves into a larger foundation.

#### II.1.2 Headquarters Organization

The headquarters is organized along both regional and functional lines (see 1.1.3). The three Regional Directors (RDs) and their assistants are the key contacts with the field and are responsible for the presentation and monitoring

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<sup>1/</sup> This and all following underlined questions are taken directly from the Scope of Work.

of projects. They also participate in development of regional strategies. The Functional Divisions (FDs) review projects that relate to their areas of expertise, suggest strategies appropriate to the different regions or countries, prepare guidelines, and in some cases take the lead in project development and monitoring. They also provide on-going technical assistance (TA) to projects. The Evaluation Department designs project reporting systems, conducts evaluations of projects at the midpoint and a final examination when a project is completed, and is responsible for in-depth evaluations of a limited number of projects; the Finance and Administrative Department oversees the financial and administrative operations (including commodities) of the organization; and the Communications Department prepares publications and audiovisual materials.

The system of functional and regional divisions has led to notable collaboration in many cases and to intra-office competition in some others. The team found that the roles of the RNs and the FDs were not clearly delineated and that the field staff were sometimes confused about the responsibilities of the FDs.

On balance, however, the current organizational system is somewhat anachronistic and should be modified (Recommendation 1). One possible resolution is to maintain a regional structure but meld the FDs and the evaluation and communications functions into a TA department under the direction of a strong program director (see II.2.4).

### II.1.3 Headquarters Relationship with Overseas Operations

The team was impressed by the quality of most TPF field representatives. With many projects to develop and monitor, the overseas staff appears to handle (although with varying degrees of ease) the sometimes competing pressures of the home office, the local USAID Mission, and the subgrantees. The team also noted with satisfaction Pathfinder's success in recruiting international staff from the region in which they are working.

In view of the competence of the international staff, the team felt that headquarters played an unnecessarily large role in field operations. For example, despite a recommendation in the previous evaluation, all changes in line items of project budgets must be approved at headquarters and all renewals of successful projects are scrutinized by the central staff. It would be reasonable to permit line item changes of up to, say, 25% to be approved by the Country (CR) or Regional Representative (RR) and to give more discretion to the field to negotiate renewal of successful grants. In short, the team felt that the field should be given more authority and autonomy (Recommendation 2).

The use of both country and regional offices deserves some examination. Some COs report directly to headquarters (e.g., Brazil, Bangladesh); others report to the regional office (e.g., Nigeria). Since communications between Lagos and Nairobi are not good, the Nigeria office often reports to Chestnut Hill in the first instance. Pathfinder should consider whether it would be more sensible

to have COs report directly to headquarters rather than through the regional office, particularly where interhemispheric communications are difficult (Recommendation 3).

Communications between headquarters and field are fostered by Regional Meetings in Chestnut Hill, which are held generally on an annual basis. To promote better communication throughout the system, an annual meeting of all RRs and CRs should be institutionalized (Recommendation 4).

#### II.1.4 Staffing Levels

TPF has already taken steps to strengthen its field offices. A new Program Officer was recently hired for a new CO in Nigeria, a CO is being established in Mexico, and a major turnover of the Bangladesh office will soon be completed. Nonetheless, more field staff will be needed, particularly if the activities of TPF expand as they are likely to do under the new cooperative agreement with AID. Thus, a need was identified already for a second person in the Nigeria office and a person who speaks French if TPF becomes more actively involved in Francophone Africa. The desired areas of expertise of new field staff and the use of additional consultants are discussed below under "Subgrant Planning and Implementation" (see II.2.5).

Although the headquarters staff (particularly the RRs) are currently very busy handling the day-to-day project development and monitoring, plus administrative tasks, the team does not recommend additional expansion of the staff in Chestnut Hill. Scarce money should be used to recruit field staff or to hire consultants on a temporary basis.

## II.2 Subgrant Planning and Implementation

### II.2.1 Planning and Approval Processes

Do the processes which Pathfinder uses for strategic planning and for subproject development adequately identify needs and effectively allocate resources?

TPF has developed an elaborate system for the planning, approval, and monitoring of projects (subgrants). In detailed form, this is set forth as Appendix G. In brief summary, the key steps are:

- TPF develops an overall framework establishing priorities, goals, and directions for the institution as a whole. The latest comprehensive guidelines were the "New Paths" report of 1977, which is no longer considered to embody the guiding principles but has not been replaced. A com-

mittee made up of Board and staff members called the Missions Committee is currently working on an overall strategy statement, albeit one that will remain flexible.

- At the annual Regional Meetings, strategies are established. This appears to take the form of divisional strategies for some regions and countries (e.g., women's program division strategy for southern Latin America), which are then combined into a more global strategy. Specific project ideas are examined and either rejected or approved in principle.
- Project ideas are then developed in the field. These ideas are sent by the PR or CR to the PD, which shares them with relevant FDs. They are then presented to the weekly Project Hearing Meeting (PHM), which is attended by eight to 12 people including the Executive Director, the Associate Executive Director, the RDs, FDs, and other Pathfinder staff as needed, depending on the type of project. At this meeting, the group may consider anywhere from five to a dozen proposals, including project "ideas," project proposals presented for the first time, project proposals presented for "final review," and renewals.
- Once a project idea is approved at the PHM, it is sent back to the field for development in accordance with the suggestions of the staff. When a proposal is revised, it is again presented (either for review or for final approval) at the PHM, and all of those in attendance are invited to make comments.
- If it is approved, the project proposal is sent to AID/Washington (or the AID field office in the case of bilateral projects) for review. TPF has authority to approve projects with budgets of less than \$7,500 without AID approval. These are termed "rapid response" grants.
- Once AID approves, the subgrantee is sent a Letter of Notice and Award. When the award letter is signed by the subgrantee, steps are taken to send the first quarter allocation of money and the commodities required.

The advantage of this system is that everyone in the headquarters office will have a say in the development of projects and that approval often will be by consensus. It is also supposed to foster collegiality and collaboration among the divisions in Pathfinder.

The disadvantages are that it is slow, cumbersome, and bureaucratic, tends to breed an adversarial relationship among divisions, and diffuses responsibility. According to TPF reports, six to eight months are needed between submission of a proposal and its approval. A random sample of projects from the Tracking List (see II.2.3) indicated that the duration was frequently longer.

With so many people at the PHM, there is often an abundance of comments and criticisms about proposals. It should be noted that very small projects receive the same scrutiny as do very large proposals, including the same investment of senior staff time.

Just as the organizational patterns were appropriate for a time now past, the team feels that the project review process should be modified to reflect current realities (Recommendation 5). TPF should develop a less bureaucratic system of project review, fewer people should attend PHMs, and more work should be done and more communication should take place before the meeting to achieve consensus so that the meeting can resolve issues.

Project ideas, once approved at the Regional Meetings, should not have to resurface at the weekly PHMs for further review. A less elaborate system of clearances should be initiated. A distinction should be made between the level of scrutiny required for large and small projects. (The team noted that six senior staff signatures were necessary and massive amounts of paperwork were prepared to make a S23 amendment in one project.)

#### II.2.2 Program Emphasis

The mainstay of TPF's program over the years has been small grants of funding for innovative projects. In the past, this meant introduction of FP in areas where it was considered taboo. Now TPF considers its more innovative work and areas of expertise to be in the areas of community-based distribution (CRD) of contraceptives and other community-based services (CRS), adolescent fertility, women's activities, and training of health personnel (particularly in medical schools) in FP.

There is a tension within Pathfinder about the desirability of funding smaller projects and the pressure that it is receiving from AID (and from changing times) to fund larger projects. Some Pathfinder staff feel that by funding larger projects, TPF may run the risk of losing the role that has made it unique - its ability to identify and nurture innovative people and projects.

The team feels that large projects and innovation are compatible. Particularly in the field of CRD and CBS and FP training in the context of medical schools, the team believes the TPF could manage larger projects. This does not mean that TPF should stop funding smaller activities, but, rather, that a balance be struck between the two (Recommendation 6). A conscious decision to fund larger projects will have several consequences. It will mean that projects should be funded for a longer duration. If it made sense in the past, the practice is no longer appropriate that projects be of only one year's duration at the most. The one-year tradition should be abandoned, although where subgrantees want projects of 12 months, it should be retained. Larger projects will also mean that TA may need to be more focused on management (see I.2.6).

Finally, fewer small projects might reduce the flow of paperwork and give the staff more time to examine and monitor projects. It could help eliminate some of the pressure that TPF has felt to obligate funds rapidly in order to use up available money. This has been a problem in the past, particularly in Latin America, and to an extent continues as a problem today.

A shift to larger projects should not take place in a vacuum. It should come within the context of overall strategy and policy guidance. TPF currently has no overall strategy. Although the team stops short of recommending a new "New Paths" Committee, it does note the lack of overall guidance and suggests that the Board and staff work to find a remedy as a matter of priority (Recommendation 7).

### II.2.3 Coordination between Pathfinder and Other Donor and LDC Organizations

Does Pathfinder acquire sufficient information about relevant projects supported by other donors and LDC organizations to plan its subproject support accordingly?

The coordination between TPF and other organizations is, in the main, satisfactory. By and large, the field representatives knew about the activities of other organizations and were able to plan accordingly. Similarly, the headquarters office made an effort to stay abreast of the activities of other organizations. Representatives of other agencies such as Family Planning International Assistance (FPIA) and Association for Voluntary Sterilization (AVS) confirmed that communication was good.

### II.2.4 Institutional Capabilities of Recipient Organizations

Does Pathfinder conduct adequate analyses of the institutional capabilities of recipient organizations as part of the review and approval process for subprojects?

TPF does, as a general rule, consider the institutional capability of its subgrantees, and in particular the team was extremely impressed by the exceptional quality of the individuals staffing subgrantees. That said, it should be noted that Pathfinder works with organizations of strikingly different managerial capacity. It has subagreements with the Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA) in Colombia, the International Planned Parenthood Federation (IPPF) affiliate which accounts for 65% of the FP assistance in Colombia and which has demonstrated its competence over many years. On the other hand, TPF supports some new, very fragile institutions in Africa that have a limited absorptive capacity. It is the nature of Pathfinder's role to take a chance on identifying such fledgling organizations and helping them grow.

In some cases, TPF has limited expansion because of the absorptive capacity of the subgrantees. For example, although additional money is available in Bangladesh, TPF has chosen to limit the number of CBS projects it supports until its CO staff is increased and until the management, supervision, and training in existing projects are more secure. On the other hand, the pressure to obligate funds (perhaps inevitable in organizations dependent on government funding) has led, in the past, to approval of some projects despite reservations about the absorptive capacity of the recipient.

Pathfinder also attempts to strengthen the capacity of the institutions with which it works. It has sent people to be trained at regional and international institutions (such as the Centre for Development and Population Activities [CEDPA] and the Asian Training Center), and it has provided some TA. In one Kenya project, one of the foci is to develop income-producing activities so that the project has a realistic chance to become self-sufficient. The team observed in Kenya and elsewhere the serious desire to make projects partially self-sustaining. In Indonesia, for example, the National Family Planning Coordinating Board (BKKRN) at the provincial level has taken over the funding of several projects.

#### 11.2.5 Policy and Women's Division

Have the subprojects for population policy and women's programs been well designed and implemented?

The status of the Women's Program Division was uncertain at the time of the previous evaluation. At the moment, the future of the Policy Division is in doubt. The team believes that the policy and women's programs have been effective, have undertaken activities which other donors have shunned, and have contributed to the overall objective of TPF, which is the support and promotion of FP services and information.

In part, the clouded future of TPF's Policy Division is due to Pathfinder's lack of a cohesive overall strategy; in part it is due to Pathfinder's funding source being the Family Planning Services Division of AID's Population Office, which prefers to leave policy-related matters to its Policy Division.

In particular, the team noted that TPF's work with the national population commissions of Sierra Leone, Liberia, and Kenya is likely to ease the way toward more extensive FP services, that policy assistance in Bolivia was timely, and that support of the 1983 Brazil parliamentarians conference helped launch a movement of growing importance. It also noted that the Maendeleo ya Wanawake Organization (MYWO) project, which is widely considered one of the more successful CBD projects in sub-Saharan Africa, began some years back as a "woman's" project that included FP motivation but no services. In addition, women's programs and policy activities related to decreasing adolescent fertility in Indonesia

have had an impact in that the efforts have been continued with other sources of support after TPF support has been withdrawn.

In short, the team believes that many of the functions carried out and the skills represented by the Women's Program Division and the Policy Division fit nicely within TPF's overall objective and are worthy of continued support (Recommendation 8) (see II.1.2).

#### II.2.5 Technical Assistance (TA)

##### Does Pathfinder adequately address the technical assistance requirements of its subprojects?

In general, TA can be provided by TPF headquarters staff, its field staff, or by outside consultants. The headquarters staff is often too busy with project documentation and meetings to be able to spare the extended time necessary to provide TA; field visits often are to develop new projects. Pathfinder staff is supposed to visit each project once a year, but these visits often appear to be more in the nature of project monitoring than TA. Thus, TA, if done at all, falls primarily to outside contractors.

The team found that TPF attempted to find consultants who could provide TA to subgrantees, or otherwise to link subgrantees with expertise in areas that they needed. Effective TA, however, depends in part upon a consultant visiting projects with some frequency and thus developing a relationship of trust. As it strengthens its TA capacity, TPF might concentrate on providing sustained assistance with the same consultant visiting a project, or a number of projects, several times a year.

The team also noted that TPF concentrated on providing assistance in the early stages of project development. This approach accords with the emphasis given in Pathfinder to writing comprehensive proposals which will pass review in AID. There has been limited emphasis given to sustained assistance in management (e.g., training, supervision, information systems, and logistics). Executive skills, however, will become increasingly important as TPF begins to fund bigger projects for longer time periods. Attention should be given to establishing a roster of experts capable of furnishing assistance (again, on more than a one-time basis) on various aspects of program management and monitoring (Recommendation 9).

Although often not considered as "TA", training of the subgrantees and helping them develop their skills are very important parts of both developing good projects and helping strengthen the institutions. The team was pleased with TPF's efforts to send project staff for training both in the United States and other countries as well as making local arrangements for useful training.

In addition to providing assistance to the subgrantees, either through Pathfinder staff or outside consultants, a more knowledgeable staff will be able to be more helpful to subgrantees. Some of the international staff expressed an unfamiliarity with the Pathfinder procedures, how the headquarters office worked, and who had responsibility for what activity.

Guidelines, such as the "Instructions for Grant Applications" or for "Monitoring Visits," are quite useful, although it is important that they be kept as simple as possible. Similarly, the training course in project development that was given to TPF's African staff was considered a success and has had the additional effect of improving the proposals coming from that region. The Bangladesh CBD manual may have application, in adapted form, to other Pathfinder-supported CBD projects.

The team believes that TPF should develop a manual of procedures and operations for use by headquarters and international staff that sets out in clear, simple terms the standard processes and procedures to be followed in the design, implementation, monitoring, and evaluation of TPF's program worldwide. The manual should be designed so that it can be updated as needed, e.g., in loose-leaf form (Recommendation 10).

The team makes this suggestion with a certain trepidation since it feels that TPF is already too bureaucratic and such a manual has the potential of adding rigidity. Nonetheless, a clear, understandable, and simple set of procedures covering such matters as what should be in a project proposal, what to look for on a monitoring visits, standard definitions of terms used in reporting, etc., would be helpful. Similarly, other workshops for TPF staff in the regions, geared to their specific needs, could improve the understanding between home office and the field.

#### II.2.7 Achievement of Subproject Targets

To what extent have subproject targets, e.g., new acceptors, referrals, people trained, etc., been achieved?

This question is addressed in the examination of Pathfinder's reporting and evaluation (see II.3).

#### II.2.8 Financial Procedures

Has Pathfinder established adequate procedures to correct the subgrant management deficiencies reflected in the April 1984 audit report?

At the outset, it should be noted that the team did not include an accountant or an auditor, so that this question is somewhat outside its expertise. Nonetheless, through interviews with the financial/administrative staff, the internal auditor, and other Pathfinder staff in headquarters and in the field, and examination of relevant documents, the team tried to answer this question.

After the April 1984 audit, TPF took a number of steps to correct the deficiencies pointed out in the report. The most important of these probably was the recruitment of an internal auditor who began work in October 1984. TPF developed procedures for reviewing audits and financial reports, wrote guidelines for auditors of Pathfinder-funded projects, revised the standard terms for sub-grant recipients, and changed to a system of local currency financing.

The team believes that the new procedures and the surveillance by the internal auditor will assure that financial reports and audits will be examined when they arrive and inconsistencies or problems addressed. The collaboration of the financial and regional units will be necessary to assure that professional attention is given to both financial soundness and the sensitivities of the international staff and subgrantees.

A related aspect of financial management is the system of keeping track of funds obligated in the past and of anticipated obligations. A computerized Tracking List includes every project idea or proposal, assigning each a number (e.g., "2" indicates that it has been approved while "4" signifies that it is a vague idea only), a "discount value" that indicates the probability of its being approved, and a target date for funding. This is supplemented by two lists -- projects pending in-house and projects pending in AID. These are published monthly.

Although the two projects pending lists are viewed as useful, the Tracking List is not considered a good management tool and by and large is not utilized very much. Lack of a usable tracking system has contributed to an uncertainty at headquarters about availability of money and anticipated obligation rates, with last minute pressures often exerted on field staff to increase or decrease the rate of obligation. Keeping track of past and expected obligations is, of course, important for TPF. However, a simpler and more usable means of doing so should be designed (Recommendation 11).

#### II.2.9 Commodity Procurement and Distribution

##### Does Pathfinder's commodity procurement and distribution system adequately meet commodity requirements?

Under the new cooperative agreement currently being negotiated with AID, TPF will play a more significant role in the distribution of commodities than it has in the past. Over the five-year period, TPF will be expected to distribute over 521 million worth of contraceptives. The agreement also calls for TPF to provide "technical assistance in the design, implementation and management of commodity systems."

As a result, the position of Commodities Coordinator is being changed from half-time to full-time. With this adjustment, TPF believes that it will be

able to handle the increased flow of commodities. However, it is not clear that Pathfinder will be in a position to provide TA in commodity systems; nor is it clear that it should be. TPF should consider whether it believes that being a major conduit for AID contraceptives fits its role and whether providing TA in commodity distribution should be part of its mandate. If so, steps should be outlined so that TPF will be a source of assistance in contraceptive logistics (Recommendation 12).

### 11.3 Reporting and Evaluation

#### 11.3.1 Adequacy of Evaluations and Quarterly Reports

(i) Does Pathfinder's subproject evaluation system accurately identify project accomplishments and shortcomings? To what extent are evaluation findings acted upon?

(ii) Are Pathfinder's quarterly programmatic reporting requirements sufficient for monitoring subgrantee performance?

TPF requires quarterly programmatic and financial reports from its subgrantees. These are filled out by the Project Directors and sent to headquarters and to the CO or regional office, from which they are forwarded to Chestnut Hill. The programmatic reports are reviewed by the RD and, where appropriate, by the FD and Evaluation Division. Information contained in the program and financial reports is a major factor in the decision to send the next quarter's allocation of money.

An in-house evaluation is conducted on all projects of more than \$5,000 at its midpoint and conclusion. The Evaluation Review Committee (ERC), consisting of the Evaluation Director and her deputy, the directors of the FDs, the relevant RD, and sometimes a representative from the financial administrative department, meets once a week. The group examines the quarterly reports submitted by the subgrantee, field trip reports, and any other documents that relate to the project. A summary of the meeting is prepared and is sent to the field by the Evaluation Department.

For 12-month projects (which most have been to date), the midpoint evaluation is particularly important, since the project's chances for renewal funding depend in part on the outcome of that meeting. The final evaluation comes after a project has been either terminated or renewed and is particularly useful for the information that surfaces about replication. In addition to these routine evaluations, the Evaluation Department conducts eight to 10 in-depth project evaluations per year.

The evaluation process is taken seriously and is considered to work reasonably well. There are, however, problems. Subgrantees are not always used to American-style reporting systems and do not always have command of written Eng-

lish. Reporting forms (guidelines have been developed in Chestnut Hill) may include undefined or unclear terms and insufficient instructions on how they should be filled out. Unreliable information is sometimes transmitted and occasionally there is no corroboration of the report. (Although all projects are supposed to be visited by a Pathfinder staff member during the first quarter, this does not always happen.) Additionally, a large number of projects handled by a small staff mean that insufficient attention is given to evaluation. The routine evaluations might better be termed a form of project monitoring or quality assurance. In the routine evaluations, the objectives as stated are generally compared with the achievements; if the discrepancy is too great, it serves as a signal that some action is needed.

Some subgrantees use the quarterly reports and the evaluation process as a management tool. Others do not. The reporting requirements did not appear onerous to the subgrantees, and the comments of TPF staff were generally appreciated. Even in Asia and Latin America, where the reporting requirements were seen more as a means of obtaining funding for the next quarter than as a means of project improvement, they were seen as an early warning system. There does not, however, appear to be any system of adjusting objectives based on the quarterly reports and evaluations, nor is there any way for subgrantees or field staff to respond when they disagree with the findings of the ERC.

The in-depth evaluations are valuable as a way of disseminating information on activities which may be replicable or otherwise be instructive to a wider audience. Sometimes these evaluations appear as Pathpapers or other Pathfinder publications. Since TPF supports so many projects and conducts so many in-depth evaluations, a mechanism such as a quarterly newsletter should be developed to summarize the key points and to share the relevant findings more widely. Attention should be given, as well, to publishing articles in some of the FP or evaluation journals (Recommendation 13). This kind of publicity would enhance TPF's reputation as a supporter of innovative projects that are well-evaluated.

### II.3.2 Uniform Reporting Procedures

How can family planning service subprojects be designed to report acceptor data on a more uniform basis? Can Pathfinder establish a system to track program-wide acceptor data?

There are two relevant issues raised by these questions and those related to achievement of targets posed in II.3.1. The first relates to uniformity of data, the lack of standard definitions and instructions, and the problems of standardizing statistical systems so that comparisons between programs and among programs are possible. This concern is not new, and it is one that transcends this evaluation and Pathfinder. The team believes that TPF should attempt to provide uniform definitions and standard instructions for project reporting and make them better known to its subgrantees (perhaps by means of the manual mentioned earlier) (Recommendation 14). It also feels that if AID believes

that lack of standardized acceptor data is a problem, then it should take the lead in working with its cooperating agencies to establish more uniform data systems.

The second relates to the importance of meeting quantitative targets. As noted earlier, the ERC compares targets with performance and recommends remedial action where the gap is considered large. However, the team does not feel that it necessarily follows that projects are failing because they have not met quantitative targets. In some cases, the targets might have been unrealistic; in others, there are good reasons why targets were not met; in still others, the targets might not have been met but other substantial achievements might have been registered. In brief, the team warns against judging project success in a mechanistic way based on quantitative goal achievement only.

#### II.4 Overall Program Management

##### II.4.1 Criteria for Management Requirements

What objective criteria should AID and TPF use for determining when the management requirements of the overall TPF program reach or exceed the management capabilities of the organization?

The topic of management capacity of both subgrantees and Pathfinder staff has been of concern to TPF. As this report pointed out in earlier sections, the managerial capacity of the organization is already strained. The team recommended that TPF consider recruiting additional people, either as staff or as consultants, to monitor projects and to provide TA. The team has also made recommendations concerning staff reorganization, overhaul of the project review system, and additional authority to the CO and regional offices. These changes should alleviate some of the management problems that TPF is currently facing.

Although there are ways to observe whether the managerial capacity of the organization is strained (e.g., long delays in project approval, inability to visit projects on routine monitoring visits, failure to provide sufficient TA), it is the team's judgment that no useful purpose would be served by attempting to devise "objective criteria" to determine the point at which management requirements have been reached or exceeded.

##### II.4.2 Effect of Privately-Funded, USAID and AID Geographic Bureau Grants on TPF Management of Central AID Grant

To what extent is TPF's management of the central AID grant affected by the management requirements of (1) privately-funded programs and by (2) USAID Mission and AID geographic bureau grants to Pathfinder?

(i) The management of central AID grants is affected very little, if at all, by the privately-funded programs of TPF. TPF's privately-raised funds supplement AID funds or are used to fund activities that AID cannot or will not finance. They widen the range of TPF's opportunities and permit Pathfinder to support AID-funded activities. The team did not find that Pathfinder staff was diverting its time and energies from AID-funded projects in order to monitor projects funded by private donors.

(ii) The relationship of USAID Mission-funded activities and the central AID grant is a little more complex and raises questions about the extent to which local USAID staff are able to influence TPF. In Bangladesh, a bilateral agreement between USAID/Dhaka and the Pathfinder office in Dhaka provides funds for 13 CBS projects, while the remaining seven projects are funded from the central Mission grant. Although the projects are generally treated the same, all of them, whether Mission or centrally-funded, go through the project review process in Chestnut Hill. Because all of the Dhaka Mission-funded CBS projects are virtually the same, the team questions the need for the extensive review of each one by Pathfinder in Chestnut Hill.

In several countries, the team noted active involvement of the USAID Population Officer in the selection and monitoring of Pathfinder-funded projects. While the interest of the local USAIDs is, of course, to be commended, where it becomes direction or even interference in the affairs of TPF, it causes problems and threatens the integrity of Pathfinder. In this regard, USAIDs can impinge upon the centrally-funded grant and, to an extent, threaten the activities that Pathfinder carries out with its private money.

#### II.4.3 Management Implications of Proposed Subprojects

Does Pathfinder give adequate consideration to the management implications for both the headquarters and the international staffs of each proposed subproject?

Both the international staff and the headquarters staff of TPF analyze the management implications of each subproject. However, because of the factors mentioned earlier, Pathfinder is not always able to provide the assistance needed for better project management nor is it always able to monitor adequately all the projects that it funds. As Pathfinder moves to larger, more complicated projects, it may need help in planning for increased management responsibilities.

#### II.4.4 Increased Use of Umbrella Organizations

To what extent has Pathfinder reduced the number of separate subprojects and increased the level of developmental support for LDC umbrella organizations which develop and manage individual subprojects?

This report has discussed the desirability of TPF moving toward a

better mix between larger and smaller projects, and Pathfinder staff has indicated a willingness to do so. There has already been some movement in Mexico and Brazil toward funding single agencies, which can then allocate money for specific activities, and in the creation in Bolivia of two agencies which might serve this purpose. In Indonesia, the issue of whether to finance a number of projects at provincial level or a larger, centrally-funded program through the BKKBN or its national agencies is still unresolved.

The issue of whether to use "umbrella" organizations does not appear to be susceptible to a single global answer. More definition is needed on what characterizes an "umbrella" agency, on the responsibility of that agency compared with that of TPF, on the extent to which funding of the umbrella agency will depend upon the progress of the individual components, and so forth. In this regard, more clarity is needed from AID.

### III. RECOMMENDATIONS

#### III.1 Organization and Structure

1. The Executive Director should prepare a plan of reorganization of the Chestnut Hill office aimed toward simplifying the organizational structure. This task should be completed by the end of this calendar year.

2. The field offices should be given more authority in the development and implementation of projects. For example, it may be useful to give them authority to approve line item budget revisions up to a certain percentage (say 25%) without seeking the approval of the headquarters office or to allow them greater authority in the renewal of successful projects.

3. Pathfinder should review the lines of authority between COs, regional offices, and the headquarters. Where appropriate, as may be the case in Nigeria and Mexico, the CO could report directly to headquarters.

4. TPF should hold a worldwide meeting of all its CRs and RRs every year.

#### III.2 Subgrant Planning and Implementation

5. The current system of project development and approval should be revised. Characteristics of a new system should be: fewer people attending meetings, less staff time and energy given to proposals for small amounts of money and more concentration on larger projects, elimination from meeting agendas of project "ideas" where these have been approved already (e.g., in strategy meetings), less frequent review of the same project, more informal discussions between headquarters divisions and the field so that the meetings concentrate on outstanding issues, and a revised system of clearances.

6. Pathfinder should strike a balance between larger projects and smaller ones. Although it should continue to identify and nurture fragile organizations through small grants, Pathfinder should be willing to fund larger projects of longer duration and to recruit the appropriate personnel to allow it competently to manage longer-term, geographically more comprehensive, and financially larger projects.

7. The Board and staff should develop an overall strategy for the next three to five years that will accurately characterize Pathfinder's special strengths and establish priorities into which country and regional strategies can more easily fit.

8. The skills represented within the Women's, Family Planning, and Policy Divisions of Pathfinder should continue to be available, perhaps through a

different organizational mechanism (see recommendation 1, above). The budgetary and cost center categories tied to these divisions should be eliminated. Projects should be viewed as "Pathfinder" projects rather than "women's, family planning, or policy." Consideration could be given to tying budgets to program categories (such as CBD, adolescent fertility, and management training).

9. Pathfinder should improve its capacity to provide TA to its subgrantees by more frequently utilizing consultants for a given project, by improving the training given to staffs, and by identifying needs for TA. Special attention should be given to developing greater capacity to provide TA in management and evaluation.

10. TPF should develop a manual of procedures and operations for use by the Chestnut Hill and international staffs which sets out in clear, simple terms the standard processes and procedures to be followed in the design, implementation, monitoring, and evaluation of TPF's program worldwide. The manual should be designed so that it can be updated, e.g., in a loose-leaf form.

11. TPF should develop a more useful system of keeping track of past and anticipated project obligations. It would be instructive to examine the tracking systems used by other agencies.

12. TPF should review its proposed role as a major conduit for AID commodities and should also consider whether it is able to offer TA in logistics (as the draft AID project paper requires).

### III.3 Reporting and Evaluation

13. Results of evaluations, particularly the in-depth evaluations, should be more widely circulated, perhaps by means of a brief quarterly newsletter or other similar mechanism.

14. TPF, including key international staff and in consultation with some subgrantees, should develop uniform definitions of the terms used, and clear, concise instructions for use in program reporting and other evaluation forms.

APPENDICES

Appendix A

THE PATHFINDER FUND - LATIN AMERICA

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## APPENDIX A

## THE PATHFINDER FUND - LATIN AMERICA

Background

1.

The evaluation of TPF's Latin American (LA) operations was carried out by Neal Munch with four working days in Boston, 4.5 working days in Colombia, 5.5 working days in Brazil, and 1.5 working days in Bolivia. Principal interviews were held with TPF's two professional regional staff (Boston), two professional international staff (Colombia, Brazil), three USAID Mission officers (Colombia, Brazil, Bolivia), and representatives of 15 Pathfinder-supported projects. In two countries, approximately one day was spent in each of TPF's offices reviewing relevant files.

2.

Pathfinder Operations2.1 Organization and Structure

## 2.1.1 LA Staffing

In Latin America, TPF has two Regional Offices--one located in Bogota, Colombia, covering the north of Latin America including Mexico, Central America, the Caribbean, and Colombia, and the other in Peru, covering the south of Latin America including Peru, Bolivia, and Paraguay. It also has a CO in Brazil (Salvador) and a second CO scheduled to open in Mexico. Brazil reports directly to Pathfinder headquarters in Boston, while the current plan is for the Mexico office to report to Bogota.

At the time of the evaluation, staffing in only one of the four principal field offices was stable. This was the Regional Office for northern Latin America, where a Colombian RR has been in place for 10 years. In two of the other offices, staff increases were under way. The Brazilian CO representative had requested that he be employed full-time, rather than 75 percent, and had also asked for an assistant, who was being sought during the evaluation. The new Mexico CP was also being recruited, and a candidate had been selected at the end of the evaluation. In the fourth office, the RR for southern Latin America had just resigned at the start of the evaluation. When this position is filled, staffing will once again be complete and in the evaluator's view, though lean, it will be adequate.

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In the meantime, however, important tasks are being left undone. Latin America accounts for approximately 50 percent of TPF's projects, by dollar volume and amount. Given the distances and program complexity, the staff shortages are currently making it difficult for those in place to accomplish their tasks.

Professional staff travel about 35 to 45% of the time. They have many small projects to supervise. Pressures from headquarters to obligate funds at the end of the fiscal year have been greatest in Latin America, where the program is largest. Attempts to find appropriate projects has proved a particular burden on the LA staff. In both Brazil and Bolivia, a need was expressed for more visits by TPF's representatives to discuss program ideas. Staff in both Bogota and Salvador reported delays in their offices' processing of project-related documents. TA needs in some projects are not being met.

Once the staffing is complete, the LA regional and international professional staff should consider convening a meeting for all staff for training and idea-exchange, in order to ensure that TPF's programming routines are commonly known and emphasized, and successful project development and TA approaches are transferred in detail, and face-to-face (Suggestion 1).

In the case of Mexico, the new CR is expected to report through the Bogota office. Because of lack of time and administrative experience in Mexico, the Bogota office may not be capable of such supervision. In addition, the logistics of programming Mexico via Bogota will most likely cause unreasonable delays.

The Bogota office has been given a reasonable time to orient the Mexico office in TPF standards. Therefore, Boston should strongly consider taking over direct supervision of the Mexican CR. If a broader, regionwide role is being considered for the Bogota office, however, then at least one of the Bogota staff should be trained in project development and monitoring for a period (perhaps a month) in Boston. The hiring of additional Bogota staff must also be considered (Suggestion 2).

In summary, TPF's LA operation is perceived very favorably among both TPF-supported agencies and relevant USAID Mission officers. General impressions are that:

- ° Staff are very professional and open-minded;
- ° They play a major role in project selection and development;
- ° Projects are well selected and represent a broader range of activities than those of most donor agencies; and
- ° Boston staff are competent and trust the LA staff.

This consultant's observations largely corroborated these views. Pathfinder enjoys a distinctive position among donor agencies and is well regarded by USAID and by TPF headquarters.

## 2.1.2 Relations with TPF/Boston

TPF headquarters is responsible for defining the job responsibilities for LA staff. The LA staff, however, claimed not to know about these descriptions until the evaluator familiarized them with their contents. The reaction was that delegation of responsibility within the LA region accorded generally with the plans.

The international staff is somewhat confused by the overlap of the regional and functional offices at headquarters. The functional offices are considered useful when they offer TA, monitoring, or support materials. On the other hand, when headquarters raises questions about international staff proposals, this kind of intervention may be perceived as overly bureaucratic.

## 2.2 Subgrant Planning and Implementation

### 2.2.1 Documentation of Requirements

Some field personnel commented negatively about the amount of detail required by headquarters for project proposals. The field is expected to provide considerable background country data as well as detailed information on key agencies and country issues. Generally, international staff do an adequate job in gathering information on support provided by other agencies. Currently, due to pressures to obligate funds coupled with staff shortages, however, these data have been omitted from some proposals.

When staffing is complete and current end-of-year pressures have abated, this evaluator believes that international staff will once again be able adequately to document proposals. Over the long term, however, he feels that headquarters might consider adjusting requirements, as follows:

i. Reducing the amount of country background data now required from the field. Background data are more effectively managed in Boston, where individual countries, country groups, and regional data can be compared regionally or globally.

ii. Requiring additional information from the field on key agencies and country issues, since this kind of data is available there (Suggestion 3)

### 2.2.2 International Staff Programming Capabilities

On the whole, the international staff does an adequate job in developing projects, selecting competent organizations for support, and adequately assessing their capabilities. Sometimes the staff may underestimate the potential of organizations, e.g., Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA),

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which provides 65% of Colombia's FP services, and Promacao da Peternidade Responsavel (PROPATER), which offers an excellent male sterilization program in Brazil.

At the project implementation stage, however, the TA provided by staff is limited. Projects without adequate infrastructure often need more assistance in management, administration, and record keeping than TPF is now able to provide.

### 2.2.3 Adequacy of TPF Headquarters Programming Support

TPF's Policy Division has contributed considerably to programming in Latin America. In Bolivia, where most TPF programming is done through the Policy Division, the Ministry of Planning has credited support from TPF as the catalyst for creation of a National Population Council. In Brazil, the Division's support for the 1983 Parliamentarians' Conference helped launch a movement of growing importance. The Women's Division has been important to the Brazil CO, helping it develop close ties with feminist groups in that country.

### 2.2.4 Technical Assistance (TA)

Although TPF staff evidently perform with excellence in the idea and development stage, their input is limited during the implementation stage in areas such as management, administration, and record keeping. Those projects without an adequate infrastructure need expert guidance to conserve program staff energies.

TPF should consider providing increased TA on project implementation, particularly to innovative projects and agencies which do not have adequate infrastructure. The assistance might first be provided by consultants, although in some cases, it may be necessary to institutionalize the technical expertise through hiring of permanent technical staff (Suggestion 4).

### 2.2.5 Program Analytical Capabilities

Boston staff appear limited in capacity to make comparative analyses of similar types of projects (CBN, clinics, adolescents, etc.) which are ongoing in different parts of the world. Headquarters might consider expanding the current role of FDs to include this kind of study.

### 2.2.6 Subproject Achievements

In general, TPF's projects in Latin America have achieved their goals. Even where unexpected problems have arisen, the organization has been able to move quickly, through its "rapid response" mechanism, to provide small (under \$7,500) grants to stave off major dislocation of its activities. Specifically,

in Colombia in 1984, TPF was able to lessen the impact of the Catholic church's attacks on FP activities by sponsoring a meeting in which the Ministry of Health (MOH) was convinced to permit a certain level of activities to continue. Nonetheless, FP is an extremely political issue in Latin America, and TPF must constantly be aware of the political implications of its activities. In some cases, projects have been so small that they have been insulated from the political currents surrounding them. Two good examples are Asociacion Colombiana para el Estudio de la Poblacion (ACEP) in Colombia, a private organization which promotes FP among government health workers, and Consultora Boliviana de Reproduccion Humana (CRPH) which involved local officials in a knowledge, attitudes, and practice (KAP) survey on fertility and contraception in Bolivia's principal cities. Though small, these projects may have a major influence on the thinking of public figures. In a more ambitious effort, the Centro de Pesquisas de Assistencia Integrada a Mulher e a Crianca (CPAIME) in Brazil is asking TPF to provide support to an effort to influence Brazilian parliamentarians as they move toward developing a national FP policy. Again, a TPF initiative may have the potential for exerting important political influence.

#### 2.2.7 Commodity Procurement

The commodity procurement and distribution system usually works well. In Bolivia, where volume is low, and in Colombia, where PROFAMILIA has a sophisticated operation, there are no problems. For the CPAIME in Brazil, however, it took the family connections of the Director to clear a shipment of contraceptives. Brazil's Servico de Orientacao de Familia (SOF) is weak administratively and TPF has experienced considerable difficulty in establishing a delivery system for commodities for this project. It has experienced similar problems in Mexico where it is working with six small institutions. Some field staff also expressed concern that the commodities request forms are excessively elaborate, particularly for institutions ordering small amounts.

#### 2.2.8 Long-Term Planning

In Latin America, there is no long-term (3-5 years) regional strategy to guide programming decisions, either on a day-to-day or long-term basis. The result is that TPF is easily swayed by AID's priorities. The development of a long-term plan would provide TPF the basis for making programming decisions independently. It would also provide other donor agencies with a clearer picture of how TPF and they might work together.

In particular, TPF should make an effort to define its stance in regards to working through umbrella agencies, a strategy currently being promoted by AID. The issue is pertinent in three LA countries. In Brazil, the 135-member Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF) is a prime example of the kind of umbrella organization which AID finds suitable for TPF support;

TPF is cautiously moving toward collaborating in a project to fund activities of eight of its member agencies. In Mexico, TPF is making an effort to support the two umbrella agencies in that country. In Bolivia, while no umbrella agencies exist as yet, there may be a potential for creating a network for the wide range of projects which TPF supports or, alternatively, for providing support through the newly formed National Population Council. Thus, Bolivia may represent the next opportunity for channeling funds through larger entities. In moving toward collaboration with these umbrella organizations, however, TPF is aware of the problems which may arise. In some cases, the member agencies themselves may not have the maturity to participate in fashioning the overall strategy of the parent organization. In others, like the politically active Sociedade Civil de Bem-Estar Familiar no Brazil (BEMFAM), an IPPF affiliate which works in six states in Brazil, the umbrella agency has a virtual monopoly on FP activities. When problems arise, as they did with BEMFAM, TPF may find itself shut off from the opportunity to participate in any useful work.

### 2.3 Reporting and Evaluation

TPF's reporting requirements are generally met. The quarterly reports, however, are viewed by most project staff as the means used by headquarters to determine whether quarterly financing should be disbursed. Therefore, information supplied does not adequately reflect project problems, other than underaccomplishment and underspending. The reporting forms were designed to be used as management tools, but in reality they do not serve this purpose. A few organizations view the reporting requirements as an extreme burden (e.g., a small weak organization like SOF), while PROPATER would prefer that more information were required. It is doubtful, however, that increasing the stringency of the reporting requirements would be useful. As long as staff view the reports as a means to justify funding for their projects, additional time and effort spent on preparing reports would be wasted. Instead, additional TA and field evaluations would probably yield more useful information about project performance.

In addition, AID and TPF might wish to collaborate with other donor agencies to develop common definitions for such often-used terms as temporary method acceptors (distinction might be made between new, continuing, active, dropouts, and re-entries). Clearly, lack of commonality in terminology is a problem, particularly for large organizations such as PROFAMILIA, which must report to 10 intermediary agencies on as many different formats.

### 3. Brazil

#### 3.1 Country Background

Brazil has the eighth largest population in the world and occupies nearly half the South American continent. About 50% of the population is under 25 years of age. In 1983, approximately 11 million Brazilian couples were using an FP method, according to AID--a high percentage for a developing country without a national FP program. The pill is the most widely used method and is mainly purchased in pharmacies. Brazil is reportedly the world's fourth largest producer of pills.

#### 3.2 The Pathfinder Operation

The Brazilian Office is located in Salvador and is responsible for programming only in Brazil. The CR is a Brazilian who has held the position for about five years. During the period covered by this evaluation, the Brazil TPF programming strategy appeared to be focused on developing expanded services and training, with emphasis on adolescents and physician-run programs. The office also has strong ties with feminist groups in the country. About 17 programs were active at the time of the evaluation. While this program emphasis and spread suits Pathfinder headquarters' priorities, the USAID Mission strategy for 1985-87 calls for a reduction in the number of funding actions through increasing work with umbrella agencies. TPF therefore is moving only very gradually toward a focus on umbrella agencies, but at a rate which the responsible Mission officer concedes is "as quickly as possible."

#### 3.3 Project Reviews

##### 3.3.1 Associação Brasileira de Entidades de Planejamento Familiar (ABEPF)

ABEPF is a 135-member umbrella agency created to provide support services to FP implementing agencies. FPIA and the AVS together provide support to about 50 of its member entities. Recently, TPF has decided to join them. The Project Director, who spoke positively of all contacts with TPF, explained that TPF had wished to assess ABEPF's capabilities before providing funds. TPF's first program with ABEPF was through rapid response funding of an important strategy planning meeting (PIN-003). In addition, TPF has provided TA to ABEPF to assist it to inaugurate activities with adolescents and has developed projects for the production of a Clinical Procedures Manual, a Technical Information Center, an adolescent information, education, and communication

(IEC) service, and resource development. TPF has recently been asked to support activities of eight of AREPF's member entities. Its decision has been postponed pending resolution of a plan for another agency to test-fund four of them.

### 3.3.2 Centro de Pesquisas de Assistencia Integrada A Mulher e a Crianca (CPAIME)

CPAIME delivers maternal and child health/family planning (MCH/FP) services to about 200,000 clients through its hospital (in Rio de Janeiro) and 44 units located in Brazilian slums of various cities. Its broader purpose is to expand quality FP services in the country through training and TA to other agencies and institutions. Its director is politically active. It has major contracts with Development Associates (DA) and FPIA, and is the established maintenance center for repair of sterilization equipment for the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO). Two TPF-supported projects were the focus of this evaluation.

PIN-7064 supported a project for contraceptive distribution for non-profit organizations. The project was delayed because TPF was unable to get commodities into the country through formal channels; the material arrived eventually, through the CPAIME Director's family connections. The expiration date had passed on a substantial number of pills before they could be distributed.

This project was terminated abruptly, through the insistence of AID with no consultation with CPAIME. The project is expected to be transferred to ABEPF. Despite friction on this particular issue, the close professional relationship between the two agencies has not been interrupted.

Additional TPF projects with CPAIME include an administrators' program and plans for TPF support for a project with Brazilian legislators in connection with the FP component of the country's new constitution.

### 3.3.3 Servico de Orientacao de Familia (SOF)

SOF is a largely Protestant church-funded organization that operates a community outreach program and a clinic in the slums of Sao Paulo and maintains its central offices and clinic nearby. PIN-003 funded IEC and services to SOF's mothers' clubs. The goals have only partially been met. Further funding is being requested.

SOF has apparently had three implementation problems: (1) as a community-based agency, its work responds to the multiple health needs of women in the slums, and program energies are often diverted from recruiting FP acceptors; (2) SOF's administrative abilities are slight, and a poorly implemented TPF-sponsored audit procedure caused it to spend considerable time re-establishing its financial credibility; (3) SOF is unable to get TPF commodities into the country. TPF's representative believes this agency is administratively weak, but has potential because of its role in the community.

### 3.3.4 Promocao da Paternidade Responsavel (PROPATER)

PROPATER operates male sterilization activities in Brazilian cities. AVS funds these activities in Sao Paulo and recently, through PIN-7207 and PIN-023-2, TPF has joined AVS by supporting vasectomy services in five clinics in other Brazilian cities. The clinic in Rio de Janeiro, visited through this evaluation, is considered the weakest. In particular, it has failed to adapt to local circumstances; as a result, the clinic physician has been replaced. Although PROPATER is administered well, the decentralized clinic network being established through AVS/TPF may be beyond its administrative capacity.

### 3.3.5 Maternidade Tyslla Balbino

TPF supports IEC and a morning clinic for adolescent patients of the Maternity Hospital (PIN-011-3) and similar IEC services and an afternoon clinic for adult patients (PIN-015-1). Both appear to be meeting their goals. An expanded clinic is planned with an outreach component to reach women, particularly young women, before they become pregnant. This project appears to be capable of offering these increased services. It also represents an excellent model for similar efforts.

### 3.3.6 Hospital Professor E. Santos

TPF's PIN-006-5 supports the inclusion of FP in this government teaching hospital program. The project has evidently built up a considerable FP clientele. It has also extended the clinic services to satellite sites but in so doing has become overextended and will need to retrench due to government austerity and devaluation because TPF intends to reduce its funding.

### 3.3.7 Sociedade Civil de Bem-Estar Familiar no Brazil (BEMFAM)

An important entity in Brazil, BEMFAM is an IPPF affiliate which works in six states in Brazil and is politically active. A recent dispute over administrative and financial methods of subgrantee management has led to an interruption of TPF support. BEMFAM has recently paid TPF monies owed, and negotiations for new projects are beginning.

4. Colombia4.1 Country Background

Colombia's population numbers about 28 million with an annual growth rate that has fallen sharply to about 2% in 1984. About 70% of FP clients use either pills (38%) or voluntary sterilization.

4.2 TPF Operations

TPF's project emphasis has been in accord with the country's needs, USAID Mission strategy, and TPF home office strategy. Specifically, TPF has sought to consolidate the country's achievements in FP: (1) continued support to the IPPF affiliate, PROFAMILIA, which reportedly accounts for about 65% of the FP services in Colombia; and (2) introducing new approaches to FP services in government agencies.

During 1984, FP services, in particular sterilization, were attacked by the Colombian Roman Catholic church. At one point, the MOH was apparently ready to impose severe restrictions on private FP operations. TPF utilized the rapid response mechanism to support a meeting which resulted in agreement on more moderate requirements. The participation of TPF's representative, who is an ex-Director of MOH's MCH program, was helpful. The confrontation, nonetheless, set back all TPF subgrantee work in Colombia.

4.3 Project Reviews4.3.1 Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA)

The 1984 policy crisis influenced PROFAMILIA to retrench and refocus its energies on efforts to become self-sufficient. Currently a reported 46% of the agency's budget is covered by international funds. PIN-004 supported PROFAMILIA's research on how to become less dependent on international funding. A strategy paper was developed which improved PROFAMILIA's short-term planning and permitted a more efficient use of the externally generated funds. One person now works full-time tracking donor agency funds. Progress toward self-sufficiency, however, is being undermined by the agency's inability to raise service fees commensurate with devaluation and inflation. The prime purpose of PIN-001 is to show the effectiveness of a commercial approach to CRD in areas previously considered "saturated." Specifically, it supports incentives to any PROFAMILIA fieldworker (educator) who is able to increase his or her acceptor load by 10%. The approach appears successful and is entering its second funding year.

PIN-7190 supported the purchase of a computer system for PROFAMILIA's administrative and financial work. Two studies funded by IPPF were completed before the TPF was approached. The equipment was a reasonable purchase at the time, but is expected to reach memory capacity in less than two years because of an increasing number of program functions and data. One new function is detailed quarterly statements on actual vs. planned expenditures in the clinics. Such use of the computer as a management tool may be a vital element in PROFAMILIA's continued success as a commercially oriented nationwide program. PROFAMILIA has a full-time systems analyst/programmer on staff.

PIN-013, -014, and -015 support the addition of three new clinics to PROFAMILIA's network of 28 clinics. Although these three were proposed as one project by PROFAMILIA, they were divided into three projects in order to avoid delays in AID funding.

#### 4.3.2 Ministry of Health (MOH)

The policy crisis of 1984 halted an already slow-moving MOH FP program. TPF's contacts are at the national level of the MOH. Services are provided at two and three levels below this, at about 106 regional and 400 local hospitals and health centers which are supervised by Regional Offices. TPF's representative in Colombia is an ex-Director of the MOH/MCH services. Technically, MOH receives funding from international agencies directly, through a private, Colombian corporation.

PIN-007, supporting IUD insertion training for nurses, was one of two projects under consideration before the policy crisis of 1984. Afterwards, a second program to support similar training for auxiliary nurses was dropped as too risky. Now included in the remaining program, however, is the planned training of auxiliaries by the nurses. About 233 nurses are expected to be trained at PROFAMILIA's clinics. To graduate, they will be required to pass a test on theory and to insert 10 IUD's successfully unassisted.

PIN-011 supports training MOH health promoters in FP CBD/IEC services. About 408 promoters from Colombia's smallest political units in rural areas, veredas, will be trained to work individually in their own communities and as part of a six-member team in neighboring veredas. This program was apparently initiated by DA, and got as far as a community survey before the crisis. If this project is successful, MOH reportedly will expand the training to include more rural- and urban-based promoters.

#### 4.3.3 Asociacion Colombiana de Facultades de Medicina (ASCOFAME)

PIN-7232 supports the improvement of the FP component of the obstetrics/

gynecology (OB/GYN) curriculum of three of the member schools of medicine of ASCOFAME. The program came to a halt six months into the program year, reportedly because of the 1984 crisis. It resumed in January 1985, with lower goals and revised curriculum. TPF has not been enthusiastic about this program; the evaluation noted that it has fallen short of its goals.

#### 4.3.4 Asociacion Colombiana Para el Estudio de la Poblacion (ACEP)

ACEP is a private organization focused on education and research in the field of population. The agency functions through a limited core staff, utilizing consultants for the delivery of most educational programs. The Board rotates its membership through the Executive Director position.

PIN-7232 supports the production of newsletters to para-professional health workers, particularly auxiliary nurses. Originally planned for 12 monthly issues, the project was extended to permit bi-monthly issues. An initial plan to make the newsletter self-sufficient through paid subscription has been abandoned, reportedly because the costs of production and mailing have made the cost per issue prohibitive. The newsletter is distributed through the MOH structure. A further extension of the project is being requested.

PIN-003 supported the training of 250 program officers of the Colombian Family Welfare Institute (Instituto Colombiano Para el Bienestar Familiar--ICBF), a government agency. The original plan was to fly officers from one region of the country to another for training. The plan was modified and now all officers are trained in Bogota. ACEP wants to use the money saved by this change for additional work with publications. The project goal had been to influence the supervisory level of ICBF. The training, however, was not as well received by ICBF leadership as had been anticipated, and many program officers objected to mixing FP with their other services. The hope had been that officers would translate their training into provision of FP services; at present, the prospects are not good that this will occur.

#### 4.3.5 Corporacion Centro Regional de Poblacion (CCRP)

CCRP is a leading institution in the non-service area of FP. Although TPF supports two programs through CCRP--a National Nurses Conference and a Parliamentarians Program--the Project Director's concerns were exclusively on the latter.

PIN-7151 supports CCRP's activities with elected officials. The project's intent is to influence these officials informally on behalf of FP through lunches and individual contacts. However, invited legislators, according to a review of project files, frequently do not appear in response to invitations, and the supposition is that CCRP may be dealing with the issue in a way that is too academic for them. In addition, the 1984 crisis may have made it diff-

icult for CCRP to establish an effective presence with the target group. The Project Director feels that TPF, by seeking to quantify project goals, is being too demanding.

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## 5. Bolivia

### 5.1 Country Background

Bolivia has a population of approximately 5.6 million people, with an estimated growth rate of 2.7%. The country's variety of languages and geographic extremes appear to affect even the smallest details of planning and implementation of almost any program. At the time of the evaluation, paper currency, which is printed in Europe, was reported to be the country's third largest import. Inflation for the first three months of 1985 was estimated to be between 700% and 5,000% annually, and the difference between the official and unofficial exchange rates was estimated at about 300%. All TPF project budgets are obviously affected by the country's economic condition. Work on this and other national issues has reportedly stopped until the next presidential election, scheduled for July 1985.

### 5.2 Project Reviews

TPF's programming in the country has been largely done through its Policy Division and its efforts are credited with indirectly contributing key support in the creation of the National Population Council. Six TPF projects were considered active at the time of the evaluation.

#### 5.2.1 Ministry of Planning (MOP)

TPF's PIN-7212 supported an analysis of Census Data on Fertility and Infant Mortality. The Project Director also credits TPF with giving him the opportunity to promote the creation of the National Population Council among Bolivian leaders while attending, at TPF expense, the International Conference on Population in Mexico City.

#### 5.2.2 Consultora Boliviana de Reproduccion Humana (CRRH)

TPF's PIN-7213 supported a KAP survey on fertility and contraception in the principal cities of Bolivia. The project staff commented on TPF's flexibility, noting that when the need arose to return to the cities surveyed, TPF was accommodating. This second visit, according to project personnel, had the unintended but positive effect of involving local officials in an assessment of the survey's implications.

### 5.2.3 Centro de Investigaciones Sociales (CIS)

TPF's PIN-7302 and PIN-001-3, supporting drugstore owner training in marketing and advertising for FP and physician training, were cited as important projects for CIS. The project leadership believes that service projects can eventually be an important part of their activities, and that continuity of TPF support is important because of the sound relationship which has developed between the two agencies.

### 4. Consultorio Radial de Orientacion Familiar (CROF)

TPF's PIN-005 supports FP radio spots linked with referral services. The principal activities are in La Paz. People responding to the radio messages come to the project's offices for assessment and are then referred to a clinic. The summary data indicate an impressive response to this approach. If they are accurate, then this project represents an important service potential. The project's weakness is the physical separation of assessment activities from services.

6.

Suggestions

1. Once staff are all in place, the LA headquarters and international staff should consider holding a meeting for all professionals, to ensure that all understand programming requirements and that information on TA and project development is shared.

2. Either the Mexico office should be supervised directly by the Boston office or an increase in the staff in the Bogota office should be considered and a Bogota staff member should be trained in project development and monitoring (see also Recommendation 3).

3. For project proposal documentation, TPF might consider requiring the field to provide more data on country agencies and issues but less on general country background.

4. TPF should consider increasing the level of its TA to some projects to assist in management, administration, and record keeping. Although the use of consultants may be suitable in most cases, TPF may need to consider adding permanent staff with administrative expertise where the need appears greatest (see also Recommendation 9).

5. The functional staff role might be expanded to include making comparative analyses of similar types of projects in different parts of the world.

ATTACHMENT #1

PERSONS CONTACTED

PRINCIPAL CONTACTS (LA)

BRAZIL:

J. deCodes, TPF  
D. Wood, TPF  
E. Quain, TPF  
H. Lusk, USAID  
H. Aguinaga, CPAIMC  
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T. Hill, SOF  
J. Costa, Hosp. Prof. E. Santos  
Head Nurse, Maternidade T. Balbino  
D. Leite, AREPF

COLOMBIA:

A. Rizo, TPF  
J. Smith, USAID  
V. Jaramillo, PROFAMILIA  
M. Mejia, MOH  
A. Duenas, ASCOFAME  
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BOLIVIA:

J. Rowers, USAID  
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A. Cisneros, CIS  
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Appendix R

THE PATHFINDER FUND - AFRICA

APPENDIX B

THE PATHFINDER FUND - AFRICA

1. Background

Anne Firth Murray and Joseph Toner were the evaluation team for Kenya, and Murray did the evaluation for Nigeria. From April 29 to May 4, Murray and Toner were in Kenya, and from May 4 to May 11 Murray was in Nigeria. In Kenya, the team spent two days in Nairobi visiting the Pathfinder staff, USAID personnel, other donors, and Kenyan government officials; subsequently, they both went to the Western Province to visit Pathfinder projects in and near Kakamega. In Nigeria, Murray spent two days in Lagos visiting Pathfinder personnel, USAID officials, and the Planned Parenthood Federation of Nigeria (PPFN). She then left for Abeokuta, Ibadan, Ife, and Ilorin to visit various Pathfinder projects.

2. Pathfinder Operations

2.1 Organization and Structure

2.1.1 Africa Staff

The Africa international staff is small but impressive. The RR is a Ghanaian statistician/demographer with training in both Britain and the United States. The other professional staff members are the Senior Program Officer for Africa, a Nigerian physician trained in Nigeria, who obtained a master's degree in public health in the United States; the Program Officer for Kenya, a Kenyan who has been trained in social work and program management in the United States; and the Program Officer for Nigeria, a newly appointed Nigerian trained in nurse-midwifery and public health in Nigeria and the United States.

In addition, there are four support staff: an administrative manager, a secretary, and two stores clerks who can serve as receptionist, messenger, and driver. All staff members are well qualified, independent minded, and committed to their work.

The Nigerian Program Officer is currently attempting to establish an office in Lagos. Also in Lagos, a consultant on information and education has been hired for a two-year appointment. The Kenya Program Officer is physically located in Nairobi in the same office as the RR for Africa and the other staff members described above.

Currently, the lines of authority in the Nairobi office are not consistent with job descriptions. For example, the Program Officers for Kenya and Nigeria are (on paper) supposed to report to the RR, but in practice they report to the Senior Program Officer (Suggestions 1 and 2).

The staff as currently constituted is limited with regard to the activities it can undertake. Without a French-speaking Program Officer, TPF has not been able to expand its current activities in Francophone Africa. In addition, the extent of the program in Nigeria and the possibilities of doing much more in that country strongly suggest the addition of a person in Nigeria well versed in monitoring and evaluation. The current representative there is competent, though very new at the job, but the program is already too big for one person to handle effectively (Suggestion 3).

### 2.1.2 Relations with Headquarters

Communications within Nigeria and between Nigeria and Kenya are difficult. Even establishment of an office in Lagos will not solve the latter problem. The USAID staff in Nigeria, however, is competent and knowledgeable and can provide good advice to the Pathfinder representative. The Nigeria office, therefore, should be given as much autonomy as possible, perhaps reporting directly to Boston headquarters, with copies to Nairobi, to speed up communications (Suggestion 4).

The Africa Pathfinder staff and the project people enjoy an informal and easy relationship with headquarters. They like the headquarters staff and feel that they are generally supportive. At the same time, since the overseas staff is competent and well qualified, they would prefer autonomy. A characteristic of Pathfinder's work has been its ability to identify good staff overseas and excellent project people; it would follow that the greatest authority possible should be delegated as far as possible (Suggestion 5).

The relationships with individual divisions in Boston are generally good and Boston is considered helpful and generally supportive. Some Africa staff, however, felt that the regional divisions should serve primarily as the advocate of the overseas staff. The FDs are seen as providing useful assistance.

## 2.2 Subgrant Planning and Implementation

### 2.2.1 Strategy

Although Pathfinder has developed expertise in several program areas in Africa and has concentrated in these spheres, its overall programming goals in the region are not clear. It appears that as a rule Pathfinder responds to AID's suggestions rather than moving independently forward with a strategy of its own.

### 2.2.2 Pathfinder Familiarity with and Coordination Among Donor Agencies

Pathfinder has adequate knowledge, for programming purposes, of relevant projects supported by other donors. In Nigeria, that information is channeled through the USAID representative while in Kenya, the Program Officer for Kenya is very familiar with the work of other private voluntary (PVOs) and local organizations. The coordination among the various donors is good in Nigeria, although the USAID representative has a somewhat dogmatic view of the appropriate role for each (Suggestion 6). In Kenya, coordination could be better among PVOs and with other donors (such as the World Bank); PVOs do not meet routinely, and it is not clear whether individual PVOs are being used to best advantage (Suggestion 7).

### 2.2.3 Evaluation of Grantees

Pathfinder's evaluation of potential grantees is extensive and competent, with inputs from both the international and the headquarters staffs. In considering their institutional capabilities, TPF has on occasion deliberately supported quite fragile organizations which, with TPF assistance, have developed into strong institutions. The best example is Maendeleo ya Wanawake Organization (MYWO) in Kenya, which began in a very tentative way some six years ago and has now become a major CRD provider. Where institutional capabilities of the recipient organizations are fragile, Pathfinder may provide training for project participants (Suggestions 8 and 9).

### 2.2.4 Support from Functional Divisions (FDs)

Pathfinder's FDs have provided useful assistance in program design. The Policy Division's work with the National Population Commission of Sierra Leone, Liberia, and Kenya is expected to help those nations move toward provision of more comprehensive FP services. The MYWO project in Kenya, now considered a leading CBD project in sub-Saharan Africa, had its genesis as a "women's" project. In sum, over the long term, projects originating through these divisions have often developed into well-integrated comprehensive FP projects, and it is clear that a special accent on both women and policy should be preserved in one form or another even if these divisions as now constituted are eliminated (Suggestion 10).

### 2.2.5 Technical Assistance

Needed technical assistance for subprojects has generally been available either through resources within Pathfinder itself or through arrangements with other organizations (International Project of the Association for Voluntary Sterilization [IPAVS], CEDPA, or JHPIEGO).

The last evaluation urged that subgrantees should be encouraged both financially and technically to produce educational material in local languages; this has been done to some extent. It could be extended dramatically; however, the shortage of appropriate materials is obvious and acute, especially in Nigeria (Suggestion 11).

#### 2.2.6 Future Programming Considerations

A special look is needed at long-term programming in Africa. The last evaluation urged that additional financial and human resources be allocated to Africa so TPF could respond to the many opportunities for new and expanded program initiatives in the region. Since FY 1982, the percentage of the Pathfinder budget for sub-Saharan Africa has increased from 16% to 38% (FY 1985). The Regional Office now estimates that it could easily double its budget for more program activities (Suggestion 12).

Given the lack of strategic direction which at present characterizes both the Kenya and Nigeria operations, however, any further expansion should be accompanied by serious consideration of basic issues. One area of concern would be the program areas which should be pursued. The most appropriate strategy, at least in the short term, would be to expand in areas where Pathfinder already has expertise. These include CBD, FP training in university teaching hospitals, the development of clinics, and furthering the knowledge of adolescent fertility issues. Consideration should also be given to integrating income-producing activities into CBD projects at their inception, especially in Kenya.

A second issue relates to appropriate size of projects. Currently, all Pathfinder projects in Nigeria are small, while in Kenya the program includes a mix of small and larger projects. Nigeria has no large programs, mostly because there are no large umbrella-type organizations to fund. In Kenya, where such umbrella organizations as MYWO and the Family Planning Association of Kenya (FPAK) have developed, Pathfinder has placed increasing emphasis on working with them. However, the grants that Pathfinder makes to such groups continue to be individual project grants. In both Kenya and particularly Nigeria, there continues to be a need for careful analysis of individual projects--the sort of technical assistance that Pathfinder does well. If AID is anxious that Pathfinder begin to work with umbrella organizations in a new way--that is, by giving larger more flexible grants--then USAID Country Officers will have to become accustomed to having less control themselves over the details of individual grants. An appropriate way of operating, perhaps, would be to encourage Pathfinder to give larger more flexible grants to organizations that are capable of managing larger amounts of money, while providing the assistance needed to develop effective projects under the aegis of the organization. At the same time, Pathfinder should continue to support small institutions as they enter the field of FP.

For the near future, the programs should continue to be a mix of both small and large. The Pathfinder staff is capable of managing both, and each has a role to play which is appropriate (Suggestion 13).

### 2.3 Reporting and Evaluation

In all projects evaluated in Kenya and Nigeria (aside from the Ife project), proposals had been carefully worked out and targets generally achieved. The quarterly reports clearly provide a useful record of project progress. Subgrantees interviewed spoke positively of the reporting systems; they indicated that they felt their reports were carefully read and they took seriously the comments that came back from the international and headquarters staffs. The overseas staff affirmed that they carefully review subgrantee quarterly reports and respond substantively to them, when appropriate. While quarterly reporting seems appropriate for more fragile projects, the requirements might be reduced to every six months for more stable projects.

Although reports do not all follow a consistent format and the exact meaning of terms may differ from one report to another, this lack of consistency may be inevitable at present. Good reporting systems such as that for the Ilorin project in Nigeria might be considered for replication. On the other hand, so many of Pathfinder's activities in Africa are currently at the ground-breaking stage that standard measures of program success such as number of acceptors are not yet applicable. As long as the program focus is on such activities as training, institution-building, and building a context for FP work through policy, women's, and other activities, there will be no easy way to create uniform standards of achievement which would apply to all projects.

### 3. Kenya

#### 3.1 Background

##### 3.1.1 Demography

Kenya has a population of more than 19 million people spread over a half million square kilometers, only one-third of which are arable. Though this gives a relatively low population density nationwide, there are strong concentrations of population in the coastal region, the central highlands, and the Western Province. The majority of the population lives in rural areas.

With a crude birth rate of 55/1,000 and a crude death rate of 14/1,000, Kenya has a population growth rate of about 4.1% per annum (Kenya, Central Bureau of Statistics, 1983 est.), one of the highest in the world. Given current trends, the country's population will double in less than 20 years.

A principal reason for high fertility in Kenya is that couples traditionally and genuinely desire large families. This was demonstrated by the Kenya Fertility Survey conducted by the Central Bureau of Statistics. A spontaneous demand for FP services, especially to limit family size, cannot be expected to be very high. An additional factor is that the population is composed of a large number of tribes of different ethnic origins. The consequent cultural and linguistic differences within the country, compounded by ecological variations and differences in agricultural patterns, mean that the delivery of social services--and particularly of FP services--must be sensitively planned.

##### 3.1.2 Population Policy

The Government's official policy of reducing the rate of population growth primarily through decreasing fertility has as its objective the creation of a better balance between population growth and economic development. The aim of the national FP program is to make FP information, education, and services available on request, through free clinics in all Government hospitals and health centers. The program is closely linked with the MCH program, and includes provision of assistance to couples with infertility problems. The target is to reduce the population growth rate to 2.3% by the year 2000.

Although Kenya was the first country in sub-Saharan to adopt a national population policy (in 1967), many leaders thought it ill-advised to take such action at the time. Its policy stance, however, brought a large inflow of international donor money for population activities to the country in the 1960s and 1970s.

Many consider the subsequent rise in the population growth rate to be inexplicable. One explanation is that as a result of FP initiatives, basic health care services improved and infant and maternal mortality were then reduced. Another theory is that there was in fact some backlash (and therefore increased fertility) against the too zealous foreign donors who responded to a policy statement that may not have accurately reflected the mood of the country. Our view is that it has to do with the complicated power relationships between men and women in Kenya, with males often the major obstacle to implementation of FP efforts.

Today, the Government clearly recognizes that high population growth is impeding its ability to foster development and improve the quality of life. President Moi has referred to population policy in practically every public address he has made. A National Council for Population and Development (NCPD) has been established as the policy body for population. Many organizations, such as FPAK and MYMO, have been inspired to play a more aggressive role in support of the national FP campaign. (President Moi is a patron of both the FPAK and MYWO.)

### 3.1.3 Family Planning (FP) Services

The FP movement began in Kenya long before the Government of Kenya made it national policy. As early as 1956, a representative of Pathfinder, visited Kenya and encouraged the proponents of FP to form associations in Nairobi and Mombasa. FPAK was formed in 1957. It became an IPPF affiliate in 1963, the first in sub-Saharan Africa.

The FPAK, with Pathfinder's help, played an important part in encouraging the Government to launch a national FP program in 1972. But it was not until 1975 that the Government inaugurated a comprehensive and systematic national MOH/FP program designed to provide integrated FP and other rural health services. The MOH is the operating agency for the program. The National Family Welfare Center has been established to administer it. The program aims to reduce the rate of population growth while enhancing the health of Kenyans, particularly mothers and children, by strengthening the rural health delivery system and by providing FP services at all health delivery points.

A number of nongovernment organizations and the MOH have been experimenting with various models of bringing FP services closer to the people. In 1980, a team of volunteers and FPAK staff went to Thailand to study CRN of contraceptives in that country. In 1981 and 1983, two other delegations composed of officers from FPAK, MYWO, MOH, and Karachuonyo Community-Based Health Services went to Zimbabwe to study yet another model of CBD in an African country. These study tours were sponsored by Pathfinder. All the study teams highly recommended the establishment of CBD programs in Kenya. As a result of these recommendations and on the basis of existing infrastructure within the organiza-

tions/agencies involved, CRD pilot proposals were formulated and funds solicited for CBD programs. The Government demonstrated commitment and encouraged these organizations and other interested organizations to distribute contraceptives using lay workers (distributors) on a pilot basis. Currently, there are 12 CRD projects being conducted in various parts of Kenya. These projects have been managed and funded separately and there has not been sufficient coordination among them. In order to coordinate these efforts, Pathfinder, in collaboration with the MOH, has initiated a National Technical Coordinating Committee (NTTC). At the national level, the committee is chaired by the MOH; committees at the project level are chaired by district officers or key community leaders.

### 3.2 Pathfinder Operations

#### 3.2.1 Pathfinder's Strategy

Pathfinder has set out its strategic objectives in the following list. They represent a continuation of the present emphasis on CBD and women's programs.

1. To work with the NTTC in the development and implementation of a national CBD program.
2. To expand current CRD programs into new areas.
3. To develop an administrative mechanism for continuing the FPAK project without having FPAK managing the grant funds (see 3.3.2).
4. To increase policymakers' knowledge of population issues.
5. To organize seminars and workshops on population development.
6. To strengthen institutional capabilities of the NCPD.
7. To develop a constituency among women's groups to support FP.
8. To deliver FP services with an improved orientation toward the user.
9. To strengthen organizations working to improve the status of women.
10. To help create a climate conducive to improving women's status/situation.

#### 3.2.2 Pathfinder's Program

Pathfinder currently has 14 planned or implemented projects in place in

Kenya ranging from general support for umbrella organizations such as FPAK, MYWO, NCPD, the Young Women's Christian Association (YWCA), and the MOH to individual projects at the University of Nairobi and with the Kenya Medical Association. Although the range of projects may appear great, Pathfinder has in fact concentrated on CBD and on informal technical assistance work with the NCPD, including the encouragement of some research on adolescent fertility. It has played a pivotal role in promoting the expansion of CBD in Kenya, and its policy work is also viewed as essential to the implementation of FP and related programs. Clearly TPF is seen as a major actor in both areas.

The Kenya program is a balance between small and large grants. Small grants have helped develop fragile institutions (e.g., one to develop an adolescent women's center and another to increase the managerial capacity of women's groups). Large projects have included a grant to the National Youth Service which will support the establishment of FP services in 17 health units of the country and several CBD projects to provide training to numerous people and the expansion of CBD nationally. The staff seems capable of handling both.

### 3.2.3 Suggestions for Future Programming

CRD programs are to be encouraged in Kenya. They are effective, people are interested, and the government is expanding the program and seeking ways to improve efforts. Pathfinder has at least three roles to play. It should continue to provide training at the highest level, supporting study groups and workshops to which other African leaders can come. It can also be expected to play a role in coordinating CRD efforts, particularly in view of a study it conducted with the Government which recommended coordination of the 12 major CBD projects visited. The study was conducted to assess the potential for expanding CBD services in Kenya. If this expansion materializes, Pathfinder should play a third important role as a program innovator to assist in formulating CBD program designs to include the capacity for income generation. Outside funding of the magnitude needed for a nationwide expansion will not be available, and the Government is well aware of the need to move toward self-sufficiency as CRD expands. Pathfinder's abilities in programming should enable it to be creative in designing programs which include income-producing activities (loan funds, service fees, etc.) at the very early stages in the development of CBD programs (see Suggestion 14).

Second, a new area for program activities may be information, education, and research directed at the acute problem in Kenya of male resistance to FP (see Suggestion 15).

### 3.3 Project Reviews

The evaluation team visited three activities in Kenya: the NCPD in

Nairobi and two CBD projects in the Western Province. In all cases, the people and projects were most impressive.

### 3.3.1 National Council for Population and Development (NCPD)

The NCPD was launched by the Kenyan Government in December 1982 to formulate population policies, strategies, and programs aimed at reducing the Kenya population growth rate. The Council consists of 28 members who are appointed for a term of two years. Included in the membership are the Vice-President of Kenya and the Minister for Home Affairs. The NCPD, though autonomous, is organizationally part of the Ministry of Home Affairs. The Council formulates policies and ratifies decisions made by its Executive Committee. Committees are appointed to handle issues needing urgent attention and skills.

Kenya's FP program includes provision of services, including sterilization, and population education and motivational programs. The NCPD coordinates donor activities in these and other areas.

This project exemplifies the importance of the Policy Division within Pathfinder. Through this division, TPF has given informal advice to the Council, encouraging it to coordinate service activities in Kenya and to develop capacities that will allow for orderly expansion of these services.

### 3.3.2 Family Planning Association of Kenya (FPAK)

The FPAK, which was established in 1957, now has about 15,000 members and about 80 centers around Kenya with 13 base clinics, five of which provide sterilization, 60 mobile clinics, two CBD projects, and a program of information and education. Pathfinder has helped with many FPAK efforts, including its original founding, the development of industrial clinics, IEC programs, CBD, and work with the Parliamentarians in Kenya. Currently, because of an irregularity in the reporting procedures, Pathfinder has suspended funding of FPAK, but with a new chief executive officer in place, both hope to renew their relationship. The plans for the future of FPAK are to expand CBD from the two current areas to eight districts that already have lay educators trained. The long-term goal is self-sufficiency for their projects, and they are investigating moving toward social marketing programs and income-producing activities to be combined with CBD.

The evaluation team visited an FPAK CBD project in Vihiga in the Western Province. This three-year-old effort provides nonprescription FP contraceptives to clients and resupplies oral contraceptives to continuing acceptors. It covers the South Maragoli location of the Vihiga division. It provides counseling on health-related issues, especially immunizations, nutrition, and hygiene, and referral services to appropriate institutions for malnourished and unimmunized children and for IUD insertions. The project area is one of Kenya's most densely populated, with population densities of 691 people per square mile and an average of eight children per family.

In the course of the project, information on families in the area has been gathered about numbers of pregnant women, the number of children under six, nutritional problems, and knowledge of FP. Extensive records are kept to record new acceptors and continuing users. Considering that, although well trained, the distributors work in remote rural areas with minimum literacy, the reporting procedures are very good. The data are broken down according to each village so that the site can be analyzed to determine how well the program is working, and benchmarks are provided for changes in the program as it develops.

All project personnel agreed that a negative attitude about FP, particularly among young men, was the principal obstacle they faced. The need for FP and for research on the economic and public health consequences of illegal and unsafe abortions was recognized by all high officials the team met, particularly to avoid the very high incidence of illegal and unsafe abortion (30-50% of hospital beds are occupied by septic abortion cases).

### 3.3.3 Maendeleo ya Wanawake Organization (MYWO)

MYWO is the largest women's organization in Kenya with 7,500 groups and 300,000 members, most rural. The organization started in 1952 and has programs that range from tree planting, nutrition, immunization, and income production to FP and child health. In 1970, the organization had a staff of eight; it now has more than 70 and has received funding from most major donors. Pathfinder was one of the first donors to support MYWO in 1979, when the need was for institutional development and organization. Pathfinder support has now evolved into the support of CBD projects and for studies and workshops to increase understanding of CBD methods and to inform leaders from other African countries about the processes of CBD.

The evaluation team met with leaders of MYWO in Nairobi and visited a CBD project in Kakamaga in the Western Province. This project has involved training courses in FP for 1,900 local group leaders and the education and delivery of services to 16,000 people, 6,000 of whom are acceptors. The project has consolidated efforts made over the past three years.

Once again, the greatest problem cited was the need for more education of men. In addition, there was some difficulty with religious groups, specifically the Catholics and Pentacostals, who have so far not supported the program in this area. A further problem is cited with transportation since the CBD sites are remote and it is difficult for volunteers to reach them.

## 4.

Nigeria4.1 Background

## 4.1.1 Demography

Nigeria is the richest and most populous nation in sub-Saharan Africa. With approximately 88 million people, Nigeria contains one-quarter of Africa's total population.

Little information is available on the components of population change in Nigeria. Recent censuses and sample surveys have been inadequate; the last major census, in 1973, was declared null and void. Numbers, rates, and measures of fundamental demographic characteristics and processes in Nigeria are therefore crude estimates. It is clear that Nigeria has an extremely high fertility level, and its mortality rate also is high, but declining. The combination of high fertility and declining mortality produces one of the world's highest population growth rates--estimated at 3.3%. This rate may increase in the years ahead as improvements in health, medical care, and nutrition further reduce infant and child mortality. It is estimated that the population will double in 21 years.

There are considerable internal migration streams, both between rural areas and from rural to urban areas, but the growth rate of urban population exceeds that of rural groups. Urbanization is rapid; the physical and social infrastructure of a city such as Lagos, with its population of 6 million, is strained far beyond capacity.

## 4.1.2 Population Policy

Over the past 10 years, Nigeria's population policy evolved slowly, from a pro-development stance in 1974 to a pro-FP position in 1984. Since the military coup in late December 1983, numerous events have occurred that indicate steady progress toward a formal population statement and a nationwide FP program.

The most significant evidence of key leadership concern for Nigeria's demographic situation was the statement by General Buhari presented at the Mexico City International Conference on Population in August 1984, in which he emphasized the need for a "well-articulated population policy" in the face of rapid population growth. Subsequent to the Mexico Conference, the Federal Executive Council directed the Minister of Health to launch a nationwide FP campaign, and the drafting of the master plan for program implementation is in progress. Over the past year, the possibility for effective population work has increased, as economic conditions over the past year have deteriorated.

### 4.1.3 Family Planning (FP) Services

Although Nigeria has a strong health service delivery infrastructure of over 3,000 service units, fewer than 50 have staff trained to provide FP services to the country's population. There are over 50,000 registered nurses and midwives, but schools of nursing generally do not provide clinical training in FP and only about 4% of nurse-midwives have received such training. In many areas in the country, FP remains a controversial issue, motivation is poor, and lack of drugs, staff shortages, and inconvenient clinic hours mitigate against use of the few clinics that exist. One of the most serious obstacles to more widespread practice of FP is a lack of education and information, especially in rural areas.

The Nigerian Government's population strategy for the future has yet to be published, but AID's strategy for the country lays out four program elements, as follows: training; information, education, and motivation; commodity supply and management; and records and statistical management/evaluation.

Pathfinder was one of the first foreign voluntary assistance agencies to provide support, services, and supplies to initial FP efforts in the late 1950s. At the time, these were pioneering initiatives, and they became the basis for the FP programs that exist in Nigeria today. The Family Planning Council of Nigeria was formed in 1964. Subsequently disbanded, its successor, PPFN, was established in 1967.

## 4.2 Pathfinder Operations

### 4.2.1 Pathfinder's Strategy

TPF has not developed a comprehensive strategy for work in Nigeria. Its efforts lack a cohesive center and some projects have developed ad hoc on the basis of suggestions from the USAID representative. Its main focus has been on service delivery through teaching hospitals and some activities to assist in the development of CBD programs. For the future, there is considerable interest in working with Islamic leaders and with women's groups, particularly market women's associations, in the development of long-term projects. Further, with the recent addition of an information and education consultant in Lagos, Pathfinder will be a major collaborator with local officials in the development of a three-year information/media campaign on the benefits of child spacing.

### 4.2.2 Pathfinder's Program

Pathfinder currently has eight planned or implemented projects in Nigeria, all basically outgrowths of the teaching hospital activities. They include in-service training mostly of nurse-midwives at teaching hospitals, the encouragement of clinics in other primary health care institutions, minimal CBD activity, and some work on adolescent fertility. The projects are all small, in part because

these are what AID has suggested and in part because larger umbrella organizations in FP are not well developed in Nigeria.

#### 4.2.3 Suggestions for Future Programming

Pathfinder is knowledgeable and competent in its major sphere of activity--assisting teaching hospitals to develop training programs for nurse-midwives. It should be encouraged to expand this activity further throughout the country (Suggestion 16).

In one or two of the Pathfinder projects, specifically University College Hospital (UCH) at Ibadan and the program at Ilorin, the record-keeping is very good. Pathfinder could play a role in improving statistics and record-keeping throughout the national FP program (Suggestion 17). Increased work in social marketing or perhaps the sale of contraceptives through CRD programs might also hold promise (Suggestion 18). As in Kenya, male reluctance to support FP is a major problem and suggests a key role for information and education as well as for research on the appropriate ways to motivate males (Suggestion 18).

The CRD programs are supervised entirely by nurse-midwives who have been trained at Ibadan. They in turn have trained a total of 165 Traditional Birth Attendants (TRA) and Village Health Workers (VHW) to provide health and FP services. The Community Health Workers, some of whom are illiterate, are capable of providing treatment for malaria, whooping cough, and diarrhea, as well as providing pills and condoms, and referrals for IUDs and complicated cases. Although the volunteer workers keep records, the statistics have not been amalgamated with any real certainty. Columbia University Center for Population and Family Health is conducting monitoring work in connection with this project. There is no question that this CBD system of delivering health care and FP to rural areas holds promise. The volunteers are well trained and exhibit a sense of pride and a level of competence that is impressive. The idea of consolidating thoroughly before expanding is sensible. It will be at least a year before this program can go much beyond its current geographic range.

The major needs were for materials, drugs, additional training, and increased technical assistance to improve the statistical base. Program progress is also being delayed because of differences between the State Health Ministry and the Health Council.

#### 4.3 Project Reviews

The evaluator visited four projects in Nigeria: a training and CBD activity out of Ibadan in Oyo State, a training program in Ogun State, a clinic program in Ilorin, and a medical student training program in Ife.

#### 4.3.1 Ibadan, Oyo State

UCH in Ibadan is the oldest teaching hospital in Nigeria and has the highest concentration of qualified medical nursing and paramedical staff of all 13 teaching hospitals in the country. It is the referral center for a large and diverse patient population. Since 1965, UCH has had an independent FP program, and by 1973, the program was expanded to include training courses. In 1981, the training program was modified to focus on practical training in FP for nurse-midwives. So far, more than 800 nurse-midwives have been trained. Most have returned home to other parts of the country to develop programs and clinics. Pathfinder's early support of this program has thus had very positive results.

UCH also serves as the base for a CBD program which extends FP and health services in remote rural areas of Oyo State. The evaluator visited one of the pilot CBD efforts in the outlying town of Faforiji. Pilot CBD programs have been in place in Oyo State since 1979 and are currently being transferred from UCH to the administrative aegis of the Oyo State Health Council. The current plan is to expand the CBD programs to five areas where the program will be consolidated, and then to expand it further to all 24 areas of local government in Oyo.

#### 4.3.2 Abeokuta, Ogun State

Although Pathfinder has not developed a formal project in Abeokuta, it has provided funds for the training of nurse-midwives at UCH. These trainees have in turn returned to Abeokuta where they have independently initiated a local training program. This effort has no outside funding, and nurses come at their own expense to the training center here for training in FP. To date, one trainer, 90 nurses and Community Health Workers, and 24 tutors have been trained. Pathfinder has given invaluable moral support since the training began and has encouraged the UCH graduates as they developed their own curriculum and sought links with other agencies.

Ogun State is typical of Nigeria in that there is very high infant mortality (180 per 1,000) and a high percentage of women of child bearing age in a total population of 2.5 million. Health services, water supply, education, and roads are all totally inadequate. Of the 42 health clinics which exist, however, 32 now offer a very minimal form of FP as part of an effort to integrate FP into health services of comprehensive health centers and some hospitals. At these 32 clinics, efforts are being made to provide information and education, pills, condoms and foam, and IUDs where appropriate. The hope in Ogun State is that access to FP will be extended to 80% of the women of child-bearing age by 1987. This year's goal is to train 80 more nurse-midwives and then to train 70 more, for a total of 240 within the next couple of years.

The MOH in Abeokuta has developed its own health education unit and produced some fine locally drawn posters. Additional management training, skills in data collection, and materials, however, are all inadequate. As the training phase draws to a close and efforts begin to develop FP clinics and perhaps CBD programs, these needs will become more critical.

This project is an example of early Pathfinder help for a fragile effort that has turned out to be most impressive and should continue to be supported.

#### 4.3.3 Ilorin, Kwara State

In Ilorin, TPF has provided funds to develop FP services at the University of Ilorin Teaching Hospital and four other sites. Pathfinder has identified an excellent Project Director, who has over the past year successfully introduced FP units at the following sites: the University of Ilorin Teaching Hospital Maternity Wing, where 50 babies a day are born and numerous women are seen for prenatal and antenatal services; the University Health Clinic, which serves students; the local police barracks; the local army barracks; and an urban site at Okelele which provides maternity services to approximately 200 women a day. This project is the only active FP service delivery project in the Kwara State (population 4 million).

This recently developed project is a success. The FP clinics are neat. They are run by superb nurse-midwives (trained at UCH in Ibadan). This project is a candidate for expansion.

#### 4.3.4 Ife, Oyo State

Pathfinder has provided funds to the University of Ife Teaching Hospital and Medical School for a program, the ultimate aim of which is to train medical students and residents in all aspects of clinical FP. Although now funded for a year, the program has trained no medical students to date. It has, however, trained four people in management skills. A modest clinic base is also being developed so that clients may be available when medical personnel skilled in FP become available. A full-time coordinator, a nurse-midwife who was completing her training at Ibadan at the time of evaluation, should be available shortly to direct the project. During this year of preparatory work, a continuing problem has been disagreements between the Project Director and the head of the Department of Medicine at Ife. This problem should be solved if the project is transferred to the Department of Community Health, a move currently under consideration.

The directors of the project are honest, thoughtful, and well qualified people, and it is a project worth supporting. Pathfinder should, however, actively and frequently monitor progress and insist that the training of medical students begin as soon as possible.

5. Suggestions

5.1 Africa-wide Suggestions

5.1.1 Organizational Issues

1. Although job descriptions are available for all Pathfinder personnel in the Africa region, these should be reviewed and clarified, especially with regard to the lines of authority between the RR in Nairobi and the program officers for Kenya and Nigeria.

2. The quality of management in the Nairobi Regional Office needs careful review.

3. At least two additional professionals should be recruited for the Africa region--a French-speaking Program Officer and an Assistant Program Officer in Nigeria competent in evaluation and monitoring.

4. Communications between Lagos and Nairobi are difficult for a variety of reasons. Consideration should be given to channeling communications from Nigeria direct to Chestnut Hill (with copies to Nairobi) rather than through Nairobi (see also Recommendation 3).

5. Greater authority and responsibility for project implementation and monitoring should be assigned to the Regional Office (see also Recommendation 2).

6. USAID/Nigeria should address the Lagos office staff/field staff situation.

7. There is a need for greater coordination of PVO and other donors (such as the World Bank) activities in Kenya; PVOs do not routinely meet, and it is not clear whether the particular competence of particular PVOs is being used to best advantage.

5.1.2 Programming Issues

8. Pathfinder is uniquely successful in recruiting, supporting, and nurturing good people. This talent, often expressed through small grants, should be supported.

9. Pathfinder's record in training subgrantee personnel, especially in Nigeria, is good; its programs could serve as models for other agencies and in other countries.

10. Pathfinder's policy work and the assistance of its women's division are essential to the successful implementation of its FP work; both should continue to be strongly supported by donors (see also Recommendation 3).

11. More financial assistance and TA should be provided to sub-grantees to produce local language versions of educational materials.

12. The last evaluation urged that additional financial and human resources should be allocated to the Africa program so that it could respond to the many existing opportunities for new and expanded program initiatives in the region. The regional office now estimates that it could easily double its budget for more program activities and the Nigeria office needs additional personnel. It should be remembered that a necessary ingredient of any budget or program expansion is additional human resources, particularly for evaluation and monitoring, especially in Nigeria (see Suggestion 3).

13. In planning its future strategies in Africa, Pathfinder should build on its expertise in CBD, FP training in university teaching hospitals, the development of clinics, and furthering knowledge of adolescent fertility issues. It should also retain a mix between small and large projects, both of which it is able to handle.

## 5.2 Country-Specific Suggestions

### 5.2.1 Kenya

14. Pathfinder should continue to concentrate in the area of CBD. It should, however, attempt to find ways to assist CBD projects to become self-sufficient, even in the earliest stages.

15. Pathfinder might explore activities in information, education, and research to address the resistance of males to FP.

### 5.2.2 Nigeria

16. Pathfinder should be encouraged to develop additional training programs for nurse-midwives in university teaching hospitals.

17. Pathfinder could play a role in improving statistics and record keeping of the national FP program based on the high quality of records kept at its projects at UCH and Ilorin.

18. Pathfinder might consider increased work in social marketing, CBD, and information, education, and research efforts directed to males.

ATTACHMENT #1

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Appendix C.

THE PATHFINDER FUND - ASIA

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1.

Introduction

The field visits in Asia were undertaken by Sallie Craig Huber, who was accompanied for part of the trip by Edwin McKeithen, the AID manager of The Pathfinder Fund grant. Two countries--Indonesia and Bangladesh--were visited from April 22 to May 10, 1985.

In both countries, discussions with representatives of other donors revealed a very high regard for TPF's programs and international staff. Other donor representatives, who are not natives of the countries in which they work, often turn to Pathfinder CRs for advice on the soundness and cultural fit of proposed project activities. TPF was given high marks for its openness to collaboration and coordination of activities at the country and regional level.

Sessions with USAID in both countries emphasized the need for TPF (and all AID-funded donors) to focus on the global picture of FP efforts in the specific country. USAID advised TPF to plan country strategies and programs with an eye to the overall needs and strategy of the national FP program. USAID representatives in both countries urged TPF to develop longer (18-24 month) subproject proposals. In both countries, USAID gave TPF very high marks for the contribution it has made to the national programs and expressed the desire that TPF efforts be continued.

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## 2. Indonesia

### 2.1 Background

#### 2.1.1 Country Setting

Indonesia, the world's fifth largest country in population size, had 161 million inhabitants in 1984. Overall population density is approximately 83 persons per square kilometer, but some of the larger islands which make up the Indonesian archipelago have a population density of 600 to more than 850 persons per square kilometer. This high density has inspired a Government-sponsored program of transmigration which provides incentives to families willing to relocate to the less populated islands.

With a crude birth rate (CRR) of 30 per 1,000 population and crude death rate (CDR) of 11 per 1,000, the rate of natural increase (RNI) for Indonesia was 1.9% in 1984. The Government of Indonesia (GOI) has set a target to reach a CBR of 23 per 1,000 and an RNI of 1.3% by 1990. Given a supportive and well-organized national FP program, a relatively high literacy rate (68%), and a gross domestic product of \$580 per capita, these demographic goals may be attained.

The population program in Indonesia is coordinated by Badan Koordinasi Keluarga Berencana Nasional (BKKBN) or the National Family Planning Coordinating Board. BKKBN was established in 1970 as a non-departmental agency which reports directly to the President. The goal of the national program is to institutionalize the small, happy, and prosperous family norm. This is to be accomplished by the following objectives:

- ° to reduce significantly the rate of population growth through the population program and related population policies;
- ° to ameliorate population maldistribution through transmigration programs; and
- ° to improve socio-economic conditions for all citizens through expanded development programs.

With services being delivered through more than 200,000 service delivery points widely scattered throughout the country, the national contraceptive prevalence rate (CPR) was 59% in early 1984. This rate ranged from lows of 6-8% in two of the more remote and less populated provinces in which the program was more recently introduced, to highs of 71-75% in the more densely populated provinces having longer running programs. Since the last evaluation of TPF activities in Indonesia, the national program has changed its focus, stressing

more activities in the urban areas, a greater emphasis on voluntary sterilization, training, and the local manufacture of contraceptives. To better support these new initiatives, the BKKBN was reorganized in 1984. Furthermore, a State Ministry for Population and Environment was established in the same year to coordinate population policy issues.

Oral contraceptives and IUDs predominate in the Indonesian program, being used by 55% and 28% of acceptors, respectively. Approximately 10% of acceptors use injectables, 3% are sterilized, and the remainder use condoms and other temporary methods.

Since 1980, more than 50% of the financing for the national population program has been provided by the GOI. The GOI's 1984-85 budget for FP was US \$52.2 million and the estimated cost per user was US \$3.62. AID's bilateral support to the program was US \$9.6 million in FY84. In addition, approximately US \$2.25 million in AID/Washington grants were channeled through PVOs to the Indonesian program. Pathfinder's share during this period was approximately \$173,000.

### 2.1.2 Pathfinder's Strategy

Until recently, TPF's strategy in Indonesia was well-defined. At present, however, the USAID/Jakarta Population Officer is pressuring TPF and other cooperating agencies (CA) to funnel their grants to large national organizations rather than funding local affiliates as Pathfinder has done successfully in the past. In part, because of the style of the Population Officer, this disagreement over strategy remains unresolved at present.

The problems arose between USAID/Jakarta and the Pathfinder CR when USAID sought to obtain a clearer picture of CA activities in Indonesia as well as to examine USAID's population strategy. It is recognized within USAID/Jakarta that the intent of this Mission exercise was not conveyed appropriately to the CR.

TPF is currently in the process of developing an updated country strategy. A draft was prepared during the International Staff meeting last November. Boston TPF staff members, including the RD for Asia and the Chief of the Population Policy Division, visited Indonesia in March to assist in preparing the final draft. As soon as possible, headquarters should complete its revisions and send the final country strategy to Jakarta (Suggestion 1).

In completing this task, TPF/Boston should take into account the position both of its Indonesia office and of USAID. USAID's preference for larger grants is based in part on the concern that the new AID resource allocation plan may result in an overall decrease in funding to Asia. The Population Officer believes that consolidating subprojects through grants to their parent organizations may

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be a more cost-effective method of funding than the current strategy of funding smaller entities separately. On the other hand, the CR and other Indonesians, as well as expatriates with extensive experience in Indonesia, do not believe that most Indonesian institutions have the administrative capability or the authority to dictate or oversee the implementation of activities being carried out at the local level. In informal discussions with various headquarters personnel, the CR has confirmed this view. It would be useful if the CR were to transmit in writing the results of these discussions to TPF/Boston and to USAID/Jakarta (Suggestion 2). Even the Deputy Chief of the Bureau of Planning at BKKRN, in an interview with the consultants, warned against too hasty consolidation of grants, noting that decentralization is a goal of the BKKRN itself. He also made favorable mention of TPF's long-standing practice of consulting and planning together with the BKKRN and getting local clearance for all its activities.

### 2.1.3 Pathfinder's Program

The USAID Mission and TPF agree in the main on the appropriate direction for TPF program activities. The major areas of concentration should include:

- ° the delivery of FP services to remote populations, especially in the low acceptor areas of the larger island provinces;
- ° the expansion of the voluntary sterilization program through training and other service provision;
- ° the integration of FP information and services through non-FP organizations such as women's or religious agencies; and
- ° the expansion of a focus on adolescent fertility issues, specifically through increasing awareness about the health risks of early and frequent child-bearing and the law related to age at marriage.

In addition, Pathfinder is interested in expanding management training for women, particularly those involved in the administration of both public and private sector FP activities. This is also a clearly stated objective of the USAID program in Indonesia.

The focus of Pathfinder's subproject activities has changed to some degree over the past two years, while remaining in keeping with its own and USAID's program priorities. The total number of projects has dropped from 22 to 14. The emphasis on rural clinical services and CBD has been consistent (five projects in these fields in 1983 and eight in 1985). Voluntary sterilization also has been an important focus; in 1983, seven projects were described as voluntary sterilization efforts, while in 1985, voluntary sterilization at five separate sites was amalgamated under one project (see 2.2.3), and another project (commodity) was providing equipment for surgical contraception in 25 hospitals and clinics.

The emphasis on policy studies of adolescent fertility seems to have dropped; there were six such projects in 1983, but only two policy projects (focus not provided) in 1985. In 1985, there was also a new focus on urban activities (see Table 1 for further details).

Until a revised country strategy is approved, TPF's future country program is uncertain.

#### 2.1.4 Pathfinder's Organizational Structure

TPF's professional staff includes the CR and a Program Assistant. Support staff include a secretary/bookkeeper, an office boy, and a driver. These same staff were employed by Pathfinder at the time of the November 1980 evaluation.

The CR is a medical doctor who, in addition to his Pathfinder activities, is affiliated with the Department of Demography and Family Planning at the School of Public Health, University of Indonesia. He was dean of that school between 1981 and 1984. Except for a short break when the CO was closed in the mid-1970s, the CR has been affiliated with TPF since 1969. He is highly respected among population and public health professionals in Indonesia as well as internationally. He has participated in numerous consultations and has been a member of several advisory panels dealing with international population issues.

The Program Assistant has been in the CO since 1979. She attended a women and management course at CEDPA shortly after her appointment to Pathfinder. Her professional training is law, and she retains her appointment on the Faculty of Law at the University of Indonesia. She does a limited amount of teaching several hours a week. Neither she nor the CR feels that their teaching responsibilities interfere with their Pathfinder work.

The CR takes responsibility for the development and monitoring of clinical projects. He is also the final authority for all actions taken by the CO. The Program Assistant has increased her involvement in project activities since the previous evaluation. She monitors projects with a women's component. In addition, she has primary responsibility for project evaluation and record-keeping as well as managing the routine reporting process. She has translated TPF reporting forms into Indonesian.

Due to increased reporting and bookkeeping requirements, the present secretary/bookkeeper will soon be upgraded to an administrative assistant responsible for financial monitoring and reporting. A new secretary will be recruited within the next few months. The CR feels that with this staff addition his office will be able to do a better job of project tracking and monitoring;

Table 1

Change in Program Emphasis between FY 1983 and FY 1985

<u>Type of Project</u>	<u>FY 1983 Number of Projects</u>	<u>FY 1985 Number of Projects</u>
Voluntary sterilization	7	
Rural clinical services (several combined with CBD) (one includes voluntary sterilization activities in five sites)	3	4
Rural CRD efforts (one integrated with women in development activities)	2	4
Training activities	2	
IEC	2	
Adolescent fertility policy	6	
Urban clinical activities		1
Urban CBD (one integrated with primary health care activities)		1
Policy		2
Commodity (providing equipment for surgical contraception in 25 hospitals and clinics)		1
	—	—
Total	22	14

however, he feels his professional staff is adequate for the country program in its current configuration.

## 2.2 Project Reviews

During the Indonesia visit (April 23-29), the following four subprojects were visited:

- ° Persit Kartika Chandra Krana (PKCK), Village-Based Contraceptive Distribution, South Sumatra (PIN 015-1)
- ° Floating Clinic, South Sumatra (PIN 016-2)
- ° Male and Female Sterilization, East Java (PIN 021-2)
- ° Melati Foundation (Private Funds) (PIN 002-1)

### 2.2.1 PKCK Village-Based Contraceptive Distribution

#### Project Description

This is a village-based contraceptive distribution project being carried out by PKCK, a social welfare organization composed of wives of military officers. The project is based in 25 villages of Palembang District in South Sumatra. Villages were selected because of their proximity to the armed forces facilities and their relatively low contraceptive use rates. Another consideration was that the villages be located some distance from the local FP distribution points. Five Village Contraceptive Distributors (VCD) and one supervisor were selected from each village. They were trained by the PKCK in collaboration with the local branch of BKKBN to provide contraceptive information and commodities in their villages. The 14-month project has just submitted the quarterly report for its third quarter of activities.

#### Design and Selection

This project is a replication of an earlier TPF-funded project carried out in 1980 and 1981 in another area of Indonesia. This particular branch of PKCK was selected for TPF funding through conversations between Dr. Sampoerno and local BKKBN and PKCK officials during a monitoring visit to another Pathfinder project in the same district. The Project Director is the wife of the local military commander-in-chief. Other officers' wives provide project management as volunteers. The CP and this branch of PKCK were encouraged in the development of this project by the Project Director of the earlier TPF project, whose husband is now Minister of Defense. The CP is now exploring the possibility of

a larger TPF grant to the national headquarters of PKCK for replication of this project.

#### Implementation and Monitoring

The project began in July 1984 with the selection and training of supervisors and VCDs. The first project activity was an FP "safari" on August 14, 1984. The safari was attended by 10,000 residents and 2,150 new acceptors were recruited. Following this event, regular village motivation and contraceptive distribution began. The project has very good channels of communication with the CO. Project reporting has been on time and properly understood and prepared, and it appears the Project Director and her staff have a clear concept of the project objectives and the work plan for the project.

The project has been visited several times by Pathfinder staff from Boston and Jakarta. On the day of the team visit, the project had organized a "mini-safari" for acceptors from four villages. An estimated 500 to 600 participants were receiving contraceptive counseling and supplies, including IUD insertions and Depo-Provera injections. It was estimated that several hundred new acceptors would be added as a result of the safari. The activity was well organized in the best military fashion, but there was certainly no sense of coercion. There was good attention given to client comfort even though the facilities were crowded and exceptionally busy.

#### Evaluation

The baseline CPR for the 25 villages was 40% with a range from 4.9% to 76.1%. By the end of March 1985, prevalence in the area had increased to 51.6% with a range of 17% to 91%. The goal is a year-end average CPR of 65% in the project villages. It is unclear at this point whether that objective will be achieved by all villages. However, 13 of the 25 villages had exceeded a CPR of 60% by the end of the third quarter.

The project enjoys enthusiastic support from the local BKKBN unit and it is likely that funding for the project will be assumed by BKKBN at the end of Pathfinder's grant.

### 2.2.2 Floating Clinic, South Sumatra

#### Project Description

A clever example of appropriate technology, this project is a second year continuation of a collaboration between Pathfinder and the local BKKBN in South Sumatra province. The Pathfinder grant enabled the purchase and conversion to floating FP clinics of two locally manufactured houseboats. These two clinics cover separate subdistricts which are located in riverine areas under-served by

the national FP program and represent the first floating FP clinics in Indonesia. The first boat serves 22 villages in an area of 51,000 population, and the second boat, which served 16 villages in the first year of the project, has increased its area of coverage to an additional 16 villages which have been established in a transmigration area. This extension means that the second boat is serving an area of a combined population of approximately 60,000 people. The addition of a speed boat in the second year of the project enables the floating clinic staff to visit areas inaccessible to the larger houseboat or clients to be brought to the locations in which the floating clinics have docked.

#### Design and Selection

This project was designed cooperatively between TPF's CR and the local BKKBN officials. Each boat is staffed by a nurse-midwife, an assistant midwife, a janitor, a boat operator, and a mechanic. A physician from the local health center goes on some trips. The nurse-midwife provides clinical services as well as basic primary health care such as immunizations and treatment of diarrhea. The boats visit each village one to three times a month.

#### Implementation and Monitoring

This project has been visited by several staff members from Boston as well as by the CO staff on several occasions. Reporting is done regularly using TPF-designed quarterly report forms. The reports include the number of current users, visits by the boat to each village during the quarter, community education undertakings, MCH treatment by type of treatment, new FP acceptors, the number of users at the end of the particular quarter, and dropouts. They do not, however, request information on the number of eligible couples in each village.

The project also has an MCH component. In the quarter ending February 1985, in addition to serving about 8,500 contraceptive acceptors, the project also provided MCH services to approximately 2,600 individuals.

#### Evaluation

At the end of the first project year, CPR was reported to be 55% in the area served by Boat I and 28% in the Boat II area. Objectives for the second year are to increase these figures to 65% and 50%, respectively. It is difficult to understand how these figures were attained as the numbers of eligible couples are not reported regularly.

The cooperation of the local villagers in this project seemed excellent. Even a TBA, who had been trained as an FP motivator, was supportive, although her number of deliveries had decreased since the introduction of FP. Other local officials were equally enthusiastic, including the Chief of the Operational

Division of BKKBN for the province, the local and district government officials, and the military commander for this subdistrict. The high level of local support suggested that the project would continue as planned with local BKKBN support after withdrawal of TPF funding later this year. BKKBN headquarters regards the project as an example of innovative problem-solving which only PVOs can provide. It is likely that the success of the Pathfinder effort may lead to institutionalization of floating clinics in Indonesia.

### 2.2.3 Male and Female Sterilization Services, East Java

#### Description

This is a clinic-based voluntary sterilization program operated by the Indonesian Planned Parenthood Association (IPPA) of East Java. IPPA was a leading provider of FP services in Indonesia prior to the initiation of the national program and some of its branches have been assimilated as cooperating units in the implementation of the Government Program. This project provides sterilization services, supported by IPPA, in five rural clinics. The grant was extended on November 1, 1984. Sterilizations are provided by physicians trained through the AVS at the Surabaya Medical College Hospital. The Project Director is an OB/GYN and a professor at the hospital. She has also been an active volunteer in the local branch of IPPA for a number of years.

#### Design and Selection

This Pathfinder project identifies trainees, from AVS's Surabaya program, willing and able to provide sterilization services at the hospitals and clinics in which they are practicing. The project sites were identified by the Project Director with the assistance of the provincial RKKBN staff and the Surabaya sterilization training program. They include one private maternity clinic, three government general hospitals, and one Government health center. Three are located more than three hours from Surabaya.

#### Implementation and Monitoring

BKKBN reimburses medical facilities on a per-case basis for medications and equipment necessary for the provision of sterilization. The standard BKKBN reimbursement is 10,000 rupiahs (approximately US \$9). Because of political sensitivity to sterilizations, however, local BKKBN officials are sometimes unwilling to participate in this scheme. In this project, TPF offers reimbursement at a lower rate (7,500 rupiahs per case) in an effort to encourage project staff to pressure local BKKBN officials to participate in the Government's reimbursement scheme. This approach, however, does not seem to have worked to date.

The Project Director reported that she tries to visit each project site twice a year. The staff seemed to have a good understanding of TPF reporting forms, and the Pathfinder CR had good rapport with the IPPA project staff.

## Evaluation

The specific targets for Probolinggo General Hospital, visited by the evaluator, are to perform 300 male and female sterilizations over the course of the year and to conduct 10 group meetings and distribute literature regarding voluntary sterilization services to the key civic and governmental leaders in the project area. At the five sites, the project is to provide a total of 3,400 sterilizations over the course of the year and each of the five sites is to conduct 10 group meetings reaching a total of 1,000 key leaders in the project extension period.

Since activities began at Probolinggo in November 1984, 143 female sterilization procedures (but no vasectomies) have been performed. At the current rate, the project will exceed its objective this year. The evaluator observed one minilaparotomy which was done very effectively. The Project Medical Officer was trained at Surabaya in 1981 and reports that he has performed over 250 minilaparotomies since his training. He generally performs five to six sterilizations each Saturday, rather than on a daily basis as originally planned. This change in the original design is largely for the convenience of the hospital in scheduling operating room time.

### 2.2.4 Melati Foundation

#### Description

This project, funded with TPF private funds, provided initial core support for a private nonprofit women's organization established to give assistance in program development, management training, and research to enhance the role of Indonesian women in development activities. The organization is headed by an early graduate of CEDPA's Women in Management program. The objective of the organization and of TPF in funding its start-up costs is to replicate the management training techniques of CEDPA and to make use of the numerous CEDPA alumnae throughout Indonesia.

#### Design and Selection

A group of women interested in institutionalizing management training for women, particularly with regard to FP, originated the idea of Melati. The Pathfinder CO encouraged Melati to establish the organization and arranged for the core funding required.

#### Implementation and Monitoring

During the first year of activities, a number of projects were developed and several have been funded by other donors. The United Nations Children's Fund

(UNICEF), for instance, has provided funds to develop a training module for women managers. The International Committee on Management of Population Programs (ICOMP) selected Melati to prepare the Indonesian contribution to an ICOMP regional workshop on "Women in Development Through Management." CEDPA has provided a two-year grant for the institutionalization of a CEDPA follow-up unit in Indonesia. This project will permit Melati to make small grants to CEDPA alumnae for projects throughout Indonesia and will also fund travel, monitoring, and some staff costs of the organization. A number of other project activities are in various stages of development including two possible projects to be funded by TPF: one for the training of women managers in public and private sector FP programs and the other to follow on the recommendations of the evaluation of an earlier TPF project with Asiyah, an Islamic women's organization, to provide management training for their staff.

Melati is an impressive, enthusiastic, and energetic organization. Pathfinder clearly made the right decision to provide it early support. The original proposal had called for Pathfinder to continue its funding for two to three years. This appears a reasonable amount of time to allow a new organization to become established. Pathfinder, however, has provided support for only one year, with a very limited six-month extension. The consultant was unable to determine the reason for this, but assumed that AID may have played a role. When TPF declined the renewal request for the second year, Melati began preparing a proposal to the Ford Foundation to pick up the core support. This is a time-consuming process, however, and Ford funding is unlikely to be approved in time to pick up the full core cost without a gap.

The lesson from this experience is that core funding of new organizations should be approached with great caution and in close collaboration with AID, especially if AID funds are expected to be used either for the initial grant or for continuation of grants. It is inappropriate to raise false expectations about the capability of Pathfinder to provide long-term core support if, in fact, this is not possible (Suggestion 3).

Melati staff reported no difficulties with the Pathfinder reporting process. TPF did not provide this project with a format for narrative reporting, since funds were to be used only for salary and core support. The organization has prepared comprehensive reviews of their activities on a timely basis and these reports are available in Pathfinder's CO files.

### 3. Bangladesh

#### 3.1 Background

##### 3.1.1 Country Setting

Bangladesh is the eighth most populous country of the world. With the exception of the city-states of Hong Kong and Singapore, Bangladesh also has the world's highest density (630 persons per square kilometer). The population, which was about 42 million in 1951, more than doubled to almost 90 million by 1981 and was estimated to be 94.2 million in early 1983. Even if the present total fertility rate of 5.4 (1983 data) can be reduced to a replacement rate level, the national population will number 128 million by the turn of the century.

With an estimated CBR of 40.5 per thousand and a CDR of 15.5, Bangladesh had an RNI of 2.5% in 1983. Efforts to reduce this rapid population growth are hampered by poor socio-economic conditions (GNP = \$100 per capita) and low levels of literacy (29.2% overall, 18.8% for females) despite a firm governmental commitment to the implementation of a national FP program.

The national program has developed in phases, beginning with the First Five Year Plan (1976-1980). During this period the basic nationwide program was designed, full-time field workers were employed and trained, and an information and education campaign was mounted. The Second Five Year Plan, introduced in mid-1980, set the specific demographic goal of reaching replacement level fertility by 1990. This meant a reduction in CBR from 43 per 1,000 to 32 per 1,000 during the Plan period, with a concomitant increase in contraceptive prevalence from 14% to 38% during the five years implied. While recognized to be highly ambitious, these goals were taken as evidence of a sincere commitment on the part of the Government of Bangladesh (GOB) to reducing the rate of population growth through the provision of contraceptive services.

Contraceptive services and supplies are widely available throughout Bangladesh. In addition to physical facilities at the Upazila (county) and union (lowest geopolitical unit) level for the delivery of clinical methods, temporary methods are distributed at the doorstep by some 30,000 village-level fieldworkers. Furthermore, a flourishing contraceptive social marketing program serves both rural and urban areas through more than 100,000 commercial outlets. There is also a very active non-governmental organization (NGO) contribution to the national effort serving largely the urban areas. These combined efforts have increased the CPR from 7.7% in 1975 to an estimated 21.5% in mid-1984.

Approximately half the active users of FP in 1984 were protected by voluntary surgical contraception (34% by tubectomy and 17% by vasectomy). Oral contraceptives were used by 21% of all active program participants, condoms and IUDs by about 13% each, and injectables and foam tablets by about 1% each

Approximately 35% of active users have been provided services and supplies through NGO, including social marketing, programs. The remaining 65% are served by the Government program.

### 3.1.2 Pathfinder's Strategy

The last formal Pathfinder Country Strategy for Bangladesh was prepared for the FY1982-83. Many of the long term goals have been accomplished as have most of the annual goals for that fiscal year. It is recognized by the CO staff that the development of a new country strategy is long overdue, and the recently appointed CR expects to undertake the task during the International Staff meeting in November.

USAID/Dhaka is currently updating an NGO strategy for AID-funded projects in Bangladesh. A similar strategy, developed in 1981, proved very useful in assisting NGOs to prepare plans in keeping with AID's priorities. The Dhaka Mission is to be commended for providing these guidelines. A similar AID effort would certainly be useful in guiding Pathfinder CO and regional offices elsewhere.

The TPF/Dhaka program, and therefore its strategy, is somewhat constrained by the goals and objectives of the large bilateral grant to this CO. The bilateral grant, which represents approximately 74% of the TPF program funds in Bangladesh, is currently devoted entirely to funding for urban FP CBS. The CR is eager to explore the feasibility and desirability of utilizing Pathfinder's central grant funds to diversify the program in Bangladesh. The CR should discuss these issues with his staff, USAID/Dhaka, and TPF/Boston to ensure that all their views are incorporated in the proposed strategy paper (Suggestion 4)

Specifically, the CR's impression that TPF/Boston, or perhaps AID/Washington, oppose the development of any new centrally-funded projects should be discussed. The consultant's conversations in the field with the AID/Washington TPF grant manager did not confirm this view, and the USAID Mission expressed its hope that centrally-funded activities would remain at current levels or increase over the next few years (Suggestion 5).

### 3.1.3 Pathfinder's Program

TPF/Dhaka monitors the implementation of seven centrally-funded projects and 18 bilaterally-funded projects. Current commitments to these projects total just under \$909,000--about \$670,000 for bilateral activities and about \$240,000 for centrally-funded activities.

The current centrally-funded activities include four CRS projects, funded at a level of \$91,000, which pre-date the bilateral grant, and three clinical projects, one of which also has a community-based outreach component, funded at just

75

under \$150,000. The clinic projects have all been operating four or more years, considerably longer than the norm. Although all three are funded through grants to GOR entities, efforts to date to have the GOB assume financial responsibility for them have been unsuccessful. All are operating at more than one site. A recent action by TPF/Boston to eliminate funding for three out of seven sites in one consolidated clinic project (Bangladesh/PIN 002-4) may force the issue. TPF should note whether FP activities continue at these sites after Pathfinder funding ends (Suggestion 6).

TPF/Dhaka has not funded any major activities with private funds for several years. Although at present no projects are specifically designated as either women's or policy projects, over 80% of almost 700 staff involved in TPF projects in Bangladesh are women.

### 3.1.4 Pathfinder's Organizational Structure

In the past 14 months, five of the six professional staff members of the Bangladesh CO have resigned. In February 1984, the CR retired, and between April 1984 and April 1985, for various reasons, four experienced Program Officers, including the Senior Program Officer, resigned. At the time of this evaluation, the professional staff included one Program Officer who has been with the organization since 1979 and the new CR. During this difficult period, however, the administration and accounting staffs have remained in position. Ongoing project activities have thus continued to be carried out efficiently and effectively, although staff shortages have severely restricted new project development. Three new Program Officers and two Assistant Program Officers were to begin employment immediately after the evaluation site visit, with a comprehensive training program scheduled to run from May 12 through June 27.

The Bangladesh CO made good use of consultants during this transitional period. On the clinical side, the program employed senior physician consultants. The use of senior consultants on a part-time basis is to be commended and, because of their cultural acceptability, possibly continued, even if the CO is able to hire a junior medical officer, a possibility now under consideration. On the managerial side, the CO has made use of two consultants, one for the recruitment of new staff and the other to assist with the development of the training program for new staff and to examine and standardize management procedures in the CO. TPF should apply this experience elsewhere, exploring and encouraging the use of more external TA for specialized needs worldwide (Suggestion 7--also Recommendation 6).

CRS project field staff have been trained to date by Concerned Women for Family Planning (CWFP). The CR has also explored training resources, including the Bangladesh Association for Voluntary Sterilization (BAVS), which might provide training for the Lady Health Visitors (LHV) who provide IUD insertions and

injections in the CBS projects. The CR may also consider using a variety of suggested external sources for project management training suggested during the evaluation visit.

The CR plans to prepare formal job descriptions for the new Program Officers and Assistant Program Officers after their training when their skills and expertise are better known. Preliminary plans are to involve the program staff in general program planning and monitoring activities within a specific geographical area. In addition, each new Program Officer may be assigned program area responsibilities (training, scheduling and arranging site visit programs for the entire office, project reporting and tracking).

Very clear and definite job descriptions exist for staff in the CBS projects. In addition, specific qualifications for each are well established. Furthermore, an excellent CBS operations manual is in the final stages of development in the Bangladesh CO. This should be shared throughout TPF's system for possible adaptation in CBS projects elsewhere (Suggestion 8).

### 3.2 Project Reviews

In Bangladesh, the evaluator visited four projects. In two of the projects, the Satellite Clinics (PIN 006-6) and Railway Clinics (PIN 002-4), two separate project sites were visited for each. The specific projects visited were as follows:

- Satellite Clinics (PIN 006-6)
- Railway Clinics (PIN 002-4)
- Saidpur CBS (PIN 2053) (bilateral funding)
- Rangpur - CBS (PIN 005-4)

#### 3.2.1 Metropolitan Dhaka FP Satellite Clinics

##### Project Description

TPF support for this project began in 1977. It provides comprehensive FP services in four clinics operating in congested areas of metropolitan Dhaka. The grantee is the Ministry of Health and Population Control (MOHPC) of the GOB. The project is managed by a committee composed of Government officials, the TPF CR, and project management. There is a central administrative office and four project clinic sites. Each clinic has a staff of 15 to 16 persons headed by the Medical Director. The GOB provides the buildings, the contraceptive supplies, the surgical equipment, and reimbursement for sterilization and IUD acceptors. The project has been loaned an automobile by the United Nations Fund for Population Activities. A Project Coordinator and a Deputy Project Coordinator are the two key management staff members. The Coordinator is a physician who undertakes

personal supervision of the clinical activities of the project, and the Deputy Coordinator is involved with the day-to-day management and administration aspects of the project.

#### Design and Selection

It is assumed that the original justification for the project was the need to extend clinical services into the neighborhoods of metropolitan Dhaka. The record is unclear about exactly how clinic sites were selected.

#### Implementation and Monitoring

Clients appear to be attracted to these four clinics through various means, including outreach workers and referrals by fieldworkers of other NGOs or by friends and satisfied users. Over the years, the clinics have developed a reputation for providing good services and are known by residents of the communities in which they are located. The evaluator made visits to two of the four clinic sites - Mirpur and Bashaboo. In Mirpur, the consultant observed two vasectomy procedures which were done very well. The staff seemed to be aware of the objectives of the project and seemed to have a firm grasp of the requirements for quality control, informed consent and counseling. Records appeared to be well kept. Ledgers and files regarding the operation of the clinic sites also seem to be well organized and orderly.

The Project Coordinator and Deputy Project Coordinator are reported to visit the clinics on a regular basis and to be available by telephone. They also seem to have excellent rapport with the clinic staff.

One administrative matter requires urgent attention. Although renewed December 1, 1984, this project has not yet received any new funds because fiscal irregularities in the previous project have not yet been settled. Presently, subproject staff are unpaid and other financial obligations are unmet. AID/Washington does not prohibit funding renewal projects while previous fiscal irregularities are being settled and the AID/Washington Project Manager expressed concern that no funds had been disbursed to date. TPF/Boston should give priority to reviewing and solving this situation with the objective of preventing a recurrence of the fiscal problems in this and other projects (Suggestion 9).

#### Evaluation

The clinic sites visited were clean, neat, and well arranged for adequate client confidentiality and flow. Staff appear to be well trained and exceptionally dedicated to the project, particularly in view of their not having been paid. Specific project objectives, including numbers of new acceptors, clients counseled, and home visits, appear to have been met and even exceeded in some clinics and for some methods. This is the last year of funding by TPF and therefore the CO should encourage the GOR to move toward including these activities in its own

operating budget or to make plans to phase them out at the end of the current renewal grant.

### 3.2.2 Railway Clinics

#### Description

This project, which has been operating since 1981, involves the provision of a full range of FP services at seven sites, either Bangladesh Railway (BR) Hospitals or Railway Dispensaries. Each clinic site has an outreach program for motivating and providing FP services at the community level. The grantee for the project is the Administrator of the BR, a branch of the Ministry of Communication of the GOB. The clinics were developed to serve, primarily, the staff and dependents of the BR system and also the residents of the surrounding communities. In the renewal of the project, effective July 1, 1985, four of the existing clinics will be retained as separate subprojects and the other three dropped.

#### Design and Selection

Little could be ascertained on these issues.

#### Implementation and Monitoring

This project has experienced numerous management problems, mostly because of its centralized organizational structure. There are two Project Directors, but they are located in opposite ends of the country far from project sites and therefore hiring project staff and monitoring submission of reports and routine project implementation have all presented problems. Lack of good supervision and the failure to submit timely progress and financial reports from a few sites have effectively held up project funding for the others. In March 1985, it was decided that a renewal project would provide separate funding for selected sites. This project provides a strong case against AID/Washington's support of consolidation of projects and should be so documented by TPF (Suggestion 10).

Neither the integrated community-based nor clinic-based activities (especially sterilization) called for in the project work plan have been well implemented. The hiring of a Field Administrator in September 1984, to act as overall project coordinator, has, however, improved the situation to some degree.

#### Evaluation

The evaluator visited two sites under this project: Dhaka and Saidpur Railway Hospitals. Both sites report that they are serving over 50% of the eligible couples in their project areas; despite this coverage, the project, overall, is serving relatively few FP clients. TPF, therefore, should hold

firm in its decision not to fund the four remaining sites beyond the currently obligated renewal, at the same time working with the RP Administration to ensure that FP services will continue to be offered within the BR health system (Suggestion 11).

### 3.2.3 Rangpur and Saidpur Community-Based Services (CRS) Projects Project Description

The FP CRS projects in Rangpur and Saidpur are very similar. The Saidpur effort is funded through the bilateral grant and Rangpur's through the AID central grant. Both began in 1981. The Rangpur project is implemented by Women for Improved Family (WIF), a private Bangladeshi PVO dedicated to improving the status of women, and the Saidpur project grantee is Jano Sheha Poribar Parikalpana (JSPP), also an indigenous PVO.

#### Design and Selection

In 1980 and 1981, WIF had funding from FPIA (since discontinued) for a CBD project in one geographic area of Rangpur city. The Pathfinder grant enabled the project to expand to a second area of the city.

The JSPP project began in 1974 as a component of the Mennonite Central Committee's multisectoral development program in Saidpur. The JSPP has since become an independent organization. On the basis of its past performance, TPF selected the organization as the grantee for project funds.

#### Implementation and Monitoring

Both CRS projects are managed by Project Managers assisted by Deputy Managers and Technical Committees, composed of local GOB health and FP officers, members of the grantee agencies (WIF and JSPP), and other civic leaders. TPF and project management are also represented on the Technical Committees.

CRS activities are carried out by teams of five fieldworkers and one supervisor. An auxiliary nurse-midwife (LHV) is employed by each project to provide IUD insertions and injectable contraception. These services are provided either in the project office, at the client's home, or in local clinic facilities in which the LHV has privileges.

These projects are monitored at several levels. Each field supervisor monitors the daily activities of her team of fieldworkers. The field staff and LHVs are supervised by the Project Manager and her Deputy. The Technical Committee, which meets at least quarterly, provides oversight and overall project direction. In addition, TPF staff from the CO visit the projects regularly for monitoring and TA. The CR and Program Officer took advantage of the evaluation site visit to both projects to provide TA and other monitoring activities. This

gave the evaluator an opportunity to observe the interactions between CO and subproject staff. Relations appear to be excellent, and CO staff are to be commended for their sensitive and helpful style of dealing with and giving attention to the entire project staff (including field workers and support workers) during these visits.

#### Evaluation

Specific objectives of the current renewals for these two projects are as follows:

	<u>Saidpur</u>	<u>Rangpur</u>
Percentage of remaining eligible couples to be educated to accept an FP method:	68%	40%
Number of remaining eligible couples to be educated to accept an FP method:	3,240	4,250
Number of active users to be served by the end of the project year:	12,300	6,718
Number of home visits for education and follow-up to be conducted:	80,784	80,960

These objectives have been calculated on the basis of a carefully worked out, standardized formula for all TPF's CRS projects in Bangladesh. Questions have been raised in Dhaka (USAID and TPF) and in Boston, however, about the exceptionally high CPRs being reported from these and other CRS projects. The CR and Dhaka program staff feel they may reflect a miscount of the number of eligible couples and a possible misunderstanding of definitions and terms used in project reporting, e.g., active users and new acceptors. In an effort to establish more reliable baseline data, the Saidpur project, with assistance from some of the management and field staff from Rangpur, completed a mini-CPS just before the consultant's visit. Very preliminary tabulations reveal that the CPR is closer to 40% than to the previously reported rate of about 70%. The CR estimates the average CPR in all TPF CRS projects is about 40%, and he hopes to be able to confirm and establish more accurate baseline figures through mini-CPS efforts in other CRS projects. Assuming the 40% figure is established as more accurate, this is still a very commendable CPR in comparison with the national rate of about 20%.

CRS staff were observed to be very bright and most enthusiastic about their work. Project Managers are well trained and are keen to learn more management skills. TPF has done an excellent job of identifying and encouraging these

exceptional groups of women, both field staff and managers, to excel as professionals and to take pride in the contribution they are making to their country and to the cause of FP.

4.

Suggestions

Specific suggestions for the programs in Indonesia and Bangladesh are summarized below.

Indonesia

1. TPF should complete preparation of the country strategy for Indonesia, taking into account USAID/Jakarta's overall CA strategy and convey the same to the CO.
2. The Indonesia CR should provide written documentation to USAID/Jakarta and to TPF of his discussions about consolidated grants with national organizations, indicating their preference for continued support to local affiliates.
3. TPF should approach organizational development/core support grants with caution. These need to be longer term commitments (2-3 years) if they are to succeed, especially grants to new organizations.

Bangladesh

4. The Bangladesh CR should begin discussions as soon as possible with USAID/Dhaka and with his own program staff about the country strategy paper to be prepared at the International Staff meeting.
5. TPF/Boston needs to clarify for the Dhaka CO the situation regarding utilization of central grant funds for the start up of new projects in Bangladesh.
6. TPF/Dhaka should monitor the impact of non-renewal of three sites in Bangladesh/PIN 002-4 to determine if FP activities continue there with GOR or other sources of funding.
7. TPF should consider the identification and use of more in-country TA for special management needs as has been done successfully in the Bangladesh CO during the recent staff shortage (see also Recommendation 9).
8. The CRS manual being prepared for projects in Bangladesh should be shared for possible adaptation and use in CRS projects throughout the Pathfinder system.
9. The relevant TPF/Boston staff need to review the record of Bangladesh/PIN 006-2 to identify a means to prevent a repetition of the circumstances which led to withholding funds for almost six months into this project's current renewal period.

10. TPF should document the experience with Bangladesh/PIN 002-4 as one argument against the move to consolidate TPF subprojects under a central management structure.

11. TPF/Dhaka, with assistance from Boston, should stand firm in the decision not to fund Bangladesh/PIN 002-4 beyond the current renewal and should use the remaining year to work with the grantee to ensure project continuation after TPF withdrawal.

ATTACHMENT #1

Individuals Contacted

Indonesia

Pathfinder Country Office

Dr. Does Samporno, Country Representative  
Ms. Purbatin Darmahrata, Program Assistant

USAID/Jakarta

Dr. E. Voulgaropoulos  
Mr. David Denman  
Mr. David Piet

BKKBN (National Family Planning Coordinating Board)

Dr. Haroyono Suyono, Chairman  
Dr. Pudjo Rahardjo, Deputy - Bureau of Planning  
Dr. Soeyatni, Ex-Deputy (Retired) - Bureau of Integrated Program Services  
(Now Consultant)

Projects

PIN 015-1 Mrs. Rustandi, Project Director  
Lt. Col. (Dr.) Karel Isaak Laibahas, Technical Advisor  
PIN 016-2 Dr. Hasani Rakhim, Chief, Operational Division - Provincial BKKBN  
PIN 021-1 Dr. Ely Djuarsa, Project Director  
Mrs. Lily Soekotjo, Executive Director, IDPA - East Java  
Ms. Suherni, Project Staff  
Dr. Wiryoono, Project Doctor - Prohalinggo General Hospital  
Mr. Purnomo, Chair, BKKBN - Kraksaan District  
PIN 002-1 Mrs. Titi Sumbung, Project Director  
Mrs. Mimi Haroyonn, Executive Secretary

Others

Mr. Russ Vogel, Advisor to PKMI (Former Asian Regional Rep. for AVS)  
Ms. Nancy Piet, Consultant to BKKBN  
Dr. Firman Luhis, Executive Director - YKR  
Dr. Saud Hutagalung, Chief - Army Medical Services

ATTACHMENT #2

Bangladesh

Pathfinder Country Office

Dr. Mohammad Alauddin, Country Representative  
Mr. Habibur Rahman, Program Officer

USAID/Dhaka

Ms. Suzanne Olds  
Mr. Jack Thomas  
Ms. Sigrid Anderson

Asia Foundation

Mr. Geoffrey Taylor, Population Specialist

Concerned Women for Family Planning

Ms. Mufawza Khan, Executive Director

Projects

PIN 006-6 Dr. Lutfur Rahman, Project Coordinator  
Mr. Akam Ali, Deputy Project Director  
Dr. Moslehuddin Ahmed, Medical Officer (Mirpur)  
Dr. Anwara Dewan, Medical Officer (Bashaboo)  
PIN 002-4 Dr. M.A. Khaleque Miah, Chief Medical Officer - BR (West Zone)  
Dr. Anwar Hussein, Medical Officer (Saidpur)  
Mr. Mustafizer Rahman, Field Administrator  
PIN 2053 Ms. Siddiqa Begum, Project Manager  
Dr. Sharif Alam Chowdhury, Medical Consultant  
PIN 005-4 Ms. Monowara Sultana, Project Manager  
Dr. Humaira Khanum, President - WIF

Others

Ms. Mary McGovern, Regional Director - FPIA  
Mr. Ahul Hashem, Country Representative - FPIA  
Dr. Atiqur Rahman Kahn, Population Section - Planning Commission, GOR

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Appendix D

THE PATHFINDER FUND - TURKEY

## APPENDIX D

## THE PATHFINDER FUND - TURKEY

1. Country Background

Compared with rates in other developing countries, the rate of population growth in Turkey is not dramatic. However, the estimates of a 2.1 or a 2.2 growth rate may be deceptive. In the first instance, there is some question as to whether these estimates include large numbers of Turkish families who are now steadily returning to Turkey as their jobs in western Europe expire. Secondly, these isolated figures do not reflect a picture of a Turkish economy plagued by a 50 to 60% inflation rate and with an unemployment rate estimated at 20% of the male working force. With the escape valve for unemployed to western Europe firmly closed and with the continuing high rate of unemployment exacerbated by 150,000 Turkish workers returning annually for jobs that do not exist, the economic and political structure is beset by tensions that could and have toppled governments in countries that have stronger democratic roots.

2. Pathfinder Strategy and Relations with U.S. Embassy

Pathfinder projects are modest in scope and well designed. However, there is some uneasiness in the American Embassy in Ankara over the political sensitivity of FP projects both in Turkey and the United States. The Embassy's reaction takes the form of wishing there were fewer TPF programs out of fear that, as numbers increase, the problem of program visibility could spread a pall over the Embassy. There is also a negative Embassy attitude toward AID in general for spawning more activity than the Embassy considers useful. A case cited in point is the multiplicity of visits from AID or its contractors who are looking for project possibilities in the private enterprise sector. Embassy staff are concerned that these visits are uncoordinated in AID/Washington and give rise to Turkish expectations that will not be realized.

On the population front, the Pathfinder response is that they sponsor a mix of activities of varying size. To meet its charter of sponsoring innovative projects in the field, Pathfinder believes it more prudent to experiment with small, relatively inexpensive projects and then determine whether it makes substantive sense to increase the projects' size after some operating experience is in hand. While this point is acknowledged in the Embassy, the feeling is expressed that the United States would be best served by a minimum of activities--probably larger rather than smaller ones in size.

In contrast, to this view, there is considerable activity in the Turkish private sector to further FP projects and to raise money for them independent of external support. Turkey's most prominent industrialist is now seeking

Government support to match a significant core of contributions raised privately to endow a foundation that will sponsor information and education programs, social marketing of contraceptives, training of health workers, and the establishment of other population-related services. On being apprised of this development, the Embassy reaction was skeptical that private funds of quantity are likely to be forthcoming and that Turkish Government sanction is problematical.

In requesting Government support, the foundation supplied a list of founding members and their individual contributions. The foundation assures Pathfinder that private discussions with the Prime Minister, the Minister of Health, and other political leaders assure them that Government support will be forthcoming. The foundation sponsors anticipate this occurring in the near future and do not think it likely to turn into a political football. If this assumption is valid, it is not easy to predict the reaction of the Embassy to activities of Pathfinder or other AID intermediaries to new activities that either support or complement Turkish private sector initiatives.

### 3. Project Reviews

Given the limitations of time and distance, the evaluator was able to visit only a few active projects. These activities, together with a review of upcoming projects and discussions with a wide variety of Turkish officials, all reflected TPF's skills in project design. All activities are well designed with particular sensitivity to the political concerns both of the Turkish and U.S. Governments. The leadership of TPF office in Istanbul is superb, and the prospects of continued meaningful accomplishment are high.

One of the most interesting projects is a pilot undertaking at the Bozkurt Mensukar factory outside of Istanbul. A nurse-midwife is employed, a physician is on call, and four workers are trained as FP educators at this site which treats 2,200 factory workers and their families. A day-care nursery is situated next to the clinic. This provides general health services as well as FP assistance. With the nursery in place, female factory workers are able to meet their work obligations and thus provide the plant with a more stable work force. The plant management reports that the establishment of the unit has improved worker morale. This model will now be replicated in other factories operated by this same management. The Labor Federation, Turk-Is, which has been cooperating with Pathfinder, is undertaking similar projects in five factories in Adana and one in Diyarbakir under a new Pathfinder project "Workplace Family Planning and Child Care Education Services."

Pathfinder is also supporting training in FP for midwives through a project covering 17 midwifery schools where FP curriculum and resource materials are being provided. In a similar activity at the medical school at Siras University, Pathfinder, in collaboration with Hacattepe University and the World Health

Organization, is helping intensify training in FP. In a far-reaching effort to ensure that newly trained doctors have background in FP, Pathfinder is supporting a three-week training program on "Field Adaption Training for Physicians." This will be given prior to the two-year compulsory service in public facilities designated by the Government and will cover management, supervision, and evaluation of MCH/FP services. It is planned that this training will be provided to 3,000 newly graduated physicians pending the completion, in two years, of the revised medical school curriculum.

ATTACHMENT #1

Persons Interviewed in Turkey

American Ambassador	Robert Strausz-Hupe
Embassy Labor/Population Officer	William Meagher
Economic Officer	Lawrence Benedict
Economic Counselor	Marshall Casse
Political Counselor	Jay Freres
Minister of Health	Mehmet Aydin
Deputy Undersecretary of Health	Tangodan Toloz
IIN/PA Representative	Dieter Erhardt
Director, Public Administration Institute	Professor Nuri Torlop
President, Turkish Municipal Association	Ismet Sezgin (former Minister)
Former Minister of Commerce and Finance	Kemal Canturk
Education Secretary, Turk-Is	Kaya Ozdemir
Pathfinder Representative	Turkis Gogkol Kline
State Planning Organization	Ilhan Dulger

Appendix E

SCOPE OF WORK

## APPENDIX E

### SCOPE OF WORK

Scope of Work for Evaluation of the Pathfinder  
Fund Grant No. AID/pha-G-1138 (Project 932-0807)

#### I. Background

The Pathfinder Fund is a non-profit organization which sponsors the development of new approaches in family planning and population related fields. Since 1967, AID has financed the majority of its operations with contracts and grants totalling approximately \$80 million.

The purpose of the current AID Grant with the Pathfinder Fund is to introduce voluntary family planning services, information and training into LDC areas lacking them and to make existing family planning service systems more effective in both public and private sectors.

The current AID project was authorized on July 18, 1983. A new project paper for a cooperative agreement is under development and authorization is expected by July 1, 1985. The last external evaluation of the Pathfinder Fund was conducted by APHA in October-November 1980. An AID audit of the current grant (AID/pha-G-1138) was conducted by RIG/A in April 1984, reviewing Pathfinder's financial activities from July 1, 1976 to June 30, 1983. A Management Review of Pathfinder's Boston operation was conducted by the AID/W project officer in December 1984.

#### II. General Plan for the Pathfinder Evaluation

A four-member evaluation team will spend approximately four weeks in March-April, 1985 evaluating Pathfinder's program and management operations by visiting AID/W, the Pathfinder Fund's headquarters in Chestnut Hill (Boston), Massachusetts, and several countries in which Pathfinder has major country-specific and regional projects.

Following the visits to countries in Africa, Asia and Latin America, the team will reassemble in Boston to prepare its evaluation report. The group will provide a debriefing for AID/W staff upon completion of the written report.

#### III. Purpose and Scope of the Evaluation

The evaluation will focus on the overall management of Pathfinder's overseas programs; the selection, design, implementation and evaluation of subgrants through the country and regional offices; and the administrative structure through which grants are developed, approved and monitored. The evaluation

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findings will enable Pathfinder to improve the planning, management and evaluation of its subgrants. This evaluation will cover activities during the period from January 1, 1982 to the present.

## TOPICS TO BE ADDRESSED IN THE EVALUATION

### Organization and Structure

A. Is the composition and organization of the Pathfinder Fund adequate for carrying out its programs? Should any changes in staffing or structure be considered?

1. Are the divisions of responsibility and lines of authority between Boston and the international staff appropriate to the Pathfinder program?

2. Are the roles and responsibilities of the Boston office's regional divisions and staff divisions optimally defined to support the program?

3. Are the staffing levels of each geographic region (in both Boston and the field) commensurate with the program requirements of each region?

### Subgrant Planning and Implementation

A. Do the processes which Pathfinder uses for strategic planning and for subproject development adequately identify needs and effectively allocate resources?

B. Does Pathfinder acquire sufficient information about relevant projects supported by other donors and LDC organizations to plan its subproject support accordingly?

C. Does Pathfinder conduct adequate analyses of the institutional capabilities of recipient organizations as part of the review and approval process for subprojects?

D. Have the subprojects for population policy and women's programs been well designed and implemented?

E. Does Pathfinder adequately address the technical assistance requirements of its subprojects?

F. To what extent have subproject targets, e.g., new acceptors, referrals, people trained, etc., been achieved?

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G. Has Pathfinder established adequate procedures to correct the subgrant management deficiencies reflected in the April 1984 AID audit report?

H. Does Pathfinder's commodity procurement and distribution system adequately meet commodity requirements for project and non-project recipients?

### Reporting and Evaluation

A. Does Pathfinder's subproject evaluation system accurately identify project accomplishments and shortcomings? To what extent are evaluation findings acted upon?

B. Are Pathfinder's quarterly programmatic reporting requirements sufficient for monitoring subgrantee performance?

- How can they be improved?

- Do subgrantees use these reports as management tools? Can they be improved to function as such?

C. How can family planning service subprojects be designed to report acceptor data on a more uniform basis? Can Pathfinder establish a system to track program-wide acceptor data?

### Overall Program Management

A. What objective criteria should A.I.D. and Pathfinder use for determining when the management requirements of the overall Pathfinder program reach or exceed the management capabilities of the organization?

B. To what extent is Pathfinder's management of the central A.I.D. grant affected by the management requirements of (A) privately funded programs and by (B) USAID Mission and AID geographic bureau grants to Pathfinder?

C. Does Pathfinder give adequate consideration to the management implications, for both the headquarters and the international staffs, of each proposed subproject?

D. To what extent has Pathfinder reduced the number of separate subprojects and increased the level of developmental support for LDC umbrella organizations which develop and manage individual subprojects?

#### IV. Evaluation Procedure and Proposed Chronology

##### A. Procedure

The evaluation will be conducted by interviews with Pathfinder staff members, USAID mission population and health officers, host country officials, Pathfinder regional office staff, Pathfinder field office staff, selected subgrant staff, and AID/W staff. Project documents, records, reports and other evaluations will be examined. Subject to USAID mission concurrences, several team members will visit several of the following countries: Colombia, Peru, Brazil, Kenya, Nigeria, Indonesia and Turkey. (See Appendix A)

The countries cited above include those with regional offices, and those with major in-country activities. They include a variety of projects in the functional areas of service delivery and training, in population policy, in women's programs, and in human resources/topic response grants. Other Pathfinder field staff may be canvassed by mail and requested to respond in writing to questions similar to those outlined in this scope of work.

##### B. Proposed Chronology

The evaluation should begin in March 1985, and last for approximately four weeks. A preliminary debriefing should be conducted at AID/W about April 3. The sequence of events will be as follows:

###### One day at AID/W (March 4, 1985):

--meet with the Office of Population/Family Planning Services Division Chief and Deputy Chief, the Project Manager, the Deputy Director of the Office of Population and a representative from the Office of Contract Management;

--meet with with S&T/POP regional coordinators and the staffs of the regional bureau technical offices.

###### Four days (March 5-8) at Pathfinder headquarters in Chestnut Hill, Massachusetts.

--meet with the Executive Director, his Associate and with regional and functional division staff.

--review selected subagreement documents;

--review field reports and other relevant documents.

Three weeks (March 9-30) of field visits to several of the countries identified in Appendix A. During these visits, the evaluation team will:

--discuss the activities and role of Pathfinder with USAID population/health officers and other relevant staff; discuss Pathfinder's collaboration with representatives of other cooperating agencies working in-country;

--meet with field and regional Pathfinder representatives;

--meet with representatives of subgrant recipient organizations.

One week (April 1-5): The team will spend one week in Boston to draft the evaluation report and to consult with Pathfinder headquarters staff as necessary.

One day -- date to be determined: Debriefing at AID/W

Appendix A

<u>COUNTRY</u>	<u>RATIONALE</u>
Kenya	8 projects since CY 82 (total LOP \$963,000). Major subprojects still functioning: FP motivation and services, CBD. Site of regional and in-country offices.
Nigeria	13 subprojects since CY 83 (total LOP \$2,183,000). Major training and service delivery projects functioning In-country office, bilateral grant.
Colombia	19 subprojects since CY 83 (total LOP \$1,953,000). Major programs in policy, social marketing, IEC and training. Site of regional office.
Brazil	34 subprojects CY 83 to date (total LOP \$4,854,000). Major training, support to FPAs and wide variety of service-delivery activity. In-country office.
Peru	Site of regional office; 8 subprojects since CY 82 (LOP \$771,000). CBD and training support.
Indonesia	In-country office; 40 subprojects; (LOP \$1,361,000). Training in all FP methods, including VSC; provision of equipment; policy activities.
Bangladesh	In-country office. Bilateral grant. 9 subprojects since CY 82 (LOP \$1,233,000). Training and establishment of satellite clinics.
Turkey	New initiative. In-country office. 4 subprojects since CY 84 (LOP \$316,000). Policy and private sector activities.

## Appendix 2

### Pathpapers

Pathpapers are occasional papers highlighting Pathfinder projects which illustrate unique and innovative programs with a potential for replication elsewhere. Two to three issues are published each year and distributed to a worldwide audience including lay persons as well as family planning and international health professionals. Some issues of this series are condensed and translated into Spanish, Portuguese and other languages, as appropriate, and other languages if necessary.

The following Pathpapers report on several projects supported by Pathfinder. These projects include research on early pregnancy and childbearing; women in development issues; innovative utilization of religious organizations to support FP services; and common problems among community-based distribution projects. These Pathpapers reflect not only the wide variety of activities Pathfinder supports, but the research methodology and data collection results used to assess and evaluate several projects. The following list is illustrative.

1. No. 6: Islam and Family Planning: Indonesia's Muhammadiyah
2. No. 8: Village-Based Family Planning in North Sulawesi; and Issues in Community-based Distribution of Contraceptives
3. No. 9: Peru-Mujer: Women Organizing for Development
4. No. 11: Early Pregnancy and Childbearing in Guatemala, Brazil, Nigeria and Indonesia: Addressing the Consequences

Appendix F

KEY PEOPLE CONTACTED AT PATHFINDER HEADQUARTERS

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APPENDIX F

KEY PEOPLE CONTACTED AT PATHFINDER HEADQUARTERS

Executive Director

Daniel E. Pellegroni, M.Div.

Associate Executive Director

Eliot T. Putnam, Jr.

FAMILY PLANNING DIVISION

Chief

Deidre Strachan, D.Sc.

Associate

Donna Robinett, R.N.; M.P.H.

WOMEN'S PROGRAMS DIVISION

Chief

Freya Olafson, M.P.H.

POPULATION POLICY DIVISION

Chief

John M. Paxman, J.D.

COMMUNICATIONS PROGRAMS DEPARTMENT

Director

Marilyn Edmunds, M.S.P.H.

DEVELOPMENT

Director

David Bassin

FINANCE AND ADMINISTRATION

Director of Finance and Administration

Carol L. Gibbs

Director of Personnel & Administrative Services

Dolores A. Howard

Internal Auditor

Ronald F. Geary, C.F.A.

Appendix G

THE PROJECT CYCLE (over \$7,500)

APPENDIX G

TPF PROJECT CYCLE (over \$7,500)

A. STAGE 1: STRATEGIC PLAN

1. Country Strategy Planning Paper to International Staff, from Boston;
2. Strategic plan draft to Boston from International Staff;
3. Boston staff suggests priorities;
4. Annual strategic planning meeting in Boston with International staff, Regional and Division staff;
5. Annual strategy agreement (minutes);
6. Project ideas added to tracking list.

B. STAGE 2: PRE-FUNDING OF SUBGRANTEE PROJECTS

1. Project ideas reviewed if different from: strategic planning list, International staff to Regional staff;
2. Project Idea Summary document developed by with potential project leaders, with International staff;
3. Project Idea Summary sent to Boston for Committee Review;
4. Project Idea rejected or approved for further development with comments from Boston;
5. Project Description (funding document) written by potential project;
6. Project Description reviewed and upgraded with project International staff, sent to Boston;
7. Project proposal reviewed, held if further information;
8. Project Description Committee (Final Hearing), in Boston;
9. Approved projects altered to reflect committees opinion and sent to AID-Washington for approval;
10. AID approval received, grant contract circulated;
11. Subgrantee sent Grant Award Letter, Terms and Conditions, Project Document and Report Formats, from Boston;
12. Subgrantee returns signed copy of Grant Award Letter, to Boston;
13. First of planned 4 fund allocations sent to subgrantee, from Boston, commodities sent.

C. STAGE 3: PROGRAM YEAR

1. Subgrantee Program and Financial Reports sent quarterly to Boston, copy to International;
2. Financial reports reviewed by Boston Financial staff, Program reports reviewed by LA and International staff;
3. International staff ideally visits project 1 or 2 times;
4. Mid-program year evaluation of project in Boston committee, comments to International staff on renewal possibilities;
5. Adjustments made in project if required, by project (with International staff if possible);
6. Visit to subgrantee by LA or Division staff if special interest;
7. Program month 9, ideally, project prepared for renewal or termination, by International staff, with Boston guidance.