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**THE FAMILY PLANNING
MANAGEMENT TRAINING PROJECT
EXTERNAL INTERIM EVALUATION**

by

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Glossary

ABEPF	Brazilian Association of Family Planning Institutions
ADC	Costa Rican Demographic Association
A.I.D.	Agency for International Development
AIDS	Acquired immunodeficiency syndrome
AMPPF	Mali Association for the Protection and Promotion of the Family
APROFE	Ecuadorian Family Welfare Association
AVSC	Association for Voluntary Surgical Contraception
BEMFAM	Civil Society for Family Welfare of Brazil
BKKBN	National Family Planning Coordinating Board (Indonesia)
CAFS	Centre for African Family Studies (IPPF affiliate, Nairobi)
CARE	Cooperative for American Relief Everywhere, Inc.
CDC	Centers for Disease Control (Atlanta, GA)
CBD	Community-based distribution
CEDPA	Centre for Development and Population Activities
CEPAR	Center for the Study of Population and Responsible Parenthood (Ecuador)
CEMOPLAF	Medical Center for Family Counseling and Planning (Ecuador)
CHAK	Christian Health Association of Kenya
CPAIMC	Center for Information on Intergrated Maternal and Child Health (Brazil)
CS	Child survival
CTO	Cognizant Technical Officer
FPMT	Family Planning Management Training (project)
FPAK	Family Planning Association of Kenya
FRAC	Francophone Regional Advisory Committee
HPN	Health, population and nutrition

ICOMP	International Committee on the Management of Population Programmes (Kuala Lumpur)
IEC	Information, education and communication
INCAE	Central American Institute for Business Administration
INTRAH	Program for International Training in Health (program at University of North Carolina)
IPPF	International Planned Parenthood Federation
LASPAU	Latin American Scholarship Program of American Universities, Inc.
LDC	Less developed country
MCH	Maternal and child health
MIS	Management information systems
MOH	Ministry of Health
MOHFP	Ministry of Health and Family Planning
MSH	Management Sciences for Health
MSWA	Ministry of Social and Women's Affairs (Cameroon)
MYW	Maendeleo Ya Wanawake (Kenya)
NCPD	National Council for Population and Development (Kenya)
NFPCC	National Family Planning Coordinating Committee (Lesotho)
NGO	Non-governmental organization
ONAPO	National Office of Population (Rwanda)
PAID	Pan African Institute for Development
PROFAMILIA	Family planning association of Dominican Republic (IPPF affiliate)
PVO	Private voluntary organization
RFP	Request for Proposals
SEATS	Service Expansion and Technical Support (project)
SOMARC	Social Marketing for Change (project)
S&T/POP	Bureau of Science & Technology, Office of Population, A.I.D.

TIPPS	Technical Information on Population for the Private Sector (project)
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development (missions)
ZNFPC	Zimbabwe National Family Planning Council

Executive Summary

Many organizations implementing family planning programs have serious management problems that impede effective and efficient delivery of family planning services. For many years, numerous A.I.D.-sponsored bilateral and centrally funded family planning projects have provided some training and technical assistance to improve management. Usually, however, such efforts have focused chiefly on service delivery or been given a low priority relative to other activities. In the mid-1980s, A.I.D.'s Office of Population (S&T/POP), recognizing the need for better management of family planning programs, decided that a project whose sole purpose was management training could provide the needed assistance in a more effective way than other projects are generally able to do. Thus, in October 1985, the five-year Family Planning Management Training (FPMT) project (936-3039) was initiated.

Project Overview

FPMT was approved with a budget of \$18.679 million in grant funds (\$17.679 million in population funds and \$1 million in health funds).^{*} About 25 percent of the budgeted funds were to be provided through buy-ins by USAID missions and regional bureaus. The project was developed and is managed by the Information and Training Division of S&T/POP's Office of Population.

The purpose of the project is to strengthen the leadership and management of public and private family planning programs in less developed countries (LDC) by training senior and mid-level personnel. The project focuses on three types of personnel: current program personnel, potential future leaders, and upper and mid-level managers. Assistance is designed to be practical, carefully focused, and relevant to specific problems that the leaders and managers face. Approximately 1,800 program leaders and managers are to receive training.

The project design has four components: (1) needs assessment and planning to meet needs, (2) training (short-term in-country and regional programs, study/observation tours, internships, and long-term training), (3) follow-up technical assistance, and (4) materials and course development. FPMT is to provide comprehensive, sustained assistance in 25 to 30 countries.

Achievement of the project purpose is to be measured in terms of end-result indicators, including the following:

1. Family planning programs with a greater ability to meet targets on schedule, more efficiently, while maintaining or improving the quality of the program.
2. Resolution of selected, evident management issues and problems by trainees and their work units.
3. Increased technical and administrative capacity of collaborating regional and country institutions to conduct family planning management training and provide

^{*}S&T's Office of Health has not provided the planned \$1 million. In addition, unanticipated cuts in the S&T/POP budget will result in FPMT's being underfunded by about \$2 million.

technical assistance to family planning programs and organizations within their regions.

FPMT is being implemented for A.I.D. by Management Sciences for Health (MSH), based in Boston. A consortium was created with three other organizations, working as subcontractors to MSH: The Pathfinder Fund, the Latin American Scholarship Program of American Universities (LASPAU), and the Centre for Development and Population Activities (CEDPA).

Purpose and Methodology of Evaluation

This evaluation was conducted during project year four, with about 18 months remaining in the project. The purposes of the evaluation were to (1) assess the validity of the project design, (2) examine project performance to date in planning and implementing activities and in producing contractual outputs, (3) assess the project's effectiveness in achieving its purpose, and (4) consider whether the project should be extended and what direction any follow-on project should take. The methodology consisted of briefings, document review, and interviews at A.I.D. and at FPMT headquarters; visits to four project countries (Brazil, Kenya, Bangladesh, and Indonesia); and surveys of personnel in other countries through questionnaires. A.I.D. has decided that a final external evaluation will not be required, which seems appropriate.

Major Conclusions

1. The A.I.D. Project Design. FPMT clearly addresses a major need in the family planning field. The design set forth in the Project Paper, however, fell short of what was needed to meet the actual project objective, namely, to strengthen the leadership and management of LDC family planning programs. A primary focus on training alone, in the absence of a strategy for organizational development, is not likely to have resulted in the strengthened management of family planning organizations.
2. Project Strategy: The Design as Implemented by MSH. Fortunately, the FPMT leadership recognized the above shortcoming and has focused instead on the organizational and management development needs of organizations conducting family planning programs. FPMT staff refer to this as "institutional development." They emphasize, correctly, that formal training is but one part of improving the management of an organization. FPMT has effectively expanded its role and, consequently, improved the project's capacity to enhance the performance of family planning organizations.
3. Contract Compliance. MSH is on schedule in meeting most of the contract deliverables. An exception is long-term training, but that de-emphasis is appropriate (see below). MSH's contract should be revised accordingly.
4. FPMT's Conceptual Framework. FPMT has developed an effective conceptual framework that helps organize the myriad of different types of activities that a centrally funded project engages in while functioning worldwide. The "Stages of Program Development" framework, which was developed by FPMT as a starting point in assessing the family planning programs of countries and client organizations and for tailoring FPMT assistance to their stages of development (emergence/survival, growth, and maturity), is a useful, innovative approach. It could benefit, however, from further refinement.

5. **Project Components**

a. **Needs Assessments and Management Development Plans.** Most FPMT needs assessments and resulting management development plans have been well executed and have identified the priority management problems of the client organizations.

b. **Training.** FPMT has done an excellent job in carrying out most of its short-term, LDC-based workshops and other specifically designed training activities. Other donor organizations are beginning to ask FPMT for assistance, which speaks very highly of the appropriateness of FPMT's client-tailored training. Long-term training in the United States has been handled quite well, but MSH is correct in concluding that it is not a very effective or appropriate means for strengthening LDC family planning organizations, especially those that are struggling to get programs started.

c. **Technical Assistance.** This component was envisioned by A.I.D. as follow-up assistance after training. FPMT has commendably made it the central component of the project -- its institutional (organizational) development work -- and generally done an outstanding job in this area.

d. **Materials and Course Development.** FPMT performance in this area has been uneven. Only a few of the many good starts at materials development have been completed in a way that ensures the continued usability of the materials to the client organizations or their transferability to other programs and projects.

6. **Consortium Structure.** The consortium structure has not contributed greatly to the achievement of FPMT objectives. The exception is LASPAU, which has a single, very specifically defined task -- placement of long-term training candidates in U.S. institutions -- but even in this, LASPAU functions more as a subcontractor than a consortium partner.

7. **Project Impact Assessments.** FPMT has developed good criteria for evaluating its training activities. It has not, however, developed adequate criteria for evaluating its organizational development activities.

Major Recommendations for the Project

1. **Contract Revision.** MSH's contract should be revised in accord with suggestions by MSH and recommendations in this report.

2. **"The Legacy."** FPMT should evaluate materials developed to date and produce (or finalize) those it judges most able to provide a "legacy" useful for others (as it has expressed the desire to do). FPMT and its Cognizant Technical Officer (CTO) should find a way to disseminate suitable materials to those who need and can use them.

3. **Evaluation Criteria.** FPMT should develop and with its CTO agree on criteria by which to evaluate its technical assistance and overall effectiveness and impact.

Major Recommendations for a Follow-on Project

1. **A Follow-on Project.** A.I.D. should definitely proceed with a follow-on project. Recommendations of the FPMT leadership should be sought regarding the relationship of FPMT to other S&T/POP projects (overlap, delineation of function and responsibility, and so forth).
2. **Objectives.** Objectives and strategies developed during the current FPMT project should be pursued in a follow-on project. Given FPMT's revised focus, the follow-on project should more appropriately be named the Family Planning Management Development project.
3. **Other Clients.** If possible, design of the follow-on project should require the project to provide management assistance to other donor organizations.

Additional recommendations for a follow-on project appear in Section 5 of this report.

1. Project Background and Overview

The Family Planning Management Training (FPMT) project (936-3039) is a five-year, centrally funded project developed and managed by the Information and Training Division of A.I.D.'s Office of Population (S&T/POP). The FPMT project was initiated in October 1985 with a contract completion date of September 30, 1990. The project provides comprehensive training and technical assistance in all major areas of management to family planning program leaders and to senior and mid-level managers.

1.1 The Problem: Management Weaknesses

In the mid-1980s, management weaknesses were still a major constraint on family planning program success in many less developed countries (LDC), despite advances in other aspects of family planning efforts. In many countries, nascent family planning programs suffer from the lack of even basic administrative, management, and leadership skills. In others, established programs have become larger and more complex and now involve large outreach efforts and integration with other development sectors. An increasing demand for family planning services and the growing shortage of resources for family planning relative to demand made it clear by the mid-1980s that more efficient management of existing resources in all programs was crucial.

Since at least the 1970s, many of A.I.D.'s bilateral projects and other centrally funded projects have been providing some assistance to LDC family planning organizations in improving their management systems and skills. That assistance, however, has chiefly focused on service delivery or has otherwise been a lower priority relative to other project activities.

1.2 The Proposed Solution: Training for Managers

S&T/POP hypothesized that a project whose sole focus was to improve program management could provide the needed assistance in a more effective or intensive way than projects with other priorities are generally able to do. S&T/POP also believed that many management weaknesses in family planning programs could be significantly overcome by training that provided program leaders and managers with a firm understanding of the range of problems they can face in directing and administering the family planning programs in their countries. Thus in May 1985, A.I.D. authorized establishment of the Family Planning Management Training project.

As stated in the FPMT Project Paper, the project purpose is to strengthen the leadership and management of public and private LDC family planning programs by training senior and middle-level personnel. The overall goal toward which FPMT is to contribute is "to enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children" and "to encourage a population growth rate consistent with a country's goals for economic and social development." This is a general goal of the Office of Population, toward which FPMT, along with other projects, is directed.

FPMT has a budget of \$18.679 million in grant funds, of which \$17.679 million were to be population funds and \$1 million were to be health funds.¹ About 25 percent of the budgeted funds were to be provided through buy-ins by USAID missions (bilateral projects) and by regional bureaus (regional projects).

¹S&T's Office of Health has not provided the planned \$1 million. In addition, unanticipated cuts in the S&T/POP budget will result in FPMT's being underfunded by about \$2 million.

The project is being implemented through a contract between A.I.D.'s Office of Population and Management Sciences for Health (MSH), based in Boston. A consortium of three subcontractors to MSH was established for the project: The Pathfinder Fund, based in Boston; the Latin American Scholarship Program of American Universities (LASPAU), also based in Boston; and the Centre for Development and Population Activities (CEDPA), based in Washington, D.C.

1.3 Project Design

FPMT was designed to focus on the management training needs of senior personnel in both public and private family planning programs worldwide. It was to concentrate on three types of personnel: current program personnel, potential future leaders, and upper and mid-level managers. Assistance was to be practical, carefully focused, and relevant to specific problems that the leaders and managers face. FPMT was to provide comprehensive, sustained assistance to some 25 to 30 countries.

The project design had four components:

1. Planning and assessment to identify the specific management training needs of a country and to plan activities to meet them.
2. Training, to be provided through short-term, in-country and regional programs, study/observation tours, internships, and long-term training. Approximately 1,800 program leaders and managers were to receive training.
3. Follow-up technical assistance, to help trainees put newly learned skills to use, carry out planned management improvements, and overcome obstacles in the system.
4. Materials and course development, producing packages of training materials (curricula, trainers' guides, and participants' materials).

1.4 Expected End-of-Project Results

According to the FPMT Project Paper (p. 9), the end results² of the project are to be as follows:

1. Family planning programs with a greater ability to meet targets on schedule, more efficiently, while maintaining or improving the quality of the program.
2. Planning and implementation of activities to improve family planning program performance.
3. Resolution of selected, evident management issues and problems by trainees and their work units.
4. Improved access to family planning services in the areas for which the trainees are responsible.

² In project design terms, these were to be the objectively verifiable indicators, or conditions, by which it could be determined whether the project had succeeded in meeting its stated purpose.

5. Increased satisfaction of users with family planning services offered through the program.³

The A.I.D.-MSH contract (p. 7) adds an additional requirement to the five above:

6. Increased technical and administrative capacity of collaborating regional and country institutions to conduct family planning management training and provide technical assistance to family planning programs and organizations within their regions.

The contract also specifies 21 categories of quantified deliverables (discussed in Section 4) -- in essence, the stepping-stones that were to lead to the six end-of-project conditions outlined above.

1.5 Purpose and Methodology of Evaluation

In addition to internal monitoring and evaluation, a mid-project and a final evaluation were planned. This evaluation was conducted during project year four, with approximately 18 months remaining in the project.⁴ The purposes of the evaluation are to (1) assess the validity of the project design, (2) examine project performance in planning and implementing activities and in producing contractual outputs, (3) assess the project's effectiveness in achieving its purpose, and (4) consider whether the project should be extended and what direction any follow-on project should take (see Appendix A for Scope of Work).

The evaluation is based on information gathered through briefings, document review, interviews at A.I.D. and at FPMT headquarters, in-depth field visits to four project countries (Bangladesh, Brazil, Indonesia, and Kenya), and interviews with representatives of the three other organizations participating in the FPMT consortium. (See Appendix B, List of Persons Contacted, and Appendix C, Bibliography.) To obtain information from USAID missions not visited, a questionnaire designed by the team and the Cognizant Technical Officer (CTO) was cabled to countries where FPMT has worked. Responses to the cables were assessed, together with a collection of earlier cables from USAID missions.

The team brought diverse, complementary expertise to the task. One of the evaluators, Robert Wickham, has had extensive management development and training experience with the Ford Foundation and the World Bank. Barbara Pillsbury has a long history of evaluating A.I.D. projects in various sectors, and David Logan brought a for-profit sector management perspective to the evaluation. Both Dr. Pillsbury and Mr. Logan had recently been members of teams evaluating the Enterprise and the Technical Information on Population for the Private

³ The Project Paper, however, is not wholly consistent internally with regard to expected results. The Project Design Summary ("logframe") lists slightly different end-of-project conditions than does the body of the Project Paper:

1. Family planning program targets met on schedule, at or below cost, while maintaining or improving program quality;
2. Effective family planning activities planned and implemented;
3. Improved access to family planning services attributable to learned management practices of trainees; and
4. Selected management problems resolved by trainees and work units.

⁴A.I.D. has decided that a final external evaluation will not be required, which seems appropriate.

Sector (TIPPS) projects, centrally funded projects of the Office of Population that relate closely in their timing and mandates to FPMT, and so they brought to this evaluation insights as to how FPMT fits into the overall goals of the Office of Population.

2. Project Design

2.1 A.I.D. Project Design

The A.I.D. project clearly addresses a major need in the family planning field. The project does something other A.I.D. projects do not do, and it thereby occupies a significant niche in A.I.D.'s overall population program. Having a project that focuses on management improvement as its single purpose is a very appropriate strategy.

The design set forth in the project paper, however, fell short of being what was needed to meet the project objective of strengthening the leadership and management of family planning programs. The strategy for achieving the desired leadership and management strengthening was too limited. A primary focus on training alone, in the absence of a strategy for improving organizational development, is not likely to result in the strengthened management of family planning organizations.

2.2 The Design As Implemented by MSH

2.2.1 The Shift in Focus from Training to Organizational Development

The FPMT project leadership recognized the above shortcoming in the project design and focused instead on the organizational and management development needs of organizations conducting family planning programs. FPMT staff refer to this as institutional development, correctly emphasizing that formal training is but one part of improving the management of an organization.⁵ The shift in emphasis by the FPMT staff means that the project is providing not only management training but also technical assistance to LDC organizations in such important areas as determining organizational mission, strategic planning, developing management information systems (MIS), and sustainability.

FPMT was able to adopt an organizational and management development focus because the project design did provide for some technical assistance in needs assessment, planning, and follow-up activities. This was envisioned by the A.I.D. project designers as subsidiary to the training, but it was there. FPMT has thoughtfully and effectively expanded its role and, consequently, improved its capacity to enhance the performance of family planning organizations.

2.2.2 Project Components

As the project has evolved to focus on organizational and management development, the mix of project components (planning/ assessment, training, technical assistance, and materials and course development) has been appropriate. The sequence and weighting of the components, however, have been shifted toward technical assistance in the overall development of the organization. This is especially so in the more mature organizations (those that are at "stage three"; see Section 3.1.2). The weighting of the components was modified by FPMT in response to the findings of the needs assessments and the resulting management development plans.

⁵The terms "management development," "organizational development," and "institutional development" are used interchangeably throughout this report. Technically, they are slightly different approaches, but the important point here is that training is only one element of the larger effort.

2.2.3 Expected End-of-Project Results

After about two years of implementation, A.I.D. (at FPMT's request) revised its expectations of what FPMT is to achieve and how its success is to be judged. Expectations were, appropriately, made more realistic than what was stated in the Project Paper and contract. The following end-of-project conditions were eliminated as requirements (see Section 1.4):

- Improved access to family planning services in the areas for which the trainees are responsible.
- Increased satisfaction of users with family planning services offered through the program.

Evaluations are supposed to judge a project in terms of whether it is achieving the expected results as set forth in the project design. In the case of FPMT, staff had become concerned that they would not be able to demonstrate at the end of five years that an actual increase in either access to services or satisfaction of users had been achieved. Thus in December 1987, when FPMT managers met with the director of S&T/POP, they raised this issue. The director agreed that S&T/POP would not hold FPMT responsible for demonstrating these outcomes. It was agreed that, if good management training was provided and needed organizational changes were made, both access to and user satisfaction with services should increase--even though it might not be possible to prove such increases. It was also confirmed that, even though FPMT states that its ultimate goal is "to increase contraceptive prevalence," the project would not be held responsible for producing measurable increases in contraceptive prevalence.

FPMT staff are to be commended for expressing concern over end-of-project results early in the project. Indeed, even if increased access and user satisfaction are achieved, it is not likely that they could be quantified or otherwise objectively verified within the scope of the FPMT contract. In retrospect, although project papers need to set ambitious objectives, this was an unrealistic expectation. Unfortunately, in too many other projects, implementors frequently ignore unachievable (or unmeasurable) objectives set forth in the project paper; their failure to achieve such objectives then becomes an issue when the project is evaluated.

2.2.4 Special Studies Project Proposal

FPMT proposed to S&T/POP that a three-month practical training course be developed in the United States for family planning managers. The training program would have been implemented by a consortium of FPMT, the University of Michigan, and Emory University/Centers for Disease Control (CDC). USAID did not concur with this proposal and it was not implemented.

The reason for FPMT's proposal was FPMT's observation that the training needs of family planning programs and managers ranged from those that could be met by a short course (one month) to those needing long-term studies. Existing study programs in the U.S., however, are either one month or a minimum of one year, without the flexibility to meet mid-range organizational and individual needs. FPMT was concerned that although many organizations and managers could benefit from the long-term training, in many cases, neither the organization nor the manager can afford that length of time away from the job.

The evaluation team was not able to assess the usefulness of the proposed training on the basis of the available information. It does, however, appear to the team that the A.I.D. decision was probably correct, for the following reasons. First, the cost of organizing a special training program under the auspices of a consortium of four U.S. institutions would be substantial,

while overall project financial resources are limited. Second, one of FPMT's objectives is to build the institutional capacity of developing country institutions. Third, strong management training institutions already exist in Asia and Latin America.

Whether such a proposal should be considered in a follow-on project would depend, among other factors, on a analysis of a more detailed prospectus, an assessment of the likelihood that LDC management training institutions could provide the training (and an assessment of the cost), and the total funds available for a follow-on project.

2.3 Contract Amendment

During the course of this evaluation, FPMT identified six proposed changes in its contract with A.I.D. In general, the evaluation team concurs with the approach that has evolved in the FPMT project and supports the proposed changes. The most important changes recognize the move FPMT has already made in placing greater emphasis on organizational development and less on formal training courses. Specific details follow under the relevant sections below.

Recommendation⁶ for a Follow-on Project

Objectives and strategies developed during the current FPMT project should be pursued in a follow-on project. That is to say, FPMT should continue with (1) needs assessments; (2) assistance to client organizations in preparation of management development plans; (3) provision of (a) technical assistance and (b) training to help client organizations implement management development plans; (4) development, use, and dissemination of training materials; (5) evaluation of FPMT-assisted activities; and (6) preparation and dissemination of materials that capture and synthesize FPMT's experience in supporting organizational and management development of family planning programs. The weight to be given to each of the components of FPMT's strategy should not be established *a priori*, but rather should be determined by the needs of each organization to be assisted. Given FPMT's revised focus, the follow-on project should more appropriately be named the Family Planning Management Development project. It could still be managed, however, by S&T/POP's Information and Training Division.

⁶Recommendations appear throughout the report and are compiled in Appendix H.

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3. Contract Performance

3. Contract Performance

3.1 Project Strategy

3.1.1 **Issue Identification: FPMT's Needs Assessments and Management Development Plans**

Most FPMT needs assessments and resulting management development plans have been well executed and have identified priority management problems of the target client organizations. Plans have provided a useful and flexible guide for FPMT work. FPMT assessment teams have usually been of high quality and have had appropriate qualifications (including relevant language competence); assignments have been of adequate duration.

FPMT has been responsive to the needs of the managers of client organizations (especially so in Kenya, for example). It has been ready to look at the management needs of the whole organization rather than arriving with preconceived solutions or expressing interest in only selected program components. Assessment teams have also usually been prepared to challenge the managers' preconceptions in a constructive and positive way. In Brazil, for instance, FPMT has helped several organizations confront some extremely difficult challenges.

An exception to the very positive findings regarding FPMT's needs assessments and management development plans is FPMT activities in Bangladesh. A FPMT representative was part of the design team for the Upazila Initiative Project, a USAID/Dhaka buy-in to FPMT (see Appendix D), but there are serious weaknesses in the project design. In contrast to FPMT's usual approach, no needs assessment was conducted as a basis for designing the project, although the design team did use the recommendations of an evaluation of a similar previous project. The absence of an FPMT needs assessment undoubtedly accounts in part for the fact that action plans developed during observation and training visits to Indonesia are very general and ambitious in scope and, therefore, appear unrealistic, especially in view of the fact that the funds provided are modest and only assured for one year.⁷

A second area of concern, which is not presented as a criticism of FPMT but which must be addressed directly by a follow-on project, is the relationship of the project to for-profit contraceptive providers. This is particularly true in Latin America. In many countries, commercial providers dominate the market or provide contraceptives to a significant part of the population. In Brazil, for example, 92 percent of all pill users (who account for about 40 percent of the 65 percent contraceptive prevalence rate) receive their supplies from a pharmacy. Brazilian NGOs supply only about 1 percent of the contraceptive market, while government sources provide the remaining share, largely for female sterilization. In Mexico, too, commercial providers supply a large portion of the market -- 77.4 percent according to a 1989 study (see Appendix G). Thus, non-governmental organizations (NGOs) are responsible for only a slim percent of the market in these countries. Yet the prime focus of FPMT's work in Latin America is the NGO sector. Only in Ecuador do NGOs provide a significant share (15.4 percent) of the contraceptive needs of the population.⁸

⁷See Robert S. Wickham, *Evaluation of Upazila Initiative Project* (May 1989). An FPMT needs assessment for Bangladesh was conducted in June 1986, but it did not result in a recommendation for the Upazila Initiative Project.

⁸Maureen Lewis and Genevieve Kenney, *Contraceptive Users' Sources of Supply*, Urban Institute, February 1989. (See Appendix G.)

In the above circumstances, the power of the for-profit sector to shape the market for contraceptives is overwhelming. This is of immense significance if Latin American NGOs are seeking to become self-sustaining in part by charging for services in competition with the for-profit sector. In its overall strategy, FPMT has not addressed the implications of the overall makeup of the market for contraceptives in these countries, nor the implications for the development of management competence in the for-profit as well as the NGO and government sectors. FPMT's contract clearly mandates that it work with family planning organizations that USAID missions has chosen along with FPMT. This selection process has excluded for-profit establishments such as pharmacies.⁹

It is possible that something can be learned from the for-profit sector. At the same time, a limited intervention by the project, or the follow-on project, might help increase the for-profit sector's impact even further, leaving a more clearly defined, low-income market niche for the NGOs.

Recommendation for a Follow-On Project

A follow-on project should consider the addition of the for-profit sector.

3.1.2 FPMT's Conceptual Framework

The Three "Stages of Program Development"

FPMT has developed a useful conceptual framework, "Stages of Program Development" (see Table 1) as a starting point in assessing the family planning programs of countries and client organizations and tailoring FPMT assistance to their stages of development. This is an innovative approach and is valuable for conceptualizing and making sense of the vast range of contexts in which any centrally funded project works. The usefulness of this framework is attested to by S&T/POP's having subsequently adopted and expanded it in its strategy document, "Moving into the Twenty-First Century: Principles for the Nineties."¹⁰

The three-stage categorization is perhaps overly dependent, however, on contraceptive prevalence as the major determinant of where a country is placed along the continuum -- as FPMT staff themselves recognize. Contraceptive prevalence is indeed a useful indicator and should not be abandoned, but it should be accompanied by other indicators or characteristics of program maturity as well. For example, Brazil is classified as a stage-three country given its contraceptive prevalence level of about 65 to 70 percent. In fact, however, the quality of family planning practice in Brazil is very poor. Demand for sterilization, which is legally restricted, is the major reason for Brazil's high rate of Caesarian births -- 40 to 60 percent of all deliveries. The other major method is oral contraceptives, purchased in many cases over the counter without prescription, initial screening, or follow-up. This is certainly not a desirable pattern of family planning practice, and great effort will be needed to bring about an appropriate method mix and quality of family planning services.

⁹Furthermore, S&T/POP has three other projects mandated to work with the for-profit sector: Enterprise, SOMARC, and TIPPS.

¹⁰Family Planning Services Division, A.I.D. Office of Population, April 10, 1989.

Table 1

Stages of Program Development

Stage 1: EMERGENCE AND SURVIVAL (0-10% contraceptive prevalence)

(In Africa, most countries; in Latin America, Bolivia.)

FPMT Emphasis:

Assist organizations in gaining support and credibility, clarifying roles and responsibilities, and establishing basic management systems.

Stage 2: GROWTH (10-50% contraceptive prevalence)

(In Africa, Kenya and Zimbabwe; in Asia, Bangladesh and India; in Latin America, Mexico and Ecuador.)

FPMT Emphasis:

Assist management of service expansion through development of management capabilities and strengthening of management systems.

Stage 3: MATURITY (>50% contraceptive prevalence)

(In Asia, Indonesia and Thailand; in Latin America, Brazil.)

FPMT Emphasis:

Assist in the consolidation of gains to reach marginal population groups in order to increase effectiveness and efficiency and develop strategic and financial plans for sustainability.

The Three Levels of FPMT Assistance

FPMT has also developed a useful three-part categorization for the level of effort it puts into a country or organization. Here, the distinction is among ad hoc, limited, and intensive interventions, which are roughly as follows:

Ad hoc interventions. Interventions undertaken in response to USAID mission requests. These involve the lowest level of input from FPMT and, while FPMT accepts responsibility for the outcome of the particular intervention, because that intervention is perhaps an isolated one, it cannot take responsibility for that intervention producing major sustainable organizational change.

Limited interventions. Activities involving an intermediate level of effort. With these, FPMT expects to have a limited but notable impact upon the organization and/or individuals with which it worked.

Intensive interventions. Activities involving a high level of FPMT effort. Despite the fact that many factors will lie beyond the project's control, FPMT plans for and assumes responsibility for these interventions producing sustainable organizational change.

FPMT calculates that it has provided assistance to some 34 organizations or institutions in 20 countries. It classifies its assistance to the 34 organizations as follows: ad hoc, 3; limited, 17; limited/intensive, 2; and intensive, 12 (see Table 2).

The mix of ad hoc, limited, and intensive countries has been good. In this there is implicit recognition that (1) countries and programs are in different stages of development and that (2) USAID missions vary in their interest in and need for FPMT assistance.

Given the difficulty of comprehending what a centrally funded project operating worldwide is actually doing and achieving, the overall FPMT conceptual framework (stages of development and levels of effort) is certainly useful to people outside the FPMT staff (A.I.D. personnel and evaluators alike). It appears that it is also a useful schema for the FPMT staff.

Recommendations

1. FPMT should attempt to refine further its conceptual framework (stages of development and levels of effort) and share it with others.
2. The FPMT conceptual approach, or some variant thereof, should be considered for all centrally funded projects operating worldwide in many countries.

Table 2
Overview of FPMT Activities

<u>Stage of Program Development*</u>	<u>Country</u>	<u>Institution**</u>	<u>Institutional Stage</u>	<u>Sector</u>	<u>Type of Intervention</u>	<u>Status</u>
1	Burkina Faso	MCH	1	Public	Limited	Ongoing
1	Cameroon	MSWA	1	Public	Limited	Ongoing
2	Kenya	MYW	1	NGO	Limited	Beginning
2	Kenya	NCPD	1	Public	Intensive	Beginning
2	Kenya	CHAK	2	NGO	Intensive	Ongoing
2	Kenya	FPAK	2	NGO	Intensive	Ongoing
2	Kenya	CS Orgs	2	NGO	Limited	Beginning
1	Lesotho	NFPCC	1	Public	Limited	Ongoing
1	Mali	MOH	1	Public	Ad hoc	Ongoing
1	Mali	AMPPF	1	NGO	Ad hoc	Beginning
1	Rwanda	ONAPO	2	Public	Limited	Completed
1	Sudan	MOH	1	Public/NGO	Limited	Beginning
2	Zimbabwe	ZNFPC	2	NGO	Limited	Beginning
1	Bangladesh	MOHFP	1	Public	Intensive	Ongoing
2	India	MOH	2	Public	Intensive	Ongoing
3	Indonesia	BKKBN	3	Public	Intensive	Ongo/Begin
3	Thailand	MOHFP	2	Public	Ad hoc	Beginning
2	Turkey	MOH/Univ	2	Public/NGO	Limited	Beginning
1	Bolivia	9 PVOs	1,2,&3	NGO	Lim/Intensive	Ongoing
		Social Security	1	Public	Lim/Intensive	Ongoing
		Unidad Sanitaria	1	Public	Limited	Beginning
3	Brazil	BEMFAM	3	NGO	Intensive	Beginning
		ABEPF	2	NGO	Intensive	Ongoing
		CPAIMC	1	NGO	Intensive	Ongoing
		9 other NGOs	1,2,&3	NGO	Intensive	Ongoing
3	Colombia	PROFAMILIA	3	NGO	Limited	Completed
3	Costa Rica	ADC	2	NGO	Limited	Completed
2	Ecuador	CEMOPLAF	3	NGO	Intensive	Ongoing
		CEPAR	1-2	NGO	Intensive	Ongoing
		APROFE	3	NGO	Limited	Ongoing
		MOH	2	Public	Limited	Ongoing
		Social Security	2	Public	Limited	To begin
2	Peru	MOH	2	Public	Limited	Ongoing
		Social Security	2	Public	Limited	Ongoing

* See Table 1.

** See Glossary for names of institutions.

3.1.3 Client-centered Approach

Generally speaking, the "clients" of FPMT are the organizations it is assisting. For these clients, FPMT's approach is to provide assistance tailored to the needs and situation of the individual organizational client. This is very effective.

FPMT staff do also demonstrate concern for the needs and perspectives of individual family planning clients (contraceptive users), but the project has not focused so directly on such issues. This is because the mandated focus of the project has been issues of planning, organizational development, financial management, personnel, MIS, and so on.

An example of FPMT efforts to promote the user perspective is found in the innovative family planning simulation game developed by FPMT, which includes a good role for family planning acceptors. This is the "Pandora Family Planning Program," a management simulation of a national family planning program. The simulation is in English, French, and Spanish and has been used to train managers from 20 countries. FPMT has also been praised for its role in presenting a workshop in Zaire, which was judged "a success in reorienting project activities toward the family planning client and helping project employers elaborate more active plans to respond to a client's needs."¹¹

Recommendation

FPMT should put increased emphasis on the individual client perspective and the need to have "satisfied users." This can be done by encouraging family planning programs to (1) ascertain clients' views, needs, and priorities regarding family planning services as inputs to the program planning process; (2) undertake periodic focused studies of acceptors to determine how family planning information and services can better respond to clients' needs (e.g., clinic hours, appropriateness of informational materials); and (3) design monitoring and evaluation systems and procedures that capture the views and perceptions of users.

3.1.4 Content Area and Technologies

Content Area

FPMT has addressed management areas of greatest need. Typical tasks for which USAID missions have requested assistance include the following:

- training workshops
- setting objectives
- strategic planning
- resource planning and management
- improvement of records and information systems
- evaluation and monitoring of skills.

By way of further illustration, FPMT has assisted the Family Planning Association of Kenya (FPAK) with the following systems: control of advances, inventory control system, procurement system, control of vehicles, computerization of the accounting system, inter-donor accounting system, control of project implementation advances, control of area office imprest,

¹¹Cable, American Embassy, Kinshasa, to Secretary of State, Washington, D.C., January 25, 1988.

USAID disbursement system, cash-flow projections, budget monitoring, control over medical expenses, control over membership fees, and control of cost per couple year of protection.

Technologies for Training

FPMT has used workshops as a major form of training. These workshops appear to have been very effective. These include simulations and exercises, such as "how to develop a work plan."

In Africa, workshops have included (1) the Francophone Regional Advisory Committee (FRAC) meetings of program managers and family planning leaders, at which experiences in developing innovative programs are shared; (2) a workshop in Lesotho for a newly formed National Family Planning Coordinating Committee (NFPCC); and (3) introductory management workshops on planning, supervision, and monitoring and evaluation for program managers in Burkina Faso, Cameroon, Niger, and Nigeria. These appear to have been very well planned and implemented.

Case studies -- at least those developed at an early stage of the project -- have been less useful. Even though the case studies are not long, they do require careful reading and analysis, which may be difficult for some managers given the limited time available during training sessions. Case studies may also be less relevant to trainees if they are not written for the local context. The case study materials developed for Liberia, based on Pathfinder's community-based distribution (CBD) project there seem very good and have been praised by USAID/Liberia.¹² In general, participants in training sessions seem to become more committed if they are dealing with materials that have to do with their own programs (e.g., developing a work plan).

It is important that FPMT ensure that training materials are relevant to the level of development of the organization and the environment. The strategic planning manual being used with selected NGOs in Brazil, for example, may not be useful settings in which family planning programs are less developed. This is an issue of which FPMT managers are well aware but have not yet resolved. The most effective materials are those produced for the local situation, but such adaptation is costly. Thus, for example, the excellent case-study materials developed for Liberia are not being used elsewhere.

Recommendations

1. FPMT should promptly and systematically evaluate the usefulness of the various kinds of training materials it has developed thus far. It should also develop plans for evaluating the usefulness of the three management manuals it is currently producing (see additional discussion in Section 4.1).¹³
2. FPMT should put into final form and disseminate those training materials (with trainers' guides) judged most useful for other settings.

¹²See cable from American Embassy, Monrovia, to Secretary of State, Washington, D.C., November 27, 1987.

¹³Due to funding shortfall, FPMT will be producing only one management manual -- a general manual for family planning managers.

3.1.5 Regional and Country Distribution

FPMT's priority emphasis has been on Africa -- as mandated by A.I.D. Better program management is certainly needed in Africa. A.I.D., however, would be missing great opportunities for learning how to improve service delivery worldwide if it were to restrict future FPMT activities principally to Africa. Some Asian and Latin American countries and organizations afford excellent opportunities for A.I.D. (and FPMT) to engage in pioneering work that can be of benefit to efforts in Africa and to nascent or struggling programs elsewhere.

There are no stage-three organizations or countries in Africa. Consequently, the overall challenge to FPMT in Africa is demanding in terms of the need to improve all organizations and management systems, but it is much less demanding in terms of the intellectual challenge of designing management systems that address such issues as sustainability. In contrast, in many Latin American countries and in Asian countries, such as Indonesia and Thailand, programs need higher-order management skills more than anything else. A number of family planning organizations in these more-developed, high prevalence countries have high levels of skill in the basics of family planning service provision. What is missing for many of them, however, because they have been donor dependent so long, are the skills involved in managing and financing large organizations in a culturally complex, rapidly industrializing environment. As expressed by two young physicians running the Sophia Feldman clinic in Brazil:

We are up to speed with all the clinical developments in our field, and there are plenty of sources of information in our society about how to develop our program. But we have never been trained to run a major institution, one which has to raise a large part of its own income and use its resources efficiently.

The acquisition and efficient use of sophisticated management skills are the dominant issues for many family planning providers in Latin America. Yet there has been only one USAID buy-in (\$55,000 in Peru). Brazil does not have a bilateral agreement, so any work done must be done by centrally funded projects. The various projects, in turn, need to work with local business schools, universities, and consultants to develop an indigenous pool of management trainers who can use their skills to help family planning organizations develop the new service delivery skills they need to underpin their work. Many of the family planning organizations in Latin America (e.g., BEMFAM, Brazil) manage resources directly equivalent to those of small- and medium-sized businesses.

In Asian countries, such as Indonesia and Thailand, family planning organizations are also facing challenges more sophisticated than those in Africa. They can also benefit greatly from highly competent external assistance -- and simultaneously provide a valuable learning ground for A.I.D. In Indonesia, for example, where the National Family Planning Coordinating Board (BKKBN) is a world leader in family planning, FPMT is assisting the BKKBN in the gargantuan task of trying to shift a large portion of the cost burden of providing family planning services from the public sector to a combination of private sector and community financing.

Recommendation for Follow-on Project

Given A.I.D.'s interest in the self-sustainability of family planning programs, a follow-on FPMT project should continue to give support to selected Latin American and Asian family planning organizations while maintaining priority attention on the region of Africa. A strong and effective intervention by an FPMT follow-on project in Latin America and selected Asian countries could be critical in the next five years as donor support declines. The resources exist in these countries to create a self-sustaining tradition of the application of management sciences to family planning.

At this time, however, the intervention of an outside agency like FPMT seems necessary to create an awareness of the need to develop models of good program management, to create links between management specialists and service delivery specialists, and then, to transfer the technologies to the latter so the country can become self-sufficient in the theory and practice of management development.

3.1.6 Responsiveness to Mission Needs

FPMT has been very responsive to the needs of USAID missions. Review of several dozen mission cables requesting (and expressing thanks for) assistance indicates that FPMT is responding to mission needs. Project evaluations inevitably point to areas of LDC organizational weakness, and numerous missions have seen FPMT assistance as a means to address weaknesses identified in earlier evaluations. USAID/Zaire, for example, cabled to Washington: "Because activities identified in the joint FPMT INTRAH assessment respond to immediate training needs identified during bilateral project evaluation last June, mission strongly urges FPMT and INTRAH begin developing two major activities immediately."¹⁴

At the same time, FPMT headquarters staff have a strong desire to be doing something more substantial and lasting than simply responding to ad hoc mission requests (not all of which are always fully appropriate).

3.2 Project Administration

The distribution of FPMT expenditures, including for project management, seems to be appropriate in terms of the objectives and activities of FPMT and in light of the extensive geographic area in which FPMT operates.

Table 3, from FPMT's most recent semiannual report, lists expenditures by project activity from October 1988 to March 1989 and from the beginning of the project through March 31, 1989, respectively. The table indicates that project management ranged from 21.6 percent to 24.4 percent of total project expenditures (see next page).

To make a more precise judgment regarding the appropriateness of the division between management and other costs, one would have to examine comparable figures of other S&T/POP centrally funded projects.

3.3 Project Staffing

The quality of FPMT core staff and most of FPMT's consultants is very good. Collectively, they have a remarkable amount of relevant field experience and foreign language competence. Managers of client organizations who were interviewed spoke very highly of FPMT staff and consultants. (This is so in much of Francophone Africa, Kenya, and Brazil, for example.) Cables from USAID missions are, in most cases, similarly laudatory. The mix of core staff, MSH consultants, other expatriate consultants, and local consultants is an effective arrangement.

¹⁴Cable from American Embassy, Kinshasa, to Secretary of State, March 20, 1986.

Table 3

Total Expenditures by Project Activity

Project Activity	Oct 1988 to Mar 1989		Oct 1985 to Mar 1989	
	Actual Expenditures	Percent of Total	Actual Expenditures	Percent of Total
Planning and Assessment	\$ 49,679	2.5	\$ 697,457	7.6
Curriculum Development	103,141	5.2	462,456	5.0
Training				
Long-Term Training	281,342	14.2	597,462	6.5
Short-Term Training	65,134	3.3	540,168	5.9
Training Workshops	347,845	17.5	1,707,105	18.6
Study/Observation Tours	127,812	6.4	721,105	7.8
Internships	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal, Training	822,132	41.4	3,565,869	38.8
Evaluation	4,083	.2	178,604	1.9
Regional Representatives	122,405	6.2	310,164	3.4
Strengthening of RTIs ^{a,b}	80	0	80,875	.9
Technical Assistance	439,249	22.1	1,076,151	11.7
Coordination with				
Other POP Projects	2,984	.2	67,333	.7
Project Management Costs ^b	428,172	21.6	2,241,964	24.4
Subcontractor/Other Costs	<u>12,977</u>	<u>.7</u>	<u>518,058</u>	<u>5.6</u>
Total Project Activity Expenditures	\$ 1,984,902	100.0	\$ 9,198,931	100.0

^a RTIs = regional technical institutes

^b These expenses include backstopping costs (staff, communication, reproduction, supplies, etc.) for country, regional, and interregional activities, as well as general project and financial management costs.

Source: FPMT semiannual report, April 30, 1989.

More staff may be needed, however. Because key members of the core staff are often in the field, the home office is not always able to backstop field activities adequately. In some countries, personnel needs exceed the current arrangement. In Brazil, for example, the scale and sophistication of the work involved are close to requiring a permanent country representative. FPMT could also benefit from greater private sector expertise, especially in countries where the private sector is active in the provision of contraceptive supplies and FPMT is working with NGOs that are struggling to become more self-sufficient (see also Section 5.6).

The question has been posed as to whether it is appropriate to send consultants into the field unaccompanied by a core staff member. The answer depends on the nature of the assignment and the consultant's knowledge of the project and of FPMT. A core staff member should be present during needs assessments and development of management plans because those activities result in institutional commitments on the part of FPMT. In many other situations, consultants can work effectively without the assistance of core staff. There should not be an automatic requirement that a core staff person always be on site.

FPMT has a number of consultants whom it has used for repeated assignments in the same country. The USAID missions involved have been especially appreciative of FPMT's ability to send the same consultants back for follow-up activities. Missions have similarly praised the repeated assignment of FPMT staff. The USAID missions have valued both the capability of the individuals involved and the continuity provided by their repeated visits. The importance of such continuity cannot be overemphasized. Unfortunately, it is frequently overlooked or made difficult in the A.I.D. system. A.I.D. regulations (e.g., for competitive procurements) often compromise or prevent continuity in project implementation by contractors and cooperating agencies.

FPMT is also exemplary in regard to the quality and number of women on its staff, including those in top positions.

Recommendations

1. FPMT should consider a very modest expansion of core staff to ensure that field operations are backstopped with more continuity. This would also enable core staff to give increased attention to developing and disseminating training and other materials and to documenting what has been learned during the project.
2. Either the FPMT director or the deputy director should be at the headquarters office at all times. This is needed to ensure better continuity in headquarters backstopping of field operations.
3. FPMT (and its follow-on) should bring on board more private sector expertise, at least on a part-time basis.

Recommendation for Follow-on Project

A follow-on project should look closely at the possibilities of having more in-country representatives, especially when working with large organizations in more developed countries (e.g., Brazil).

3.4 Consortium Structure

The consortium structure has not contributed greatly to the achievements of FPMT. The exception is LASPAU, which has the single and very specifically defined task of identifying

and placing long-term trainees in U.S. institutions. In this, LASPAU truly functions more as a subcontractor than as a "consortium partner".¹⁵

Saying that the consortium structure has not contributed greatly is a criticism of the consortium concept -- not of the organizations participating in the consortium. Indeed, MSH/Boston has worked hard to "keep the other members informed," and relationships between the other consortium members and MSH are collegial and generally good. **Despite collegial relationships, however, the effort expended by the contractor (MSH) on advisory meetings and other activities to keep the other consortium members informed and abreast of developments seems somewhat a waste of money and personnel time relative to the rather minimal gains achieved.**

Both Pathfinder and CEDPA have made some useful contributions. They have, however, played a smaller role in FPMT activities, both at headquarters and in the field, than was projected in the design and bidding phase of the project. CEDPA's main contribution has been made through the effort of one of its talented and hard-working staff members who has been able and permitted to give FPMT 50 percent of his time. In Kenya, Pathfinder and FPMT are collaborating effectively in providing initial assistance to Maendeleo Ya Wanawake (MYW) in order to strengthen Maendeleo's organizational and management capability to carry out a CBD project. Similar examples of effective collaboration have taken place in Nigeria. However, in Kenya at least, this collaboration does not appear to stem from the formal consortium relationship. In Bangladesh, there has been little collaboration between FPMT and Pathfinder in the Upazila Initiative Project, despite the consortium relationship.

MSH and Pathfinder have agreed to reduce Pathfinder's involvement to a lower level than was originally planned, and the CEDPA staff member who gave so much to FPMT has now left CEDPA. Given the limited time remaining in the current FPMT contract, there does not seem to be much point in considering modifications to the consortium arrangement beyond what are already under way.

Recommendation for the Remainder of the Project

MSH's contract should be modified, as proposed by MSH, to acknowledge LASPAU's replacement of Columbia University as a consortium member. Current discussions to reduce Pathfinder's involvement seem appropriate and should be finalized.

Recommendation for Future Projects

Given the cost and complexity of consortia arrangements, S&T/POP should evaluate their utility before requesting or urging that new projects involve consortia. At a minimum, it should study the findings on this subject of other recent evaluations (e.g., of the Enterprise project¹⁶).

¹⁵Columbia University was to have been the subcontractor, but it never assumed this role. Subsequently, LASPAU was contracted to perform the function.

¹⁶Barbara Pillsbury et al., *Midterm Evaluation of the Enterprise Program*, Report No. 88-008-081, Population Technical Assistance Project, August 1989.

3.5 Subprojects

Subprojects, or project agreements, have usually reflected adequately the issues identified in needs assessments. One exception to this finding is the Upazila Initiative Project in Bangladesh, which, in its design and implementation, does not take adequate account of the planning, managerial, financial, and other requirements of an effort to promote improved and decentralized family planning program activity. (See Appendix D.)

The Upazila Initiative Project, a \$2.5 million buy-in to FPMT by USAID/Dhaka, raises an important issue: Who has monitoring responsibility for buy-ins? The USAID mission? S&T/POP (the CTO)? The centrally funded project's headquarters staff? For the Upazila project, the USAID mission seems to have played a rather passive role during project implementation -- in part because of competing demands on staff time inherent in the large USAID/Bangladesh family planning program. In Kenya, in contrast, USAID staff have been much more intensively involved in taking steps to help guide FPMT activities to a positive outcome.

Subprojects are generally monitored regularly by FPMT staff and consultants. Because the quality of work of some local subcontractors has been uneven (e.g., in Kenya), FPMT should define more clearly the scope and nature of work to be done by a subcontractor. It should also assess more carefully the experience and capability of proposed local contractors for subcontract work.

In addition, FPMT must be clear that, as a centrally funded project, it has a role in demonstrating new approaches that support the success of family planning organizations. Such organizations must truly want to work with FPMT and vice versa. There is some evidence (e.g., CPAIMC in Brazil) that FPMT resources were being used to meet a crisis situation that was identified by the mission but that was not solvable by FPMT's limited input.

A high proportion of participants in FPMT training and other activities are women. FPMT's efforts to achieve female participation are commendable given the need to have more women involved at all levels in family planning programs. FPMT has not had much success in trying to include women in the Upazila project but should continue efforts in this direction, both for this project and other projects.

3.6 Impact Assessments

In-depth evaluations of project impact can be an important management tool. An example is FPMT's 1988 report on its impact assessment of its activities in Nigeria. This evaluation provided important insights regarding effective training methodologies, critical management skills, and the need to include senior managers in training activities in order to foster high-level commitment to improved management.¹⁷

It is reasonable to assume that assessment findings are incorporated in the planning of future FPMT activities, given that the assessments are undertaken by FPMT staff and consultants and that the results are included in FPMT reports. There do not appear to be explicit mechanisms that ensure that this occurs, however. Nonetheless, FPMT plans for further assessments

¹⁷Ken Heise and Ann Buxbaum, *Family Planning Management Training, Project Impact Assessment*, FPMT, March 1988. This report was also praised by the A.I.D. representative in Nigeria as "the best of many hundreds of reports that I had read during the past five-plus years in Nigeria." Telex from Keys MacManus, USAID, American Embassy/Lagos to MSH.

during the remainder of the project are reasonable. They include, importantly, a comparative analysis of the various assessments.

Nevertheless, impact assessments are never a substitute for ongoing monitoring. It is important, therefore, that FPMT ensure that all management development plans and projects include explicit provision for monitoring.

FPMT does not seem to have thought much about how to measure its impact on strengthening the organizations it assists -- not in terms of costs saved, new acceptors served, nor general efficiency increases. **FPMT has procedures for evaluating the training it provides -- but not its technical assistance for organizational development** (which it considers so important). The lack of clear ideas about these matters is somewhat disappointing.

Recommendations

1. Given that much of FPMT's work with client organizations is a process of organizational development, monitoring and evaluation should attempt to assess improvements in this area (e.g., development of a top management team) in addition to counting training deliverables (e.g., numbers of trainees and workshops). Management development plans should give increased attention to identifying indicators of qualitative improvements.
2. FPMT should look increasingly at how to measure its impact on organizations, much as private consultants would their impact on private firms (e.g., in terms of costs saved, new acceptors served, and general efficiency increases).

3.7 Coordination with Other A.I.D. Projects

FPMT appears to have made some good attempts to coordinate with other A.I.D. projects and it has had some success. Coordination is difficult, however, due to the overall A.I.D. structure.

3.7.1. Coordination with Other Cooperating Agencies

In Kenya, relationships between FPMT and other cooperating agencies (e.g., Pathfinder and the Association for Voluntary Surgical Contraception) appear good, and there appears to be little duplication of effort. In Bangladesh, however, relationships appear somewhat tenuous and have hampered implementation of the Upazila Initiative Project.

S&T/POP has several projects with management components; duplication of effort among these is a serious issue. Given that organizational and management development is a broad concept, there are inevitably some areas of family planning program management in which more than one cooperating agency or A.I.D. project has competence and perhaps a mandate to be active. This can lead to a dilemma when management development assistance is required for a family planning organization in a particular management area. For example, should FPMT provide technical assistance or training (e.g., in logistics) as one component of a broader program of management support, or should the (possibly fragile) family planning organization be obliged to develop relationships with several different A.I.D.-funded organizations in order to improve management capability across the board? This is clearly frustrating and time-consuming for many if not most LDC organizations, including government offices. On balance, it seems reasonable that organizational and management development assistance can usually best be provided by one cooperating agency (or S&T/POP project), assuming that it has basic competence in the management areas at issue.

Recommendations

1. A.I.D. should, of course, strive to avoid duplication of effort among its projects. At the same time, it should permit cases in which all organizational and management development assistance provided to an organization by A.I.D. is provided through a single project such as FPMT or its follow-on. This would be especially appropriate if the client organization is relatively weak and the management assistance being sought is fairly basic.
2. With regard to coordination in general, in addition to stating in project documents that cooperating agencies are to coordinate with one another, the Office of Population (and USAID missions where possible) should place higher priority on developing structures and incentives to bring about this coordination.

3.7.2 Relationship to S&T/POP's Private (For-profit) Sector Projects

The work of FPMT is potentially critical to the success of other A.I.D. projects -- the TIPPS and Enterprise projects in particular -- because both projects seek to stimulate for-profit sector demand for family planning services and need efficient service suppliers from the nonprofit sector. Special skills are needed to market services to, and act as a contractor to, the for-profit sector and to offer some training to NGOs in establishing such relationships. Those specialist skills, however, are dependent on an already existing level of competence in the nonprofit organizations. The Enterprise project does not have the resources (or mandate) to do the in-depth management development work that FPMT does.

There is some overlap between the designs (and, thus, mandates) of the FPMT and Enterprise projects, and their respective roles should be defined more clearly. In Brazil, cooperation between the two projects has been good. At the Sophia Feldman Hospital, Enterprise has funded and supported the development of laboratory services, and FPMT has made a substantial contribution to the overall management capability of the hospital leadership. These two interventions have complemented each other well and greatly strengthened the effectiveness of the hospital's services and financial sustainability. This particular relationship was not planned beforehand, but it is still a good example of what joint intervention can achieve for a client organization. Both projects are also collaborating well, in principle, to assist the Brazilian Association of Family Planning Institutions (ABEPF), but coordination at the local level is difficult because neither project has an in-country representative. This is a definite drawback because close and timely contact is often essential to ensure project success.

For the remainder of this project, FPMT and Enterprise should consult to see if there are one or two other joint projects they could undertake to develop a working collaborative methodology. They should also share their experiences working with NGOs and make recommendations to any follow-on projects as to how best to plan and execute collaboration. The follow-on projects must work more closely together. Their activities are mutually supporting and enhance their clients' prospects of success, particularly in the more developed countries, where NGOs are developing self-sustainability strategies.

3.8 Dissemination of Materials for Training and Organizational Development

FPMT, like many other centrally funded projects and cooperating agencies, has produced some excellent training materials and more are in progress. Unless A.I.D. can develop a means for sharing these among the organizations it supports, however, considerable resources will be wasted on needless duplication of effort.

Recommendation

FPMT should prepare and disseminate relatively brief working papers, issues papers, or reports that synthesize its experience in supporting organizational and management development of family planning programs. Examples of topics for such papers are strategic planning, issues in designing a MIS for a family planning program, the concept of sustainability in a family planning NGO, and the development of a MIS that integrates cost and service statistics (see Section 4). A.I.D. should assist in developing ways to disseminate the materials.

3.9 Nonproject Factors That Have Facilitated or Inhibited Implementation

This "question," as framed in the Scope of Work, is sweeping and difficult to answer with any precision. Within each country and within each organization assisted by FPMT, numerous nonproject (non-FPMT) factors have facilitated implementation, and probably an even greater number of factors have impeded implementation. Such factors may be more significant than factors that are generic to the project as a whole.

Factors such as institutional structure, administrative support, candidates for training, and personnel turnover must be taken into account and dealt with (managed) by a project concerned with management development. "Environmental" factors (e.g., social/economic policies, political support) must also be dealt with because an organization must "manage" its environment in order to survive.

The issue of sustainability can perhaps be considered a nonproject factor in the sense that the decision to reduce sharply external (mostly U.S.) funding for many family planning programs (e.g., BEMFAM in Brazil) is beyond the organizations' control (yet the organizations must confront the issue). The same is true when more funds are available than can be effectively used (e.g., the projects in Egypt and Pakistan) and when a project (e.g., in Kenya) has more to accomplish than available resources permit.

The need to address the issue of sustainability has facilitated project implementation in the sense that it has forced some organizations to look at such issues as organizational mission, structure, personnel, financial management, and management systems. To the extent that achieving sustainability in a very brief time frame can be extremely difficult for an organization, this factor could perhaps also be seen as inhibiting project implementation. The latter has not been the case in Brazil because of the remarkable effort put in by FPMT, but a critical lesson has been learned - namely, that organizational development must include the progressive introduction of financial independence as an issue. Organizations at stage 2 or 3 of program development (see Table 2) must start to plan for a management structure that includes an income-generation strategy. A funding crisis of the type faced in Brazil could cause the collapse of many PVOs.

Several nonproject factors have inhibited implementation of the Upazila Initiative Project in Bangladesh. These include lack of political support (at least until recently), the general bureaucratic climate in Bangladesh, and nomination of inappropriate training candidates. On the other hand, as pointed out above, a management development project, by definition, must deal with such issues.

Numerous generic factors have inhibited the long-range training component of the project. Especially in Africa, where many countries have no more than a handful of senior and middle-level family planning personnel, it is often difficult, if not inappropriate, to remove such personnel from their posts for a year or more. Further, although FPMT (thanks especially to

LASPAU) appears to have done a good job of placing training candidates in U.S. institutions, it is always difficult to designate candidates for long-term training and, subsequently, have them go back to the positions for which they were trained.

Another generic factor that FPMT staff consider to have inhibited implementation of coherent strategies is the need to respond to mission requests. FPMT has attempted to deal with this, however, by classifying its assistance (and responsibility for the outcome) in terms of ad hoc, limited, and intensive efforts (see Section 3.1.2).

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4. Project Effectiveness and Potential for Impact

4. Project Effectiveness and Potential for Impact

4.1 Achievement of Project Objectives and Outputs

The project is generally on schedule in achieving the outputs specified in the contract and Project Paper. This is detailed in the FPMT Project Overview report of March 3, 1989,¹⁸ and summarized in Table 4 (see next page).

Exceptions to the on-schedule achievement of contract targets are as follows:

- Study tours were a major aspect of the training component. Fewer study tours have been undertaken (14) than planned (40), however, although the number of participants (165) in the study tours exceeds the project target (120). A large majority of the participants (106) have been members of teams of Bangladeshis who visited the Indonesian family planning program under the Upazila Initiative Project (discussed elsewhere in this report). FPMT has proposed to modify the contract to provide for approximately 20 study tours for approximately 350 participants. The evaluation team agrees with reducing the number of study tours.
- Long-term training. Forty long-term trainees were to be supported under the project. FPMT proposes to reduce the number to 30. The rationale is that the pool of available candidates is limited by the fact that it is a hardship for many emerging programs to give up their most promising managers for long periods of time. This modification appears very appropriate.
- Training packages. The contract called for FPMT to develop four training packages on specific management issues. FPMT is developing three practical management manuals¹⁹ as a proposed substitute for the training packages. The evaluation team supports this change, for several reasons. First, the meaning of "training package" was not clearly specified in the contract. Second, the three manuals focus on general management, financial management, and management information systems, respectively, and are likely to be very useful to program managers. As recommended above (see Section 3.1.4), it is important that FPMT evaluate the usefulness of all materials developed and used in project activities and to distribute the most useful materials to training and other institutions concerned with the management of family planning programs.

Interventions have been directed principally at public sector and NGO family planning service delivery organizations, which was, apparently, the intent of the project. As noted in Section 2, the interventions have focused on organizational and management development rather than on management training and follow-up technical assistance, as proposed in the contract. This has meant that the effectiveness, quality, and potential impact of interventions has undoubtedly been greater than would have been the case had the focus been primarily on training managers. Had the latter remained the focus, other crucial management needs of family planning programs (e.g., clarification of organizational mission, strategic planning, improvement of management systems, MIS, and financial management) would probably not have been addressed as effectively.

¹⁸Family Planning Management Training Project Overview, prepared by FPMT for A.I.D. Office of Population, March 3, 1989, p. 27.

¹⁹As noted above, due to a funding shortfall, FPMT will be producing only one management manual.

Table 4

FPMT Contract Deliverables

<u>Deliverables</u>	<u>Achievements Oct 85 - May 89</u>	<u>Remaining</u>
1. Assistance to 25-30 countries	26	0
2. Train 1,800 people	1,577	223
3. Assess 10-12 U.S. institutions	12	0
4. Assess 10-12 regional institutions	8	2
5. Follow-up visits to 4-5 regional institutions	5	0
6. Assess approximately 20-22 country training institutions	34	0
7. TA to up to 8 regional or country training institutions	8	0
8. 36 planning and assessment visits to FP organizations; 8-10 annually through Year 4	61	0
9. Intensive training and TA in 5 countries	7	0
10. Two interregional courses	1	1
11. 40 long-term trainees in U.S. institutions*	18	22
12. 100 participants to existing courses (U.S. & third country)	95	5
13. Short-term trainees in U.S.	63	Unspecified
14. 40 study tours (120 trainees)*	14 (165)	26 (0)
15. 8 internships**	0	8
16. Develop approximately 24 teaching cases	23	1
17. Develop 10 teaching exercises	10	0
18. Develop 4 teaching packages***	0	4
19. Assemble and distribute management resource packages for trainees	106	Unspecified
20. Perform 5-7 case study evaluations	4	1
21. Prepare report on existing management training programs	2	0

Source: *Management Sciences for Health, October 1989*

* Modification of contract requirements under consideration by A.I.D. and MSH.

** To begin in summer 1989.

***Practical manual for family planning managers in progress.

FPMT interventions in project countries can be summarized as follows:

Asia

- **Expanded Service Delivery**
Bangladesh
- **MIS**
India and Thailand
- **Sustainability**
Indonesia
- **Support to Regional Training Institution**
Indonesia -- BKKBN

Africa

- **Organizational and Program Strategies; Coordinating Mechanisms**
Francophone Regional Advisory Committee,
Burkina Faso, Niger, Lesotho
- **Planning and Management Skills**
Nigeria, Niger, Burkina Faso, Cameroon
- **Management Systems**
 - **Financial Management**
Senegal, Rwanda, Kenya (FPAK and Christian Health Association of Kenya, CHAK)
 - **Human Resource/Personnel Management**
Ghana, Burkina Faso, Niger, Kenya (FPAK), and Rwanda
 - **Logistics**
Senegal
- **Sustainability**
Kenya (CHAK)
- **Support to Regional Training Institutions**
Centre for African Family Studies (CAFS) and Pan African Institute for Development (PAID)

Latin America

- **PVO Strategic Planning and Management Skills**
Brazil, Ecuador, Bolivia, Colombia, Costa Rica
- **Financial Sustainability and Income Generation**
Brazil, Ecuador
- **MIS**
Brazil (Civil Society for Family Welfare, BEMFAM),
Ecuador (CEMOPLAF)
- **Public Sector Enhanced Management Skills**
Mexico, Peru, Bolivia, Ecuador

The impact of these interventions is discussed below, by region.

4.1.1 Africa

Virtually all FPMT activities in the region were rated highly by the approximately 25 family planning program managers (from 10 African countries) who were interviewed during this evaluation. This was true of countries in which FPMT engaged in "ad hoc" or "limited" activities, as well as those in which it had done "intensive" work (Kenya). It is difficult to single out the interventions in Africa that have been most effective.

Although most FPMT interventions in Africa have been very effective, in much of Africa they were appropriately small-scale interventions or steps in a larger series of interventions that should take place over a longer time frame if the client organizations are to become better managed and more effective. All the involved organizations are subject to factors beyond project control (e.g., political interference) that can jeopardize longer term success. These organizations can also, in a sense, be victims of their own success in that in some countries the better managed organizations are prime targets for many donors seeking effective organizations and programs that they can support. One element of the strategy of USAID/Kenya, in fact, is to use FPMT to strengthen the management of several NGOs so that increased A.I.D. support can be given to those organizations to expand family planning services in Kenya (see Appendix E).

Project training activities in Africa have been well designed, implemented, and evaluated, and they have generally used training materials and methodologies that are relevant to African family planning program managers and staff. FPMT has frequently used a mix of FPMT and local trainers, which should result in some increase in local training capability. It has also provided support to two regional training institutions -- CAFS and PAID. However, FPMT leadership has recognized, realistically, that the project cannot take on responsibility for institutional development of either national or regional training institutions in Africa.

The Francophone Regional Advisory Committee is a particularly useful mechanism created by FPMT. It helps to (1) overcome the relative isolation of managers of emerging family planning programs in Francophone Africa; (2) provide a forum for the exchange of ideas and experience among managers on many key issues facing their programs (the participation of Moroccan and Tunisian program managers has been very useful given the relatively more developed stage of their family planning programs); (3) serve as a de facto training mechanism for Francophone managers; and (4) provide guidance to FPMT regarding emerging management needs of the family planning programs of the Francophone area.

4.1.2 Asia

There have been fewer FPMT activities in Asia than in Africa, although one Asian activity, the Bangladesh Upazila Initiative Project, has been on a very large scale, at least in terms of proportion of FPMT funds devoted to it. Two project activities, MIS assistance in India and work that is beginning in Indonesia on sustainability (K. B. Mandiri), are "cutting edge" activities and, if successful, could have relevance for family planning programs in a number of other countries. FPMT's work in both countries appears to be of high quality.

The technical assistance being provided to the BKKBN in Indonesia to develop a regional training capability and program is useful in at least three respects: (1) it has helped the BKKBN staff to handle the Bangladesh Upazila teams effectively during their study tours to the BKKBN program; (2) it should reduce somewhat the demands on BKKBN staff time and resources that the current ad hoc flow of visitors from other countries entails (by planning and organizing scheduled training activities); (3) it may generate some resources for the BKKBN or, at a minimum,

enable the BKKBN to recoup some of the costs that are implicit in handling the flow of visitors to its very successful program.

The Bangladesh Upazila Initiative Project, as noted earlier, has significant design and implementation problems, which if not corrected, make it unlikely that the substantial funds expended will have any significant impact on family planning activities in Bangladesh (see Appendix D).

4.1.3 Latin America

In Latin America, FPMT has concentrated on issues of strategic planning, financial management (in the context of the need for greater self-sufficiency), and institutional survival and development in a rapidly evolving social and political context. Interventions have ranged from fostering a small and emerging family planning movement in Bolivia to offering sophisticated strategic planning and systems development to a major NGO in Brazil, which has the budget and organization of a well-established, small- to medium-sized business. In addition, two organizations in Brazil have hired accountants as a direct consequence of participating in FPMT courses and have made regular use of the course materials in management planning meetings.

FPMT's work in Latin America has been divided, in terms of the number of interventions, between government agencies and NGOs. Its work with the public sector has been limited in nature, however. In Mexico, for example, it has concentrated on strengthening the managerial capacity of state-level officials taking responsibility for newly decentralized programs. It has also assisted the social security organizations in Peru and Bolivia in a limited way, and to good effect. FPMT assistance in Bolivia was totally appropriate for the project and extremely well executed. It differed markedly from FPMT activities elsewhere in Latin America, however, in that it was work with a stage-one organization in a stage-one country.

The real contribution of FPMT in Latin America, however, has been in the intensive assistance it has given to NGOs in Brazil and Ecuador. Those organizations are facing the progressive withdrawal of A.I.D. funds and have had to redefine their mission, strategy, and operational procedures. Five major NGOs have been helped directly and nine others, indirectly. This work has been done with the organizations under time and other pressures, and in the face of some resentment over the change in donor policy. FPMT has coped with the situation extremely well, however, and the work done has been excellent.

For an NGO, operating in an environment in which it has to work to generate income and manage its cash flow, as well as its service delivery activities, is a fundamental shift in its method of operation. An entirely new approach to the management of the organization is necessary. Getting family planning agencies to recognize the need to manage their resources efficiently is critical. They need to know how much each activity costs and what benefits result, particularly in terms of service delivery. Indeed, "management" in the sense that the word is used in the for-profit sector is not really possible until an organization has a system of cost accounting. To its credit, FPMT has clearly identified this issue as critical to the future success of stage-two and stage-three organizations, especially in the more developed countries, in which financial self-sustainability is an urgent concern.

FPMT began developing the appropriate systems and management techniques with NGOs in Ecuador and effectively transferred them to Brazil, where all the early signs of a successful change in organizational practices, systems, and attitudes, are obvious (see Appendix F). By accepting this challenge, FPMT has been able to develop work at the cutting edge of management in family planning. Particularly notable is the system of integrated cost and service delivery management. Once this system has been refined, it will have applicability in all regions and

will give family planning managers the technology to monitor and control their expenditures in relation to program activities. (The system will be particularly applicable to other NGO -- or private -- programs that focus on family planning services. Its usefulness will likely be more limited where family planning is closely integrated with other maternal and child health services, which is typically the case with programs of ministries of health.)

One striking omission in FPMT work in Latin America is the lack of or minimal attention paid to the role of the private for-profit sector in providing family planning. The for-profit sector has a dominant role in the market on the continent and is a major "competitor," or perhaps collaborator in some circumstances, of both government and NGO providers. Similarly, in Brazil a resurgence of government activity in the field of family planning has meant a challenge to the role of NGOs. Without greater attention to the total market, FPMT will have less impact in helping both the government and NGOs to define their roles in that market. MSH staff indicate that they feel mandated by A.I.D. to "leave the for-profit sector to Enterprise." This is thus an issue not only for FPMT but also for S&T/POP as it seeks to adjust its overall program to have the greatest impact possible in the face of increasing need and decreasing resources.

4.2 Unanticipated Project Effects

FPMT has several significant achievements to its credit that were not anticipated in the design of the project and that are helping to achieve project objectives.

First, the emphasis on organizational and management development, as opposed to a major focus on management training, has enabled FPMT to have a strategic impact on organizational development, planning, and management systems, as well as on such issues as sustainability in a number of important family planning organizations.

Second, FPMT has developed a conceptual framework for categorizing family planning programs and countries in terms of level of development and likely management needs. This has enabled FPMT to define a set of management issues that can serve as a guide for FPMT work in different program and country settings.

Third, as noted above, FPMT has identified and developed a fully integrated system of service delivery and cost analysis, and FPMT is about to pilot-test its use with BEMFAM in Brazil. Once in place and operational, this computer-based system will provide a model for all family planning agencies to use in tracking and managing more effectively the application of scarce resources to family planning needs. The model is the tangible expression of a real breakthrough in the application of management science to family planning activities; it should have a wide-ranging impact in the field.

Fourth, other donor organizations are beginning to seek FPMT's assistance. The World Bank contracted with FPMT for the participation of one of its staff in a World Bank workshop held in Zimbabwe in June 1989. Of more significance, the International Planned Parenthood Federation (IPPF) and CARE have recently asked FPMT to provide management training for their personnel. This speaks very highly of the appropriateness of FPMT's client-tailored training.

Recommendations for Follow-on Project

1. If possible, design of the follow-on project should require FPMT to provide management assistance to other donor organizations.
2. S&T/POP should continue to encourage the development and implementation of management information systems that integrate costs and service delivery statistics.

5. Recommendations for Future Directions

5.1 General Introduction

FPMT is in many ways an experimental project, and much of value has been learned from it. The segmentation of its country and organizational markets, the move to an organizational development approach, and the development of management systems and skills for financial self-sustainability are innovations in the field. A follow-on project must build on these valuable achievements.

If, however, an organizational development approach is to be the dominant approach for the follow-on project, as it should, the project will require some restructuring. Organizational development, unlike the delivery of training packages, requires that a project undertake a long-term commitment to the growth and change of an organization. The project must help define the organization's mission and its place in the total market for family planning services. Major organizational, staffing, and financial issues invariably arise, and the project must be available to help its client work through them in a professional and disciplined way. Organizational development is a process, not a package of predetermined skills; only when an organization has clearly identified its mission and the resources it needs to pursue it can it really identify its training needs. Further, by participating in the management development process, the project must share a much greater responsibility for the success and failure of its development activities and, indeed, the client organization as a whole.

The above being the case, the follow-on project should be designed in such a way that the request for proposals (RFP) addresses the following issues:

1. A clear strategic understanding is needed of the project's potential contribution to family planning management in a given country across the public, not-for-profit, and for-profit sectors.
2. Criteria are needed to guide the selection of organizations to work with. Selection must take into account an organization's level of development and the impact on family planning provision to be achieved by project interventions.
3. Agreements with client organizations are needed such that they know the extent of the project's commitments, up front, to an annual and five-year planning and development process.
4. Project staff/consultants should possess a comprehensive range of management skills so the project can be a "one-stop shop" for all management development needs, broadly defined, in fields as diverse as strategic planning, staff development, MIS, financial management, marketing, program development, logistics, and service delivery.
5. A forward-looking perspective is needed such that emerging issues (e.g., working on AIDS, and with private employers) are covered, as well as fund-raising, and self-sustainability.
6. A strategy is needed for establishing close links with other A.I.D. projects, especially SEATS and the follow-on to TIPPS and Enterprise, such that the project's efforts actively and consistently support their activities.

7. The transfer of management science technologies to local service providers and, where feasible, to management centers is needed such that the process of management development in family planning becomes an integral part of a developing country's culture.

Many of these issues are discussed in more detail below. This evaluation, however, cannot cover all the issues in the necessary depth. It is suggested that A.I.D. use a variety of external as well as internal resources to help develop the follow-on Project Paper and RFP.

The proposed modified design for a follow-on project calls for continuity of technical assistance and support in recognition of the fact that management development is a long-term process. The recent action by S&T/POP to reduce the FPMT budget by some \$2 million, following a reduction in S&T's funds by the U.S. Congress, can jeopardize FPMT's ability to provide planned support and to meet commitments expressed or implied in the preparation of management development plans. S&T/POP should consider how the design of a follow-on project can deal with such an eventuality.

5.2 Direct Training versus Training of Trainers

Although FPMT has emphasized direct training rather than training of trainers, the project has used local trainers in conjunction with FPMT trainers in a number of instances, in Kenya for example. This arrangement has resulted in the development of the capacity of local individuals to provide better management training, although it does not appear to have developed institutional capacity. In two countries, Ghana and Rwanda, FPMT has assisted national institutions to develop training strategies and plans. Given that most national family planning training institutions are relatively weak, and given that providing effective training to family planning managers and staff is a critical component of FPMT management development assistance, the project should not normally assume responsibility for the institutional development of national training institutions. Where possible, however, FPMT should continue to use, and help develop the capabilities of, local trainers.

5.3 Development of Regional Training Institutes

The FPMT contract emphasizes the institutionalization of family planning management training through collaboration with regional training institutes. FPMT assistance to and collaboration with the Centre for African Family Studies (CAFS) and the Pan African Institute for Development (PAID) in Africa under the current project have been appropriate and useful in that CAFS and PAID have increased their training in family planning management. Such assistance should continue in a future project. FPMT should also continue to be prepared to assist CAFS with the planning of training and with organizational development if such assistance is sought. The project should not necessarily assume responsibility for the institutional development of regional training institutes, however. In Africa especially it is not likely that substantial investment of resources would result in significantly stronger institutions over the long term.

FPMT should give substantially increased attention to using strong in-country management training institutions as de facto regional training institutions. These organizations do not require large investments for institutional development, many have substantial experience and capability in social sector (and family planning) management, and their use would help to institutionalize developing country management training capability in the family planning field. This was to have been a component of the current project, but it has not been developed very effectively (although FPMT has had some enriching collaboration with four such institutions -- the

Asian Institute of Management in the Philippines, the Indian Administrative Staff College in Hyderabad, the Central American Institute for Business Administration (INCAE) in Central America, and BKKBN in Indonesia.

Institutions that should be considered for support and utilization for management training include the Asian Institute of Management in the Philippines; the Indian Institute of Management in Ahmedabad and the Administrative Staff College in Hyderabad, India; and INCAE of Central America. If a follow-on project is approved, an early activity should be an in-depth assessment of the most promising management institutes in the several regions with a view to determining possibilities for collaboration in management training under FPMT auspices.

5.4 Regional Advisory Committees

As noted in Section 4.1.1, the Francophone Regional Advisory Committee has proven to be a very effective mechanism for

- overcoming the relative isolation of Francophone family planning managers;
- providing an opportunity for managers to share experiences and learn from one another (including from the more developed Moroccan and Tunisian programs); and
- identifying project intervention opportunities for FPMT.

Recommendation

Support for the Francophone Regional Advisory Committee should continue in a follow-on project along the lines of the current project.

On the other hand, there appears to be less evidence, based on interviews with knowledgeable USAID mission staff in Nairobi, of a similar need in Anglophone Africa. Reasons for not creating a similar Anglophone regional committee include the following:

1. Family planning managers in Anglophone countries appear to be relatively less isolated, in part because of IPPF-sponsored meetings and in part because of donor-sponsored meetings and visits;
2. The likely substantial cost of FRAC-type activity in Anglophone Africa; and
3. Concern that some national organizations, the National Council for Population and Development (NCPD) of Kenya, for example, might think that it is their responsibility to develop mechanisms that link family planning organizations in their region.

As for Asia, on the surface there seems to be little need for a regional advisory committee structure. ICOMP, headquartered in Kuala Lumpur, holds periodic meetings for program managers. Because family planning programs in Asia are relatively well developed, there appears to be less need for program managers to meet in order to share experiences regarding the development of their respective programs. As knowledge is gained about such program issues as sustainability, there are likely to be more cost-effective ways of spreading relevant information than through regional meetings of program managers.

A similar situation exists in Latin America. There is a need for information sharing and networking among the agencies working with FPMT, particularly the NGOs, but there is no local pressure for a regional advisory committee. Informational exchange can be efficiently accomplished in these relatively sophisticated countries without the institution of an advisory committee. However, FPMT should propose specific ways in which the follow-on project can achieve this goal early in its work.

5.5 Assistance to Middle-income Countries

It is appropriate for FPMT to assist middle-income and mid-level prevalence countries if there are opportunities to do research and development work on "cutting edge" problems that other countries are likely to face in the future. Examples of such problems or issues are (a) sustainability; (b) MIS for large-scale family planning programs that are integrated into primary health care systems (e.g., in India); (c) computer-based systems that integrate service statistics and cost data (e.g., Brazil); (d) coordination and management of family planning program activities on a national or regional scale where an array of public, private, and not-for-profit organizations are expected to provide family planning services for the total target population (e.g., Brazil and Thailand).

Other criteria that should be applied in deciding whether to work in a middle-income country are whether there are opportunities for leverage (will there be opportunities to test innovations in the program?) and whether the effort can be carefully monitored and evaluated and the results disseminated.

5.6 Assistance to the For-profit Sector

To date, FPMT has not attempted to work with any for-profit family planning service providers. Nor is it actively seeking to do so, primarily to avoid overlap with S&T/POP's Enterprise project. The issue of FPMT's relationship with the for-profit sector must be faced in the future, however. This is because in a high proportion of FPMT countries the for-profit sector is a major provider of contraceptives. Appendix G gives a fuller indication of the source of contraceptives in a number of countries; the share of the market serviced by commercial providers ranges from 8.4 percent in Kenya to 39.2 percent in Ecuador, 85 percent in Brazil (where the total effort of FPMT goes into the NGO sector, the contribution of which is about 1 percent of the total), and 93 percent in Bolivia.

Clearly, where the for-profit sector plays a major role in providing (and stimulating demand for) contraception, management interventions might have a significant impact on the effectiveness of the sector's performance -- in terms of increasing both the size of the market and the quality of service offered. The quality-of-service issue is regularly discussed in Brazil, where commercially purchased oral contraceptives are the major form of contraception.

Any project seeking to work with the private sector must first analyze the total "market" of opportunity and its needs. This has not been done, nor was FPMT required to do it. There are many issues to be faced in this regard, not least of which is the ethics of publicly funded agencies assisting private companies increase their competitive advantage in the marketplace. However, the Social Marketing for Change, TIPPS, and Enterprise projects have all faced and dealt with the issue while working with the growing and powerful for-profit sector. A follow-on to FPMT must do the same.

Recommendation for Remainder of Project

As the current project draws to a close, project staff should meet with a few carefully selected commercial providers in countries as diverse as Brazil and Kenya to get some sense of how they fit in with the existing project strategy. The project should also suggest what role they might play in the future. The current project should also try to assess the for-profit sector's management skills and determine what it could learn from the sector and assess where a follow-on project might seek to enhance the performance of for-profit providers. This information should be submitted to A.I.D. for use in designing the follow-on project and defining its relationship to the TIPPS/Enterprise follow-on project and this work with the for-profit sector.

Recommendation for Follow-on Project

A follow-on project must provide resources to undertake some experimental activities with the for-profit sector. S&T/POP should design the follow-on projects to Enterprise and FPMT in a way that eliminates, as much as possible, difficulties in defining the responsibility of the two projects and make them mutually supportive.

5.7 Appropriate Levels of Trainees

FPMT should continue to focus principally on management training needs of middle and higher level managers. One of the strengths of FPMT is its focus on the overall organization and its management needs and systems -- in contrast with other A.I.D. projects, which typically focus only on selected components of programs. FPMT will inevitably become involved in some training of lower level staff -- for example, in undertaking the training of staff at various levels to implement an improved financial management system. Similarly, it is appropriate that FPMT's "whole organization" approach continues to involve FPMT in improving clinic management. FPMT should not regularly provide assistance in clinic management alone, however.

5.8 Long-term Advisors

FPMT should consider placing long-term advisors in selected countries under two circumstances:

1. When there is an opportunity for a highly skilled professional to work on a "cutting edge" program issue (e.g., sustainability) in a significant family planning program and FPMT can have a learning experience that can subsequently be applied in other countries;
2. When FPMT has a substantial number of activities under way in a country that has significant family planning program activity and it is determined that a full-time professional is required for effective coordination and backstopping of the work (Kenya currently represents such a case).

A long-term advisor can also be justified when a single FPMT activity is of such large scale (the Upazila Initiative Project in Bangladesh, for example) that full-time management is required. The presence of a full-time advisor in a country with "intensive" FPMT activity should have the added advantage of reducing the backstopping load at FPMT headquarters. FPMT should not place regional advisors abroad because that tends to add another layer to management,

although a full-time country advisor could, on occasion, be asked to undertake selected tasks in other countries of the region.

5.9 Training Design

The training component of a future project should differ in some respects from that of the current project. There should be relatively few awards for long term training; these should be given only to individuals of great promise and only as part of an institutional development effort involving other FPMT assistance. The very effective tailor-made workshops that FPMT has been organizing, particularly in Africa and Latin America, which provide hands-on experience for managers in work planning, MIS, and other management functions, should be continued in-country, regionally, or in the United States, as circumstances dictate.

Study tours should be reduced in number and should emerge from needs assessments and management development plans. FPMT should explore the feasibility of organizing courses of from several weeks to several months for key managers at the strongest developing country management institutes. FPMT should not devote substantial resources to supporting certificate courses at U.S. universities unless the courses are of relatively short duration and meet specific management training needs of program managers. Further, resources should not be devoted to such training if this would mean that fewer resources would be available for FPMT in-country management development work. If university-based certificate courses of from 9 to 12 months were to be considered for inclusion in the project, FPMT would be better advised to explore how the several very good programs that exist in universities in the United Kingdom (e.g., Universities of Manchester, Birmingham, Leeds) could be used rather than attempting to develop such courses at U.S. universities.

5.10 Curriculum Development and Trainer Support Systems

A future project should continue to devote resources to the development of new curricular materials, including trainer support systems (e.g., teaching guides). Training materials should evolve from FPMT activities, as is currently the case, rather than being developed independently, as was the practice in the early stages of the project. A continuing and systematic effort should be made to evaluate the usefulness of various training materials for various settings and to ensure the prompt and widespread distribution of those judged to be most useful in various training situations.

5.11 Project Objectives, Design, Strategy, and Outputs

A major strength of the project -- emphasized by many client organizations -- is that FPMT does not have preconceived solutions to management problems of family planning organizations but rather works with family planning program managers to identify critical management problems and develop solutions to them. Project objectives should thus be recast to reflect the fact that the project focuses on management development for family planning programs and managers. For this reason, a follow-on project might be renamed Family Planning Management Development.

A follow-on project should not be organized on a consortium basis unless it is clear that the prime contractor lacks critical capabilities that a consortium partner can provide.

The project should put less emphasis on quantitative targets, or make provision for periodic revision of them (or have a more flexible range of quantitative targets) in recognition of the fact that such targets can independently influence FPMT activity -- as opposed to having activities determined more as a result of needs assessments.

There could be a modest decrease in the number of countries in which FPMT works, although the mix of countries receiving "limited" assistance and countries receiving "intensive" assistance is appropriate and useful. "Limited" countries can become "intensive" countries, however, and "intensive" countries can be taken over completely by bilateral projects.

Subprojects should be continued and encouraged because when they consist of buy-ins, they demonstrate A.I.D. mission interest and commitment. Subprojects also provide opportunities to use and develop local organizations and individuals.

There appears to be a consensus that most family planning programs, and particularly those in Africa, will need management development assistance for a number of years. This fact, together with the realization that organizational and management development are sensitive areas, underscores the importance of continuity in providing training and technical assistance. In developing criteria relating to a follow-on project, due consideration should be given to ensuring continuity of assistance in management development.

In a future project, FPMT should ensure that its professional expertise is brought to bear fully in all needs assessments and in all management development plans and activities. FPMT should be prepared to decline to participate in management development activities in those (presumably very few) instances in which its professional judgment is that the activity is not well designed and/or that the chances of success are extremely limited. In those situations in which the management development task could be considered "high risk," it might be useful for FPMT to prepare, at an early stage, an internal confidential needs assessment document that could be shared (perhaps informally) with the A.I.D. mission. This would provide an opportunity for FPMT to put in writing its professional management judgment regarding a proposed project activity. It would also provide a benchmark for subsequent evaluations, and it would contribute to institutional memory (which meetings and discussions do not).

5.12 Reporting, Monitoring, and Evaluation

Reporting

By current A.I.D. standards, reporting requirements and reports on project activities under the current project are appropriate and adequate. FPMT has been praised by numerous senior A.I.D. officials for some of its reports.

On the other hand, however, if one judges by standards of cost-efficiency that are used in the private sector, the current reporting requirements and reports on project activities are excessive and should be streamlined for a follow-on project. Because it is vital that the CTO be fully conversant with project development, however, the CTO should ideally be able to access the project's data base and on-line activity reports at any time. This could possibly be done by electronic means rather than printed documentation. If the project were managed with the aid of modern electronic mail techniques, all FPMT staff worldwide and A.I.D. could have simultaneous access to memos, reports, and financial transactions as they are developed. Such a system maximizes communication, promotes a flat management structure, and raises reporting to a level at which it can focus on strategic matters.

S&T/POP should consider making these sorts of streamlining changes in the follow-on project and, perhaps, its entire portfolio of projects. This relates directly to the more encompassing issues of monitoring and evaluation.

Monitoring and Evaluation

The current project has given substantial attention to monitoring and evaluating training activities; it has also carried out several project impact assessments, some of which have been quite useful. As noted above, there appears to have been inadequate attention to periodic assessments of management development activities other than training, however.

Monitoring and evaluation in the follow-on project should be based on the principle that spending on organizational development and training is an investment, not an expense. This being the case, a new approach to monitoring and evaluation is necessary in order to measure the returns on the investment.

First, establishing project deliverables may be legally needed and somewhat useful, but is a very incomplete measure of success -- effectiveness and impact. Denoting the number of countries to be worked in and the number of organizations and individuals to be helped defines the scope of the project, but such measures say little about its success. Project success should not be measured primarily on the basis of quantitative training outputs (e.g., number of long-term trainees). Better indicators should be developed for assessing qualitative improvements in such areas as family planning organization, planning processes, and management systems.

Indicators for assessing improvements in organization could include development of a manual describing the organization and functioning of the institution and preparation of a document on policies and norms relative to delivery of family planning services. Indicators relevant to improved planning processes would be the existence of (1) guidelines for an annual planning process that describe characteristics and components of the plan, the planning process, and planning time frame and (2) policies and manuals for evaluating progress in plan implementation. Indicators for assessing management system improvements could be the development of functioning systems for procurement, inventory control, control of vehicles, cash flow projections, budget monitoring, and so on.

Second, the measures of project success will obviously vary somewhat from activity to activity. The real role for monitoring and evaluation is to assess and give feedback on the progressive development of project activities. This is essential because success on one level of activity, such as defining a mission statement, may be critical to progress at the next level. The current project has made some attempts in this direction, but it has not followed through on them vigorously and efficiently. The follow-on project must view monitoring and evaluation as "on-line quality control." This must be planned for from the very beginning of the project. Each subproject activity should develop very early (in its planning stage, if possible) indicators for exactly how progress will be measured, and when. A budget must be established and an evaluator appointed to manage the function.

Third, and most important, FPMT must attempt to assess its impact in terms of the increased efficiency and performance of the client organization. If a private company hired the project to provide consulting services to its organization, it would be looking for real gains in its performance to offset the costs of the consultants. In theory, such measures of success are possible in this context too. FPMT has examples in its current work. One management study showed, for example, that there were too many doctors in a clinic for the value of service provided; a physician was redeployed and the unit cost of service provision in that clinic dropped accordingly.

The follow-on project should keep its accounts with every major subproject as a separate cost center in order to measure its impact on the subproject. It should also measure, as far as possible, the efficiency and other gains made by the subproject as a result of its intervention (e.g., larger numbers of acceptors, new income generated, and operational cost-savings amortized over a two- to five-year period). The project should be encouraging service providers to measure the costs of their work against the volume of services they provide. The project must do the same itself. This is the most practical and useful way for A.I.D. to assess the returns it is getting on the investment of the project. It is not, however, the only way, and many intangible results of the project cannot be measured quantitatively. However, a move must be made in this direction. If a major aim of the project is to promote cost-efficient management, the project must be a role model for that approach itself.

The current project originally specified measuring achievement of the overall objective of the project by, among other things, "improved access to family planning services [and] increased satisfaction of users with family planning services...." This can be a measurable objective over the longer term in some situations (e.g., where FPMT provides management development assistance to a family planning NGO that enables that organization to receive additional funds from a donor agency to expand or improve family planning services). Management development assistance to family planning organizations will not always, or necessarily, permit this level of measurement. This might be included as an optional indicator of success -- not a requirement, but a condition that would indicate an especially high level of achievement.

Appendices

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Appendix A
Scope of Work

Appendix A

Scope of Work

Scope of Work for Evaluation

Family Planning Management Training Project (936-3039)

I. Background

A. The Problem: Management Weakness and Training Needs

In the past fifteen years, population and family planning programs have undergone changes that present difficult management challenges. Many programs have become larger and more complex, involving large outreach programs and integration with other development sectors. Political and cultural sensitivities to family planning exist in some countries; program leaders must work with political, religious and other local groups to ensure that the family planning programs are appropriate and acceptable to the population they serve. They must also ensure that the programs are fully voluntary and that they provide safe, high quality services and accurate information. Finally, the growing shortage of resources for family planning, in relation to demand, requires increasingly efficient program management and sustainability.

Despite advances in other aspects of family planning programs, management weaknesses are considered by many to be among the most important constraints to program success. The problems range from lack of leadership skills to lack of basic administrative management skills, such as planning, budgeting, accounting, organizing, staffing, and the ability to use new technology for information and program management. Many of the management weaknesses in family planning programs can be significantly improved by training. Training can provide program leaders and managers with a firm understanding of the range of problems they face in directing and administering the family planning programs in their countries.

To respond to the need for strengthening family planning program management, A.I.D. authorized the Family Planning Management Training (FPMT) project in May 1985. This project provides comprehensive training and technical assistance in all major areas of management to family planning program leaders and to senior and mid-level managers. It complements activities of other projects in the Office of Population that help to improve the management skills of service delivery-level personnel or help to improve program management through research and other means.

B. The Mandate of the Family Planning Management Training Project

FPMT is an \$18.4 million project which is funded through a five-year contract (DPE-3039-C-00-5075-00, September 1985 to September 1990) with Management Sciences for Health (MSH). MSH is working as a consortium with the Pathfinder Fund, the Center for Development and Population Activities (CEDPA), and the Latin American Scholarship Program of American Universities (LASPAU) to carry out project activities.

The purpose of the FPMT project is to strengthen the leadership and management of government and private population and family planning organizations in developing countries by training program leaders and senior and mid-level managers. To achieve this purpose, the project provides training designed to improve those elements of program management which are most critical to program success and which are amenable to improvement through training and technical assistance. Over the course of the project, approximately 1800 program leaders and managers will receive training, and 25-30 countries will receive project assistance. The project provides support for the following activities:

Planning/Assessment:

- assessment of specific management problems hindering service delivery in private and public family planning organizations;
- identification of training needs of program leaders and managers; and
- development of management training plans.

Training (the central feature of the project):

- targeted to current and future program leaders to provide a broad perspective on population problems and their impact on development; an understanding of management issues in public and private sector programs; and the ability to recognize and take action on management problems;
- targeted to senior and mid-level operational and technical managers to provide basic management skills in planning, budgeting, staffing, directing, managing finances; knowledge and skills to resolve management problems;

Types of training:

- short-term U.S., regional, and in-country training programs for senior and mid-level managers focusing on specific management problems;
- long-term training and internships for mid-level managers and future program leaders to strengthen their capacity to manage program change and expansion; and
- structured study-observation tours for leaders and policy makers to innovative and successful family planning programs; and follow-up assistance to make program improvements based on their observations;

Technical assistance:

- to assist trainees to use newly learned skills and carry out planned management improvements;
- to design management systems that promote efficient utilization of resources and long-term sustainability of expanding family planning programs;

Materials and Course Development:

- development of curricula, trainer's guides, case studies, teaching exercises, and learning exercises; and
- development of "how to" handbooks on various aspects of program management.

Project resources are targeted approximately as follows: 35-45% for Africa; 20-30% for Asia; 10-20% for the Near East; and 15-25% for Latin America. Approximately 25% (\$4.6 million) is expected to come from Mission and regional buy-ins.

Project activities were designed to contribute to the achievement of the project purpose as measured by the following:

- Family planning programs with a greater ability to meet targets on schedule, more efficiently, while maintaining or improving the quality of the program;
- Effective activities to improve family planning program performance planned and implemented;

- Resolution of selected, evident management issues and problems by trainees and their work units;
- Improved access to family planning services in the areas for which the trainees are responsible;
- Increased satisfaction of users with family planning services offered through the program; and
- Increased technical and administrative capacity of collaborating regional and country institutions to conduct family planning management training and provide technical assistance to family planning programs and organizations within their regions.

C. FPMT Project Contract Deliverables

In order to achieve the results outlined above, the FPMT contract with MSH calls for a number of outputs in institutional assessment, trained leaders and managers, observational study tours, training materials, and sub-project evaluations. These outputs are quantified in Attachment A.

D. Results of FPMT Program Management Review

A management review of this project was conducted by ST/POP in November 1987, at the end of the project's second year (approximately at mid-point). The review assessed financial status, accomplishments/outputs, staffing, status of long-term training, and other subjects. At that time, the number of participants identified for long-term training was behind schedule due to subcontracting difficulties. All other activities were on schedule as planned. The report concluded that project assumptions were holding up, and recommended that core staff be added and that slight improvements be made in financial and progress reporting.

In addition, an internal project evaluation was conducted by MSH (at their expense) in December 1988. The findings and recommendations of this evaluation will be provided to the evaluation team.

II. Purpose and Scope of the External Evaluation

The FPMT contract calls for two external evaluations, one at mid-point and the other at the end of the project. Since the management review did not identify major issues requiring correction, A.I.D. determined that one evaluation would be sufficient, and that it should take place during the fourth year of the five-year project. The purpose of this evaluation is fourfold

- to assess the validity of the project design;
- to examine project performance to date in planning and implementing activities and in producing contractual outputs;
- to assess the project's effectiveness in achieving its purpose; and
- to consider whether the project should be extended and what direction any follow-on project should take.

The evaluation team should focus its efforts on assessing the validity of project design and in providing recommendations for the direction of a follow-on project.

The evaluation will address the following issues:

A. Project Design

1) Project Elements. Is the project objective appropriate, e.g., is there a perceived need/demand for management training? Have the project activities been designed to meet the project objective, e.g., will education and training of program leaders and senior and mid-level managers result in improved program performance?

2) Project Components. The four major project components are: planning/assessment; short-term and long-term training; technical assistance; and materials and course development. Is the mix and weight given to each component appropriate? Are there other components that should be considered or added? Are any revisions regarding design, approach, and quantity/type of deliverables warranted at this time?

e) Responsiveness to field needs. FPMT has worked in approximately 28 countries to date. Has the project been sufficiently responsive to field needs? Has the mix of in-depth, proactive involvement in some countries and more limited involvement in others been useful and has it contributed to the achievement of project objectives? If not, how might this approach be improved?

2) Project Administration and Monitoring. Was there an appropriate distribution of expenditures for management and administration in comparison to the operational aspects of the project?

3) Project Staffing. FPMT reorganized in 1988 and increased its core staff. Many of the assignments are undertaken by core staff, sometimes teamed with consultants (both U.S. and developing country experts); the balance are undertaken by consultants alone. Are the number and qualifications of core staff appropriate for achieving project objectives? If not, what changes should be made? Is the core staff/consultant mix optimal for the project? Has the approach of hiring consultants to work without the presence of core staff been successful? What accounts for the success or lack of success of this approach? Would it be better to hire enough core staff to contribute a team member to all field interventions? Assess intra-project communication.

4) Consortium Structure. The implementation of FPMT calls for collaboration with three consortium members (Pathfinder Fund, CEDPA, and LASPAU). How has the consortium system contributed to or detracted from the achievements of FPMT? Do each of the consortium members offer skills outside the MSH areas of expertise? Should the level of effort for any of the sub-contractors be modified? Could the consortium arrangement be made more effective?

5) Subprojects. Management Training Development Plans form the basis for developing subprojects or project agreements with Missions and host country institutions. Do the subprojects or project agreements which have been developed to date adequately reflect the issues identified in the needs assessments? What systems are in place for monitoring the performance of subprojects (fiscal and programmatic)? How are corrections in implementation made?

6) Impact Evaluations. FPMT has undertaken in-depth field evaluations of its activities in Nigeria and Senegal. In addition, FPMT has developed protocols for smaller project impact analyses to take place during routine follow-up visits. What insights have the field evaluations provided to FPMT? Are the evaluations a useful tool for project management? How have the results of the evaluations been used? Should more field evaluations be undertaken?

B. Project Performance - Implementation and Management

1) Project Strategy.

- a) Issue identification. As a first step in designing the management training program for a specific country, an FPMT team makes an on-site visit and reviews the population/family planning situation with the local USAID mission, in-country providers and other relevant individuals and organizations. This assessment normally results in a management development plan which forms the basis of FPMT interventions for that particular country. Has this system resulted in the accurate identification of key management problems? How useful has it been in guiding the work of the FPMT project? Are there complementary or better ways of identifying problems in this project? Have the composition of assessment teams, the qualifications of the staff, the number of team members, and the duration of the assessments been appropriate?
- b) Client-centered approach. Management training plans and project interventions have increasingly focused on the perspective and needs of potential, actual and former client (contraceptive users). Has this been a useful and important direction for FPMT participants? If so, how could this client orientation be further developed and institutionalized in future project activities?
- c) Content area and technologies. The project developed a list of management skill areas which has provided a guide for the training and technical assistance activities of the project. Most project interventions, as well as curriculum and other materials developed for and/or used by the project, have been categorized using this list of skills. Did the project address the the areas of greatest management need? Assess the technologies (materials, curricula, cases, simulation game) used by the project to enhance training in these skill areas. What has been the contribution of these technologies to the project's overall impact?
- d) Regional/country distribution. Project resources are targeted approximately as follows: Africa region 35-45%; Asia 20-30%; Near East 10-20%; and Latin-America 15-25%. Approximately 25% of project funding is expected to come from mission buy-ins. In light of project experience and implementation, were the regional emphases appropriate?

7) Coordination with other A.I.D. Projects. What aspects or components of this project overlap with other ST/POP projects involved in management training, institutional development, or private sector development, (particularly Enterprise, IPPF/WHR Matching Grant, Operations Research, and the Family Planning Logistics Management Project)? Has the Contractor made adequate effort to ensure coordination with other AID Cooperating Agencies involved in management training? Should any changes be made regarding the focus of FPMT during the remaining project or for a follow-on project?

8) Non-project factors that facilitated or inhibited implementation. Are there any factors (such as social/economic policies; political/administrative support; institutional structure; nomination of appropriate or inappropriate candidates for training; personnel turnover, etc) which have facilitated or inhibited project implementation?

C. Project Effectiveness and Potential for Impact

1) Extent to which project objectives and outputs have been achieved.

To what extent has the project achieved the outputs in the quality and quantity specified in the Project Paper and Contract?

FPMT has been called upon to conduct certain types of interventions more often than others. For example, in Africa, several FPMT management development plans call for training and technical assistance in the areas of strategic and operational planning, supervision, coordination, management of integrated FP/MCH programs, and financial management. In the Latin America region and the Asia/Near East regions, FPMT has concentrated on such areas as training and technical assistance in sustainability, MIS, strategic planning, financial management, and team building for improving decentralized family planning services. Have these interventions been effective? If interventions were not successful, what were the reasons? How might the effectiveness of the interventions be improved in the future?

2) Unanticipated project effects.—Were there positive project results that helped further or potentially could further the accomplishment of the project goal?

D. Recommendations for Future Directions: Address changes and improvements which could be made by A.I.D. in designing a follow-on project aimed at providing management training to population and family planning officials in developing countries. Consideration should be given to the issues itemized below:

1) Direct training versus Training of Trainers. Compare the benefits of direct training, as has been carried out under FPMT, and training of trainers (TOT) with the objective of institutional development. Has FPMT placed enough emphasis on developing the capacity to provide management training and other management consulting services?

2) Development of regional training institutes. THE FPMT contract places emphasis on the institutionalization of family planning management training through collaboration with regional training institutes. However, in Africa, the region of greatest emphasis for FPMT, the regional and local training institutes with which the project has collaborated have themselves required a great deal of training and technical assistance from FPMT. In order for these institutions to make significant advances in their independence to offer high quality training in family planning management, a great deal of time and effort, and thus money, will need to be spent. In times of declining budgets, FPMT has been requested by ST/POP to place emphasis on country activities in preference to expending large sums of money on the regional training institutes. Has FPMT's involvement with two of the African institutes (CAFS and PAID) been useful and appropriate? How might it have been improved given the level of project resources? Does the potential contribution of these regional institutes, and those to which FPMT has provided technical assistance in other regions, warrant increased focus and more resources? Should these resources be provided as part of a large training project (such as FPMT) or be the focus of a new A.I.D. project? Are there other regional institutions to which a future project should give attention?

3) Regional Advisory Committees. FPMT has created the Francophone Regional Advisory Committee (FRAC), whose members are family planning/primary health care directors from Francophone African countries. FRAC members meet annually to identify management problems affecting the improvement of family planning services in their countries (such as managing the integration of health and family planning, increasing community participation, etc.) and provide guidance to FPMT on which project interventions are needed to address these problems. Has the FRAC been a worthwhile activity? How might it be improved in the future? Should there be an Anglophone version of the FRAC for Africa or other regions?

4) Assistance to Middle-Income Level CPR countries. Although the region of emphasis for FPMT is Africa, middle income and mid-level prevalence countries such as Brazil, Indonesia, and Turkey have requested and in some cases received significant assistance from FPMT. Should these countries, in their quest for program sustainability, be a legitimate and clearly stated target for the kinds of training and technical assistance offered by FPMT?

5) Assistance to the For-Profit Sector. FPMT has worked primarily with public sector programs and with private, non-profit organizations. Most project interventions have been directed at elements of overall program administration and management. Are there private, for-profit organizations requiring similar management training and technical assistance in FPMT's target countries? If so, how would FPMT identify these organizations and arrange to work with them?

6) Appropriate Levels of Trainees. FPMT's mandate is to work primarily with leaders of future leaders of family planning programs. In many instances it has not been clear whether a request from a certain level of personnel can legitimately be classified as work with leaders or future leaders. For example, FPMT has frequently been requested to undertake training in the "nuts and bolts" of family planning or to provide in-depth management training for individual family planning clinics. In other cases, clinical personnel (physician administrators, hospital directors, clinic managers) are also responsible for management issues. Given the Office of Population's other projects related to training of service delivery personnel (e.g., PAC II, JHPIEGO), should a future project include provision for training and technical assistance to service delivery personnel or training in clinic level management? What are the implications of having a separate project for management training?

7) Long-term advisors. In the current FPMT contract, no mention was made of placing long-term resident advisors in FP management. Missions have frequently expressed to FPMT staff their wish to have such long term expertise. Do the benefits of long-term resident advisors outweigh the costs?

8) Training design. FPMT has used a combination of approaches to train managers: short courses designed by the project, sponsorships to short-term training (generally one month long) at other institutions, study/observation tours, and long-term (generally 12-24 months) graduate training at U.S. universities. These various alternatives differ widely in cost per participant. Is this mix of approaches optimal in terms both of impact on participants, strengthening of institutions, and on cost-effectiveness? In particular, should the long-term component, by far the more costly, be replaced by shorter-term training alternatives (e.g., shorter-term certificate courses at universities)?

9) Curriculum development and trainer support systems. The project has devoted considerable resources to the development of new curricular materials and support systems for trainers. Should these continue as components of a future project?

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10) Project objectives, design, strategy, and outputs. Make recommendations regarding the appropriateness of the project objectives; output targets; project time frame to meet project objectives; and increased/decreased numbers of countries and subprojects.

11) Reporting/monitoring/evaluation. Should any changes in R/M/E requirements and indicators be made for a new project?

III. Evaluation Protocol and Proposed Timetable

A. Protocol

The evaluation will consist of the following components:

1) Review of FPMT project documents, reports, and records, interviewing of staff at headquarters' in Boston, MA.

2) Field Visits to Brazil, Bolivia, Kenya, and Bangladesh:

a) The visits to Brazil and Bolivia will each be approximately one week long. They will be undertaken jointly by MSH representative and an external evaluator with the purpose of conducting a Project Impact Assessment (PIA) of FPMT intervention to date. These PIAs are in-depth qualitative evaluations of FPMT interventions according to a standardized MSH/FPMT methodology. PIA in Kenya will take two weeks and will be conducted concurrent with the PIAs in Latin America.

b) In the case of Bangladesh, a more in-depth evaluation (approximately one month) would be undertaken by an external evaluator alone. This evaluation has been requested by the USAID Mission in Dhaka, as per Dhaka 01487. This portion of the trip would be funded by USAID/Dhaka.

3) Desk review of other PIAs and evaluations which have been conducted by FPMT (Nigeria, Senegal, Rwanda, Niger, Burkina, etc.

4) Cabled questionnaires to USAID field missions.

5) Interviewing of Francophone Regional Advisory Committee members at the FRAC conference in Dakar, Senegal.

B. Preparation and Format of Report

In writing the report, the evaluation team should identify the issues evaluated, their conclusions (i.e., their interpretation of the evidence and their best judgement based on this interpretation), and their recommendations for action and future project directions.

The evaluation team will present a de-briefing of their major findings to select ST/POP staff. A draft report will be prepared for approval before printing and distribution of the final report. The final report should include an executive summary.

C. Proposed Timetable (To be reviewed)

February	Finalize Scope of Work (AID)
March	Select Team (AID/POPTECH)
	Obtain Mission concurrences (AID) (Bolivia, Brazil, Bangladesh, Kenya)
	Prepare all background documents (FPMT/POPTECH) <i>Donee field visits (Wiccanum)</i>
March 13-17	
o/a March 20-21	Brief Evaluation Team (AID/POPTECH)
o/a March 22-24	Review FPMT documentation and interview staff in Boston (Evaluation Team)
o/a March 27	Prepare questionnaires (Eval Team)
	Cable questionnaires to Missions (AID)
o/a April 23- May 5	Team travel to conduct PIAs in Brazil, Bolivia and Kenya (each team member goes to a different location)
o/a May 1-31	Conduct PIA in Bangladesh
June 1-23	Conduct desk reviews, analyze questionnaires, read material, prepare draft report (Eval team)
o/a June 9	De-brief AID/W (Eval team)
o/a June 30	Submit final report

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D. Composition of Evaluation Team

To carry out the Scope of Work outlined above, three consultants are needed.

1) The first consultant will work with MSH to conduct a Project Impact Assessment in Kenya; will be responsible for organizing and coordinating the work of the other team members; and for editing and producing the final report. This consultant will be needed for approximately five weeks, including the field work. He/she should have expertise in the following areas: project evaluation (preferably for ST/POP projects); analysis of research and evaluation findings for program and policy decision-making; sector expertise in family planning, and extensive field experience.

Proposed candidate: Barbara Pillsbury, PhD.

2) The second consultant will be responsible for interviewing the FRAC participants in Dakar; for conducting the Project Impact Assessment in Bangladesh; for analyzing the project training materials, and assessing the project's overall impact; and for making recommendations about future directions. He/she will be needed for approximately nine weeks (four of which will be funded USAID/Dhaka). He/she should have expertise in the following areas: analysis of the organization, management, and performance of national family planning programs; evaluation of management training materials; and extensive field experience.

Proposed candidate: Robert Wickham, PhD.

3) A third consultant will be needed for approximately three weeks to conduct the Project Impact Assessments in Brazil and Bolivia and to act as a resource person to the other team members during the preparation of the final report (particularly to provide input gained from experience on the Enterprise and TIPPS evaluations). This consultant should have expertise in the following areas: business planning in the private non-profit sector; social and political issues challenging FVOs; experience with A.I.D. evaluations.

Proposed candidate: David Logan, M.A.

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Appendix B
List of Persons Contacted

Appendix B

List of Persons Contacted

Interviews, formal and informal, were conducted with a wide range of persons about FPMT's performance and the need for management assistance generally. Principal persons interviewed were the following.

FPMT/Boston:

Dr. Sara Seims, Project Director
Ms. Peg Hume, Deputy Director for Management
Mr. Jim Wolff, Director of Special Projects
Mr. Ken Heise, Deputy Director
Ms. Laurie Cobb, Chief, LAC Division
Mr. Saul Helfenbein, Chief, Africa/Asia Division
Ms. Sylvia Vriesendorp, Senior Program & Training Specialist

MSH/Boston:

Dr. Jack LeSar, Vice President, Director of Development
Dr. Paul Axila, MIS specialist
Ms. Catherine Crone-Coburn, key technical consultant and former director of FPMT

Agency for International Development:

A.I.D./Washington:

Dr. Duff Gillespie, Director, Office of Population
Ms. Elizabeth Maguire, Associate Director, Office of Population
Dr. Sarah Clark, Deputy Director, Office of Population
Ms. Sigrid Anderson, S&T/POP, formerly USAID/Dhaka
Ms. Leslie Curtin, CTO for FPMT
Ms. Charlotte Ureksoy, former CTO for FPMT

Other:

Ms. Anne Aarness, USAID/Pakistan, principal designer of FPMT
Mr. Terrence Tiffany, USAID/Cairo

Consortium Representatives:

The Pathfinder Fund:

Mr. John Paxman, Senior Policy Advisor
Ms. Karen Eng, Program Manager - Asia/Near East
Mr. James Crawford, Director of Special Projects
Mr. Nelson Keyonzo, Assistant Regional Representative for Sub-Saharan Region

Centre for Development and Population Activities (CEDPA):

Ms. Peggy Curlin, Vice President
Ms. Kaval Gulhati, President
Mr. Tom Leonhardt, former CEDPA/FPMT senior training advisor

The Latin American Scholarship Program of American Universities (LASPAU):

Ms. Maya Evans, Manager, FPMT Fellowships

In Bangladesh:

USAID/Dhaka:

Ms. Sharon Epstein, outgoing chief for Population and Health

Mr. Gary Cook, incoming chief for Population and Health

FPMT:

Dr. Donald Chauls, Technical Advisor to Upazila Initiative Project

Other:

Dr. Mohamed Alauddin, The Pathfinder Fund

Mr. Taslimur Rahman, Joint Secretary, MOHFP

Mr. Shafiur Rahman, Director General, MOHFP

Mr. Quasem Bhuyan, USAID

Mr. G. Cook, USAID

Ms. S. Epstein, USAID

Mr. L. Gomes, USAID

Mr. Maniruzzaman, USAID

Ms. Dana Vogel, USAID

Dr. Donald S. Chauls, FPMT

Mr. A. Sayeed, FPMT/Technical Assistance, Inc.

Dr. M. Alauddin, Pathfinder Fund

Mr. Mizanur Rahman, FPAB

Mr. Abdur Rouf, FPSTC

Ms. Claudia Ford, The Asia Foundation

Mr. Geoff Taylor, The Asia Foundation

Dr. Mike Koenig, Population Council (by telephone)

Ms. Susan Davis, Ford Foundation (by telephone)

Individuals in Akhaura, Goalanda and Rajbari, Upazilas

In Brazil:

BEMFAM:

Mario Schiavo, Director

Carmen Gomez

Jose Milare

CPAIME:

Dr. Helio Aguinaga, Chairman of the Board

Lia Aguinaga Junqueira Kropsch, Executive Director

ABEPF:

Denise das Changas Leite

IBM Brazil:

Enrique Rentaria, Vice President, External Affairs

Ford Foundation:

Ms. Joan Dassin

Sofia Feldman Hospital:

Dr. Evo Oliveira Lopes, Director

USAID Rep:

Howard Helman

In Kenya:

USAID/Nairobi:

Mr. Steven Sindig, Mission Director

Mr. David Oot, Chief Health and Population Officer

Ms. Molly Gingerich, Health and Population Officer

Ms. Laura Slobey, Health and Population Officer

FPMT:

Ms. Jean Baker, Resident Technical Advisor

Family Planning Association of Kenya:

Mrs. Mworira, Director

G. Mzenge, Financial Manager

Ms. Grace Wanyeki

Carr, Stanyer and Sims & Co (Accountants)

Mr. Sany Mavor

Center for African Family Studies

Mr. DeGraft Johnson, Director

Mr. Ezekiel Kalaule, Chief Programme Officer

Mr. Gary Lewis

Christian Health Association of Kenya

Mr. James Kachina, Executive Director

Mr. Malcolm McNeil

Association for Voluntary Surgical Contraception

Mr. Joe Dwyer, Director

In Indonesia:

USAID/Jakarta:

Dr. Carol Carpenter-Yaman, USAID/Jakarta, Office of HPN, FPMT project monitor

Dr. E. Voulgaropoulos, USAID/Jakarta, Chief, Office of HPN

FPMT:

Dr. Donald Chauls, Resident Technical Advisor to BKKBN and Upazila Initiative Project

Dr. Marc Mitchell, Resident Technical Advisor to BKKBN

BKKBN:

Dr. Haryono Suyono, Chairman

Dr. I.B. Asawa, Director, PIM Bureau

Professor D.R. Santoso, Deputy Chairman for Manpower Development

Others:

Dr. Bud Shutt, formerly with A.I.D. and consultant to BKKBN

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Appendix C
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Appendix C

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Appendix D
Bangladesh Upazila Initiative Project

Appendix D

Bangladesh Upazila Initiative Project

BACKGROUND

The Upazila Initiative Project (UIP) provides for five-person teams from 76 Upazilas to undertake observation trips to Indonesia to study that country's family planning program (the BKKBN program) and, while there, to prepare plans for family planning activities in their respective Upazilas. After the teams return home, their plans are reviewed by the Government of Bangladesh (GOB) and USAID and, once approved, are funded and monitored by a national level non-governmental organization (NGO) or other mechanism. The project goal is to assist the GOB in its efforts to decentralize family planning services, by strengthening the interest and capability of service providers at the Upazila level.

The project is managed through a USAID mission buy-in to the Family Planning Management Training project (FPMT) for technical and other assistance in planning and implementing the UIP activities, for logistical support related to the visits to Indonesia, and for coordination and collaboration with BKKBN, the organization with primary responsibility for the observation and training carried out in Indonesia. FPMT has in turn developed a subcontract with Technical Assistance Incorporated, a Bangladeshi organization. Technical Assistance Incorporated assists FPMT and the GOB with implementation and monitoring of the project, including travel arrangements to Indonesia, provision of technical assistance to Upazila teams upon their return from Indonesia, and monitoring of family planning activities undertaken in the Upazilas under the project.

The project grew out of a program carried out during 1980-82 that involved sending approximately 300 Thana¹ Family Planning Officers (TFPO) to Indonesia to observe the BKKBN family planning program there. The expectation for this project was the same as for the current UIP effort: that the TFPOs, upon return to Bangladesh, would develop activities that would improve the Bangladesh family planning program. This project, which was funded by USAID, ended due to political events.

EVALUATION METHODOLOGY

This evaluation follows closely an Evaluation Statement of Work prepared by the USAID mission in Dhaka. The evaluation consisted of review of reports and documents on the UIP and of interviews with officials of USAID, the Ministry of Health and Family Planning (MOHFP), and NGOs active in family planning. Field visits were carried out to two participating Upazilas. The evaluation took place from April 17 to May 6, 1989.

MAJOR CONCLUSIONS

1. The project focuses on strengthening Upazila-level interest and capability in family planning. This goal is to be achieved by encouraging teamwork among elected and appointed officials, particularly through team visits to Indonesia; mobilizing community interest and support for family planning activities; generating increased budgetary support for family planning; and planning and implementing activities that strengthen various aspects of the family planning program. Given the GOB's broader efforts to decentralize many development activities and to strengthen planning and implementation capability at the Upazila level, UIP has a correct and important focus. If the project is planned and implemented effectively, it should both contribute to and benefit from the larger set of activities that are ongoing to strengthen local level development efforts.

¹"Thana" is the name used previously for Upazila.

2. The project design has some critical weaknesses:
 - a. the planning process -- primarily because it takes place in Indonesia -- is not producing carefully developed, detailed plans that can be readily implemented, supported, and expanded in the Upazilas;
 - b. there is no clear provision for sustained financial support beyond the 12-month implementation plan;
 - c. explicit mechanisms have not been provided for coordination with existing (and substantial) NGO activities and for encouraging NGO participation in the project;
 - d. mechanisms have not been designed to provide maximum opportunities to learn from and share project experience; and
 - e. FPMT resources available for the project are not focused sufficiently on project planning and implementation requirements in Bangladesh.
3. There are four major weaknesses in project implementation:
 - a. the MOHFP frequently has not followed the terms of the agreement regarding individuals selected to participate in the project, and the time frame for approving participants and issuing the necessary authorizations;
 - b. the area of proposed activity in some Upazilas represents a very small part of the Upazila, with the result that the project is not necessarily demonstrating how an Upazila's family planning program can be made more effective;
 - c. there has been insufficient effort to encourage and assist NGOs to participate in the project;
 - d. monitoring of plan implementation and provision of technical assistance to Upazilas have been inadequate.

RECOMMENDATIONS

The following actions are recommended in order to make the UIP more effective:

- (a) the current planning process -- in which Upazila plans are completed during the visit to Indonesia -- should be replaced by a planning process that calls for preparation of a plan outline in Indonesia, with detailed planning to be done in the Upazila, following the return from Indonesia;
- (b) preliminary plans should be developed by participating Upazilas for a minimum period of three years, with detailed plans for the first year;
- (c) where possible and appropriate, action plans should be developed for larger areas within Upazilas (for example, in two or three unions) and should include provision for moderate expansion within the plan period;
- (d) the number of Upazilas that participate in the project should be reduced to three groups per year (from four) to allow for the proposed more intensive planning process;

- (e) Upazila teams should receive more policy guidance from resource people regarding priority activities to be included in the plan. Care should be taken, however, not to discourage local initiative or impose uniformity in the process. The project should support the concept of doing a limited number of activities well, rather than attempting to incorporate the full range of activities observed in the Indonesian program;
- (f) the management structure included in each Upazila action plan should be reviewed carefully to ensure that it is realistic and adequate for the task;
- (g) FPMT should take the leadership in clarifying with the GOB and BKKBN the issue of their roles with relation to guidance on action plan implementation;
- (h) the roles of the various participants in debriefings should be better defined so these sessions may be more interactive;
- (i) project technical assistance and monitoring capability should be strengthened substantially to support the in-Upazila planning process. This will involve increasing the professional Technical Assistance Inc. staff;
- (j) financial support for Upazila action plans should be assured for a minimum of three years, provided that contributions are forthcoming from the Upazila, preferably at increasing levels each year;
- (k) USAID and the GOB should seek sources of funding to support project activities for perhaps five years -- beyond the proposed three years of project support -- since Upazilas are unlikely to sustain project activities with only their own resources. This additional funding should be provided to those Upazilas that demonstrate effective performance;
- (l) NGOs with the interest in, and capability of, participating in and supporting the UIP should be encouraged to do so;
- (m) FPMT, in concert with the MOHFP, should take the initiative with interested NGOs in developing agreed upon guidelines for (1) providing technical assistance in planning and management to participating Upazilas, (2) monitoring progress in plan implementation, (3) and sharing experiences resulting from participation in the project (for example through workshops);
- (n) FPMT's manager should be based in Dhaka rather than Jakarta and should be full-time through the end of the project;
- (o) USAID should emphasize to the MOHFP, FPMT and relevant NGOs that it considers NGO participation in UIP to be important;
- (p) FPMT headquarters should provide increased professional support to this project in the form of periodic strategic assessments which focus on issues of project design, project implementation problems, and project achievements;
- (q) The MOHFP should select Upazila teams whose members have been in the Upazila for at least six months and it should secure all necessary approvals and authorizations promptly, not less than 45 days prior to scheduled departure for Indonesia.

OBSERVATIONS

There are significant budgetary implications stemming from the changes recommended in project design and implementation. These are difficult to spell out in the absence of agreement on the shape of the project from now until September 30, 1990, when FPMT participation is scheduled to terminate, and from October 1, 1990 until the project terminates (September 30, 1992). It is likely, however, that if -- as recommended above -- three groups went to Indonesia each year rather than four, and if relevant costs were reduced proportionately, there would be savings adequate to provide three years' funding for 48 Upazila action plans (on the existing assumption that action plans of 16 Upazilas would receive support from participating NGOs).

Most of the recommendations set forth above were discussed with the Director General and Joint Secretary and have their support. Representatives of four key NGOs also agreed with the proposed strategy.

FOLLOW-ON PROJECT

With respect to the issue of a possible follow-on project when the current one ends, the following characteristics are recommended:

- (a) before making an observation trip to Indonesia, Upazila teams should visit Upazilas whose family planning programs have profited from earlier project-supported team visits to Indonesia, and on the basis of these visits, should draw up action plans for their Upazilas;
- (b) action plans approved by the MOHFP and FPMT would be assured project (or NGO) funds for a minimum of three years, provided that contributions were forthcoming from the Upazila; and
- (c) those Upazila teams that had demonstrated the most effective plan implementation over the course of one or two years (according to criteria that would need to be developed) would be given the opportunity to observe the Indonesian FP program, including particularly how it is dealing with the issue of "sustainability."

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Appendix E
FPMT Activities in Kenya

Appendix E

FPMT Activities in Kenya

GENERAL

FPMT is currently providing management development assistance to four Kenyan institutions: Family Planning Association of Kenya (FPAK), Christian Health Association of Kenya (CHAK), National Council for Population and Development (NCPD), and Maendeleo Ya Wanawake (MYW). Work with FPAK, begun in 1987, focuses on organizational development, personnel management, and financial management. CHAK is receiving assistance in financial management, MIS, sustainability, organizational development, and planning for development of a management support unit. FPMT is helping NCPD initiate a management development effort that includes organizational development, financial management, and development of a system for monitoring NCPD-supported project activities. FPMT is in the beginning stages of providing assistance to MYW in financial management, project management, and organizational development with the objective of enabling MYW to strengthen its family planning community-based distribution program. The Pathfinder Fund is providing complementary support to MYW in this area.

Following a decision by the USAID mission in Nairobi, the evaluation of FPMT activities in Kenya was limited to FPAK and CHAK on the grounds that FPMT work with NCPD and MYW were at an early stage of development and therefore an evaluation at this time would not be appropriate. The findings that follow are focused primarily therefore on FPAK and CHAK.

The FPMT project in Kenya is a model for intensive FPMT activity in a country. Factors that account for success include a project design which focuses on management development; an important set of client institutions with major management problems; an active A.I.D. mission that is committed to ensuring appropriate management assistance to key client organizations; an experienced set of FPMT staff and consultants who are working with sensitivity and continuity; the presence in Kenya of an effective full-time FPMT professional; and commitment and support for the project in Kenya by FPMT headquarters.

PROJECT DESIGN

1. The project focuses on management development of organizations rather than principally on the training of family planning managers (as the project was originally described).
2. The project components of (a) needs assessments, (b) development of plan of activities, and (c) implementation of management improvement activities (systems development, training, etc.) has meant that FPMT has responded to priority needs of the client organizations (and helped them to identify those needs), rather than arriving with preconceived projects, objectives, or solutions. This point has been emphasized by the leadership of FPAK.
3. FPMT's focus on strengthening organizational and managerial capability has meant that those institutions (FPAK, CHAK, and MYW) have increased capability to carry out expanded and improved family planning activities.
4. The existence of a centrally funded capability has meant that management needs in key institutions can be identified and initial work can be begun without facing the delays inherent in work under bilateral arrangements. The possibility of buy-ins (which have been used in Kenya) is also an excellent design feature of the project.

PROJECT IMPLEMENTATION

1. FPMT has been very responsive to A.I.D. mission requests.
2. Needs assessments have been made in close collaboration with client organizations and with the A.I.D. mission and have served as flexible guides for project activities.

3. Management development plans have recognized the varying stages of development and the varying needs of client organizations and have been modified as required to take advantage of accumulated experience and changing circumstances.
4. Management development interventions have been of high quality and timely and have demonstrated substantial continuity.
5. Management development interventions are using a combination of FPMT staff, FPMT expatriate consultants, and local subcontractors and consultants. This appears to be an effective pattern and importantly uses and develops local resources. The quality of the local groups' work has been uneven, however, and FPMT should define more clearly the scope and nature of work to be done by subcontractors. FPMT should assess more carefully the capability of proposed contractors to undertake proposed assignments. Monitoring of subcontractor's performance should also be strengthened.
6. Project training activities are well designed, have used a mix of FPMT and local trainers, and should result in increased local training capability. The project seems to recognize realistically that it cannot take on responsibility for insitutional development of either national or regional training institutions. The current cooperation with CAFS is clearly useful for both parties and should continue to the extent that it does not draw so heavily on FPMT resources that it jeopardizes other FPMT activities. Long-term training awards under FPMT should normally be limited to those institutions with which FPMT is working to develop management and should be a component of a management development strategy.
7. The planned child survival/family planning management workshops are an appropriate and important FPMT activity. The MSH experience in this area is being drawn on, the training is being designed to apply to Kenyan conditions, and managers of a number of organizations with important family planning activities will participate. This will give FPMT an opportunity to assist on a selective basis with management development of additional NGOs (assuming funds and time are available). The activity will also result in a training curriculum that can have broader use and it will strengthen the training capability of the MOH.
8. Thus far, FPMT has not pursued opportunities for management development assistance to the MOH. The A.I.D. mission and FPMT should consider whether this is an area for exploration in the current project or in a possible follow-on project -- given that the FPMT Kenya Needs Assessment report of 1987 indicated that the MOH did express interest in FPMT assistance earlier.
9. Relationships between FPMT and other cooperating agencies appear to be good, and there is little evidence of duplication of effort. Proposed collaboration between FPMT and Pathfinder in assisting Maendeleo Ya Wanawake has been very well conceptualized. The AVSC's support to the Family Planning Association of Kenya (FPAK) and to the Christian Health Association of Kenya (CHAK) appears to be in concert with FPMT assistance.
10. In the remaining months of operation of the project, FPMT should give increased attention to development and dissemination of materials and products that result from FPMT activities, experience, and learning. This could include training curricula, trainers' guides, management manuals, and working papers or articles on management development processes.
11. FPMT operations have been carried out very effectively in Kenya, due in good measure to the presence of a full-time professional, but there are two areas that warrant attention: (a) there should be clarification of lines of authority and communication in relation to client organizations; and (b) continuity of FPMT headquarters backstopping should be strengthened.

PROJECT MONITORING AND EVALUATION

1. **Because most project activity in Kenya is in the developmental stage, it would be premature to undertake substantial evaluations at this time. FPAK should, however, be evaluated in 1990.**
2. **Given that much of the FPMT work with client organizations is a process of management development, evaluations should attempt to assess qualitative improvements (e.g. development of a top management team) in addition to measuring more quantifiable outcomes. This suggests that management development plans should give increased attention to identifying indicators of qualitative improvements.**
3. **In those situations in which the management development task could be considered "high risk," it might be useful for FPMT to prepare at an early stage an internal confidential needs assessment document that could be shared (perhaps informally) with the A.I.D. mission. This would provide an opportunity for FPMT to put in writing its professional management judgment regarding a proposed project activity. It would also provide a benchmark for subsequent evaluations and it would be a contribution to institutional memory.**

THE FUTURE

1. **Most of the current client organizations will need management development assistance for a minimum of five years. This underscores the importance of FPMT activity in Kenya well beyond the end of the current project and, implicitly, the issue of continuity of A.I.D.'s management development assistance.**

PRIORITY MANAGEMENT CONCERNS

National Council for Population and Development
financial management
monitoring project activities
organizational development

Family Planning Association of Kenya
personnel management
financial management
organizational development

Christian Health Association of Kenya
financial management
MIS
sustainability
organizational development
management support unit

Maendeleo Ya Wanawake
financial management
project management
organizational development

Appendix F
Brazil: Observations and Conclusions

Appendix F

Brazil: Observations and Conclusions

GENERAL

Brazil is a high prevalence country (66%), but the method mix is poor and access is geographically uneven. Commercially sold oral contraceptives are the leading method of contraception, but they are purchased in many cases over the counter, without prescription, initial screening, or follow-up. Demand for sterilization, which is legally restricted, is the major reason for Brazil's high rate of Caesarian births -- 40 to 60 percent of all deliveries.

Commercial sources provide approximately 85 percent of contraception in Brazil, government sources, 15 percent, and NGOs about 1 percent.¹ Nevertheless, NGOs play an important role in shaping national policy on family planning. FPMT has worked exclusively with the NGO sector, which is at a critical juncture in its development because A.I.D. support is being progressively withdrawn and the organizations concerned must restructure their management and funding base radically to survive. In response to urgent requests from A.I.D., FPMT has worked intensively in Brazil to enhance the efficiency, performance, and sustainability of the NGO sector. It has provided strong leadership in strategic planning and institutional development and has helped to provide technical skills necessary to support new organizational goals, structures, and capacities and to ensure long-term self-sustainability.

PROJECT DESIGN

1. The project focuses on management development of NGOs, particularly their pressing need for long-term self-sustainability. FPMT has worked extensively with the Brazilian Association of Family Planning Institutions (ABEPF) and Civil Society for Family Welfare of Brazil (BEMFAM), and has offered support to nine other NGOs.
2. Major FPMT activities are (a) institutional management audits, (b) strategic planning, (c) technical assistance to develop and implement new strategies, and (d) development of new management information and technical systems to support the management changes. The urgency of the NGOs' need for technical assistance as A.I.D. support comes to an end has brought FPMT into very close working relationships with its NGO clients. FPMT is assisting their move forward under very difficult circumstances.
3. FPMT's interventions have been driven in large part by the need to assist donor-dependent NGOs in creating the managerial framework necessary to survive in "the marketplace," that is, to raise revenues to fund core and project expenses. The urgency of this problem has compressed the time frame within which FPMT must work, but at the same time, it has been a catalyst for change in the organizations. Working under strong time pressures and at the same time moving the client organizations into a totally new approach to financing their activities has been a challenge to FPMT. FPMT has met the challenge well, both in terms of conceptualizing issues and developing strategies to meet them.
4. A.I.D. has no bilateral program in Brazil so there was no prospect of a mission buy-in. FPMT has, in fact, filled an important gap in A.I.D.'s strategy for phasing out its support in Brazil. Taking up this role was not in conflict with FPMT's mission. Quite the contrary, it brought FPMT into contact with some critical emerging issues for management in the

¹Maureen Lewis and Genevieve Kenney, *Contraceptive Users Sources of Supply*, Urban Institute, February 1989. (See Appendix G.)

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NGO sector. However, FPMT's work could have been made easier and, in some respects, more effective if it had been able to plan on having a full-time representative in Brazil to take the work forward.

PROJECT IMPLEMENTATION

1. FPMT has been very responsive to the USAID mission in Brazil.
2. FPMT's institutional management audits have been conducted in close collaboration with the client organizations. The rather abrupt introduction of financial sustainability as a key contractual issue has been skillfully handled by FPMT, and the concerns it raised for the NGOs have been turned to advantage by FPMT as factors motivating real changes in management systems and styles.
3. The strategic planning work of FPMT has been excellent. Despite factors beyond its control, such as overlapping goals and competition between different NGOs, FPMT has worked with discipline and integrity to give each NGO the tools to assess its individual position, resources, and opportunities. Management retreats were held to facilitate the process, which, as major cutbacks were announced, was very stressful for the NGO staffs. The NGOs visited during this evaluation had all benefited greatly from the process, which has successfully laid new foundations for organizational development in a rapidly changing context.
4. Defining and then implementing organizational development is a process not an "off-the-shelf" package; once in train, NGOs need considerable technical assistance to stay on track. FPMT has not had a resident advisor in Brazil, but has primarily relied instead on a senior consultant from Ecuador and visits by FPMT/Boston staff. FPMT has tried to use local resources where possible, but the day-to-day pressures on management renewal of the scale required in Brazil require a resident technical advisor. Nevertheless, the quality of technical assistance given to the NGOs in Brazil has been of the highest standard, carefully focused, challenging when necessary, and consistently supportive of the client's developmental needs.
5. FPMT has rightly sought to define an NGO's training needs in terms of its newly evolving strategic plan. It has subordinated the provision of training to establishing an organizational development strategy. Courses that integrate training in MIS and the application of microcomputers to MIS, financial management, and leadership development (with Pathfinder) have been well received by participating organizations. FPMT has also helped find opportunities for training/technical assistance in regard to such issues as marketing services to private companies (with Enterprise) and, despite A.I.D. restrictions, fund-raising, a skill of vital importance for the future. Most significant, FPMT has recognized that in the future NGOs will have to manage their income and service delivery expenditures within the same financial framework -- and know how cost-effective their activities are. This is the cornerstone of good management practice. FPMT has developed a computer-based, integrated, financial management/service statistics system that it is seeking to implement with BEMFAM. This is a major piece of work, and if it can be successfully implemented within the short time left to the project, it will create a management tool of great value in efforts to achieve the efficient use of scarce resources in family planning. This will be valuable to NGOs in Brazil and has great potential applicability elsewhere, too.
6. The mix of FPMT's various activities has been very effective. Activities have been underpinned by high-quality written materials, such as an organizational development handbook used to shape the strategic planning process. The quality of the strategic plans produced is excellent. ABEPF, in particular, has made great strides in its strategic thinking, which has been distilled into a concise, clear document that acts as a day-to-day guide to

action. ABEPF's written strategic plan would do credit to many small private companies for its clarity and organization.

7. FPMT has concentrated its effort on BEMFAM (the largest family planning NGO in Brazil) and ABEPF (the central agency for a confederation of smaller organizations). This strategy of working with "flagship" centers to build their capacities is entirely appropriate. They can share their experience with other organizations, which in fact, is a major reason for the existence of ABEPF.
8. The exception to the strategy just noted is the work FPMT is doing with CPAIMC (a leading service provider under the umbrella of ABEPF). Considerable FPMT resources are devoted to working separately with CPAIMC, but FPMT is less effective here than it seeks to be because CPAIMC has already developed a strategic plan to which it has committed extensive resources and it is not willing, or indeed able (a major financial commitment has been made to a building development program) to engage in the type of process FPMT has developed with other NGOs. Thus, FPMT is reduced to giving various forms of technical assistance to assist CPAIMC manage the commitments it has undertaken, and they are formidable. This relationship should be reviewed and reassessed by both parties.
9. The work FPMT has undertaken with the nine smaller NGOs cannot be reviewed in any detail here; only the Sophia Feldman Hospital in Belo Horizonte was visited. In this instance, it was clear that FPMT's technical assistance was very successful and highly appreciated. The senior physician in charge and his management staff asserted that they were well trained in family planning, but that they had never previously had the opportunity to learn management skills. They said FPMT had been critical in helping them shape their approach to management, which they now view as the priority for the coming years.
10. FPMT is conscious of the need to institutionalize the teaching of management skills for health and family planning organizations in Brazil. It has used local management education resources and is actively seeking to develop a more permanent network of local trainers and consultants. This should be a priority consideration for a follow-on project. FPMT has a good sense of the role of the public sector and some initial ideas on how it might expand its work to enhance its performance.
11. FPMT has not, however, given much thought to the role of the for-profit sector and how, if at all, the project might work with it. How the NGOs relate to such a powerful "competitor" in the "marketplace" also is not clear. This is an important issue as the NGOs move to a position in which they must raise income for services provided in order to cross-subsidize activities with the very poor -- an important mission in their work.

PROJECT MONITORING AND EVALUATION

1. FPMT monitors the impact of its ongoing work well. Monitoring developments, as well as planning them, is an integral part of implementing the strategic planning process. Once an organization is committed to the process, it becomes relatively easy to monitor its progress. Early signs of impact include carefully designed strategic and human resource plans and the fact that both ABEPF and the Sophia Feldman Hospital have recently hired, for the first time, accountants/financial managers from the for-profit sector. Such tangible results are significant critical outcomes, indicative of a well-conducted project, and they have been achieved after a relatively short period of time. (Country assessment took place in March 1986 but full-scale work did not begin until mid-1987.)
2. FPMT is extremely dedicated to achieving high-quality relationships with its clients as one aspect of effectively meeting the individual client organization's needs, and it uses

questionnaires to gain feedback on training experiences. That information is then used to reshape activities and materials. The strategic planning workbook, for instance, has been revised to meet needs clients have expressed.

3. Much of FPMT's work has been driven by urgent need within a compressed period of time. Formal evaluation of its impact in Brazil should be undertaken toward the end of the project; it is too early to undertake it now. In a follow-on project, procedures for ongoing evaluation of project interventions in countries should be established and project outputs, rather than processes, should be emphasized. It is possible to quantify more clearly the impact of the project. For example, management reviews do lead to cost savings and new marketing skills do expand income. Such outputs can be measured. In this way, the project can begin to quantify its contribution to the performance of the client in dollars and other measurable terms. When evaluation focuses on such outputs, it is possible to assess the cost-effectiveness of the project itself. This is an important objective in any management develop activity, and must be seen as an investment not an expense.

THE FUTURE

1. FPMT is at a critical stage in its work in Brazil. It is in the process of laying sound foundations for a new period of development in the NGO sector in Brazil. It must stick firmly to its current work plans until the end of the project. If this is done, a real qualitative change in the management skills of Brazil's NGOs should be achieved. In the absence of an in-country manager, the project needs to develop and institutionalize local resources to support the process.
2. Of the highest priority must be the implementation and testing of the integrated service delivery statistics and financial management system being developed with BEMFAM. This project is the very cornerstone of a modern management system for many types of NGOs; it is absolutely essential to assessing the efficient use of resources. If FPMT is successful in implementing this program, it could well have worldwide impact.
3. As the strategic planning process leads to reorganization and new alignments for the NGOs, new training needs will become apparent, for example, marketing and sales skills when working with the corporate market. FPMT should assess these emerging needs and provide the follow-on project with an early indication of what they are.
4. The acid test of FPMT's intervention in Brazil will come when the NGOs finally do lose A.I.D. support and have to make their own way in the world. They are preparing well for that eventuality, but they will need ongoing technical assistance into the early 1990s to be fully ready for that day. A follow-on project should work in Brazil. However, it should be conceptualized as a "transitioning" intervention and have clearly established objectives that will enable A.I.D. to sever its links with these organizations in an ordered and responsible manner. Not to do so would seriously undermine all the years of effort invested in them. An additional rationale for continuing work in Brazil is the opportunity for A.I.D. to gain experience and wisdom that will help it in other countries where it soon, if not already, should seek to assist other organizations through the difficult transition from donor dependence to greater self-reliance.

Appendix G
Sources of Contraceptive Supplies

Appendix G

Sources of Contraceptive Supplies

Country (Year)	Contraceptive Prevalence Nationwide	Government ^a (Percent)	Commercial ^b (Percent)	NGO (Percent)	Other ^c (Percent)
<u>Africa</u>					
Kenya (1984)	17	58.3	8.4	32.2	1.1
Liberia (1986)	6	31.1	18.3	48.2	2.3
Senegal (1986)	12	45.0	50.0	--	5.0
Zaire (1984)	N/A	64.1	28.7	3.6	3.5
Zimbabwe (1984)	38	42.8	9.2	46.2	2.0
<u>Asia</u>					
Bangladesh (1985)	25				
Korea (1985)	70	58.0 ^d	42.0 ^d		
Nepal (1981) ^{e,f}	15	73.9	2.7	20.4	2.9
Pakistan (1985)	9	66.8	26.5	--	6.7
Sri Lanka (1987)	55	84.4	7.9	2.9	4.8
Thailand (1984) ^f	65	78.0	19.7	0.7	1.6
<u>Latin America</u>					
Barbados (1985)	37	34.4	33.6	21.6	10.4
Belize (1985)	37	38.0	30.0	--	30.0 ^g
Bolivia (1983)	26	7.0	93.0	--	--
Brazil (1986)	65	15.0 ^h	85.0 ^h		
Colombia (1986) ^f	68	34.0	43.6	21.6 ⁱ	1.1
Costa Rica (1985)	68	68.0	21.5	22.1	1.4
Dominican Republic (1986)	46	44.0	44.0	4.0	4.0
Ecuador (1987)	40	37.4	39.2	15.4	6.5
El Salvador (1987)	46	49.7	38.1	--	12.2
Guatemala (1983)	25	31.8	16.1	30.3	11.7
Haiti (1983)	7 ^j	32.9	67.1	--	--
Honduras (1984)	35	27.9	22.0	32.9	2.4
Jamaica (1983)	51	66.9	30.2	--	2.9
Mexico (1978)	48 ^k	15.8	77.4	0.0	6.4
Panama (1979)	63	65.9	23.4	--	10.7
Peru (1986)	41	56.0	33.0	--	11.0
<u>Near East</u>					
Egypt (1984) ^f	30	30.0	69.4	1.3	1.1
Lebanon (1984)	53	1.2	40.0	58.8	-
Morocco (1984) ^f	26	58.4	40.0	--	1.6
Tunisia (1983)	41	77.7	21.4	--	0.8

Sources: Maureen Lewis and Genevieve Kanney, *Contraceptive Users' Sources of Supply*, Urban Institute, February 1989, Table 1.

- ^a Community- and home-based distribution are included under government unless indicated otherwise.
- ^b Includes private physicians, hospitals, pharmacies, and any other private, non-NGO.
- ^c Unspecified source, may encompass NGOs when private, nonprofits are not a category, and may include commercial where it is not a separate category.
- ^d Source allocation data are for 1979.
- ^e Based on nonusers as well as users.
- ^f Includes currently married women only.
- ^g Thirty percent uncertain as to source of contraceptives.
- ^h Source allocation data are for 1983.
- ⁱ Profamilin only.
- ^j Only 40 percent of users use modern contraceptive methods.
- ^k Prevalence data are from 1982.

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Appendix H
Recommendations

Appendix H

Recommendations

1. **FPMT should attempt to refine further its conceptual framework (stages of development and levels of effort) and share it with others.**
2. **The FPMT conceptual approach, or some variant thereof, should be considered for all centrally funded projects operating worldwide in many countries.**
3. **FPMT should put increased emphasis on the individual client perspective and the need to have "satisfied users." This can be done by encouraging family planning programs to (1) ascertain clients' views, needs, and priorities regarding family planning services as inputs to the program planning process; (2) undertake periodic focused studies of acceptors to determine how family planning information and services can better respond to clients' needs (e.g., clinic hours, appropriateness of informational materials); and (3) design monitoring and evaluation systems and procedures that capture the views and perceptions of users.**
4. **FPMT should promptly and systematically evaluate the usefulness of the various kinds of training materials it has developed thus far. It should also develop plans for evaluating the usefulness of the three management manuals it is currently producing (see additional discussion in Section 4.1).²**
5. **FPMT should put into final form and disseminate those training materials (with trainers' guides) judged most useful for other settings.**
6. **FPMT should consider a very modest expansion of core staff to ensure that field operations are backstopped with more continuity. This would also enable core staff to give increased attention to developing and disseminating training and other materials and to documenting what has been learned during the project.**
7. **Either the FPMT director or the deputy director should be at the headquarters office at all times. This is needed to ensure better continuity in headquarters backstopping of field operations.**
8. **FPMT (and its follow-on) should bring on board more private sector expertise, at least on a part-time basis.**
9. **MSH's contract should be modified, as proposed by MSH, to acknowledge LASPAU's replacement of Columbia University as a consortium member. Current discussions to reduce Pathfinder's involvement seem appropriate and should be finalized.**
10. **Given that much of FPMT's work with client organizations is a process of organizational development, monitoring and evaluation should attempt to assess improvements in this area (e.g., development of a top management team) in addition to counting training deliverables (e.g., numbers of trainees and workshops). Management development plans should give increased attention to identifying indicators of qualitative improvements.**
11. **FPMT should look increasingly at how to measure its impact on organizations, much as private consultants would their impact on private firms (e.g., in terms of costs saved, new acceptors served, and general efficiency increases).**

²Due to funding shortfall, FPMT will be producing only one management manual -- a general manual for family planning managers.

12. A.I.D. should, of course, strive to avoid duplication of effort among its projects. At the same time, it should permit cases in which all organizational and management development assistance provided to an organization by A.I.D. is provided through a single project such as FPMT or its follow-on. This would be especially appropriate if the client organization is relatively weak and the management assistance being sought is fairly basic.
13. With regard to coordination in general, in addition to stating in project documents that cooperating agencies are to coordinate with one another, the Office of Population (and USAID missions where possible) should place higher priority on developing structures and incentives to bring about this coordination.
14. FPMT should prepare and disseminate relatively brief working papers, issues papers, or reports that synthesize its experience in supporting organizational and management development of family planning programs. Examples of topics for such papers are strategic planning, issues in designing a MIS for a family planning program, the concept of sustainability in a family planning NGO, and the development of a MIS that integrates cost and service statistics (see Section 4). A.I.D. should assist in developing ways to disseminate the materials.
15. Objectives and strategies developed during the current FPMT project should be pursued in a follow-on project. That is to say, FPMT should continue with (1) needs assessments; (2) assistance to client organizations in preparation of management development plans; (3) provision of (a) technical assistance and (b) training to help client organizations implement management development plans; (4) development, use, and dissemination of training materials; (5) evaluation of FPMT-assisted activities; and (6) preparation and dissemination of materials that capture and synthesize FPMT's experience in supporting organizational and management development of family planning programs. The weight to be given to each of the components of FPMT's strategy should not be established *a priori*, but rather should be determined by the needs of each organization to be assisted. Given FPMT's revised focus, the follow-on project should more appropriately be named the Family Planning Management Development project. It could still be managed, however, by S&T/POP's Information and Training Division.
16. A follow-on project should consider the addition of the for-profit sector.
17. Given A.I.D.'s interest in the self-sustainability of family planning programs, a follow-on FPMT project should continue to give support to selected Latin American and Asian family planning organizations while maintaining priority attention on the region of Africa. A strong and effective intervention by an FPMT follow-on project in Latin America and selected Asian countries could be critical in the next five years as donor support declines. The resources exist in these countries to create a self-sustaining tradition of the application of management sciences to family planning. At this time, however, the intervention of an outside agency like FPMT seems necessary to create an awareness of the need to develop models of good program management, to create links between management specialists and service delivery specialists, and then, to transfer the technologies to the latter so the country can become self-sufficient in the theory and practice of management development.
18. A follow-on project should look closely at the possibilities of having more in-country representatives, especially when working with large organizations in more developed countries (e.g., Brazil).
19. If possible, design of the follow-on project should require FPMT to provide management assistance to other donor organizations.
20. S&T/POP should continue to encourage the development and implementation of management information systems that integrate costs and service delivery statistics.

21. **Given the cost and complexity of consortia arrangements, S&T/POP should evaluate their utility before requesting or urging that new projects involve consortia. At a minimum, it should study the findings on this subject of other recent evaluations (e.g., of the Enterprise project³).**
22. **Support for the Francophone Regional Advisory Committee should continue in a follow-on project along the lines of the current project.**
23. **As the current project draws to a close, project staff should meet with a few commercial providers and get some sense of how they fit in with the existing project strategy and what role they might play in the future. The current project should also try to assess the for-profit sector's management development skills and needs and determine how they fit with its own skills. This information should be submitted to A.I.D. for use in designing the follow-on project.**
24. **A follow-on project must provide resources to examine and undertake some experimental activities related to the for-profit sector. S&T/POP should design the follow-on projects to Enterprise and FPMT in a way that eliminates, as much as possible, difficulties in defining the responsibility of the two projects and make them mutually supportive.**

³Barbara Pillsbury et al., *Midterm Evaluation of the Enterprise Program*, Report No. 88-008-081, Population Technical Assistance Project, August 1989.