

PD-ABH-314

64294

Prepared for

Office of Population
Bureau for Science and Technology
Agency for International Development
Washington, D.C.
under Contract No. DPE-3024-Z-00-8078-00
Project No. 936-3024

**EXTENDING FAMILY PLANNING SERVICES
THROUGH
THIRD WORLD WOMEN MANAGERS:**

**AN INTERIM EVALUATION OF
THE CEDPA POPULATION PROJECT**

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Field Visits to Pakistan and India
June 17 - 28, 1989

Edited and Produced by

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Report No. 88-014-098
Published November 15, 1989

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Glossary

A.I.D.	Agency for International Development
AMREF	African Medical and Research Foundation
APWA	All Pakistan Women's Association
AVSC	Association for Voluntary Surgical Contraception
CA	Cooperating Agency
CBD	Community-based distribution
CTO	Cognizant Technical Officer
CEDPA	Centre for Development and Population Activities
CEDPA/POP	The CEDPA Population Project
CYP	Couple years of protection
FPA	Family Planning Association (local affiliate of International Planned Parenthood Federation)
FPIA	Family Planning International Association
IEC	Information, education, and communication
IPPF	International Planned Parenthood Federation
LDC	Less developed country
MCH	Maternal/child health
MIS	Management information system
MSH	Management Sciences for Health
NGO	Non-governmental organization
NGOCC	NGO Coordinating Committee
PCS	Population Communication Services (project)
PRICOR	Primary Health Care Operations Research (project)
PRITECH	Technologies for Primary Health Care (project)
PVO	Private voluntary organization
S&E	Supervision and Evaluation as Management Tools Workshop

S&T/POP	A.I.D. Bureau of Science and Technology, Office of Population
SEWA	Self-Employed Women's Association
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA/UNDP	United Nations Population Fund/United Nations Development Program
USAID	Field Missions of the Agency for International Development
WID	Women in Development Initiatives
WIM	Women in Management Workshop
WRA	Women of reproductive age

Project Identification Data

1. **Scope:** Worldwide
2. **Project Title:** Extending Family Planning Services through Third World Women Managers
3. **Project Number:** 936-3037
4. **Grant Number:** DPE-3037-A-00-5020-00
5. **Critical Project Dates:**
Cooperative Agreement Signed: September 1, 1985
Original CA End Date: August 31, 1990
Revised CA End Date: August 31, 1991
6. **Project Funding:**
Cooperative Agreement: \$6,914,984
Funding as of July 15, 1989
 S&T/POP \$4,900,000
 USAID/Cairo 248,000
 USAID/Delhi 200,000
 ANE/TR (for Turkey) 130,000
7. **Mode of Implementation:**
Cooperative Agreement between S&T/POP and the Centre for Development and Population Activities (CEDPA), registered PVO with Gray Amendment designation of minority or disadvantaged organization).
8. **Grantee:**
CEDPA, 1717 Massachusetts Avenue, N.W., Washington, D.C. 20036
9. **Major Activities:**
 - A. **Workshops**
5 regional/in-country proposal development workshops (55 total participants)
7 U.S. mini project design workshops (28 participants)
6 strategic planning workshops
 - B. **Subprojects**
25 pilot (6 - 8 months)
24 implementation (2 to 3 years)
 10 in Africa (Kenya, Nigeria, Mali, Senegal, Sierra Leone, Uganda)
 12 in Asia (Egypt, India, Nepal, Pakistan and Turkey)
 2 in Latin America (Haiti, Peru)

Executive Summary

Overview

In August 1985, the A.I.D. Bureau of Science and Technology, Office of Population (S&T/POP) entered into a Cooperative Agreement with the Centre for Development and Population Activities (CEDPA) for the purpose of extending the delivery of family planning services through subprojects in 10 to 15 countries at a funding level of \$6.9 million over the five years from September 1, 1985 to August 31, 1990.

CEDPA is known worldwide for its Women in Management and other training programs. Focusing on the 2,000 alumnae in the countries targeted in the Cooperative Agreement, the CEDPA Population Project (CEDPA/POP) elicited project concept papers from 110 people. Five proposal development workshops were held and of the 55 attendees, 48 developed full project proposals. After site visits and review by CEDPA and S&T/POP, 25 projects were funded: 11 in Africa, 10 in Asia, 2 in Egypt, and 2 in Latin America.

Five of the projects have been cancelled: the two Nigeria projects were turned over to Family Planning International Assistance (FPIA) as part of USAID/Nigeria's consolidation of centrally funded activities; the Haiti project could not continue because of changes in local political circumstances; and the collaborating Family Planning Associations (FPA) in Sierra Leone and Uganda were unable to implement planned activities. In addition, the Sudan project is being terminated because of a change in government.

Nineteen projects are ongoing in 11 countries. They are being implemented by women's organizations (local and national), welfare associations, an international PVO, health projects, a credit and a dairy cooperative, a women's small business association, educational institutions, and ministries of health.

This interim evaluation found that CEDPA/POP has met all agreed-upon targets and has pioneered in adding family planning services to existing projects in other sectors such as small enterprise, health, and other for-profit ventures.

Project Accomplishments

- The CEDPA/POP project model of testing innovative ways of extending family planning services through the addition of these services to private sector programs has been successful. Over half of the implementing organizations had no prior experience with family planning.
- The CEDPA/POP project has accomplished its implementation goals, carrying out the number of workshops and establishing the number of subprojects, and providing the technical assistance agreed upon in the Cooperative Agreement.
- Some of the subprojects have achieved high current use rates in communities in which family planning has not been widely accepted. This is due to the frequent follow-up visits made by outreach workers and CEDPA/POP's strong emphasis on informed choice.

- Even though the subprojects are young and small, some appear to have had an impact on government policy. One Mali subproject has introduced a community-based distribution system which is the prototype for new Ministry of Health and USAID programs. In Nepal and Mali, it has been shown that family planning services can be effectively delivered by non-medical staff. Laws in Mali prohibiting the delivery of family planning services by non-physicians are now under review.
- CEDPA/POP has been unusually successful in leveraging other resources for family planning. A number of private U.S. companies and foundations contribute to CEDPA/POP family planning activities. Several USAID missions are now buying into the subprojects and subproject managers have been resourceful in raising funds and in-kind assistance from local government, community, and private organizations.
- Project staff quickly and effectively established a well-documented system for identifying concepts, facilitating the development of proposals, providing technical assistance, and evaluating subprojects. Staff are reported to have outstanding skills in working with community-based, grassroots organizations.
- The project builds on CEDPA's worldwide network of women and men who are CEDPA alumnae* with strong community ties and management training. The project adds an important component to CEDPA's overall woman-to-woman development strategy and it contributes to S&T/POP's portfolio as a PVO because of its ability to involve local community groups and its focus on women.
- The project has had a positive impact on women as designers and managers of family planning projects. Other women have been trained as community outreach workers and clients have become both knowledgeable about reproductive health and users of family planning. In this respect, the project responds to A.I.D.'s women in development and family planning emphases.

Areas of Concern

- There have been some problems in implementing the project, particularly in the area of forward budgeting and the use of budgets in planning. CEDPA/POP project staff have not understood S&T/POP budget constraints and have been misadvised on A.I.D. requirements for subproject termination dates.
- One reason for the budgetary misunderstandings has been the turnover in both A.I.D. and CEDPA/POP project staff. There have been three CTOs (a fourth is just taking over) in the four years of the project. Each has had a different operating style and interpretation of what "substantial involvement" (as stated in the Cooperative Agreement) means. This, combined with the changes in CEDPA/POP staff, has contributed to the misunderstanding of procedures.
- The project is more innovative and impressive than it is presented by CEDPA/POP project staff. While the project is highly innovative in its use of community resources, in institution building, and in leveraging other resources, these activities are not well described in the project designs and reports.

*Because of CEDPA's focus on women in its development activities, for the purposes of this report the term "alumnae" will be used to encompass both the women and men who have taken part in CEDPA's training program.

- In general, subproject implementation is going well. When there have been problems, it has often been because of flawed project planning and a failure to gain the full support of the implementing institution. The subprojects may need assistance in finding and using IEC materials from other family planning organizations.
- CEDPA/POP has difficulty using and interpreting service statistics. Although the subprojects appear to have excellent record keeping systems, those data are not well used by CEDPA/POP to describe the project, analyze successes, and identify problems.
- CEDPA in general, and the CEDPA/POP project in particular, lack multi-year strategic plans which define CEDPA's mission, particular strengths, and short- and long-term plans.

Major Recommendations

1. Funding for an additional five years and additional subprojects is recommended. The Phase II project should focus on the countries with existing projects. Additional countries should only be added if justified in terms of a regional strategic plan.
2. CEDPA and CEDPA/POP should develop a multi-year strategic plan which identifies 1) CEDPA's particular strengths and place in the family planning marketplace (mission statement); 2) those countries and those activities in which CEDPA plans to concentrate; 3) key implementation activities, and 4) technical skills needed in future staff. The CEDPA/POP strategic plan should focus on extending or replicating existing approaches, but a portion of funds should be earmarked for new projects and a small portion for high-risk/high-gain activities.
3. CEDPA/POP and S&T/POP must continue to improve their working relationship to resolve misunderstandings about A.I.D. funds available to the project and what A.I.D. budget information S&T/POP needs. Specifically, CEDPA/POP must learn to use forward budgeting as a management tool and move beyond accounting for funds expended.
4. Phase II of the CEDPA/POP project should include indicators that more accurately reflect the unique attributes of the project so that successes and problems with the approach can be monitored and lessons can be learned, which can apply to other PVOs or Cooperating Agencies. These indicators would include (but not be limited to) the process of subproject development, the impact on women (as managers, as community outreach workers, as family planning users), as well as some objective measures of institutional development such as effective management, staff skills, record keeping, budgeting, percentage of activities supported with local resources, and strategic planning.
5. CEDPA/POP may need a consultant with a strong family planning service statistics analysis background to help review its data collection system, standardize the use of technical family planning terms, and analyze project data. A system that gathers and aggregates data in ways compatible with those of other family planning organizations should be designed. The system should enable the monitoring of trends in contraceptive use by numbers of new acceptors and couple years of

protection (CYP) provided, and possibly parity and age group. Until now, subprojects have not been in operation long enough for trend analysis, but over the next year or two, much more data will be available.

6. The CEDPA/POP project needs to make itself better known to the development community in the U.S. and overseas. CEDPA/POP should focus on ways to provide more information to A.I.D. on the project purposes and accomplishments. Possible avenues include writing an article for A.I.D.'s publication, *Front Lines*; developing a version of CEDPA's attractive organizational pamphlet, "The CEDPA Experience: A Success Story for Women," which deals with the CEDPA/POP project; developing monographs, analytic studies, and special reports for publication or distribution to A.I.D. offices and missions through, for example, the monthly mailing to all Population Officers; and presenting papers and findings at conferences and meetings.

7. CEDPA/POP should develop a checklist of the attributes of various local organizations to assess the institutional capability of potential subproject collaborators. Using the items on the checklist as indicators, the project should begin to develop a body of data on the types of organizations most likely to support and sustain subprojects. Also, now that a year or more of data are available, subproject trends should be developed and analyzed in comparison with each other to determine which types of subprojects are most effective. CYP should continue to be calculated for all subprojects. This would also enable the CEDPA/POP project to do better budgeting and target setting for the first year of new subprojects. As lessons learned are documented, they should be fed back into the subproject development workshops, and the strategic planning workshops.

8. As the CEDPA/POP project moves into a more mature stage, staff with stronger technical skills will be needed. Two additional staff positions for Phase II are recommended, one for an institutional development specialist and one for a person with strong skills in the identification, adaptation, and use of IEC materials. If other staff positions become vacant, someone with skills in small enterprise development or policy change should be considered. Access to a senior clinical consultant for regular periodic quality of care assessments is a priority.

9. Consideration should be given to developing a subproject model using one or two strong alumnae associations to make small grants for innovative local projects. Ways should be sought to simplify both the grant award and the clearance monitoring process for such small grants.

1. Introduction

1.1 The Project

In August 1985, the U.S. Agency for International Development (A.I.D.) Bureau for Science and Technology, Office of Population (S&T/POP) entered into a Cooperative Agreement with the Centre for Development and Population Activities (CEDPA) to establish the Population Project (CEDPA/POP). The purpose of the project is to extend the delivery of family planning services through subprojects in 10 to 15 developing countries at a funding level of \$6.9 million over the five-year period from September 1, 1985 to August 31, 1990.

1.2 The Evaluation

As a part of the Cooperative Agreement, S&T/POP mandated that an outside evaluation of the project be conducted after three years. Because of start-up delays and changes in S&T/POP staff, however, the evaluation was delayed until the fourth project year.

1.3 The Scope of Work

The scope of work for the evaluation included a number of specific questions (see Appendix A). The evaluation team was directed to focus on project management, impact, and lessons learned. The purpose of the evaluation was threefold:

- To assess progress to date, including the validity of the original design, project impact, and the role the project has played in family planning service delivery;
- To assess the CEDPA model of using women managers for family planning projects; and
- To make recommendations about follow-on activities.

1.4 Methodology

The evaluation team reviewed a wide range of project-related documents, interviewed key personnel at CEDPA and A.I.D., and made site visits to subprojects in Pakistan and India. Specifically, the team

- Studied CEDPA/Washington files;
- Interviewed CEDPA staff, including all CEDPA/POP staff;
- Made field visits to seven subprojects in India and Pakistan;
- Interviewed A.I.D. staff familiar with CEDPA and the CEDPA/POP project;
- Studied cabled responses to queries made of personnel at USAID missions in Kenya, Nepal, Sudan, Mali, and Peru (copies of the cables are in Appendix C), and interviewed by telephone personnel at the mission in Egypt; and
- Interviewed alumnae of CEDPA workshops (Appendix B contains a list of people interviewed).

The evaluation was conducted during the months of May, June, and July 1989. Planning meetings were held in May and most of the data collection took place between June 12 and July 6. Site visits were conducted in Pakistan from June 17 to 23 and India from June 23 to 28. Data analysis and report writing were carried out between July 7 and 31.

1.5 Team Composition

The evaluation team consisted of two consultants and an A.I.D. staff member. The team coordinator, Shirley Buzzard, is an anthropologist with experience in organizational development, project management, and in working with private voluntary organizations (PVO). Harriett Destler is a social scientist who has worked for A.I.D. in population, health, and program design for over 15 years. While these two team members worked in Washington, Carol Valentine, who has extensive field experience with the United Nations Population Fund (UNFPA) in Africa and other family planning programs, made the site visits to India and Pakistan.

1.6 Limitations of the Evaluation

The evaluation process was generally adequate to answer the questions posed in the scope of work. Additional time, as always, would have been an asset. More and longer site visits would have enriched understanding of the important field components of the evaluation. In the original evaluation plan, two team members were to have traveled to a total of four countries, but A.I.D. operating expense budget constraints meant that only one team member could travel, necessitating a reduction in site visits. In addition, the planned site visits to Mali had to be cancelled because of illness.

2. Project Background and Objectives

This section presents an overview of CEDPA and its Cooperative Agreement with A.I.D. in order to provide a foundation for understanding the context within which the CEDPA/POP project operates. The remainder of the section describes CEDPA/POP in terms of purpose and objectives as stated in the Cooperative Agreement and explains how the project fits in with CEDPA's overall development model.

2.1 CEDPA's Objectives and Overall Program Activities

Founded in 1975, CEDPA is a registered private voluntary organization qualifying for special recognition under the Gray Amendment to the Foreign Assistance Act.¹ CEDPA's organizational goal is to improve the quality and outreach of services in the Third World. A major objective is to provide training to help local managers implement innovative programs that reach individuals at the grassroots level.

CEDPA focuses on middle-level women managers of projects because of their links "down" -- to women in communities in need of services -- and "up" -- to policymakers who can facilitate the clearances and support essential for effective programs. Eighty-eight percent or 22 of the 25 managers of CEDPA population projects are women.

2.1.1 The CEDPA Development Model

The CEDPA four-stage development model (shown graphically in Figure 1) has evolved in response to CEDPA's own success. The stages are as follows:

- Stage 1 -- Management Training. Initially, CEDPA recognized the need for management training for women if they were to take their place alongside men in making the decisions that affect women. Beginning in 1978, Women in Management (WIM) workshops have been held twice a year in Washington and have been successful in attracting women who can most benefit from the training. In response to requests, in 1979 a second workshop on Supervision and Evaluation as Management Tools (S&E), open to both men and women, was created. To date, 23 WIM and 10 S&E workshops have been held, and CEDPA has about 3,000 alumnae² in 100 countries.
- Stage 2 -- Country-Level Training/Alumnae Organization Support. Upon return to their countries, alumnae begin to form associations of support with other alumnae. Some associations are formal, others informal, but all provide support, technical assistance, and a medium for sharing information and ideas. In this stage, CEDPA provides support for the formation of these associations through country level

¹The Gray Amendment provides that a certain portion of A.I.D. funds in any given fiscal year "shall be made available only for activities of economically and socially disadvantaged enterprises...and private and voluntary organizations which are controlled by individuals who are Black Americans, Hispanic Americans, or Native Americans, or who are economically disadvantaged...For purposes of this section [amendment] economically and socially disadvantaged individuals shall be deemed to include women."

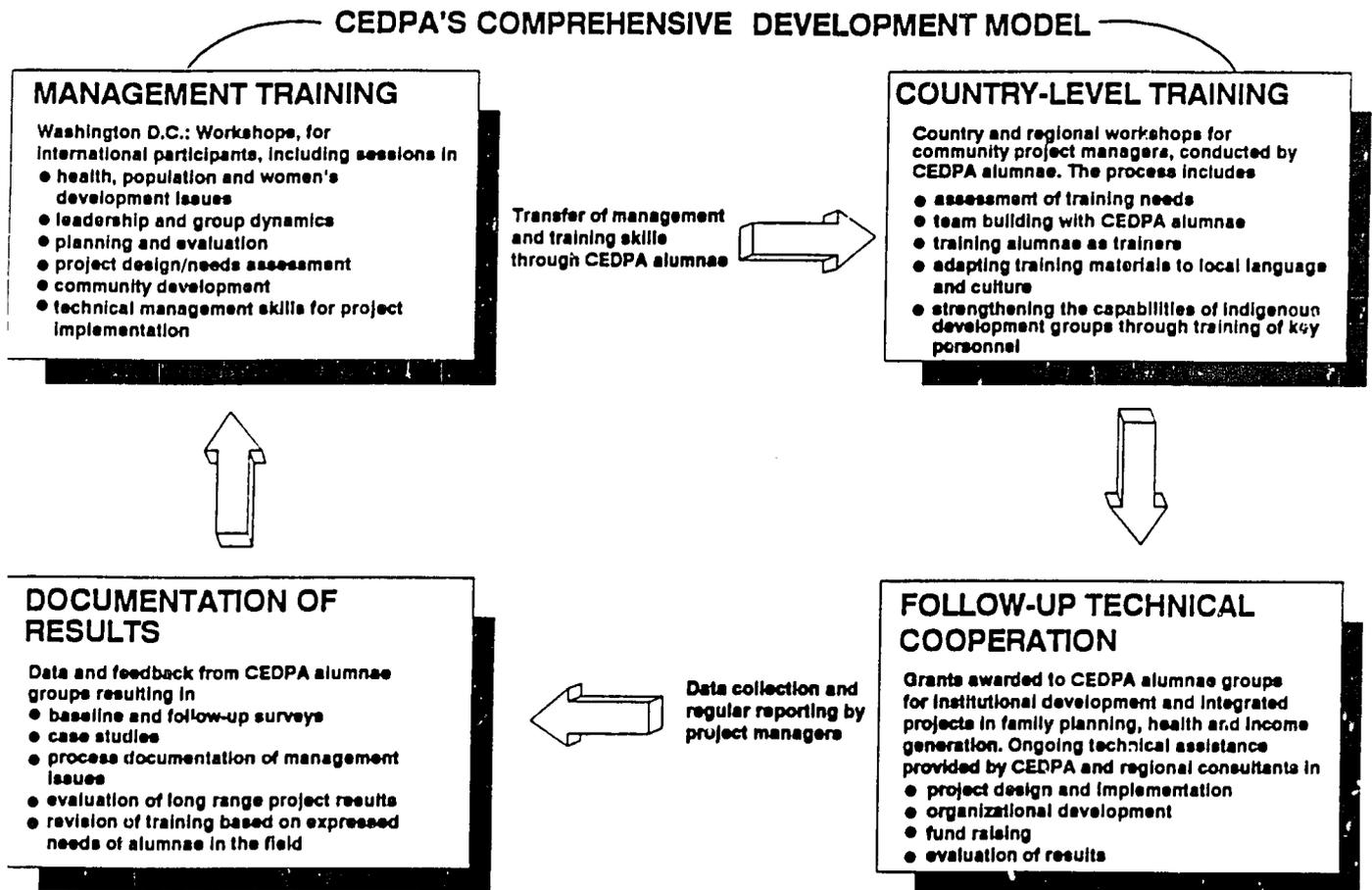
²Because of CEDPA's focus on women in its development activities, for the purposes of this report the term "alumnae" will be used to encompass both the women and men who have taken part in CEDPA's training program.

training, team building activities, and by using alumnae as resource people and trainers on other projects. The strength of the network created depends on the location. In countries with highly centralized population centers such as Nepal and Kenya, the networks are strong. Where alumnae are dispersed throughout the country, such as in Mali and India, the networks are less cohesive.

- Stage 3 -- Follow-up Technical Cooperation with Alumnae Associations. This cooperation is brought about through grants, technical assistance in subproject design and implementation, and in a continuing evaluation of CEDPA's work.
- Stage 4 -- Documentation of Results. In this stage, CEDPA channels data and information from alumnae groups and subprojects into reports. This information is used to improve CEDPA's WIM and S&E workshops, to evaluate CEDPA's overall performance, and to anticipate the needs of CEDPA's primary client, its alumnae.

Figure 1

The CEDPA Development Model



2.1.2 Other CEDPA Projects and Activities

In addition to its training activities, CEDPA implements a number of overseas projects and programs in family planning, family life education, and maternal and child health. With the exception of the CEDPA/POP project, the largest of these is the Better Life Project which seeks to extend family planning information and services, as well as economic opportunities to girls and young women, ages 12 to 20. Working with local organizations in Egypt, India, Kenya, Mali, Mexico, and Zimbabwe, Better Life subprojects typically include family life education, literacy and skill training, income generation, and health and family planning services.

In 1977, CEDPA received its first training grant from S&T/POP for overseas management training. Subsequently, CEDPA has received grants from a number of other A.I.D. bureaus, offices, and missions, as well as from private organizations, foundations, and multilateral agencies. A.I.D. support for CEDPA programs has included grants from the Bureaus for Africa and Asia and the Near East; from the Offices for Private and Voluntary Cooperation, Women in Development, and Nutrition; and from USAID missions such as Egypt, India, Nepal, Nigeria, and Pakistan, which have provided money for training, technical assistance, and small grant programs. CEDPA is unusual in both the diversity and amount of support it receives from private agencies and companies. (The 37 U.S. and international private organizations that contribute to CEDPA's programs are listed in Appendix D.)

Since 1984, CEDPA has worked with the Nigerian Ministries of Health and Education to introduce family life education in Nigeria's public schools. In 1988, CEDPA received an A.I.D.-funded \$1.4 million subcontract with The Johns Hopkins University Population Communication Services project to continue this work through the Family Health Services Project in Nigeria. CEDPA is also working in Nigeria with AFRICARE, a U.S.-based international PVO, on a national AIDS awareness program.

In addition, CEDPA is working with Management Sciences for Health (MSH) as a subcontractor on A.I.D.'s Technologies for Primary Health Care (PRITECH) project in child survival (CEDPA's role is to improve the planning and management of private sector community child survival programs) and as a subcontractor on A.I.D.'s Family Planning Management and Training Project. CEDPA has also been asked by the government of the District of Columbia, on an experimental basis, to include U.S. women in its WIM workshops.

CEDPA is conscious of the potential of its alumnae network of trained and well-placed women and continually looks for ways to help that network empower women and further family planning goals. CEDPA is also in the process of defining the role it will play in the worldwide effort to combat AIDS.

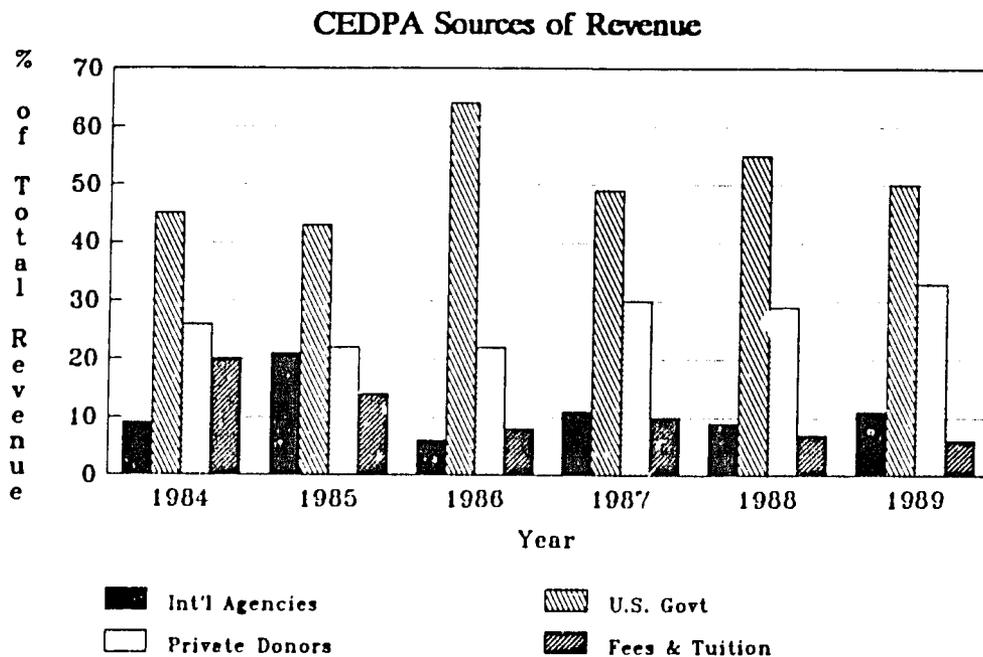
2.1.3 Involvement in the Population Community

In 1989, CEDPA played a major administrative backstopping role for A.I.D.'s annual meeting of population Cooperating Agencies (CA). CEDPA staff are also actively involved in a number of interagency population working groups such as the Informed Choice Task Force, Evaluation Task Force, and Population Council/AVSC-sponsored workshops on quality of care. In addition, CEDPA plays a leadership role in the National Council on International Health, a consortium of international health and family planning agencies. The council is in the process of developing a task force to look at the special problems of providing services to young adults in domestic and international programs.

2.1.4 CEDPA Overall Revenue

A wide base of public and private support is one of the characteristics that distinguishes CEDPA from other population CAs and among PVOs. As CEDPA's annual budget has risen from \$1.2 million in 1984 to \$4.3 million in 1989, CEDPA has been able to increase donations from private agencies and companies to maintain a relative balance between private and government funding. In addition, CEDPA field projects receive substantial local support. In 1989, 50 percent of CEDPA's total support came, either directly or through subgrants, from A.I.D. Grant assistance for the CEDPA/POP project funded by S&T/POP constituted approximately one-third of CEDPA's total support. Graph 1 shows sources of CEDPA support and revenues for the period 1984 to 1989. Details of CEDPA revenue are provided in Appendix E.

Graph 1



2.2 The CEDPA Population Project

In April 1984, CEDPA submitted an unsolicited proposal to S&T/POP for a project whose goal was to "extend the delivery of family planning services through its alumnae network of Third World professionals involved in family planning." After meetings with S&T/POP personnel, CEDPA revised and resubmitted the proposal. In August 1985, the CEDPA/POP project was established with a \$6.9 million Cooperative Agreement for the five-year period September 1, 1985 to August 31, 1990.

The CEDPA proposal outlined a five-year program which would significantly expand CEDPA's ongoing technical assistance and financial support to alumnae to develop and implement community level family planning service delivery subprojects. This would be done through CEDPA's existing network of approximately one thousand alumnae from target countries. As a part of their CEDPA training, these alumnae had received help in developing action plans for community projects in family planning, health, nutrition, and income generation. They had also received technical assistance after training (see Section 2.1.1 on the CEDPA four-stage development model).

At the time of the award, in-country technical assistance and support were provided through CEDPA Follow-up Units, which were alumnae-created affiliates. In 1984, nine such units were provided with small, one-time seed money grants for community-based activities, particularly in family planning. However, more and larger family planning service delivery projects were being developed by alumnae and CEDPA lacked the resources to provide technical assistance and support for these expanded programs. This demand provided CEDPA with the motivation to seek funds to establish the CEDPA/POP project.

CEDPA's proposal was favorably received for several reasons, perhaps the most important of which was that the proposal offered an innovative way to extend family planning services through private sector organizations at a time when A.I.D. was seeking new approaches to meeting service needs in low prevalence countries. S&T/POP personnel believed that it was important to broaden the base of agencies available to work in the population field and expanded its population portfolio to include new agencies, especially those such as CEDPA that had the capabilities to work in partnership with the private sector. In addition, the money was there to accomplish this: 1985 was a peak year for A.I.D. population funding -- with a budget of \$290 million as opposed to \$195.3 in 1989.

The CEDPA/POP project also offered an important opportunity to increase the involvement of Third World women in the design, development, and implementation of acceptable, high quality family planning projects. It had the potential to contribute both to A.I.D.'s population mission and to A.I.D.'s Women in Development (WID) initiatives. As stated previously, CEDPA also merited attention because of the Gray Amendment. Finally, CEDPA's commitment to family planning and its track record in training and community development were known to A.I.D.

2.3 Purpose and Objectives of the Cooperative Agreement

The stated purpose of the Cooperative Agreement was to extend the delivery of family planning services to unserved or underserved populations in 10 to 15 countries. CEDPA was to do this by providing funds and technical assistance to selected alumnae to develop family planning subprojects, largely in the private sector. Alumnae would be selected who had "links with and can work effectively with unserved or underserved populations" and who had "limited or no previous support for population/family planning activities." The proposal specifically mentions those alumnae who are "members of or have access to the institutional resources of private or parastatal social service or commercial organizations or associations with community outreach capability."

Although the Cooperative Agreement only provided funding for a five-year period, it had the same objectives and targets as the six and a half year program originally proposed. The plan of action as outlined in the Cooperative Agreement required CEDPA to

1. Contact alumnae who had demonstrated commitment and the capability to develop and manage family planning activities and determine if the subproject proposals they had developed during training were still feasible;
2. Select 80 to 100 alumnae for participation in six regional/subregional subproject development workshops;
3. Review 100 proposals and select 40 to be funded for a six- to eight-month start-up phase;
4. Select 30 subprojects for a two- to three-year implementation period; and

5. Provide technical assistance and monitoring in family planning service delivery management, record keeping, and data analysis to subproject managers.

(These targets were reduced in year 4 to reflect project experience.)

3. Organization and Management of CEDPA and CEDPA/POP

This section of the report presents an overview and evaluation of CEDPA and CEDPA/POP's organization and management, including an analysis of CEDPA support to the project, CEDPA/POP staff skills, budgets, and relations with other organizations.

3.1 CEDPA Organizational Structure

CEDPA is managed by a president who is guided by a 17- member board of directors, many of whom are well known in the field of family planning and women's development issues. (An organizational chart is show on page 10.) The position of vice president is currently vacant. A program director coordinates all projects with the organization's training division, which conducts the WIM, S&E, and other workshops. The total professional and support staff numbers 38. Of the 14 professional staff listed in the original proposal written in 1984, all but two, the current president and the training program director, have left the organization.

3.2 CEDPA/POP Organizational Structure

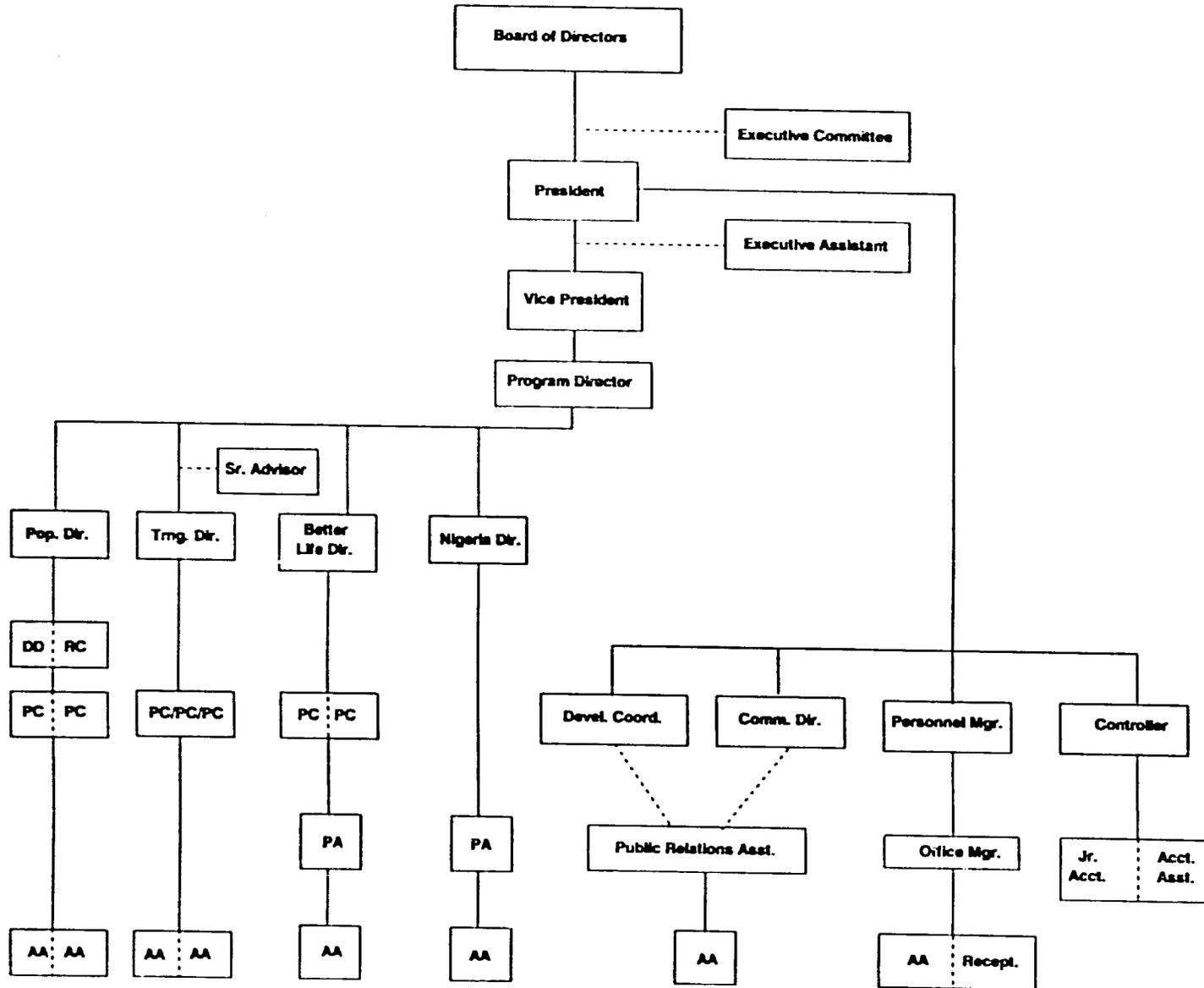
CEDPA/POP is managed by a project director and deputy director (see an organizational chart on page 11). Other staff include two program managers with primary responsibilities for managing field operations and an evaluation coordinator who is responsible for the analysis of baseline data and the management of data from subproject quarterly reports. Support staff include two administrative assistants.

3.3 CEDPA Institutional Support to CEDPA/POP

CEDPA's offices are centrally located in Washington, D.C., and include the classrooms in which the WIM and S&E workshops are held. Because of CEDPA's extensive training effort, it has a communications section capable of producing high quality reports, graphics, and educational materials. The CEDPA offices are fully computerized and the organization has an extensive management information system.

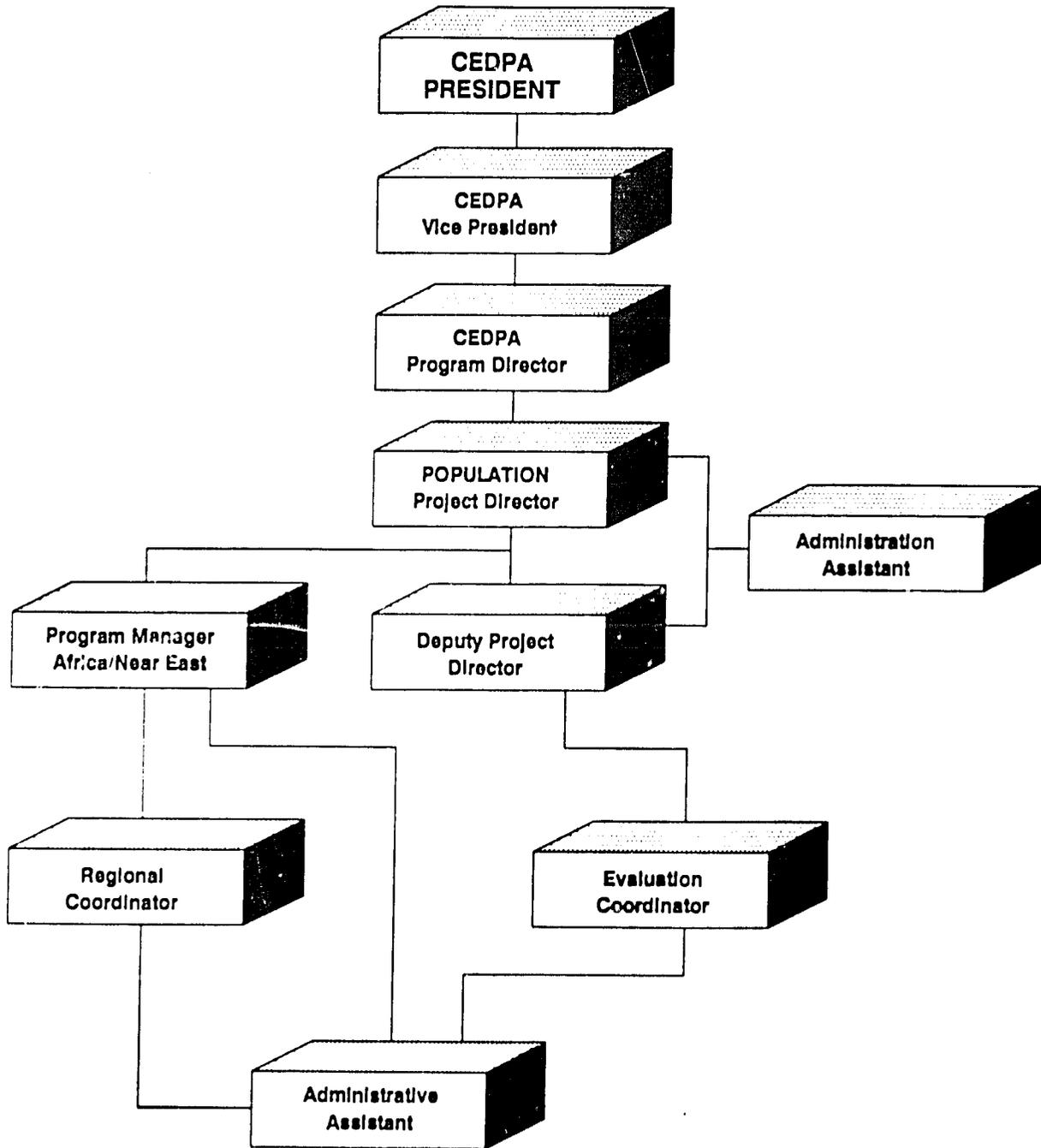
CEDPA/POP receives substantial support from CEDPA's training division in the design and implementation of workshops and from CEDPA's communications department in the preparation of reports. In addition, some of the Better Life Project funds are allocated to participating CEDPA/POP organizations, but for work in different communities than those involved in CEDPA/POP subprojects.

Figure 2
CEDPA ORGANIZATION CHART



DD=Deputy Director; RC=Regional Coordinator; PC=Project Coordinator;
PA=Project Associate; AA=Administrative Assistant

Figure 3
CEDPA/POP ORGANIZATION CHART



3.4 CEDPA Strategic Planning

CEDPA focuses on individual projects and has not yet developed a multi-year strategic plan for either the organization as a whole or for the CEDPA/POP project.

In 1987, CEDPA conducted a preliminary self-assessment by sending questionnaires to all staff and board members. The resulting "Long Range Planning Survey" is a compendium of the responses. In that document, CEDPA is identified primarily as a training institution, with its primary clients its alumnae. Identified shortcomings included the following:

- Inadequate delegation of authority;
- Lack of systematic documentation and evaluation of programs;
- A need to communicate the organization's mission more clearly; and
- The need to develop a better system of information flow.

The report is a step in the direction of improved planning, but does not go far enough in defining CEDPA's mission and plan of action.

CEDPA has recently hired a full-time organizational development professional to coordinate an organization-wide self-assessment and develop a strategic plan. This, and the recent hiring of a program director who is mandated to integrate CEDPA's various activities, should result in constructive changes.

In summary, as CEDPA's mission grows and expands, the organization would profit from a strong strategic plan that sets forth its goals, strategies, plan of action over the next few years, and a clear delegation of authority as to who is responsible for each component of the plan.

Recommendations

1. CEDPA and CEDPA/POP should develop a multi-year strategic plan which identifies 1) CEDPA's particular strengths and place in the family planning marketplace (mission statement); 2) those countries and those activities in which CEDPA plans to concentrate; 3) key implementation activities; and 4) technical skills needed in future staff. The CEDPA/POP strategic plan should focus on extending or replicating existing approaches, but a portion of funds should be earmarked for new projects and a small portion for high-risk/high-gain activities.
2. Senior level management courses should be made available to CEDPA senior management every two years. Even senior managers could profit from time away to rethink their management styles and gain fresh insight into the governance of a growing program with the considerable potential of CEDPA. Such training seems to work best when several people attend and return with a common sense of changes to be made. Because CEDPA is a management training organization, it must be in the forefront of the field.

3.5 CEDPA/POP Project Design

The CEDPA/POP project is particularly innovative in its approach to adding family planning components to existing private sector programs in other sectors. The stated goals and

³The project logical framework, included as Appendix G, shows the project goals and indicators.

objectives of the CEDPA/POP project, however, do not adequately reflect the scope, imagination, and uniqueness of the project. For example, institutional development is not one of the stated goals of the project nor are data collected on successes resulting from this strategy.

While objectively verifiable indicators of family planning acceptance are an important indicators of impact, the project actually places great emphasis on institution building and on adding family planning to existing organizations, which previously had no experience with the sector, and on an innovative woman-to-woman IEC approach. The absence of documentation on the institution building process and on the dynamics of collaboration with other institutions means that some of the innovative components of the project are not being monitored and analyzed. A closer look at the organizational capabilities of collaborating institutions would enable the CEDPA/POP project to 1) choose organizations most likely to sustain the subprojects and 2) provide the resources necessary to strengthen these institutions.

Recommendations

- 3.⁴ Phase II of the CEDPA/POP project should include indicators that more accurately reflect the unique attributes of the project so that successes and problems with the approach can be monitored and lessons can be learned, which can apply to other PVOs or Cooperating Agencies. These indicators would include (but not be limited to) the process of subproject development, local project support, the impact on women (as managers, as community outreach workers, as family planning users), as well as some objective measures of institutional development such as effective management, staff skills, record keeping, budgeting, percentage of activities supported with local resources (contributions and fees), and strategic planning.
4. CEDPA/POP should develop a check list of the attributes of various organizations and use the check list to assess the institutional capability of potential subproject collaborators. Using the items on the check list as indicators, the project should begin to develop a body of data on the types of organizations most likely to support and sustain subprojects. This information should then be fed back into the subproject planning and review process.
5. Now that a year or more of data are available, subproject trends should be developed and analyzed in comparison with each other to determine which types of subprojects are most effective. CYP should be calculated for all subprojects. This would also enable the CEDPA/POP project to do better budgeting and target setting for the first year of new subprojects.

3.6 Staff Skills/Performance

CEDPA/POP staff are strongly oriented towards serving the field and tend to be generalists. One staff member has a masters in public health; other staff members have formal training in the social sciences, international studies, and languages. Those staff with field responsibilities make about four three-week trips per year. Staff have excellent skills in working with community-based, grassroots organizations. They have been complimented by USAID staff familiar with their work and by subproject personnel who find their visits very helpful in technical areas and in boosting staff morale.

⁴Recommendations are numbered consecutively throughout the report and are presented in the same order in Appendix K.

The CEDPA/POP project is well organized. Guidelines for audits, evaluations, subproject selection, and other components of the projects are available, clearly written, and standardized. Files are orderly, current, and the paper trail on each project is complete.

For philosophical and budgetary reasons, CEDPA uses in-country consultants whenever possible. Because CEDPA has a large roster of trained alumnae, it is usually able to provide the necessary technical skills when projects need help. The use of CEDPA alumnae for technical assistance and evaluation of the subprojects is an important component of CEDPA/POP project design and of CEDPA's overall development model.

As the project expands, CEDPA/POP will need staff with stronger technical/clinical skills in family planning. While staff feel that they can rely on local health professionals when questions about the technical aspects of service delivery arise, A.I.D. concerns about client safety and quality of service require access, on at least an interim basis, to a senior professional with experience in evaluating quality of care (see Section 3.10). Local professionals who know the conditions in their countries will continue to be an important source of advice.

Other areas in which staff appear to lack technical expertise are small enterprise development, organizational development, and in the design, content, and use of IEC materials.

Recommendation

6. As the CEDPA/POP project moves into a more mature stage, staff with stronger technical skills will be needed. Two additional staff positions for Phase II are recommended, one for an institutional development specialist and one for a person with strong skills in the identification, adaptation, and use of IEC materials. If other staff positions become vacant, someone with skills in small enterprise development or policy change should be considered.

3.7 CEDPA and CEDPA/POP Staff Turnover

At the time of this evaluation, CEDPA was undergoing a major staff turnover. The former president had just resigned and the vice president/program manager had just assumed that position. A new program manager hired from outside CEDPA had also just started working. At about the same time, the CEDPA/POP project director, evaluation coordinator, a regional coordinator, and one of the administrative assistants resigned -- all for reasons unrelated to the evaluation. These resignations, added to previous ones, constitute a 100 percent staff turnover since the project began.

This staff turnover is partly due to the fact that CEDPA tends to hire young professionals on their way up the career ladder and partly because it is a small office in which personality differences are magnified and also because CEDPA does not place staff overseas. In general, current staff are satisfied with their jobs and the office has a collegial atmosphere. Even so, it is important for the continued success of the project to have staff with continuous experience with the project.

Recommendation

7. The current internal organizational development effort should focus specifically on identifying causes of staff turnover and take steps to alleviate the problem.

3.8 Demands on CEDPA/POP Staff Time

CEDPA/POP staff do a lot of work for the field: they finalize and translate proposals, analyze baseline data, and write midterm evaluation reports. In addition, their work includes administrative support to individual subprojects, filing, entering data into the MIS system and analyzing it, and writing baseline reports. The amount of staff time spent in performing such tasks for the field could be reduced if A.I.D. were willing to accept proposals as drawn up in the field without refinement in CEDPA's Washington office and translations in summaries only. The proposals now contain much more information than is actually required in the Cooperative Agreement.

Recommendation

8. Ways must be found to minimize the administrative work load on the CEDPA/POP project staff. This could include the following:
 - Reaching an agreement with S&T/POP to shorten proposals and, insofar as possible, minimize the rewriting and translation done in Washington.
 - Teaching subproject personnel to carry out and analyze their own baseline studies. Some baseline studies should be eliminated altogether.
 - Letting regional consultants prepare the complete evaluation report.

3.9 Overall CEDPA/POP Monitoring and Evaluation

Overall project monitoring and evaluation is the responsibility of the project director although the evaluation coordinator plays an important role in entering and analyzing the data used in monitoring. The project is monitored on the basis of family planning client statistics (new acceptors and current users) and project activities such as workshops held and field visits made.

Quarterly reports from subprojects are generally received on time and are complete, although at start-up some subprojects have experienced some difficulties. These problems have usually been resolved by the end of the third or fourth quarter.

The evaluation coordinator enters figures from subproject quarterly reports and generates cumulative figures for the project as a whole. Semi-annual reports to S&T/POP are generally well prepared and on time. The primary complaint from CTOs about CEDPA/POP reports is that the material is not presented in a format that is useful to S&T/POP. For example, there have been many problems with the presentation of data on client numbers -- the information presented does not always track through time and is not compatible with that reported by other family planning organizations; some statistics are misleading, such as using percentages when the number of cases is very low; and tables often lack dates indicating when the data were prepared and sometimes lack totals or percentages.

Recommendations

9. CEDPA should review the data analysis systems and reports of other family planning organizations in order to standardize their reporting along the lines of others in the sector.

10. CEDPA/POP staff should review with S&T/POP their current and past use of statistics to determine which are most useful and how best to present them.

3.10 Quality of Care Assessments

In 1988, CEDPA/POP contracted with a physician from Johns Hopkins University to visit four countries and conduct a quality of care assessment of the services provided by CEDPA/POP-funded clinics. While CEDPA/POP was satisfied with the physician's work, S&T/POP found her lack of familiarity with existing established clinical quality of care standards to be a problem. (The physician had been hired at a time when there was no assigned CTO so that S&T/POP was not involved in the planning of the assignment.)

Recommendations

11. The CEDPA/POP project should conduct annual clinical reviews of quality of care in selected subprojects. Assistance should be sought from the family planning technical community in Washington in choosing the right person to serve as evaluator, in developing the statement of work, and in establishing the technical standard for the assessment. The costs for these activities should be budgeted into CEDPA's Cooperative Agreement.
12. Collaboration between S&T/POP and CEDPA/POP staff should be strengthened so that there is mutual agreement on the nature of the assessment and the skills needed to complete it.

3.11 Use of Project Resources

Tables 1 and 2 illustrate current funding and expenditure trends. As would be expected in moving from the project's initial implementation phase toward more established subprojects, the proportion of resources used for subproject development and management has decreased while that used for subprojects has increased. At the present time, the project uses 40 percent of its budget for subproject support, while 40 percent is for administrative support and 20 percent is indirect costs. By region, 48 percent of subproject resources are used in Asia/Near East; 50 percent in Africa; and 2 percent in Latin America. Three countries -- Kenya, India, and Pakistan -- receive 61 percent of subproject resources.

3.12 Response to A.I.D. Budget Cuts

At the time the Cooperative Agreement was signed, the financial plan estimated five-year costs of \$6,914,984 in annual increments, subject to the availability of funds. Initial funding of \$800,000 was provided for the first project year (September 1985 through August 1986).

The agreement was signed in the fiscal year when A.I.D.'s population account peaked at \$290 million. Shortly after the award, it became apparent that the account was declining rather than growing. A.I.D. asked CEDPA/POP to delay project activities in Latin America. However, since project expenditures were lower than originally estimated, the fact that the funding being provided by S&T/POP was lower than planned did not appear to be a problem. The project appeared to have a considerable pipeline.

Table 1
CEDPA Budget by Project Year (\$000)

	<i>FY 1985</i> <i>Year 1</i>		<i>FY 1986</i> <i>Year 2</i>		<i>FY 1987</i> <i>Year 3</i>		<i>FY 1988</i> <i>Year 4</i>		<i>FY 1989*</i> <i>Year 5</i>	
Project Administration										
Salaries	\$139	27%	\$197	23%	\$229	18%	\$231	15%	\$248	16%
Fringe benefits	54	11%	69	8%	92	7%	90	6%	97	6%
Consultants	12	2%	4	.5%	30	2%	41	3%	42	3%
Travel	122	24%	103	12%	128	10%	140	9%	150	10%
Other direct costs	<u>25</u>	5%	<u>33</u>	4%	<u>56</u>	4%	<u>63</u>	4%	<u>68</u>	5%
SUBTOTAL	352	69%	406	48%	535	42%	566	37%	605	40%
Subprojects	--	--	147	17%	414	32%	680	44%	598	40%
Indirect Costs	161	31%	293	35%	275	21%	290	19%	310	20%
Fellows	<u>--</u>	--	<u>--</u>	--	<u>64</u>	5%	<u>--</u>	--	<u>--</u>	--
TOTAL	\$513		\$845		\$1,286		\$1,536		\$1,513	

* Estimated

Table 2

Project Budgets Categorized by Country

<u>Country Project Budget</u>	<u>Total Budget By country</u>	<u>Country Project Budget</u>	<u>Total Budget By Country</u>
1. Kenya 01 \$ 204,000 02 206,800 03 <u>282,000</u>	\$692,800	7. Egypt 01 \$ <u>124,700</u>	\$124,700
2. India 01 \$ 58,800 02 75,300 03 52,700 04 206,400 05 <u>79,600</u>	\$472,800	8. Turkey 01 \$ <u>123,800</u>	\$123,800
3. Pakistan 01 \$ 85,200 02 102,300 03 147,900 04 <u>103,100</u>	\$438,500	9. Uganda** 01 \$ <u>113,300</u>	\$113,300
4. Mali 01 \$ 86,300 03 <u>65,300</u>	\$151,600	10. Nepal 01 \$ <u>90,000</u>	\$ 90,000
5. Nigeria* 01 \$ 110,300 02 <u>33,400</u>	\$143,700	11. Peru 01 \$ <u>51,500</u>	\$ 51,500
6. Sudan*** 01 \$ <u>125,000</u>	\$125,000	12. Senegal 01 \$ <u>47,200</u>	\$ 47,200
		13. Sierra Leone** 01 \$ <u>41,300</u>	\$ 41,300
		14. Haiti** 01 \$ <u>81,103</u>	\$ 81,103

* Projects transferred to FPLA, effective October 10, 1988

** Project terminated

*** Project being terminated

It was not until the beginning of the fourth project year (end of FY88)⁵ that S&T/POP and CEDPA/POP realized that they were operating under different assumptions about total project funding levels. Commitments had been made that went well beyond the resources S&T/POP was planning to provide. CEDPA/POP appears not to have understood A.I.D.'s annual budget process, which is based both on the annual availability of funds and on a cycle of two-year advance planning. Also, CEDPA/POP submitted a revised financial plan in April 1988 only to the A.I.D. Contracts Office and not to S&T/POP. This meant that those within S&T/POP responsible for funding decisions did not know that CEDPA/POP was making program decisions based on assumptions of levels of support much higher than those S&T/POP planned to provide. S&T/POP was planning to provide \$1.1 million for the final two years of funding; CEDPA/POP was expecting \$4.5 million and three years of funding.

Two other factors seem to have compounded this misunderstanding: First, because this was a new project with new activities, CEDPA/POP was limited in its ability to forecast future year costs and did not convey future cost needs to S&T/POP. Second, although the Cooperative Agreement states clearly that the "recipient will ensure that no costs are projected or committed beyond the agreement expiration date of August 31, 1990," CEDPA/POP had been advised, contrary to usual A.I.D. practice, that it could enter into subagreements with local institutions that extended beyond the end of the Cooperative Agreement.

Since the fall of 1988, both A.I.D. and CEDPA have been working to resolve these funding problems: CEDPA/POP reviewed and cut its budget; a moratorium has been established on using S&T/POP central resources to fund new subprojects; CEDPA/POP is working with USAID missions to obtain add-ons for new activities that cannot be funded with S&T/POP resources; support for additional activities in FY89 is expected from USAID/Egypt and the Asia Near East Bureau for Turkey and in FY90 from USAID/Mali; S&T/POP increased its FY88 funding from \$500,000 to \$800,000 and has increased its FY89 funding from \$600,000 to \$1,700,000; the Cooperative Agreement is being extended one year; a sixth year of funding has been authorized; and a new ceiling for add-ons of \$2 million has been established.

CEDPA/POP was told in January 1989 that total project funding might be \$6 million and that S&T/POP needed forward planning budget information. CEDPA/POP is working to improve both forecasting of future budget needs and its provision of such information to A.I.D.

In summary, neither A.I.D. nor CEDPA/POP has fully understood the other's budget process. On the one hand, CEDPA/POP has not understood the A.I.D. process in which the CTO provides information on future funding needs for the agency within S&T/POP, and S&T/POP advocates total population funding needs within A.I.D. In order to be effective, CEDPA/POP must provide S&T/POP with the information it needs, in a format which is easily understood and interpreted, and at the appropriate times in the budget process. CEDPA/POP and the CTO should work together to find a mutually acceptable format and schedule for presenting anticipated budgets to S&T/POP. Support for CEDPA/POP will be easier to present as the project costs and results are documented and shared. At the same time, S&T/POP has not made its needs clearly known to CEDPA/POP. Each CTO has offered different advice, which has been a source of confusion for CEDPA/POP.

⁵The April 1988 financial plan estimated project funding at \$513,088, year 1; \$845,269, year 2; \$1,163,868, year 3; \$1,634,098, year 4, and \$2,758,661, year 5. The FY89 Congressional Presentation shows planned obligations of \$500,000 in FY88 and \$600,000 in FY89.

Recommendations

CEDPA/POP and S&T/POP must work together to resolve misunderstandings about A.I.D. funds available to the project and what information S&T/POP needs, specifically,

13. CEDPA/POP should develop and share with A.I.D. more information on future budget requirements in a way that matches A.I.D.'s own budget request cycle.
14. CEDPA/POP should monitor its own expenditures and commitments against an annual budget rather than a budget based on hypothetical full funding of the Cooperative Agreement. A.I.D. and CEDPA should also review current and projected monthly burn rates.
15. A.I.D. and CEDPA should review project commitments for activities after August 1990 (the current end of the Cooperative Agreement).

3.13 Relations with Other Agencies

3.13.1 Relations with S&T/POP

S&T/POP staff report that project staff have been prompt with their reports and responsive to specific inquiries. However, the frequent change in project CTOs over the past four years has caused some problems in the relationship between S&T/POP and CEDPA/POP staff. Just when CEDPA/POP staff thought they knew what S&T/POP wanted, the CTO would change and very different information and levels of interaction were expected. This has led to hard feelings, technical problems (such as the hiring of the quality of care professional mentioned above), and confusion (as mentioned in the discussion of the project budget).

3.13.2 Relations with USAID Missions

Because subprojects must meet both USAID mission guidelines and provide services not currently being supplied by others, it is important that CEDPA/POP staff and subproject managers interact effectively with USAID mission staff as well as with each other.

As part of the evaluation, cables were sent to USAID missions in countries where CEDPA/POP subprojects are under way (a copy of the cable sent to the missions and mission responses are included in Appendix C). Cables from the USAID missions are uniformly knowledgeable and positive about CEDPA in general and the CEDPA/POP project in particular.

CEDPA/POP project staff have made themselves fully available to USAID staffs, and in most cases a close working relationship has developed. In a few cases where CEDPA has fewer alumnae or only one subproject, mission staff have been interested at a more distant level. There are no reported problems from missions and many strong compliments. The interest of four missions in buying into the CEDPA/POP subprojects indicates their support of the project.

Recommendations

Building on these positive experiences, CEDPA/POP should attempt to make itself better known to the development community. Specific recommendations include the following:

16. CEDPA/POP should focus on ways to provide more information to A.I.D. on the project's purposes and accomplishments. Possible avenues including writing an article for A.I.D.'s publication, *Front Lines*; developing a version of CEDPA's attractive organizational pamphlet, "The CEDPA Experience: A Success Story for Women"

that deals with the CEDPA/POP project; developing monographs, analytic studies, and special reports for publication or distribution to A.I.D. offices and missions through, for example, the monthly mailing to all Population Officers; and presenting papers and findings at conferences and meetings.

17. CEDPA/POP should also consider additional ways of providing information to key A.I.D. offices through the circulation of both routine reports (trip reports, evaluation reports, and the like) and special reports. A.I.D. personnel, particularly in regional bureaus, rotate on a regular basis to the field and CEDPA/POP needs to make an ongoing effort to brief these officers.

3.13.3 Relations with CEDPA Alumnae Networks

CEDPA alumnae networks vary in strength and tone. In some countries, such as Nepal, alumnae have formed NGOs and carry out training as a mini-CEDPA. In some countries, such as Kenya, the alumnae network is strong though informal. The subprojects are often put together by two or three alumnae who usually have full-time jobs in other agencies. In India, for example, PRERANA is an NGO created by development professionals in Delhi with full-time jobs in other organizations. Most PRERANA staff have now been trained by CEDPA. On the other hand, in another area of India, Ahmedabad, there are several alumnae who know each other but have not worked well together as a group.

One way that the CEDPA/POP project strengthens the alumnae network and the skills of individual alumnae is to use them as consultants for evaluations and as technical advisors to projects experiencing problems. Sensitive to the problems of having friends evaluate each others' projects, CEDPA/POP usually recruits consultants from another city or country. For instance, a manager from the Nepal 01 subproject went to the India 01 subproject to work on administration, supervision, and IEC materials.

3.13.4 Relations with Other Agencies

CEDPA has established a track record in working with U.S. family planning organizations, private foundations, private voluntary organizations, and multilateral organizations. Since CEDPA's inception, these relationships have been developed and maintained. The continuity of the president and vice-president (now president) at CEDPA has facilitated the creation of a broad network of long-term relationships with those in the development community.

4. Subproject and Field Activities

4. Subproject and Field Activities

4.1 Project Accomplishments

4.1.1 Achievement of Specified Outputs

CEDPA/POP has met the current quantitative training and subproject development targets as specified in the amended Cooperative Agreement. In its original proposal CEDPA/POP underestimated the amount of time needed to develop systems and identify, develop, and launch new subprojects.⁶ In year 4, the objectives were modified. Table 3 (see next page) shows the original, revised, and actual outputs. In addition, a narrative of revised achievements and outputs is given in Appendix F and the logical framework for the project is provided in Appendix G. With more realistic objectives, progress during the first four years has been good: CEDPA/POP is meeting the mutually agreed-upon, revised objectives.

4.1.2 Number of Subprojects and Countries Involved

By 1988, CEDPA/POP had approved 25 subprojects for funding, 19 of which are still in operation. The Haiti 01 project was terminated because of a ban on A.I.D. support to Haitian government institutions. Both the Sierra Leone and Uganda subprojects were terminated because of problems related to the local implementing agency. In the case of Sierra Leone, these problems included the project coordinator's absence from the project for an extended period, recruitment difficulties due to low salaries, difficulty in communicating with the local communities, and reports not being completed. In Uganda, because the local Family Planning Association (FPA) was in transition, a number of problems arose: the project lacked a committed coordinating committee, the proposal was written without the cooperation of the other collaborating organizations, several key staff resigned, and, following the resignation of the proposal's author, no one took responsibility for the project.

The two Nigerian subprojects were transferred to FPIA in September 1988 as part of USAID/Nigeria's consolidation of centrally funded activities. FPIA was given responsibility for all private sector family planning activities in Nigeria.

Because of a change in government, the Sudan project is being terminated.

Of the remaining 19 subprojects, 16 are progressing well, and three are experiencing significant problems: India 02, Pakistan 02, and Pakistan 04 (see Section 5.1).

There were originally subprojects in 14 countries, now the number is 9: in Africa, projects are under way in Mali, Senegal, and Kenya; in Asia and the Near East, there are subprojects in Pakistan, India, Nepal, Turkey, and Egypt; and Peru represents the only Latin American subproject.

⁶In the original review of the proposal, concern was expressed that the targets proposed by CEDPA might be too ambitious. One reviewer commented that CEDPA would be undergoing a major institutional transition from operating a training program to operating large field service grants and that subgrantees would have to have program management, record keeping, accounting, and financial management systems in place before they would be eligible for the receipt of A.I.D. funds. He suggested that the proposed activities would take seven to eight years and that A.I.D. might want to divide the project into two phases, given the current five-year project limitation, with the first three years being a development phase and the second five years an implementation phase.

Table 3

Outputs of the Cooperative Agreement

Output	5 Year Target In Original CA	5 Year Target In Revised CA	Actual 7/89 (End Year 4)
1. Workshops			
a. International Project Design			
# workshops	6	5	5
# participants	80-100	50-70	55
# proposals development	48	2-4 more	48
b. U.S. Mini-Project Design Workshops*			
# workshops	0	7	7
# participants	0	28	28
# project concept papers		15	15
c. Country Sustainability*			
	0	0	6
2. Subprojects			
# pilot (6-8 month)	40	33	25
# 2-3 yr	30	24-26	25**
# countries	10-15	10-15	14

* Not included in the Cooperative Agreement

** 25 projects were awarded multi-year grants. Four of these were terminated or switched over to other agencies for support for reasons that had nothing to do with CEDPA. Two with local Family Planning Associations have been or will be terminated early because of limitations of the in-country organizations.

Table 4 (see next page) provides the country, dates, level of funding, type of implementing organization, and type of each subproject (all of the original 25 subprojects are included here).

4.1.3 Qualitative Accomplishments

In addition to meeting quantitative targets for subproject development, CEDPA/POP has achieved qualitative gains as well.

Several A.I.D. officials who worked with CEDPA in the U.S. and overseas during the initial program years have commented that CEDPA/POP has done an exceptional job for a new agency in moving quickly to establish projects and to obtain USAID and host country clearances (see Appendix H and Appendix C). USAID staff attribute this to the family planning and other field experience of the subproject managers and CEDPA/POP staff, and to CEDPA's ability to involve capable, influential community leaders in the development of family planning activities.

Table 4

CEDPA Subprojects by Region, Country and Budget

<u>Country</u>	<u>Subproject</u>	<u>Title</u>	<u>Organization</u>	<u>Dates</u>	<u>Total</u>
<u>Africa</u>					
Kenya	01	Nairobi City Center/CBD Project	Family Life Promotion and Services	02/88 - 07/91	\$ 204,000
Kenya	02	Taita-Taveta District, Health and Population Project	FP Agency of Kenya (FPAK), Coast Area	05/87 - 01/91	204,800
Kenya	03	Community Based Health Care Programme	African Medical and Research Foundation	06/88 - 02/92	282,000
Mali	01	Katibougou Family Planning Based Family Planning	CEDPA-Mali	11/86 - 10/89	86,300
Mali	03	Family Planning Project in the Bla Area	Malian National Women's Union	01/88 - 07/91	65,300
Nigeria	01	Family Planning Information, Education & Service Delivery	National Council of Women's Societies	02/87 - 09/88	110,300 *
Nigeria	02	Rural Integrated Family Planning Services	Country Women's Assoc. of Ondo State	07/87 - 09/88	33,400 *
Senegal	01	Family Planning Project for Keur Ndiaye Lo and Yenne	CEDPA-Senegal	08/87 - 01/91	47,200
Sierra Leone	01	Integration of FP into Functional Adult Literacy	Planned Parenthood Assoc. of Sierra Leone	02/87 - 09/89	41,300 **
Sudan	01	FP Project in Kober, Ahamda and Isbat-Kafourn Areas	Kartoum Nursing College	03/89 - 10/89	125,000 ***
Uganda	01	Rural Integrated MCH/FP Project	Family Planning Association Uganda	05/87 - 02/89	113,300 **
					<u>\$1,057,900</u>
<u>Asia and NE</u>					
Egypt	01	Expanding FP Clinic Services Through Community Outreach	Institute for Training and Research in FP	11/86 - 10/89	\$ 124,700
India	01	FP IEC & Service Delivery Programme in Ahmedabad	Gujarat State Crime Prevention Trust	08/87 - 01/91	58,800
India	02	Puner Jivan	Mahila SEWA Trust	07/87 - 12/90	75,500
India	03	Integrated Community Based Family Planning Programme	PRERANA-Associate CEDPA	07/87 - 10/90	52,700
India	04	Rural Family Health Project (MCH/FP)	Bihar State Coop. Milk Producers Fed. Ltd.	05/89 - 05/92	206,400
India	05	CINI Family Planning program	Child in Need Institute (CINI)	05/89 - 04/92	79,600
Nepal	01	Community Based Family Planning and Nutrition	Family Planning Association of Nepal	11/86 - 10/89	90,000
Pakistan	01	Population Planning Service Outlets & Mobile Outreach	Behbub Association of Pakistan	02/88 - 07/91	85,200
Pakistan	02	APWA-CEDPA Population Welfare Project	All Pakistan Women's Association	02/88 - 06/91	102,300
Pakistan	03	Training Centre for Population Management	Pakistan Vol. Health & Nutrition Assoc.	02/88 - 07/91	147,900
Pakistan	04	Family Planning Media Messages	Population Communications Association	01/89 - 12/89	103,100
Turkey	01	Promotion of FP thru Door-to-door Education Intervention	Institute for Child Health, Istanbul Univ.	12/87 - 07/91	123,800
					<u>\$1,249,800</u>
<u>Latin America</u>					
Haiti	01	Concentrated FP Project for the Community of Desdunes	St. Marc Health District	09/87 - 08/88	\$ 81,000 **
Peru	01	Expansion of Family Planning Services in Areas of Cusco	PLANIFAM	10/88 - 10/91	51,500
					<u>\$ 132,600</u>

* Program transferred to FPLA effective 10/01/88

** Project terminated

*** Project being terminated

CEDPA/POP has also been responsive to A.I.D. concerns that new projects be developed in low prevalence areas of Africa, Asia, and the Near East. For instance, three project development workshops have been held in Africa and one in the Near East. In addition, 11 of the 25 original subprojects (constituting 56.4 percent of subproject resources) were developed in Africa and 12 (41.3 percent of the resources) were in Asia and the Near East.

Most of the subprojects have been developed in countries with limited family planning acceptability and infrastructure. To use the S&T/POP/Family Planning Services Division typology, nine of the subprojects were established in "emergent" (modern contraceptive prevalence of 7 percent or less) countries: Haiti, Mali, Nigeria, Senegal, Sierra Leone, Sudan, and Uganda; eight in "launch" (contraceptive prevalence between 8 and 15 percent) countries: Kenya, Nepal, and Pakistan; and eight in "growth" (contraceptive prevalence of 16 to 34 percent) countries: Egypt, India, Peru, and Turkey.

Reports from USAID missions suggest that in many cases the subprojects have contributed to family planning policy and program alternatives in host countries. In both Nepal and Mali, the CEDPA/POP pilot projects' use of personnel other than doctors to deliver family planning information and services is believed to have led to changes in government policy on service delivery. In Egypt, the USAID mission is buying into the project to enable CEDPA/POP to work with another local organization to apply CEDPA/POP's approaches to family planning service delivery and training systems more broadly. In addition, CEDPA's training materials for PVO managers of family planning projects are being widely used in Pakistan. Informational approaches and materials developed in the India project in Gujarat are also being widely used.

4.1.4 Future Directions

CEDPA/POP can build upon its positive accomplishments by

- Focusing on the most successful subprojects and approaches to ensure that the maximum contribution to increased family planning knowledge, contraceptive prevalence, and local support is achieved. FY 89 add-ons from USAID/Egypt, the Bureau for Asia and the Near East for Turkey, and USAID/Nepal may provide additional resources for the testing, expansion, and replication of successful activities.
- Reviewing with A.I.D. less successful subprojects to determine if changes in support are required or if these subprojects should be terminated.
- Sharing information more fully with A.I.D. offices and missions, and other donors and service providers so that ways to replicate, expand, or otherwise use this experience to make family planning services more available can be identified.
- Using the information on CEDPA/POP approaches and investments which are most successful to better define CEDPA's role in the family planning community and develop a multi-year strategic plan. It may be that CEDPA/POP's most important contribution to family planning is its ability to involve local leaders and institutions - women's organizations, health and welfare PVOs, cooperatives and community development organizations, and government ministries -- in family planning information dissemination and service delivery. It may play a role similar to that of A.I.D.'s Enterprise project in increasing the number of local institutions concerned with family planning, the distinction being that Enterprise works largely with the for-profit groups and CEDPA with the non-profit and private voluntary agencies.

4.2 Types of Organizations Implementing Subprojects

The CEDPA/POP project is testing a variety of methods of family planning service delivery. The project focuses on providing services through community outreach efforts and fixed facilities in areas that are underserved by other public or private facilities. The subprojects are implemented by a range of private sector organizations, particularly women's groups, many of which have not previously provided family planning services. The types of organizations with which CEDPA is collaborating are shown in Table 5 below.

Table 5

Types of Collaborating Organizations

<p>Women's Organizations</p> <ul style="list-style-type: none">- National: Mali 03; Pakistan 02- Income-Generating: Egypt 01- Local: India 02 <p>Other Non-Profits</p> <ul style="list-style-type: none">- Welfare/community development: India 01; India 05; Pakistan 01; Pakistan 02; Nigeria 01- CEDPA Alumnae group: Senegal 01; Kenya 01; India 01; India 03;- Cooperative: India 04; Nigeria 02- International PVO: Kenya 03- Family Planning Associations: Kenya 02; Nepal 01- Family Planning PVO: Peru 01 <p>Government</p> <ul style="list-style-type: none">- Ministry of Health: Mali 01; Turkey 01

In addition to including family planning in existing health programs, family planning has been added to programs in other sectors such as cooperatives and small-business development. The linkages are in some cases highly innovative, such as in Nigeria where women can buy contraceptives at a local market and receive referral service in a market clinic subcenter. Subprojects are being implemented through local NGOs, FPAs, and through an international PVO (African Medical and Research Foundation). Some of these organizations have experience in health education or services, others do not. Working through local FPAs has thus far only been successful in two of four cases (Nepal 01 and Kenya 02).

4.3 The Overall Process of Subproject Development

The following is a list of CEDPA/POP staff activities that have been or continue to be undertaken in the development of the subprojects.

- Step 1** Letters were written to 2,000 CEDPA alumnae requesting project concept papers, 110 were received.
- Step 2** Five proposal development workshops were held in 1986-1988; 3 in Africa, 1 in Asia, and 1 in Latin America. Fifty-five people attended. Forty-eight proposals were developed.
- Step 3** The proposals were reviewed by CEDPA/POP and 33 were selected for site visits. Proposals were finalized and forwarded to A.I.D. for concurrence.
- Step 4** 1986-1989 award of 25 family planning subprojects: 11 in Africa, 10 in Asia, 2 in Egypt and 2 in Latin America.
- Step 5** Evaluation of subproject pre-implementation phase by a regional consultant and approval to move into full implementation granted. Eighteen pre-implementation evaluations were carried out. This step has now been eliminated as unnecessary.
- Step 6** Technical assistance to the subprojects by regional consultants and CEDPA/POP staff. Each project is visited twice a year by CEDPA/POP project staff. Forty-four technical assistance and project monitoring visits have been carried out so far.
- Step 7** In the fifth quarter of implementation, a strategic management workshop is held with subproject staff to develop plans for sustainability when the CEDPA funding ends. Six workshops have been held.
- Step 8** In the 18th month of implementation, each subproject is evaluated. A regional consultant visits the project for 6 to 8 days and completes a 55-page form. This, combined with service statistics from quarterly reports and trip reports forms the basis for the evaluation. So far, four evaluations have been completed.
- Step 9** Technical assistance continues as needed.

4.4 Subproject Implementation

4.4.1 Start-up Activities

The subprojects originally underwent a pre-implementation phase during which CEDPA/POP and the implementing agency determined the feasibility of implementing the full

project, and which was followed by an evaluation⁷ carried out by a CEDPA/POP selected consultant. Seventeen of the original 25 subprojects carried out pre-implementation activities. After the second year of the project, it was determined that because most of the problems that could severely affect subprojects did not surface during this initial period, this step should be dropped from later projects. Now when a project is funded, implementation begins immediately. Other start-up steps remain the same:

- Implementation of a baseline KAP survey,
- Establishment of contacts with the target community and community leaders,
- Reinforcement of contacts with collaborating agencies, and
- Development of a training strategy.

The training strategy usually includes the identification of overall objectives, project design, and development of curricula and evaluation instruments and systems. In some cases, specific training modules have been developed which outline the specific course content, training methodology, and reference/training materials required.

To assist in strategic management, some of these subprojects have established advisory boards or committees (Egypt 01, for example).

4.4.2 Delivery of Services

Most service projects have outreach activities, fixed facility provision of services, and training.

Outreach Activities. Once a subproject has been approved by CEDPA/POP, most generally recruit the full complement of staff and begin providing family planning information and education through outreach activities. For the most part, outreach workers seek to generate demand for family planning through door-to-door visits in the community, and group presentations, lectures, or film shows. With the exception of a few subprojects, outreach activities are carried out by women. Although the titles given these workers vary from country to country -- e.g., lady health visitors in the Pakistan 01 and 02 subprojects, community distributors in the Kenya 02 subproject, and family welfare workers in the India 05 subproject -- their responsibilities remain very much the same: they distribute non-clinical contraceptives at no cost or, in some cases, for a small fee (e.g., Egypt 01); they refer those who want clinical services to either a health clinic affiliated with the subproject or to a government facility; and they provide follow-up to new acceptors.⁸ Table 6 shows the planned number and types of outreach workers for the current projects.

⁷The pre-implementation evaluation consisted of two steps: 1) a data collection visit to the subproject site; and 2) data analysis and subproject assessment by CEDPA staff in Washington. The field evaluators were often CEDPA alumnae from a nearby country. In addition to reviewing the specific activities completed, these evaluators also focused on the financial management, staffing, technical assistance, collaborative arrangements and reporting activities of the subproject. Based on these evaluations, CEDPA determined whether to fund the subproject through the expansion-of-services phase or to terminate the funding relationship.

⁸In Senegal, where no health personnel with less training than a midwife are permitted to distribute contraceptives, the outreach workers refer clients to local clinics for both clinical and non-clinical services.

Table 6

Number and Types of Outreach Workers Proposed in the Current Subprojects

<u>Country/Subproject</u>		<u>Number</u>	<u>Types of Outreach Worker</u>
<u>Africa</u>			
Kenya	01	Not known	Volunteer family planning workers
		Not known	Community family planning volunteers
Kenya	02	24	Community-based workers
Kenya	03	160	Volunteer community workers
Mali	01	Not known	Village outreach workers
		Not known	Male village outreach workers
Mali	03	12	Male and female animators
Senegal	01	22	Community matrons
		4	Economic monitors
<u>Asia and Near East</u>			
Egypt	01	16	Community-based workers (<i>Raidats</i>)
India	01	8	Field workers
India	02	Not known	Field workers
India	03	7	Community family planning/health workers
India	04	49	Village health workers
India	05	80	Family welfare workers
Nepal	01	23	Women volunteers
Pakistan	01	8	Lady health visitors
		8	Field workers
		8	Female assistants
Pakistan	02	4	Lady health visitors
		4	Motivators
Turkey	01	8	Family welfare workers
			Community leaders
<u>Latin America</u>			
Peru	01	30	Community-based workers

Note that the number of outreach workers as well as their titles differ depending on the specific needs of each subproject. The amount of experience and training required also varies with each subproject. In some cases, volunteers are used (Kenya 01 and 03, India 02), while in others, well-trained field motivators are used (Pakistan 01 and 02). In addition to providing family planning messages, some provide information related to primary health care and maternal child health (India 02 and 04, Kenya 02).

Fixed Facility Provision of Services. Most of the subprojects have some relationship with one or more family planning service delivery facilities. In some cases, these facilities have been created as part of the project, while in others an existing health clinic has been renovated or strengthened to provide family planning clinical services. These facilities serve as a referral point for clinical methods, a place to receive additional information and, in some cases, a place where group presentations are made.

Training. Training courses are offered to most subproject personnel: managers, clinic staff, and outreach workers. As noted above, the development of the training materials and approach to be used is often begun during the start-up period. Although some of the subprojects have staff members who provide the actual training, many use outside resource people (recruited in-country) to provide all or a portion of the training. These include ministry of health personnel, local FPA personnel, and university personnel. In addition, training materials are sometimes obtained from a local organization involved in providing family planning, once again, perhaps the ministry of health or FPA.

Training for outreach workers, managers, and clinical staff is tailored to the needs of each target group and can last from several days to several weeks. The outreach workers receive training in such topics as IEC, contraceptive technology, communication techniques, and informed consent. The curriculum for project managers focuses more on management issues such as strategic planning, budgeting, statistics, management information systems, supervision, and human organization skills. Finally, clinical staff receive more technical training in contraceptive technologies, and the importance of family planning for family well-being. In addition to the initial training provided, most subprojects also provide follow-up refresher courses.

4.5 Subproject Classification

Subprojects can be classified into four categories based on the services they provide.

Categories A and B include those subprojects in which CEDPA/POP works with existing family planning organizations to expand services and outreach. The two categories differ in that CEDPA/POP contributes to the renovation or establishment of family planning clinics in the Category A subprojects only.

Categories C and D refer to those subprojects in which CEDPA/POP involves a local non-family planning agency in family planning services and/or family planning IEC and outreach activities. These include both national and regional women's and child welfare and cooperative organizations. While the organizations within Category C provide both family planning information and services, those in Category D provide only IEC and training.

4.5.1 Category A - IEC, Service Provision, and Family Planning Clinic/Center Expansion Subprojects

Subprojects in this category were set up to carry out the following activities: IEC outreach and referral; fixed facility services; and the establishment and/or renovation of family planning clinics/centers.

In addition to providing IEC outreach and fixed facility services, seven of the current subprojects include activities related to the establishment or renovation of family planning clinics/centers as part of the proposal (see list below).

- | | |
|------------------|---|
| <u>Kenya 02:</u> | The upgrading of four community health dispensaries and the establishment of one clinic |
| <u>Kenya 03:</u> | The establishment of a community health center |
| <u>Egypt 01:</u> | The upgrading of four Family Planning Association clinics |
| <u>Nepal 01:</u> | The establishment of three Family Planning Association clinics |

- Pakistan 01 : The establishment of four new private family planning centers
- Pakistan 02 : The establishment of four new private family welfare centers
- Peru 01: The establishment of two new private family planning centers

Three of these subprojects -- Peru 01 and Pakistan 01 and 02 -- were designed to establish private family planning centers/clinics and to increase the number of service delivery sites already in operation. One subproject in Egypt was set up to upgrade four FPA clinics. For all of the subprojects in this category, the implementing agency has had experience in family planning service delivery.

The following provides details on one of these subprojects:

Egypt 01

This subproject, Expanding Family Planning Clinic Services through Community Outreach, is managed by the Institute for Training and Research in Family Planning (ITRFP), an organization established in 1972 by the Egyptian Family Planning Association (EFPA) to meet the growing need for well-trained family planning workers. The subproject's goal is to provide family planning information, education, and services through outreach workers and eight FPA clinics within the four governorates of Aswan, Menia, Kalubia, and Monufia.

The subproject is expanding upon pilot activities that were already being implemented by ITRFP -- the renovation of four EFPA clinics and four income-generation projects (designed to give women the skills necessary to earn supplemental family income) at each of the clinics. As part of this present subproject, four more clinics were renovated; thus, ITRFP now operates in a total of eight sites. Basic health care services are provided by the clinics on a fee-for-service basis. The project stresses the maternal and child health benefits of family planning and emphasizes the selection of appropriate methods based on a client's medical history, reason for using a family planning methods, and method preference.

Family planning education and service delivery are provided through two community outreach workers or *raidats* at each of the eight clinics. The *raidats* have primary responsibility for community education and clinic referrals through home visits, and for follow-up and resupply of contraceptives to clients. As part of their outreach efforts, the *raidats* make 120 house calls per month. They also make group presentations at community women's meetings and clubs. This community outreach provides critical client information and education, the lack of which hampers family planning efforts in Egypt.

Training is being provided to the *raidats*, all clinic staff, and those managing the project.

CEDPA/POP's contribution to the project is \$124,744. This includes costs for 1) personnel (central/local salaries, and cost of resource personnel for training support); 2) travel, per diem, and site visits; and 3) other direct costs (rent of facilities, training tuition, training/IEC materials, office supplies, printing, communications, and clinic preparation.) Commodities are provided by the National Family Planning Project through the General Medical Supply Company.

4.5.2 Category B - IEC and Service Provision Subprojects

Category B subprojects carry out the following activities: IEC outreach and referral and fixed-facility services.

In contrast to Category A, none of the subprojects include arrangements for establishing or renovating family planning clinics or centers. All but one (Kenya 01) of the implementing agencies have experience in family planning service delivery.

The following is an example of one of these subprojects:

Kenya 01

This subproject, the Nairobi City Center Community Based Distribution Project, is managed by the Family Life Promotion Services, Ltd. (FLPS), an organization established in 1986 by working women who, based upon personal experiences, realized there was a need for a family planning program designed to reach working women. The subproject's goal, therefore, is to provide easily accessible family planning information, education, and services to approximately 30,000 eligible working women in 30 small businesses and public organizations in Nairobi's city center communities through the use of volunteer outreach workers, and a storefront contraceptive depot.

The subproject has initiated family planning outreach services in nine selected businesses and organizations that did not have health clinics. Representatives from these businesses were trained as Business Health Volunteers to provide family planning education (through lunch hour lectures, flip chart presentations, film shows, pamphlet distribution, etc.) and contraceptive distribution to employees at the workplace. Community Volunteers were also recruited from the remaining 21 small businesses and trained as outreach workers to provide education, referrals, and follow-up services in surrounding residential communities. In addition, outreach workers carried out IEC activities, such as monthly presentations on family planning education through lectures, films, and slide shows, in open markets and bus terminals.

A non-clinical methods service depot in a storefront in Nairobi city center was also established. The depot is staffed by trained medical personnel. Here, pills, foam, jellies and condoms are dispensed free of charge but clients are charged a KSH 5 fee per visit. Depot clients are counselled in all methods and those selecting clinical methods are referred to nearby FPAK or MOH clinics for IUDs and sterilizations.

Training is provided to the outreach workers, all clinic staff, and those managing the project.

CEPDA/POP's contribution to the project is \$203,955. This includes costs for 1) personnel (subproject salaries and cost of resource personnel for training support), 2) travel, and per diem and 3) other direct costs (rent of facilities, utilities, maintenance, printing, equipment, supplies, and other costs.) Family planning IEC materials are obtained from the MOH, FPAK, FPPS, and the National Council of Population and Development. The MOH also provides the contraceptives.

Six of the current subprojects support IEC outreach, with fixed facility services provided by specific family planning clinics or centers identified in the original proposal (see list below).

- | | |
|--------------------|---|
| <u>Kenya 01:</u> | The establishment of a storefront depot to distribute non-clinical contraceptives |
| <u>Mali 01:</u> | The establishment of a relationship with a public maternity ward |
| <u>Mali 03:</u> | The establishment of a relationship with public maternity wards |
| <u>Senegal 01:</u> | The establishment of a relationship with government clinics |

- India 05: The utilization of the implementing agency's own private clinics
- Turkey 01: The establishment of a relationship with a local clinic

4.5.3 Category C - IEC Subprojects

Category C refers to subprojects that were set up to carry out IEC outreach and referral activities.

While most of the subprojects have a working collaborative relationship with specific family planning clinics or centers, a number were set up to provide IEC outreach activities and make referrals to local government or private facilities. Five of the current subprojects fit into this category: India 01, India 02, India 03, India 04, and Turkey 01. It is important to note that only one (Turkey 01) of the organizations implementing these subprojects has had previous experience in family planning.

The following is an example of one of these subprojects:

India 01

This subproject, Family Planning Information, Education, Communication and Service Delivery Programme in Ahmedabad, is managed by the Gujarat State Crime Prevention Trust, with support from its sister organization, Yuvak Vikas Sanstha. The Trust was established in 1979 by a group of individuals with considerable experience in working with welfare issues related to children, youth, and women. The goal of the subproject is to provide family planning information and services to the socially and economically deprived people of the Vadaj and Sabarmati sections of Ahmedabad.

This subproject provides family planning information and services through both door-to-door contact and the Trust's centers, which include 250 adult education centers, one family planning center, one child guidance center and nine day care centers. The centers provide direct links with these multi-caste and multi-ethnic communities, and are used for group meetings and community contact in which family planning education is provided. As part of their contribution to the project, staff from the centers organize community members for group family planning education meetings, support the family planning field worker's message, and generally assist in the outreach work of the project field workers.

During the first year of the subproject four field workers were recruited to make door-to-door visits. In each additional year, two more field workers have been recruited. These workers provide pills and condoms to users at their homes or in the centers. The users are then encouraged to receive resupplies by going to the project office located in the area. Those persons that do not regularly come back for resupply are followed up.

Community members already identified as interested in improving their lives and those of their community are actively brought into the project activities. Each field worker training program includes training of these community members so that they may best understand the work and aims of the project.

CEPDA/POP's contribution to the project is \$58,795. This includes costs for 1) personnel (project staff salaries, and cost of resource personnel for training support), 2) travel, per diem, and site visits and 3) other direct costs (communications, rent of facilities, printed materials, equipment, supplies and other costs.) The pills and condoms distributed by the field workers are provided by the government, and the IUD and sterilization clients are referred for free services to government clinics and hospitals.

4.5.4 Category D - Other

04. Two of the subprojects implement only IEC or training activities -- Pakistan 03 and

The following is a description of these subprojects:

Pakistan 03

This subproject, Training Center for Population Management, was designed to provide training programs for top and mid-level managers of family planning programs through two series of three-week management training workshops over a three-year period. The first series for top level managers of population welfare programs focused on strategic planning, organizational analysis and development, and policy formation. The second series for mid-level managers covered program design, implementation and evaluation, MIS and human organizational skills. A two-week refresher course is to take place after six months. To date this subproject has carried out a number of workshops and appears to be running well.

Pakistan 04

This subproject, Family Planning Media Messages, is a media effort involving the production of five high quality TV skits and radio jingles on family planning. Subproject design called for the NGO Coordinating Council (NGOCC) to work with the Population Communications Association to develop and produce these skits and jingles. The personnel involved in this subproject represent top professionals in the field and have offered their services because of their concern for, and interest in, supporting Pakistan's family planning program. The NGOCC was to arrange to have these programs aired on TV and radio. Once aired, the programs were expected to be popular enough to attract additional support for their continued showing. This project has not demonstrated any progress to date.

4.6 Service Statistics

4.6.1 Target vs. Actual Number of Acceptors

Table 7 compares the targets set for new acceptors in the original proposals for the current subprojects with the actual new acceptors recorded to date. Because most of the subprojects are less than halfway (6 reporting periods) through the three-year implementation period, it is difficult to predict the extent to which overall targets will be met. Of the three projects that have been in operation for 10 quarters (30 months), however, two have exceeded their targets (Egypt 01 and Mali 01) and the third is well on its way to achieving its target (Nepal 01). (See Section 5.5 for a discussion of service statistics.)

Table 7
Current Number of Family Planning Acceptors
and
Three-Year Target Number

<u>Country/Subproject</u>	<u>No. of Quarters Reporting</u>	<u>No. of New Acceptors to Date</u>	<u>Three-Year Target No.</u>
<u>Africa</u>			
Kenya 01	3	897	11,163
Kenya 02	6	2,504	13,851
Kenya 03	1	56	11,247
Mali 01	10	1,820	1,146
Mali 03	2	957	4,023
Senegal 01	4	207	2,433
<u>Asia and Near East</u>			
Egypt 01	10	5,668	4,642
India 01	5	3,108	8,726
India 02	5	505	5,400
India 03	6	1,619	4,159
India 04	-	-	15,809
India 05	-	-	6,560
Nepal 01	10	2,961	3,550
Pakistan 01	3	559	7,741
Pakistan 02	4	733	5,459
Turkey 01	3	670	3,348
<u>Latin America</u>			
Peru 01	2	243	2,289
Total	204	22,507	111,546

4.7 Subproject Evaluation

The subproject evaluation process includes three mechanisms: staff field visits, quarterly reports from the subprojects, and midterm evaluations.

4.7.1 Field Visits by Staff

Two field visits are planned for every project year. During the visits, CEPDA/POP staff meet with subproject staff, review reporting systems, and visit subproject sites. CEDPA/POP staff also visit USAID missions to discuss the progress of the subprojects.

4.7.2 Quarterly Reports

These reports are brief (eight pages) and include information on problems encountered, activities undertaken, and plans for the next quarter. The reports also include a one-page financial statement and a report on service statistics for the quarter.

Among the problems cited in some of the projects were lack of transportation for outreach activities; difficulty in getting project commodities on time; record keeping constraints; difficulty in recruiting staff because of low salaries; difficulty in procuring supplies and equipment for the clinics; and internal constraints associated with local cultural, religious, or political situations.

The reports appear to meet the monitoring needs of the CEDPA/POP project. Field staff have no complaints about the reporting requirements except in those cases in which subprojects have multiple donors, with each donor requiring different report formats.

4.7.3 Midterm Evaluations

A midterm evaluation is carried out by a regional consultant who is usually a CEDPA alumna in the 18th month of each subproject. Because CEDPA/POP is aware of the potential problems that could arise from having acquaintances evaluate each other's work, consultants are chosen from nearby countries or from a part of the country distant enough to be outside any local political and social circumstances which might bias the evaluation.

Consultants visit the subprojects for six to eight days and complete a 54-page questionnaire. The questionnaire has sections on clinic-based service delivery, community-based distribution, contraceptive commodities, non-contraceptive commodities, financial management systems, staffing, monitoring and evaluation, technical assistance, quality of care, community involvement and support, communications and support from CEDPA/POP and training.

The CEDPA/POP evaluation coordinator writes the evaluation report based on the questionnaire, data gathered from quarterly reports, trip reports and other sources (see Section 3.9).

5. Implementation Issues

5. Implementation Issues

The findings presented in this chapter are based largely on field visits made by a member of the evaluation team to seven subprojects in India and Pakistan. Four of the projects focus on service delivery, two on IEC, and one on training; descriptions of the projects are provided in Table 8 on the next page and in Appendix J. Supplemental information was provided by CEDPA/POP's files, interviews, and cables from USAID missions.

5.1 Planning

Three of the subprojects -- India 02, Pakistan 02, and Pakistan 04 -- have significant problems attributable to poor planning.

The Pakistan 02 subproject is sponsored by the All Pakistan Women's Association (APWA). APWA already provides health and family planning services in two clinics in Karachi but for financial reasons, the organization has not been able to include health services for the four family planning clinics funded by this project. Subproject staff believe that this is a serious constraint because it is difficult in this setting for women to visit freestanding family planning clinics. Outreach workers in this subproject are known to be associated with family planning and have already encountered problems in the community. Since APWA does offer health services in other projects, this project should have been designed to fit in with another of APWA's projects or funds for adding a maternal and child health (MCH) component to this project should have been sought.

The Self-Employed Women's Association (SEWA) subproject (India 02) appears to have competing priorities among its many subsections. SEWA has little experience in family planning and, as a result, family planning efforts have not been very successful.

The Pakistan 04 project, which has access to mass media through a movie star (and CEDPA alumna) to record radio and television spots, needs closer monitoring. It is a high risk project and has moved slowly. There is limited information available on the subproject, and it is not clear to what extent messages are being reviewed and tested. If successful, however, it could have widespread impact as it would provide the first national media messages on family planning. Care will need to be taken to ensure that the messages are thoroughly pretested and an effective evaluation system is developed.

5.2 Baseline Studies

Each subproject begins with a baseline study (to determine the number of women of reproductive age [WRA]), which is, theoretically, used as a basis for program strategy. The baseline studies do provide some insight into local attitudes and knowledge about contraceptives. However, the analysis of data is presented in a way that makes it difficult to draw conclusions about trends. For example, tables often lack totals or percentages, local data are not presented within the national context, and the contribution of the project to national prevalence is not discussed. A few conclusions can be drawn but not enough on which to plan or evaluate a family planning program.

In addition, the baseline studies are overly long and complex; they are carried out by hired researchers rather than community members or subproject managers; the data are analyzed in Washington following a standard format; and the interpretation of the data is weak. On this

Table 8
Overview of Projects Visited for Evaluation

Project No.	PAK-01	PAK-02	PAK-03	PAK-04	IND-01	IND-02	IND-03
Managing Organization	Behbud Assn.	All Pakistan Women's Assn.	Pakistan Voluntary Health & Nutrition Assn.	Population Communications Assn.	Gujarat Crime Prevention Trust	Self-Employed Women's Assn.	PRERANA
Level of Funding Award	\$85,152	\$102,310	\$147,858	\$103,074	\$58,795	\$75,250	\$52,664
Disbursements to Date	\$28,495	\$31,678	\$72,919	\$25,862	\$26,396	\$28,380	\$23,909
Quarters Completed	4 of 12	4 of 12	4 of 12	2 of 4	6 of 12	6 of 12	6 of 12
Type of Project	Service Delivery	Service Delivery	Training of Family Welfare Workers	IEC for Radio & TV	Service Delivery	IEC	Service Delivery
Integrated Services	Yes	Not yet developed	NA	NA	Yes	Yes	Yes
Model Tested	Existing health org. adds FP	Social welfare org. adds FP	Training org. adds FP	Communications org. adds FP	Social Welfare org. adds FP	Women's banking & credit org. adds FP	Community welfare org. adds FP
Previous Experience with Health Education	Yes	Yes	Yes	Unknown	Yes	No	Yes
Project Manager CEDPA Alumna/us	Yes	Yes	Yes	Yes	Yes	No	Yes
Total Targets (new acceptors)	7,741	5,459	150-180 family welfare center staff	NA	8,726	5,400	4,159
Targets Met and Percentage of Total	559 (7.0%)	733 (13%)	60 trainees	NA	3,108 (35%)	505 (9%)* (referrals)	1,619 (39%)
Cost per Acceptor	\$11.00	\$80.00	\$620 per outreach worker trained	NA	\$5.75	\$57.00	\$11.00
Current Use Rate	Over 90%	63%	NA	NA	Over 90%	Over 80%	Over 90%
Average Parity of Acceptors	3.9	5.1	NA	NA	2.9	2.9	2.9
Est. Prevalence Rate at Project Completion	26	45.5	NA	NA	22%	40%	43%
IEC Outreach	Excellent	Minimal	NA	NA	Excellent	Minimal	Excellent

* As of May 1989

latter point, it is important to note that presenting program planners with a statistical analysis is seldom enough. The analysis must interpret the data for the program planners, paint a clear statistical picture of the target community, and suggest strategies for IEC, outreach, and staffing of the project. Data interpretation is frequently the missing link in the use of survey data. The data analyst presumes the programmer will understand how to use the data and the program planner, lacking sophistication in data analysis, is unable to do so. Consequently, there are a large number of surveys with unused results, but this is by no means a problem unique to the CEDPA/POP project.

Baseline data are presented in five-year cohorts. The baseline studies for the projects visited had little information on the 15 to 19 year old age group, which should be the largest cohort. Subproject directors report that only married women were interviewed. Yet in India and Pakistan many women are married by the age of 18 and a significant number by the age of 15. In these cases, since they are likely to be married during the three-year life of the project, the views and beliefs of the 15 to 19 year olds should carry some weight in the formation of the program. The possibility of sexually active unmarried women should also not be overlooked.

Another important reason for doing baseline studies is that they will be used with follow-up studies to measure project impact. In the CEDPA/POP project, there have been no follow-up studies and none are planned or budgeted.

In summary, the baseline studies done in the subprojects are overly elaborate, have limited field use because design is mandated, analysis is done in Washington, and their timing in the course of project design is not always appropriate. While summary findings are sent back to the field, IEC strategies, target groups, and overall program design are usually completed before this information is received.

Recommendations

18. The need and capability to do baseline studies should be evaluated on a project-by-project basis. Where baseline studies are done, subproject managers should be taught how to design their own using more qualitative and innovative methods so that the studies are more useful in project design, especially in the design of IEC strategies. A baseline study using community women to gather information with subproject staff analyzing their own data can be a powerful and effective start-up educational tool and could be less costly than the current process.
19. More attention must be paid to the analysis of baseline studies. Reporting and comparison of survey results to national statistics must be done. Baseline studies should always be accompanied by a good narrative description of the highlights of the analysis and recommendations about program design.
20. CEDPA/POP Phase II should have a budgetary line item for repeating a sample of the baselines in the second year of subproject implementation. If baseline studies are not to be repeated, they should be dropped altogether.

5.3 Goal Setting

Target setting is an important part of project planning and when targets are too easily met or are too unrealistic, they lose their motivational function.

In some of the subprojects, client target numbers are set too high, while in others they are set too low. This is due, in part, to the wide variation in the number of women of reproductive age (WRA) determined in the subprojects. For example, WRAs range from 14

percent of the population in Rawalpindi to 33 percent in Gujarat. The latter is a more urbanized area, but that is not sufficient to explain the difference. The PRERANA project, also in a densely populated area, is operating on the basis of 16 percent WRA, or 9,600 women.

In addition, once the number of WRAs is determined (based on the baseline survey) in a subproject area, the proportion of those women that the subproject proposes to reach during the life of the project varies widely from subproject to subproject. At one extreme in target setting is the Gujarat State Crime Prevention Trust (India 01) subproject which estimates that one third of the population are WRAs yet targets only 13 percent of them (8,726) for its first three years. Considering the ease with which the Trust overshoot its first-year target (3,108 new acceptors were achieved), its total three-year target seems too low. At the other end of the scale, the PRERANA project, with an estimate of 16 percent WRA (9,600), targets 43 percent or 4,159 as new acceptors (see Table 7). In light of the baseline survey, which showed that 36 percent or 3,456 of the WRAs were already contracepting, the project's target may be over-optimistic. (See Appendix J for a discussion of prevalence rates in this project.)

Recommendation

21. Based on information from the first year of existing subprojects, CEDPA/POP should develop more appropriate guidelines for target setting and incorporate this information into its proposal development workshops.

5.4 Service Statistics

The subprojects visited keep unusually detailed records, which are accurate and up to date. Visits from CEDPA/POP project staff and, in the Mali 01 subproject, technical assistance from a regional consultant (a CEDPA alumna) have contributed to the high quality of the available service statistics.

5.4.1 Definitions of Family Planning Users

There has been some concern over the definitions used by CEDPA/POP in compiling service statistics. For example, "new acceptors" has been the term used to designate clients who have received contraceptives during the current reporting period but who did not receive them during the previous reporting period. Using this definition, however, the project is unable to determine whether a new client is a first-time user of any family planning method or is someone who may have been using a method for sometime but has switched over to the project from another source. Likewise, if a client misses one or more reporting periods and later returns, she is again counted as a new acceptor. A person who periodically receives services over the life of the project could be counted as a new acceptor several times.

Until recently, CEDPA/POP counted "continuing users." This group was defined as those who had received contraceptives during the previous reporting period and had also received the same contraceptive method during the current reporting period. Clients who had received one method during the previous reporting period and who had switched to a different method during the current reporting period were counted as continuing users of the new method. This definition kept track of those clients who had received a family planning method in the previous quarter but did not provide information on how long the client continued to receive services from the project. If clients came back for services following their initial contact with outreach workers but stopped coming after several quarters, there was no way to determine such a trend. Thus, the definition also did not allow the project to track extended continual user rates.

These constraints are not unique to the CEDPA/POP project. Many other centrally funded A.I.D. projects have faced the same difficulty in classifying acceptors and continuing users. In an effort to remove some of the confusion about these definitions, the Cooperating Agencies Task Force on Performance Indicators was formed to identify a common set of definitions and criteria to be used for all of A.I.D.'s contractors.

With regard to the use of the term "continuing acceptor or user," most CAs were in agreement that it should be abandoned. The Task Force recommended, therefore, that its use be discouraged and that the term "current user" be used instead. As determined by the Task Force, "current user" should be used to designate a person estimated to be using any method of contraception at a given point in time. The CEDPA/POP subprojects are now using this category of current users in compiling their service statistics.

5.4.2 Interpretations of Data Collected Using Current Definitions and Data Needs

Because of the problems with the above definitions used in collecting data and the fact that most subproject's have fewer than four quarters of statistics, it is difficult to arrive at interpretations of the data that provide insight into service statistic trends. Nevertheless, an attempt has been made to draw some conclusions about the subprojects' performance to date based on available service statistics.

A key indicator of a successful family planning program is the proportion of total acceptors who continue to use contraceptives. Table 9, based on the limited data gathered in the current subprojects, demonstrates the typical experience of new family planning programs that score high current use rates during the first year of operations. As a project matures, some drop-off is considered normal as follow-up visits are reduced or women who have been postponing pregnancy decide to have another child.

In the cases of Mali 01 and Nepal 01, however, the reductions are sufficiently large to require specific explanation or special investigation for prescribing corrective action. Conversely, CEDPA/POP may wish to follow particularly closely India 01 and India 03 where the numbers of acceptors and the current use rates are high enough to determine why those projects are more obviously successful. If their project managers can maintain rates over 65 percent for another one and a half years, they could provide lessons from which other managers would benefit in a workshop or seminar.

Other examples of data that similarly should be followed, but which were not easily accessible to the evaluation team, are trends in parity and age of acceptor. Parity and age of acceptor are important since it is expected that in new programs the first acceptors will be women of higher parity and as the program continues the parity of women using the service should decrease, or the program should begin to target women of lower parity. For the sake of accurate comparison, the data should be normalized into comparable time periods to avoid matching up projects with many quarters' experience against those recently started.

Available statistics indicate that for the projects visited, parity of new and current users is four, a relatively high number. In the India 01 and 03 projects, average parity is somewhat less. As stated above, such figures are not surprising for new programs since women with three or more children are most likely to be interested in family planning.

Without easily accessible data that show trends in contraceptive usage by method, parity, age group and location, it is difficult for programs to analyze successes and problems. Typically, at the beginning of a family planning program there is a pool of potential acceptors and

Table 9

New Acceptor, Current Users and Rate of Current Use for CEDPA/POP Subprojects*

	Last Quarter Reporting	Year 1** New Acceptors	Current Users	Rate of Current Use (%)	Year 2 New Acceptors	Year 2 Current Users	Rate of Current Use (%)	Year 3 New Acceptors	Year 3 Current Users	Rate of Current Use (%)	Totals		
											Total New Acceptors	Total Current Users	Total Rate of Current Use
Africa													
Kenya 01	3	897	544	60.6	-	-	-	-	-	-	-	-	-
Kenya 02	6	1,530	1,451	94.8	974	2,088	83.3	-	-	-	897	544	60.6
Kenya 03	1	56	56	100.0	-	-	-	-	-	-	2,504	2,088	83.3
Mali 01	10	772	689	89.2	589	821	60.3	459	927	50.9	56	56	100.0
Mali 03	2	957	957	100.0	-	-	-	-	-	-	1820	927	50.9
Senegal	4	207	205	99.0	-	-	-	-	-	-	957	957	100.0
											207	205	99.0
Asia & Near East													
Egypt 01	10	2,564	2,138	83.3	2,182	3,204	67.5	922	3,438	60.7	5,668	3,438	60.7
India 01	5	2,305	2,238	97.1	803	3,026	97.4	-	-	-	3,108	3,026	97.4
India 02	5	301	297	98.7	204	496	98.2	-	-	-	505	496	98.2
India 03	6	762	750	98.4	857	1,584	97.8	-	-	-	1,619	1,584	97.8
Nepal 01	10	981	882	89.9	1,290	1,086	47.8	690	1,235	41.7	2,961	1,235	41.7
Pakistan 01	3	559	381	68.1	-	-	-	-	-	-	559	381	68.1
Pakistan 02	4	733	486	66.3	-	-	-	-	-	-	733	486	66.3
Turkey 01	3	670	555	82.8	-	-	-	-	-	-	670	555	82.8
Latin America													
Peru 01	2	243	243	100	-	-	-	-	-	-	243	243	100.0
Totals											22,507	16,221	72.0

* India 04 and 05 began in May 1984; no service statistics yet available. Pakistan 03 and 04 are IEC efforts only.

** Year 1 = first year of project activity

New Acceptor: A person who is accepting a method of contraception for the first time, from this project.

Current User: A person who is using a method of contraception during the last reported quarter.

Rate of Current Use: Current users divided by total cumulative new acceptors at the time of the last report quarter.

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when most of those people have been reached, the acceptor level reaches a plateau. Better differentiation of data will be needed in most projects to identify weaknesses in the approach, point directions for new IEC thrusts, and identify specific age or geographical groups which may be lagging behind.

Recommendations

22. CEDPA/POP may need a consultant with a strong family planning service statistical analysis background to help review its data collection system, standardize the use of technical family planning terms, and analyze project data. A system that gathers and aggregates data in ways compatible with those of other family planning organizations should be designed. The system should enable the monitoring of trends in contraceptive use by numbers of new acceptors and CYP provided, and possibly parity and age group.
23. CEDPA/POP project should carry out a study of continuing use among subprojects, looking for examples of those with high, medium and low continuing use. Factors contributing to continuation could be identified and incorporated into planning for future projects.
24. The CEDPA/POP project and A.I.D. staff need to review the current portfolio to see what conclusions can be reached at this point on client numbers and costs. In those instances where subprojects have not provided up to date client statistics, or where the numbers appear low, a decision needs to be made to determine whether changes should be made in project management or support.
25. In making decisions about which subprojects to support in the future, the CEDPA/POP project needs to look at the potential impact of the activity on contraceptive prevalence within the country. If there are reasons to believe that the activity will only reach a limited number of clients but have some other important impact (i.e., test a model of service delivery, involve institutions with the potential to reach important numbers of clients, or generate demand) this should be stated at the outset and monitored and evaluated.

5.5 IEC, Service Delivery, and Outreach

Two subprojects visited (India 01 and 03) have been successful in reaching lower parity women because of their specific efforts to educate young mothers. Most IEC materials, however, have not been developed in terms of target groups and needs of the community. As the subprojects mature and gain more experience and sophistication in the use of IEC techniques, strategies to direct IEC messages to specific audiences will become necessary to avoid stagnation in reaching project goals.

The subprojects visited provide intensive follow-up (monthly home visits), which contribute to the very high quarterly current use rates in some of the subprojects. Outreach workers also report that these home visits are extremely important to the IEC effort as women are given the opportunity to ask questions and change methods if the current one is unsatisfactory. As a result, strong personal ties have developed between outreach workers and the women in the subprojects' service areas. This outcome supports CEDPA's most central development principle, namely, that women are the best vehicle for communicating with other women on issues of mutual concern such as reproduction.

On the other hand, using outreach workers for such extensive follow-up is expensive and may take away from their efforts to work with potential new acceptors. An alternative would

be to identify areas in which there may be a critical mass of acceptors for whom a supply point or depot could be established or where pharmacies could sell supplies at a nominal cost. In the Gujarat State Trust and PRERANA projects, for example, this would enable outreach workers to focus on other communities and would reduce costs per acceptor.

The CEDPA/POP project's strong emphasis on informed choice is another reason for the current use rates achieved in some of the subprojects. Interviews with outreach workers and women in the field indicate that women are well informed about advantages and disadvantages of the alternative methods.

Services are provided in most clinics throughout the day. Clinics visited for the evaluation were found to be clean, well-kept, and attractive, and all had adequate supplies of water and equipment.

One problem, however, with family planning service delivery in India and Pakistan, as in other countries where few health services are available, is that family planning service providers find themselves deluged with requests for assistance with all medical problems. People coming to the family planning clinics for other medical problems are not turned away. It appears that those projects that include family planning in their packages of health services are much more successful than those attempting to provide family planning services alone.

Of the seven projects visited for this evaluation, only one, the Behbud Association (Pakistan 01), is working in a rural area. As such, it is a subproject well worth watching for lessons about family planning projects in rural areas. Behbud, as a national organization, could replicate this project and have an impact at the national level.

Recommendation

26. Technical assistance should be provided to subproject managers to improve IEC message content for specific target groups, especially for younger audiences.
27. The use of extensive follow-up needs to be reviewed and consideration given to identifying areas in which supply points could be established to sell contraceptive supplies at nominal prices.

5.6 Contraceptive Supply

Contraceptives for the subprojects usually come from one of three sources: FPIA, the local IPPF affiliate, or the local ministry of health. In Pakistan, the government donates the initial supply free of charge and resupply is charged at prices fixed by method. In India, the Family Planning Association of India provides contraceptives without cost to PRERANA while the state government of Gujarat provides supplies at no cost to the Gujarat State Crime Prevention Trust. In Kenya, the MOH provides contraceptives to the subprojects free of charge.

Interviews, evaluation reports, a review of subproject quarterly reports, and field visits indicate few problems with contraceptive supply. There were some exceptions, however. In India 03 the subproject was not able to get adequate supplies from the government source, and in Pakistan 01 and 02 administrative delays led to a shortage of supplies.

Recommendation

28. In those subprojects with problems in maintaining adequate contraceptive supplies, steps should be taken to resolve these as soon as possible.

5.7 The Role of Women in Family Planning Activities

Most of the subprojects were designed by and are managed by women. In those few cases where the manager is a man, this has not affected the quality of the services or the woman-to-woman approach of outreach activities. Most of the project managers were fairly senior in health, social service, or development projects before CEDPA/POP. Even so, the project has clearly provided opportunities for women to be in top positions in which they can use their management skills in a strictly family planning program.

In addition, the subprojects have provided new career opportunities for women as family planning educators, service providers, and outreach workers. Women who have previously not been employed outside the home now have a small income, increased self-confidence, and prestige in their communities.

Women as managers and outreach workers seem to bring to family planning the insight and understanding needed to design programs and work with women on a one-to-one basis which makes family planning more acceptable to potential users.

5.8 Sustainability

CEDPA has not sought to address the question of sustainability of the CEDPA/POP project aside from hope for continued A.I.D. funding. The CEDPA/POP project does, however, place emphasis on sustainability of individual subprojects by working with CEDPA alumnae who not only support family planning, but also are perceived as being effective within their own communities. In many cases, the family planning subproject is built around an outstanding community leader or an existing private agency already providing services to the community. Most of CEDPA/POP's training and technical assistance activities are directed explicitly at increasing the capability of these host country leaders and institutions to deliver family planning services so that these services will continue once CEDPA/POP support ends.

One of the five criteria CEDPA/POP uses for selecting subprojects is "viability of long-range plan (i.e., sustainability)." All proposals for subproject funding must include a long-range plan which addresses the following questions:

- What will be the in-country support and when will it be provided to the project?
- If support for continuation from other donors will be sought, who will be contacted and when?
- What other plans are there for continuing project activities once CEDPA support ends?
- What will be CEDPA's role in helping the requesting agency achieve self-sufficiency or other support?

Steps toward increasing local support and implementing the long-range plan are routinely addressed during field visits and in reports, evaluations, and the like. Also, as part of its ongoing technical assistance and management training process, CEDPA holds strategic management workshops which address the question of local and other support for subproject activities at the end of the grant period. These workshops are planned for the first quarter of the second year of project implementation. To date, six workshops have been conducted -- four in Asia and two in Africa. Two others were scheduled for August and September 1989.

The evaluation team was unable to attend a strategic management workshop and, therefore, had to form a judgement based solely on documentation in CEDPA's files. As currently presented, the workshops are very non-directive with participants arriving at their own definitions of strategic management and determining the thrust of the workshop.

Cost recovery has not been an important part of subproject design and few subprojects earn any income at all through the sale of supplies. Some projects have experimented with clinic registration fees but, by and large, cost recovery has not been a strong component of project planning. Some form of increased community support is essential for all subprojects.

The question of sustainability of the subprojects is a difficult one and each subproject addresses this issue. Few subprojects to date, however, appear to be designed to continue without A.I.D. or other donor support. Although CEDPA/POP has done a good job in getting local support, many of the subprojects will not be able to sustain service delivery at the end of the initial three-year project period. This was not a realistic expectation given the subprojects' setting and target population.

While it may not be feasible to expect the subprojects to be self-sufficient after three years, it is, however, reasonable to expect them to assume an increasing share of costs over time and to have a timetable and a plan for this. The shrinking pool of resources make this a -- if not the -- key element in A.I.D.'s population strategy.

Recommendations

29. Various forms of cost recovery, including fees for service, community fund raising ideas, and income generation should be reviewed during the project development workshops and project design, and stressed further during site visits and strategic planning workshops.
30. The structure of the strategic management workshops needs to be examined and they should be made slightly more directive.

5.9 Leveraging Subproject Successes

Related to sustainability is the question of CEDPA's ability to use A.I.D. population resources to leverage other resources to support family planning. This has several important dimensions.

First, as discussed in Section 2.1.5, CEDPA has been successful in attracting resources from a variety of public and private organizations to support its overall program in family planning education, service delivery, and management. On several occasions, CEDPA has used its contacts to obtain support for local family planning activities from private donors or other international agencies when these activities could not be supported under the Population Project. For example, in India, the Center for the Development of Women and Children expansion program to include provision of family planning services in ten villages in West Bengal is being supported by the Bixby Foundation, and in Nepal, UNFPA/UNDP provides matching support to CEDPA's Nepal Country Office for training and small grants for integrated family planning projects.

Second, CEDPA has been successful in getting local institutions involved in the support of family planning projects. Most of the subprojects are being implemented by local PVOs. Some are involved in family planning for the first time and some are supporting the addition of family planning to an ongoing program in another sector. In many cases, these are national women's health or welfare organizations with the potential to make family planning very broadly

available. Appendix H shows that planned in-country contributions to the subprojects totals \$591,140. This figure does not include in-kind contributions such as salaries of staff, use of existing clinics, and materials from other organizations. (CEDPA/POP, however, does not keep records on other funds leveraged by the subprojects so all figures presented here are from the original subproject proposals. In fact, CEDPA/POP staff have reported that many subprojects have successfully raised other funds so these figures are probably very conservative.)

Third, CEDPA continues to be successful in helping its alumnae contribute to family planning in ways other than the development and management of subprojects. For many years CEDPA alumnae have been contributing to the family planning policy, program, and service delivery environment in their own countries. These alumnae represent a significant number of the senior women managers in developing countries and include in their numbers high ranking government officials. Subproject designers and managers are also generally well known and active in their local development community and they have been energetic in leveraging resources (cash and in-kind) from local organizations. The project has also provided leverage by helping alumnae develop proposals for subprojects that receive funding from organizations other than CEDPA.

Recommendation

31. All quarterly reports from subprojects should have a section on funds raised that quarter, their source and how they were used. In-kind contributions should be estimated in dollar value.

5.10 Cooperation and Possible Collaboration between Subprojects

Reports from the field indicate that technical assistance from regional consultants or other subproject staff is effective. For example, the Mali 03 project benefited from a regional consultant who helped with record keeping, reporting and financial management. Regional consultants also helped with accounting in the Nigeria 02 project and with record keeping and reporting in the India 02 project. In addition, regional consultants are used in all in-country workshops such as the strategic planning and project development workshops.

In some cases, further collaboration between subprojects might be possible. One obvious collaboration in India, for example, would be between the Gujarat State Trust, with its excellent track record of providing services in poor neighborhoods on the outskirts of the city, and SEWA, with no experience in health service delivery, but which has an extensive network of income generation projects in rural communities. (Local political considerations, however, may make collaboration unlikely.)

While collaboration with other organizations has been good at the local level, subprojects have not taken full advantage of available technical skills and services, particularly in the design and use of IEC materials. The CEDPA/POP project could facilitate this by contacting sources of good IEC materials and obtaining technical assistance from international family planning service organizations.

Recommendations

32. CEDPA/POP should strengthen its role as a broker in helping alumnae get support from other donors for family planning activities that are beyond or do not fit well with the current portfolio.

33. CEDPA/POP project staff should play a larger role in helping subprojects take advantage of available services and materials, particularly in the area of IEC activities. For example, such services are available from international organizations, through other A.I.D. and UN-funded technical programs such as UNICEF, the Enterprise Project, and most importantly, the Johns Hopkins University/Population Communication Services project.

6. Lessons Learned and Recommendations for a Follow-on Project

The CEDPA/POP approach has resulted in innovative subprojects with considerable local support. Although a relatively new program, subproject experiences have provided CEDPA with lessons about successful strategies for promoting family planning service programs in low-income communities. This experience needs to be analyzed to determine the best future strategy and to increase CEDPA/POP's contribution to the availability of services.

In addition, a follow-on project is likely to provide the CEDPA/POP project with excellent quantitative data on the most successful subproject strategies that will be useful for determining levels of continuing use, recruiting new acceptors, and implementing culturally appropriate IEC efforts.

Lessons Learned

Some preliminary lessons have emerged in the first phase of the project:

1. Outreach, follow-up, and good information on family planning choices and techniques appear to contribute to high levels of continuing use.
2. Family planning information and services can be successfully delivered through a range of organizations.
3. The woman-to-woman approach is a successful IEC and service-delivery strategy but only when backed up with training in the development and use of IEC materials.
4. Women are logical managers for family planning programs because they understand women's fears, constraints, and needs.
5. When designing collaborative efforts with existing institutions, a strong commitment from the sponsoring institution is necessary.

Recommendations for a Follow-on Project

This evaluation has shown that CEDPA/POP is off to a good start. An additional five years of funding will enable it to consolidate its gains, learn to identify the collaborating agencies most likely to produce results, and, where necessary, continue to fund existing subprojects not yet able to stand on their own financially.

1. Continued support for an additional five years is recommended.

Funding for additional projects in the 10 Asia and Africa countries in which subprojects are currently under way will enable the CEDPA/POP project to build a stronger base of support, thereby increasing the likelihood of policy change in some countries.

2. Additional subprojects should be funded.
3. In the follow-on project, CEDPA/POP should focus on a limited number of countries in Asia and Africa especially those where current subprojects are successful.

Additional countries should be added only if justified by the strategic plan and a clear advantage for the CEDPA approach.

An important component of Phase II should be a strong strategic plan that states the goals of the project in terms of institutional development, family planning service statistics, innovation, and the leveraging of other resources. The strategic plan will also state the project's objectives for each country or region, and the criteria for choosing subprojects that fit in the country/regional strategy.

The strategic plan needs to be used to bring about more precise use of budgets as planning and management tools, the strengthening of the use of service statistics, and the identification of specific staff skills that will be needed in the future.

4. CEDPA/POP's next proposal must have a more focused approach and a multi-year strategic plan. This should discuss CEDPA/POP's role in the family planning community, show CEDPA and CEDPA/POP's objectives in each country or region, and describe how existing and new subprojects fit in with those objectives.
5. The follow-on project should have improved administrative and management systems especially in the areas of strategic planning, budgeting, and the use of service statistics.
6. Objectives for Phase II should include institutional development, innovation, policy impact and leveraging other resources as well as increasing the availability of family planning services. Ways to monitor these objectives must be part of the design and implementation of the project.

The role of CEDPA/POP management in the past has been that of mentor, motivator, and advisor. In addition to these roles, in Phase II CEDPA/POP management must play the role of facilitator of funding and use of IEC materials, and educator of other PVOs and family planning programs about their innovative approach.

7. In addition to supporting some subprojects, CEDPA/POP should assume a facilitator role, sending good proposals on to other donors, and negotiating collaboration with other PVOs or family planning organizations.
8. The follow-on project should have an expanded evaluation component including better collection and use of service statistics, special studies, and improved reporting of CEDPA experience.

Appendices

Appendix A
Scope of Work

Appendix A

Scope of Work

CEDPA

Interim Evaluation

I Background.

A. A.I.D. Commitment to Women in Development and Family Planning

For many years, the Centre for Development and Population Activities (CEDPA) has provided training to third world women managers through its Women in Management Seminars and has built up an extensive worldwide alumnae network. To expand the impact of these seminars and increase the availability of family planning services, CEDPA submitted an unsolicited proposal to A.I.D. in 1985. Based on this proposal and CEDPA's documented experience, in September, 1985, A.I.D. approved a five year \$6.9 million cooperative agreement, "Extending Family Planning Services Through Third World Women Managers". Subsequent reductions in Office of Population funding have resulted in a decrease of the five year budget to approximately \$6.0 million with a corresponding decrease in activities.

The purpose of the project is threefold:

- o To make family planning services more broadly available in developing countries where CEDPA works.
- o Improve overall Family Planning Management by drawing upon CEDPA's alumnae network.
- o Contribute to the Agency for International Development's goals of Women in Development.

This is the only Office of Population project which specifically addresses A.I.D. Women in Development (W.I.D.) goals. While many other A.I.D.-funded family planning programs are designed to assist women with family planning, only CEDPA's design is directed at the W.I.D. policy goal of supporting "the development of institutions and transfer of technology which ensure: (a) the appropriateness and access of improved technology to women (as well as men); and (b) the existence of institutions which include women and effectively reach women (as well as men) and which permit the dissemination of benefits and information to both sexes. [A.I.D. Policy Paper: Women in Development, October 1982] Relatively few projects train women to manage family planning and other programs so that in many parts of the world it has been difficult to find women who could manage substantial Family Planning projects. This leads to a tendency to rely on expatriates or local men to take these responsibilities.

E. The Mandate and Deliverables of the CEDPA Cooperative Agreement:

The Cooperative Agreement (DPE-3037-A-00-5020-00), as amended, calls for the project be implemented by:

o Selecting CEDPA Alumnae to participate in regional workshops on family planning design, develop the designs into project proposals, and then implement the projects. This includes the:

- selection of 80 - 100 alumnae to participate in six regional workshops -- 2 in Africa (French and English), 1 in the Near East, 1 in Asia, 2 in Latin America and the Caribbean (Spanish and Portuguese).

- selection of up to 40 subproject proposals for development and pre-implementation funding of six to eight months.

- selection of 24 to 26 subprojects for a two-to-three year implementation period.

- selection of projects that successfully complete the start-up phase for full funding.

- provision of appropriate technical assistance, monitoring, recordkeeping and data analysis as needed for successful project implementation.

o Supporting subprojects to do at least one of the following activities:

- initiate, continue or expand family planning service delivery

- initiate, continue or expand information, education and communication activities in support of family planning

- expand and/or upgrade technical, managerial and/or service delivery skills through a variety of training modalities.

- develop new techniques and/or methodologies and approaches with prospective application to other family planning programs.

4

C. Results of the Most Recent CELPA Management Review

A recent management review indicates that, because of start-up project delays and reduced levels of funding, implementation has been slower than planned. The review also found that the original plan was overly ambitious and that the revised level of activity may be a more reasonable expectation for an organization newly entering the field of family planning services delivery. CEDPA has also streamlined the project development process.

II. Purpose and Scope of the First External Evaluation.

The Cooperative Agreement calls for an outside evaluation to be held three years after the beginning of the project. Because of project delays and A.I.D. staff turn-over, this evaluation was delayed by about ten months. According to the Cooperative Agreement, the evaluation should include on-site assessment of selected subprojects, and focus on the achievement of project objectives, overall management and any needed mid-course changes. Therefore, the purpose of this evaluation is to:

- Assess the progress-to-date under the Cooperative Agreement; the validity of the original design and assumptions; the impact of project activities; and the contribution made to family planning services delivery. CELPA's role in introducing, expanding or upgrading family planning services as well as the number of clients served should be assessed.
- Focus on the particular contribution of the CEDPA project with its emphasis on Third World Women Managers.
- Make recommendations about follow-up activities. If a follow-on project is recommended, the evaluation team should address how the project design and management could be made more effective.

The Evaluation Team should focus on three major issues (Project Impact, Project Management and Lessons Learned for Future Projects) and answer the following questions:

A. Project Impact:

1. Were the assumptions about the impact of the proposed approach as presented in the logframe valid? Were CEDPA's estimates of the necessary time and resources required to achieve the stated purpose accurate?

2. Is the model of using CEDPA Women in Management Workshop alumnae to develop proposals and manage projects a viable approach to family planning service delivery? Does the project address the A.I.D. Women in Development goals and open opportunities to women that otherwise would not exist? More precisely, what impact has this project had on the lives of the women selected as managers?

3. Has the project increased the pool of qualified women managers available for the delivery of Family Planning Services?

4. Has the project provided these managers with the training and technical assistance they need to design and implement these projects successfully? How is this demonstrated?

5. Is there a "critical mass" effect to this project? That is, will the project be more successful as a cadre of family planning women managers who share experiences increases? How can this effect be maximized? To what degree do workshop participants and project managers network already? Is there a difference in networking between those who are in single project countries and those in multi-project countries?

The evaluation should specifically address how this process can be encouraged. For example, should there be regular regional or worldwide workshops of current managers? Would the development of a number of projects in a single country enhance the capacity of these alumnae to assist and encourage each other?

6. What difference has the project made in family planning service delivery in the countries in which it works? What evidence is there that the combination of training and financial support provided by CEDPA has resulted in:

- expanded access to family planning information and services (improved IEC, new service projects, expansion of existing services) Who is served and what are the numbers of new and continuing users?

- better managed family planning service (more cost effective or high quality services). What systems are in place to monitor quality of care and service costs?

7. Based on the review of CEDPA documents, field site visits and telephone interviews, what comments can the evaluation team make on CEDPA subprojects supported under this agreement that were not visited by the team?

8. Do the CEDPA small scale subprojects have the potential either to serve as models that can be replicated without high levels of additional support, or to expand to provide a larger share of national family planning services?

E. Project Management:

1. How effective is the overall management of this project? Do current staffing and management systems facilitate the development of strong field projects and the effective use and monitoring of project resources? Are current reporting systems adequate to keep core CEDPA and AID managers informed about project activities? What recommendations can be made to further improve project management?

2. Are adequate numbers of core support staff available? Do these staff have the skills necessary to provide appropriate technical assistance to subprojects? What has been the effect of using CEDPA alumnae as consultants in the pre-implementation and mid-term evaluations of the subprojects? Have they provided adequate technical support?

3. How have the: (a) delay in project start-up; (b) termination or reduction in scopes of work of subprojects; and (c) decreased level of funding affected the implementation of the Cooperative Agreement?

4. Do subproject staffs effectively manage their resources? Were the planned subproject information systems developed (guidelines, forms and schedules for financial accounting, field service statistics, logistics management and subproject review) and are these systems functioning smoothly? If the service statistics reported to the CEDPA central data base are compared with the statistics kept in the field and with project logs, do they give an accurate picture of project activities? Are there activities that are either over or under reported? (e.g., does tracking new acceptors detract from the important task of providing continuing services?) Should a different set of figures be collected and tracked? (e.g. should drop-out rates be added to current statistics?)

6. Are resources allocated appropriately between core and field activities? What is the ratio of core to subproject costs associated with the project? How does this compare with similar family planning projects? To what extent is this ratio associated with startup activities and how likely is it that it will change over time or with project expansion?

C. Lessons Learned and Follow-on Projects:

What are the lessons learned from this project that can be applied to either other family planning services projects or to a potential follow-on CEDPA project:

1. How does the unique approach affect over-all service delivery statistics?
2. How does attention to managerial training improve the delivery of services?
3. How does the Women in Development aspect of the program affect both the population served and the level and type of services delivered?

Upon completion of their assessment the evaluation team will (1) make specific recommendations for improvements in the project which will enhance the prospects for success and (2) make a recommendation as to the desirability of a follow-on project, and, (3) if a follow up project is recommended, the team should make suggestions for changes that should be made in project emphasis, management and/ or activities.

III. Evaluation Protocol and Proposed Timetable.

A. Protocol:

1. The evaluation will consist of the following components:
 - a. Review of CEDPA project documents, reports, records, etc. and interviewing of staff in the Washington Office as well as A.I.D. personnel in Rosslyn.
 - b. Semi-structured telephone interviews with selected CEDPA alumnae who may or may not have been selected as project managers.

c. Questions cabled to the field, followed by telephone interviews (as possible) with A.I.D. population officers and other persons in the field who are knowledgeable about the CEDPA projects in their regions. These will be done on a world-wide basis and not be restricted to the countries receiving field visits.

d. Field visits to four countries which have CEDPA projects at different levels of maturity to observe project implementation and management. The countries proposed are Mali, India, Egypt and Pakistan.

B. Proposed Timetable.

April 1989	Finalize SOW (A.I.D.)
	Select Candidates (A.I.D. & POPTECH)
	Obtain Mission Concurrences) (Mali, Pakistan) (A.I.D.)
April/May	Prepare all Background Documents (CEDPA/POPTECH)
o/a June 12 - 14	Brief Evaluation Team (A.I.D./CEDPA/POPTECH)
	Review CEDPA Documents and Interview Staff (Evaluation Team)
o/a June 15 -- July 5	Field Visits (Evaluation Team)
o/a July 6 -- 13	Complete Initial Evaluation Report
o/a July 14	Debrief A.I.D./W and CEDPA
August 1	Submit final report

C. Preparation and Format of the Report.

The report should conform with Office of Population standards for the format and presentation.

IV. The Evaluation Team.

To carry out the scope of work outlined above, two consultants will be needed: a management specialist who has worked in family planning programs; and a social scientist who is familiar with women in development issues as well as family planning programs. A population officer from A.I.D. will also participate as a full member of the team. At least one member of the team will need to be fluent in French. One of the consultants will be designated as team leader, and, in addition to his/her technical evaluation, will be responsible for: 1) organizing and coordinating preparation for the work of the evaluation; 2) coordinating preparation of the interim and final reports. One of the consultants and the A.I.D. representative will be needed for about five weeks: Three to four days in Washington, three weeks in the field, and one week for finalization of the report. These two will travel together to one or two of the field sites, and then will separate to visit the other sites. The third consultant, the management specialist, will only be required for four weeks: the initial orientation and design week; two weeks reviewing CEDPA and A.I.D. documents and procedures in Washington and the final week of report writing.

The consultants should have skills and experience in analysis, evaluation and writing. Previous experience in working on A.I.D. evaluations is desirable. The management specialist should have experience in evaluating management, financial and reporting systems. This individual should have a Master's degree and suitable experience in management of private voluntary agencies. The social scientist must be knowledgeable about the family planning and women in development projects in developing countries and should be capable of bringing a full panoply of social science techniques to the evaluation. This person should have a Ph.D. in a social science or equivalent experience.

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Appendix B
List of Persons Interviewed

Appendix B

List of Persons Interviewed

Persons Visited at Subproject Sites

PAK - 01 Behbud Association

Ms. Nighat Saeed Khan	Project Director
Mr. Kurshid Ahan	Senior Accountant
Dr. Bano Aga	Honorary Chairperson

PAK - 02 All Pakistan Women's Association

Ms. Meher Kermani	Project Manager
Mr. S. Jilani	Accountant
Dr. Afshan Husain	Project Subcoordinator

PAK - 03 Pakistan Voluntary Health and Nutrition Association

Ms. Afsheen Zubair Ahmed	Project Manager
Mr. Attiq Shafiq	Accountant

PAK - 04 Population Communications Association

Ms. Zeba Zubair	Subproject Director
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IND - 01 Gujarat State Crime Prevention Trust

Ms. Ila R. Dave	Managing Trustee
Ms. Saroj Verma	Project Manager
Ms. Nayana Desai	Project Coordinator
Ms. Ruchira Trivedi	Accountant

IND - 02 Self-Employed Women's Association

Ms. Renana Jhabvala	Project Manager
Ms. Ranjan Desai	Project Coordinator
Ms. Hanson H. Patel	Project Supervisor
Ms. Prafulla Pujara	Accountant

IND - 03 PRERANA

Mr. Ashraf Ali Khan	Project Manager
Ms. Secma Chauhan Singh	Project Coordinator

Persons Interviewed at CEDPA:

Peggy Curlin	President
Adrienne Alison	Program Director
Carol Carp	Better Life Project/Director
Wilda Campbell	POP Project/Director (outgoing)
Estelle Quain	POP Project/Deputy Director (and Acting Director)

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Tom Roach

POP Project/Program Manager for Africa and the Near East

Anthony Nathe
Ellen Fisher
Andy Abrams
Wanda Skeleton

POP Project/Regional Coordinator
Evaluation Coordinator (outgoing)
Administrative Assistant (outgoing)
Administrative Assistant

Persons Interviewed at AID:

Dawn Liberi
Dan Blumhagen
Gary Merritt
John Coury
Sue Gibson
Mike Jordan
Duff Gillespie
Sarah Clark
Elizabeth Maguire
Anna Maria Long
Keys McManus
Alan Getson
Ron Grozs

S&T/POP
S&T/POP (outgoing CTO)
AFR/TR/HPN
AFR/TR/POP
ANE/TR/HPN
ANE/TR/HPN
S&T/POP
S&T/POP
S&T/POP
ANE/TR/WID
BIFAD
AFR/PG (CEPDA's first CTO)
AID/PPC/WID

Persons Interviewed at USAID:

Neil Woodruff

Telex Responses from
USAID/Kenya
USAID/Nepal
USAID/Sudan
USAID/Peru
Telephone interview with
USAID/Egypt

USAID/Mali; HPN Officer (TDY in Washington)

Others:

Carolyn Long

Esperanca Uribe

InterAction (evaluator of CEDPA institutional development, visits to Egypt & Kenya alumni units in 1987)
CEDPA Alumna from Mexico

Appendix C

Copies of Cables Received from USAID Missions

Appendix C

Copies of Cables Received from USAID Missions

Copy of Cable Sent to Missions

AID/ST/POP/FPSD:HDESTLER:AW
5/18/1989 875-4721 6523Y
AID/ST/POP:DGGILLESPIE

AID/ST/POP/FPSD:DLIBERI

ANE/ANE/TR/HPN:CJOHNSON{PHONE}

ROUTINE CAIRO

AIDAC:
E.O. 12356: N/A
TAGS:

SUBJECT: CEDPA EVALUATION

1. S&T/POP/FPSD is conducting the interim evaluation for the US Dols 6.9 million cooperative agreement with the Center for Development and Population Activities (CEDPA) to extend family planning services through third world women managers. Field reviews will be done in India, Pakistan and Mali.
2. The evaluation has two purposes: a) to assess progress to date; the validity of the original design; and lessons learned and b) to recommend the direction and scope of any follow-on activities. Major evaluation issues are project impact; project management; and lessons learned for future projects.
3. Since resource constraints make it impossible for evaluators to meet directly with USAID, we would appreciate any comments USAID can make based on USAID or host country government's experience with CEDPA/Washington advisors and/or CEDPA in-country project managers and activities. We realize that the nature of CEDPA projects may mean that in some cases USAID may have had little or no experience with CEDPA staff and will be unable to comment.
4. In addition to any USAID comments on specific experience with the project or recommendations for future activities, we are particularly interested in any comments USAID may be able to make on a) whether the project has made any differences in the local availability or quality of family planning services, b) whether the CEDPA approach of using previously-trained women managers has resulted in valuable family planning activities that would not have otherwise been developed or supported, c) the quality of grantee support and coordination with USAID and the government, d) local use of project resources, e) subproject financial and program reporting systems, and f) whether there has been any local contribution to the subproject or any planning for local support at the end of the subproject.
5. To date activities in Egypt include the expanding family planning clinic services through community outreach project with ITRFP for the period 10/15/88 -- 10/14/91. Planned funding for this project is US Dols 124,744. The project seeks to provide family planning services through centers with a self-supporting income generation activity, a family planning/MCH clinic and door to door FP/MCH outreach. The local contact is Ms. Salha Awad, telephone 850476.

- C-2 -

Countries Responding

Kenya
Mali
Nepal
Peru
Sudan

Department of State

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ACT ON 410-20

NAIROB 1983 09 OF 03 162215Z 1074 08191 404237
B. KENYA 02 - FAMILY PLANNING ASSOCIATION OF KENYA

ACTION OFFICE POP-24
INFO WFMG-03 WFER-03 WFO-03 WFO-04 WFO-02 WFT-05 WAF-03
DAG-01 POP-01 PPP-02 CC-01 CCAP-01 CCOM-01 FVA-01
WIC-01 W-05 WHE-03 WEF-02 WAF-01 WOP-01 WPS-03
FPA-02 WRP-01 WMS-03 WLO-01 WMAO-01 WMB-02 071 09
INFO LOS-00 AF-00 OAE-00 EB-00 OOE-00 OES-00 089 W
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R 051317Z 14 89
FM AMEMBASSY NAIROBI
TO SECSTATE WASHDC 5818

UNCLAS NAIROB 19839

AICAC

FOR CBT POP/PSD (DAN LUBER)

E.O. 12356: N/A
SUBJECT: POPULATION: CEDPA EVALUATION

REF: STATE 168551

1. OPM USAID KENYA APPRECIATES OPPORTUNITY TO COMMENT ON OUR EXPERIENCE WITH THE CEDPA COOPERATIVE AGREEMENT TO EXTEND FAMILY PLANNING SERVICES THROUGH THIRD WORLD WOMEN MANAGERS. CEDPA STAFF HAS WORKED CLOSELY WITH THIS MISSION TO SEEK GUIDANCE ON PROJECT DEVELOPMENT AND TO ASCERTAIN THAT PROJECTS COMPLEMENT MISSION POPULATION STRATEGY AND DO NOT DUPLICATE OR OVERLAP WITH ONGOING ACTIVITIES. IN CASES WHERE THEY DID NOT, EITHER APPROPRIATE ADJUSTMENTS WERE MADE OR PROJECT CONCEPT WAS NOT DEVELOPED FURTHER. ALSO, ALL CEDPA PROJECTS HAVE BEEN REVIEWED AND APPROVED BY THE NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT (NCPD) HAVING BEEN PRESENTED AND DEFENDED BY THE IN-COUNTRY SUB-PROJECT MANAGER. COMMENTS ON EACH SUB-PROJECT FOLLOW.

A. KENYA 01 - FAMILY LIFE PROMOTION AND SERVICES NAIROBI

THE PROJECT WAS DESIGNED BY TWO CEDPA ALUMNI TO INCREASE THE USE OF FAMILY PLANNING SERVICES IN THE BUSINESS DISTRICT OF NAIROBI THROUGH IMPROVED ACCESSIBILITY TO CONTRACEPTIVES THROUGH CBD. THE PROJECT HAS ESTABLISHED A CENTRAL OUTLET IN A VERY BUSY SECTION OF DOWNTOWN NAIROBI TO PROVIDE CLIENTS CONVENIENT AND QUICK SERVICE FOR CONTRACEPTIVES ON THEIR WAY TO AND FROM WORK OR DURING THE R LUNCH HOUR WITHOUT LONG LINES. TO FURTHER ENHANCE THE AVAILABILITY OF CONTRACEPTIVES, CBD AGENTS WORK WITH LOCAL SHOP KEEPERS AND BUSINESSMEN TO REACH MORE CLIENTS AT THEIR WORK PLACE OR IN THEIR NEIGHBORHOOD. THE PROJECT DID NOT HAVE A CLINIC AS PART OF ITS PLAN, BUT HAS RECEIVED LOCAL CONTRIBUTION OF EQUIPMENT AND THE TIME OF A DOCTOR WHO IS AVAILABLE AT THE PROJECT'S CENTRAL FACILITY AT DESIGNATED TIMES. PROJECT STAFF (NURSES) ALSO ARE ABLE TO CONDUCT EXAMS OF CLIENTS. THE PROJECT HAS COMPLETED ITS THIRD QUARTER OF THE EXPANSION-OF-SERVICES PHASE. CLIENT LEVELS ARE INCREASING. THE PROJECT IS FOCUSING MORE ATTENTION ON FOLLOW-UP TO RETAIN HIGHER LEVELS OF CONTINUING USERS. FLPS MAINTAINS CLOSE CONTACT WITH NCPD, THE MINISTRY OF HEALTH, FAMILY PLANNING ASSOCIATION OF KENYA (FPAK) AND USAID. THE PROJECT IS DEFINITELY OPENING NEW AREAS OF AVAILABILITY FOR FAMILY PLANNING SERVICES FOR A GROUP OF UNDERSERVED CLIENTS.

THE PROJECT WAS DESIGNED BY THREE CEDPA ALUMNI TO PROVIDE COMMUNITY BASED FAMILY PLANNING SERVICES IN TAITA TAVETA, AN AREA OF KENYA WHERE NO SUCH SERVICES EXISTED. THE PROJECT WAS DEVELOPED IN RESPONSE TO A DESIRE EXPRESSED BY THE WOMEN IN THE WOMEN'S GROUPS SERVED BY TOTOTO HOME INDUSTRIES AND FWCA FOR FPAK TO PROVIDE FAMILY PLANNING SERVICES TO THEM.

THE PROJECT HAS SIX OUTREACH CLINIC SITES, ALL OF WHICH HAVE BEEN PROVIDED BY THE COMMUNITIES SERVED. THE BUILDINGS ARE POOREST BUT ADEQUATE. THE PROJECT HAS ENLISTED THE MINISTRY OF HEALTH TO PROVIDE OUTREACH SERVICES, MCH AND WELL-BABY CLINICS AT THE SITES. THE PROJECT HAS GOTTEN OFF TO A SLOW START BECAUSE OF DIFFICULTIES IN GETTING STAFF IN PLACE. THE PROJECT THROUGH THE CBD AGENTS AND OUTREACH CLINICS IS MAKING AVAILABLE FAMILY PLANNING SERVICES TO AREAS NOT PREVIOUSLY REACHED IN THIS MANNER. CLIENTS ARE INCREASING AT A GOOD RATE THROUGH THESE EFFORTS. USAID AND NCPD WILL ENCOURAGE FPAK TO INCORPORATE THIS PROJECT INTO FPAK'S NATIONAL CBD PROGRAM IN 1990 FOR WHICH FUNDING IS NOW AVAILABLE THROUGH OUR BILATERAL TMS. THIS WOULD NOT BE DONE AS A BUY-IN TO CEDPA HOWEVER. AT THE TIME THE CEDPA FPAK PROJECT WAS DEVELOPED AND APPROVED FPAK'S LARGER CBD PROGRAM WAS STILL BEING NEGOTIATED WITH NCPD. THE CEDPA PROJECT HAS ALLOWED FPAK TO PROVIDE SERVICES IN THE TAITA-TAVETA AREA ABOUT THREE YEARS BEFORE THEY WOULD HAVE BEEN OTHERWISE.

C. KENYA 03 - AFRICAN MEDICAL AND RESEARCH FOUNDATION (AMREF)

THE PROJECT HAS NOT YET COMPLETED ITS FIRST QUARTER OF OPERATION. IT IS PROVIDING LEVERAGE FOR OTHER RESOURCES AND SERVICES FOR THE MUKA MUKUU AREA. FIVE OR SIX YEARS

AGO THE COMMUNITY CONSTRUCTED A BUILDING FOR A HEALTH CENTER. THE COMMUNITY HAD HOPED TO GET THE MINISTRY OF HEALTH TO PROVIDE STAFF AND EQUIPMENT FOR THE HEALTH FACILITY. THEY WERE UNSUCCESSFUL AND THE BUILDING REMAINED EMPTY.

BECAUSE CEDPA ALUMNA PENINA GOMOLA DEVELOPED THE PROPOSAL FOR AMREF TO ADD FAMILY PLANNING SERVICES TO AN EXISTING COMMUNITY HEALTH PROGRAM IN PART OF MACHAKOS DISTRICT AND EXPAND IT TO THE MUKA MUKUU AREA, THE GOVERNMENT HAS PROVIDED A DOCTOR, NURSES, EQUIPMENT AND MEDICINES, AND THE COMMUNITY HAS CONSTRUCTED ADDITIONAL QUARTERS FOR STAFF. THE MUKA MUKUU COMMUNITY IS NOW RECEIVING HEALTH AND FAMILY PLANNING SERVICES THAT DID NOT PREVIOUSLY EXIST. THE CEDPA ALUMNI AND AMREF HAVE NEGOTIATED FOR FACILITIES, STAFF, EQUIPMENT AND SERVICES FROM THE COMMUNITY AND GOVERNMENT. THE PROJECT HAS BARELY BEGUN, THEREFORE ALL VOLUNTEERS AND STAFF HAVE NOT COMPLETED TRAINING, AND NO DATA ON CLIENT LEVELS EXIST AT THIS TIME. THE PROJECT IS ALSO BRINGING AMREF INTO A MORE ACTIVE ROLE IN PROVIDING FAMILY PLANNING SERVICES THROUGH A CBD APPROACH.

2. IN RESPONSE TO QUESTIONS ASKED IN PAPA 4 REFCABLE

A. YES, ALL THREE PROJECTS ARE MAKING A POSITIVE DIFFERENCE IN THE AVAILABILITY AND QUALITY OF FAMILY PLANNING SERVICES IN THEIR AREA OF OPERATION. KENYA 02 AND 03 HAVE THE POTENTIAL FOR SIGNIFICANT IMPACT AS 02 WILL BE INTEGRATED INTO FPAK'S NATIONAL CBD EFFORT AND HOPEFULLY 03 WILL BECOME THE PROTOTYPE FOR CBD SER. CED

Department of State

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OR OTHER MEANS.

TO BE INTEGRATED INTO AMREF'S EXISTING NETWORK OF COMMUNITY-BASED HEALTH CARE PROGRAMS IN VARIOUS AREAS OF KENYA AS WELL AS REGIONALLY.

4. B. YES. PROJECTS #1 AND #31 DEFINITELY WOULD NOT HAVE BEEN DEVELOPED HAD IT NOT BEEN FOR THE DILIGENCE AND HARD WORK MOBILIZING LOCAL SUPPORT AND RESOURCES OF CEDPA ALUMNI. PROJECT #2 CAPITALIZED ON THE INTEREST OF WOMEN'S GROUPS IN THE AREA TO RECEIVE FAMILY PLANNING SERVICES THAT WOULD NOT HAVE BEEN AVAILABLE THROUGH FRPA'S NOW FUNCTIONING CBD PROGRAM UNTIL LATE 1998 OR EARLY 1999.

4. MISSION LOOKS FORWARD TO RECEIVING NOTIFICATION OF THE RESULTS OF THE INTERIM EVALUATION. PLEASE DO NOT HESITATE TO CONTACT US IF WE CAN PROVIDE FURTHER INFORMATION. GRIFFIN

5. C. QUALITY OF GRANTEE SUPPORT HAS BEEN EXCELLENT, ESPECIALLY SINCE TOM ROACH ASSUMED RESPONSIBILITY FOR THE KENYA PROJECTS. COORDINATION WITH USAID AND NCPD IS EXCELLENT AND T. ROACH COORDINATES WITH OTHER AID/WOAG'S DURING MONITORING VISITS. FPFA WORKS WITH KENYA #1 IN SUPPLYING SOME COMMODITIES. THE IN-COUNTRY CEDPA GRANTEES HAVE THE RESPONSIBILITY TO KEEP NCPD'S CBD PROGRAM OFFICERS APPRISED OF THEIR PROJECT'S STATUS WHICH WE BELIEVE IS IMPORTANT FOR INFORMATION-SHARING AND RECOGNITION BY THE NCPD OF EACH SUB-PROJECT'S CONTRIBUTION TO THE NATIONAL CBD PROGRAM.

6. D. SUB-PROJECT RESOURCES APPEAR TO BE UTILIZED WELL IN EACH PROJECT AREA.

7. E. MISSION DOES NOT RECEIVE COPIES OF THE QUARTERLY FINANCIAL OR PROJECT REPORTS, HOWEVER WE ARE AWARE OF WHAT CEDPA REQUIRES AND IT SEEMS WELL ORGANIZED AND APPROPRIATE. CEDPA DOES PROVIDE US WITH PERIODIC UPDATES ON PROJECT STATUS.

8. F. THERE HAS BEEN LOCAL SUPPORT FOR ALL SUB-PROJECTS AND DIRECT FINANCIAL CONTRIBUTIONS AS NOTED IN (C) ABOVE. ALL GRANTEES ARE ADVISED TO KEEP NCPD INFORMED ON PROJECT PROGRESS AND TO BUILD UP THEIR CONSTITUENCY WITH NCPD FOR POSSIBLE FUTURE FINANCIAL SUPPORT FOR PROJECT ACTIVITIES.

9. A GENERAL COMMENT: ALL THE CEDPA-ASSISTED PROJECTS BRING AN INTENSE ENERGY AND COMMITMENT FROM THE STAFF WHICH ARE OVERWHELMINGLY WOMEN THAT IS LINKED IN PART WE FEEL TO THE FACT THAT THESE PROJECTS WERE DEVELOPED BY WOMEN WHO ARE ALUMNI OF CEDPA TRAINING. THE STRONG COLLEAGUE AND CONSULTATIVE NATURE OF CEDPA'S RELATIONSHIP WITH THE SUB-PROJECT MANAGERS WORKS WELL IN THE KENYAN CONTEXT AND HAS BEEN A SUPPORTIVE, HELPFUL ADDITION TO OUR POPULATION ASSISTANCE HERE.

CEDPA HAS BEEN ADVISED THAT THE MISSION STRATEGY IS TO DEVELOP PROJECTS WITH GROUPS THAT REPRESENT A NETWORK WITH THE POTENTIAL FOR EXPANSION, SUCH AS #2 AND #31.

NEITHER WE NOR NCPD WHO COORDINATE NGO POPULATION ASSISTANCE SUPPORT THE DEVELOPMENT OF A PLETHORA OF SMALL, NON-REPLICABLE PROJECTS. ALSO, THE POLICY AND ATTITUDE OF NCPD OF NOT ALLOWING BILATERAL FUNDS TO BE USED TO BUY-IN TO A CENTRALLY-FUNDED PROJECT, SUCH AS CEDPA IS UNLIKELY TO CHANGE. CEDPA IS AWARE OF THIS NCPD POLICY. AT THIS POINT, WHILE WE HOPE TO USE BILATERAL FUNDS TO TAKE OVER KENYA #2 AS PART OF FRPA'S NATIONAL CBD PROGRAM.

KENYA #1 AND #31 KNOW THEY WILL NEED TO APPROACH NCPD FOR FUTURE FUNDING WHEN THEIR CEDPA GRANT ENDS. IF CEDPA IS ABLE TO DEVELOP THE MANAGEMENT SYSTEMS OF THESE PROJECTS IN 3-4 YEARS TIME, THERE IS A HIGH PROBABILITY NCPD WILL PROVIDE SUPPORT EITHER THROUGH THE BILATERAL

Department of State

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ACTION AID-00

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TO SECSTATE WASHDC 3676
INFO AMEMBASSY ABIDJAN

UNCLAS BAMAKO 04786

AIDAC DIRECT RELAY

AID W FOR ST POP EPSP HARRIET DESTLER AND
AFR TR HPN JOHN COURY ABIDJAN FOR REDSO/WCA
E O 12356 N/A
SUBJECT POPULATION EVALUATION OF CEDPA

TO ROBERT GILLETTE
-- PORTECH
-- 1601 NORTH HENT STREET SUITE 1014
-- ARLINGTON VIRGINIA 22209
-- TEL 703 358-9271

SUBJECT POPULATION EVALUATION OF CEDPA

1

431 GILLETTE WOODRUFF TELEX 7/5/89

1. REGRET THAT SHORT ONE WEEK TIME FRAME, MISSION
WORKLOAD AND UNAVAILABILITY OF MALIAN COUNTERPARTS FOR
PROJECT SITE VISITS HAS MADE IT IMPOSSIBLE FOR MISSION
TO PROVIDE ADDITIONAL INPUT TO ONGOING WORLDWIDE
EVALUATION OF CEDPA BY JULY 17 AS REQUESTED. THE
QUESTIONNAIRE WHICH IS IN ENGLISH CANNOT BE COMPLETED BY
THE MALI CEDPA PROJECT DIRECTORS WHO ARE FRENCH
SPEAKING. ASSUME THAT SUBSTANTIAL INPUT PROVIDED BY HPN
OFFICER WHILE ON ANNUAL LEAVE TOY IN WASHINGTON WILL BE
CONSIDERED AND INCORPORATED BY TEAM INTO THE FINAL
REPORT

2. WE DO CONFIRM FOR THE RECORD OUR EXTREMELY HIGH
SATISFACTION WITH THE SUCCESSFUL RESULTS OF BOTH CEDPA
PROJECTS CURRENTLY ONGOING IN MALI AND HOPE THAT THEY
BOTH CAN BE CONTINUED AND INCORPORATED INTO A WIDER
NATIONAL FAMILY PLANNING SERVICES DELIVERY PROGRAM

USAID MALI: O O AMERICAN EMBASSY BAMAKO TELEX NO. 2448
AMEMB MALI BAMAKO MALI
PRINGLE

NOTE BY DC T PASSED ABOVE ADDRESSEE.

Department of State

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 INFO ANDP-03 ANCA-03 CAST-01 PDR-01 PPPD-02 GC-01 CCAN-02
 GCCII-02 ANPD-05 ANTR-06 ES-01 STHE-03 JTH-03 STFA-01
 FPA-02 HNS-03 RELO-01 DC-01 CMB-02 /053 /1 WFO9

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FM AMEMBASSY KATHMANDU
TO SECSTATE WASHDC 7884

UNCLAS KATHMANDU 04618

AIDAC

E.O. 12356: N/A
SUBJECT: CEDPA EVALUATION

REF: STATE 160552

1. USAID/NEPAL'S EXPERIENCE WITH CEDPA/WASHINGTON ADVISORS ON IN-COUNTRY ACTIVITIES HAS BEEN EXCELLENT. SEVERAL ADVISORS HAVE PROVIDED COUNTRY PROGRAM ASSISTANCE HERE, AND ALL THOSE FAMILIAR TO USAID/HFP HAVE BEEN HIGHLY PROFESSIONAL AND COMPETENT. USAID IS MOST FAMILIAR WITH THE WASHINGTON-BASED PROJECT MANAGER FOR PROJECT ACTIVITIES HERE, WHO HAS CONSISTENTLY PROVIDED EXCELLENT AND THOROUGH PROJECT OVERSIGHT, TECHNICAL ASSISTANCE AND LIAISON WITH USAID AND LOCAL COUNTERPARTS.

2. RE IN-COUNTRY PROJECT MANAGER, CEDPA SELECTED A VERY QUALIFIED (TECHNICALLY AND INTERPERSONALLY) AND COMPETENT COUNTRY DIRECTOR, FOR BOTH THE COMMUNITY BASED FAMILY PLANNING AND NUTRITION PROJECT WITH FPAN, AND FOR THE RECENTLY LAUNCHED MANAGEMENT TRAINING FOR FAMILY PLANNING, HEALTH AND COMMUNITY DEVELOPMENT PROMOTION PROJECT.

3. CEDPA ACTIVITIES IN NEPAL DO NOT REQUIRE COORDINATION WITH THE GOVERNMENT, BUT WITH LOCAL COMMITTEES AND NGOs. RELATIONSHIPS HAVE BEEN STRENGTHENED AT TIMES, BUT FOR REASONS OUTSIDE OF THE TECHNICAL AND MANAGERIAL INPUTS BY CEDPA (E.G. PERSONAL RIVALRIES AND POWER ISSUES). IN THIS CONTEXT (AND DESPITE THIS CONTEXT CEDPA'S STAND NOT TO COMPROMISE ON THE TECHNICAL INTEGRITY OF PROJECT ACTIVITIES HERE) RELATIONS AND COORDINATION HAVE BEEN ABOUT THE BEST THAT COULD BE HOPED FOR, AND AGAIN ATTEST TO THE PROFESSIONALISM OF THE CONCERNED PROJECT PERSONNEL.

4. RE CEDPA APPROACH VIS-A-VIS FAMILY PLANNING ACTIVITIES THAT WOULD NOT OTHERWISE HAVE BEEN DEVELOPED OR SUPPORTED. PRELIMINARY INDICATIONS (ON-GOING OR IN NUTRITION PROJECT ACTIVITIES) ARE THAT THIS MAY WELL BE THE CASE AND THAT THE APPROACH MAY PROVIDE AN EFFECTIVE AND EFFICIENT MODEL FOR SIMILAR SERVICES ELSEWHERE IN NEPAL.

5. RE PLANNING FOR LOCAL SUPPORT AT PROJECT'S END. OUR CORRESPONDENCE INDICATES THAT FPAN'S ORIGINAL PROPOSAL TO CEDPA CONTAINED THREE SUGGESTED PLANS FOR PROJECT CONTINUATION, AND WE ARE AWARE THAT FPAN HAS BEEN PREPARING WITH TA FROM CEDPA EARLIER THIS CALENDAR YEAR) A SUSTAINABILITY PLAN FOR THE NEXT 3 YEARS OF THE PROJECT (NEITHER IS AVAILABLE TO USAID AT THIS TIME). WE KNOW, HOWEVER, THAT FPAN WILL NOT BE IN A POSITION TO IMPLEMENT ANY SUCH LOCAL SUPPORT ACTIVITIES AT THE

TIME CEDPA'S CURRENT AGREEMENT IS SCHEDULED TO END. GIVEN THIS SITUATION, USAID CONCURS WITH CEDPA'S APPROACH TO HOLD FPAN TO OUTLINING A PLAN THAT WILL ENABLE FPAN TO CONTINUE ACTIVITIES, BEFORE PROVIDING ASSISTANCE TO IDENTIFY FUNDS FOR AN ADDITIONAL, TRANSITION PHASE PROJECT PERIOD.

6. WHILE NOT ALL PEFFEL'S QUESTIONS ARE RESPONDED TO HEREIN, THE ABOVE SUMMARIZED THOSE ASPECTS OF PROJECT ACTIVITIES ON WHICH USAID IS MOST ABLE TO COMMENT. USAID MUCH APPRECIATES THE OPPORTUNITY TO COMMENT ON CEDPA PERFORMANCE HERE.
FRANK

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Department of State

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FM AMEMBASSY LIMA
TO SECSTATE WASHDC 9151

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AIDAC

E. O. 12356: N/A
SUBJECT: CEDPA EVALUATION

REF: (A) STATE 160654
(B) STATE 160807

1. THE MISSION HAS BEEN AWARE OF CEDPA'S TRAINING PROGRAMS FOR SOME TIME AS A LOCAL WID GROUP HAS SENT WOMEN LEADERS TO THESE PROGRAMS SINCE 1982. THE REPORTS OF THESE PARTICIPANTS ON THE TRAINING OFFERED HAS BEEN CONSISTENTLY FAVORABLE. HOW MUCH OF WHAT WAS LEARNED HAS BEEN APPLIED FOR THE BENEFIT OF THE ORGANIZATION AND/OR COUNTRY WOULD BE AN AREA OF STUDY THAT MIGHT BE ADDRESSED BY THE SUBJECT EVALUATION IF IT HAS NOT ALREADY BEEN DONE.
2. CEDPA HAS BEEN VERY RESPONSIVE TO MISSION REQUESTS FOR ASSISTANCE (AVAILABILITY OF SPACE AND/OR FINANCIAL HELP) FOR TRAINING OF WOMEN LEADERS.
3. THE TWO PROJECTS PREPARED FOR IMPLEMENTATION IN PERU WERE DESIGNED BY THE WOMEN MANAGERS WHO HAD FIRST RECEIVED TRAINING AND SUBSEQUENTLY, THE APPROPRIATE TECHNICAL ASSISTANCE FROM CEDPA STAFF WHICH RESULTED IN WELL CONCEIVED WORKABLE PROJECTS. ONE OF THESE CONCLUDED IN RECEIPT OF FUNDING BY CEDPA. THE SECOND, THROUGH NO FAULT OF CEDPA'S THERE WAS, AS WE UNDERSTAND IT, A REDUCTION IN FUNDS DID NOT UNFORTUNATELY, PROCEED IN THE SAME MANNER.
4. OUR IMPRESSION OF CEDPA STAFF HAS BEEN THAT THEY ARE HIGHLY MOTIVATED, WELL PREPARED AND COOPERATIVE PROFESSIONALS. OUR CONTACT WITH THEM HAS BEEN PRODUCTIVE AND SUPPORTIVE WITH THEIR WILLINGNESS TO SHARE INFORMATION AND BE OF ASSISTANCE TO ADVANCE THE POSITION OF WOMEN AND FAMILY PLANNING IN PERU. WATSON

Department of State

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ACTION AID-00

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TO SECSTATE WASHDC 6910
INFO AMEMBASSY NAIROBI

UNCLAS KHARTOUM 06255

AIDAC

AID/W FOR ST/POP/FPSO, D. LIBERI
AFR/TR/HPN FOR M. MICKA
AFR/EA FOR M. ZELEKE
NAIROBI FOR REDSO/ESA, A. DANART

E. O. 12356: N/A
SUBJECT: SUDAN POPULATION: CEDPA EVALUATION

REF: STATE 162124

1. THIS CABLE IS TO RESPOND TO YOUR INQUIRY FOR AN INTERIM EVALUATION OF CEDPA ACTIVITIES IN SUDAN. THE CEDPA PROJECT HAS BEEN DELAYED FOR SEVERAL MONTHS BECAUSE OF THE FLOOD DISASTER SITUATION IN SUMMER AND FALL 1988.

2. THE MISSION HAS BEEN PLEASED WITH THE MANAGEMENT OF THE PROJECT BY CEDPA CONSULTANT A. NATHE AND LOCAL MANAGEMENT BY MRS. AWATIF BASHIR HAMID. MR. NATHE HAS SELECTED THE STUDY SITE AND DESIGNED A TWO-PHASE PROJECT. THE FIRST PHASE IS TO TAKE PLACE IN KHARTOUM, THE SECOND PHASE IN EL OBEID. FIRST PHASE ACTIVITIES HAVE INCLUDED 1) ESTABLISHMENT OF WORKING RELATIONSHIP WITH MOH, 2) SELECTION OF CLINIC SITES, 3) APPOINTING A LOCAL PROJECT MANAGER (MRS. AWATIF BASHIR HAMID), 4) WRITING AND APPROVAL IN WASHINGTON OF PROJECT DESIGN. MRS. AWATIF BASHIR HAMID HAS THE BOARD OF DIRECTORS IN PLACE. THE MISSION HAS BEEN NOTIFIED OF A VISIT BY MR. NATHE BEGINNING MAY 30 DURING WHICH WE EXPECT SUBSTANTIAL PROGRESS WILL BE MADE TO INITIATE CLINICAL ACTIVITIES.

3. A PROBLEM WHICH HAS DEVELOPED DUE TO CURRENCY DEVALUATION IN SUDAN IN LATE 1988, IS THAT THE BUDGET NEEDS TO BE REWORKED. SALARIES FOR STAFF AND COSTS FOR EQUIPMENT AND SUPPLIES HAVE CHANGED DRASTICALLY. FOR EXAMPLE, THE BUDGETTED SALARY FOR A NURSING SISTER WAS LS 500, WHEN NOW THE MOH RATE IS LS 1200. THE MISSION WILL ADDRESS THIS PROBLEM WITH MR. NATHE DURING HIS VISIT.

4. SINCE ACTUAL CLINICAL ACTIVITIES HAVE NOT AS YET BEGUN, WE ARE UNABLE TO COMMENT ON QUOTE THE CEDPA APPROACH OF USING PREVIOUSLY-TRAINED WOMEN MANAGERS INQUOTE. HOPE THIS INFORMATION IS USEFUL. SMITH

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Appendix D

List of CEDPA Private Donors

Appendix D

List of CEDPA Private Donors

Atkinson Foundation
Bergstrom Foundation
The Fred H. Bixby Foundation
Brakeley, John Price Jones, Inc.
Cabot Family Charitable Trust
The Carmichael Foundation
Chevy Chase Presbyterian Church
Combined Federal Campaign
Control Data Corporation
Ford Foundation
General Service Foundation
The William and Flora Hewlett Foundation
Harris and Eliza Kempner Fund
The Max and Anna Levinson Foundation
The Joe and Emily Love Foundation
John D. and Catherine T. MacArthur Foundation
The McKnight Foundation
The Millstream Fund
Moriah Fund, Inc.
Ruth Mott Fund
National Presbyterian Church
The Needmor Fund
Jessie Smith Noyes Foundation, Inc.
The David and Lucile Packard Foundation
The Pathfinder Fund
The Pew Charitable Trusts
Population Crisis Committee
The Prospect Hill Foundation
Public Welfare Foundation, Inc.
The Rockefeller Foundation
The Scherman Foundation, Inc.
The L. J. Skaggs and Mary C. Skaggs Foundation
The Trull Foundation
USA for Africa
The Washington Post
The Xerox Foundation
Individual donors

Appendix E

CEDPA Revenue by Source and Year: 1984 - 1989

Appendix E

CEDPA Revenue by Source and Year: 1984 - 1989 (\$000)

	<u>CY1984</u>	<u>CY1985</u>	<u>CY1986</u>	<u>CY1987</u>	<u>CY1988</u>	<u>CY1989*</u>
A. Grants, Contracts and or Donations from						
International Agencies						
UNFPA	\$81	\$318	\$92	\$274	\$285	\$482
Asia Development Bank	0	0	11	0	0	0
IPPF	<u>35</u>	<u>56</u>	<u>19</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal	116 9%	374 21%	122 6%	274 11%	285 9%	482 11%
U.S. Government A.I.D.						
S&T/POP	0	50	806	846	1,245	1,416
S&T/Nutrition	112	100	41	0	0	0
PPC	10	10	0	0	0	0
PPC/WID	0	0	59	0	68	82
FVA/PVC	247	145	79	0	0	0
Bureau for Africa	96	404	237	275	47	0
Bureau for Near East	86	36	0	0	0	0
USAID/Islamabad	0	11	1	0	0	0
USAID/New Delhi-India	0	0	0	0	62	120
USAID/Lagos-Nigeria	0	0	0	11	35	15
USAID/Nepal	0	0	0	0	10	41
Other						
Department of State	<u>0</u>	<u>19</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal	557 45%	775 43%	1,223 59%	1,132 45%	1,467 48%	1,674 39%
Subcontracts w/other AID-Funded Organizations						
MSII/PRITECH	0	0	0	9	25	10
JHU/FHI	0	0	0	0	62	354
MSII/FPMT	0	6	102	101	107	101
JSI/Mothercare	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>45</u>
Subtotal (U.S. Government)	557 45%	781 43%	1,325 64%	1,242 49%	1,661 55%	2,184 50%
Private U.S. Agencies**	<u>319</u> 26%	<u>397</u> 22%	<u>459</u> 22%	<u>751</u> 30%	<u>896</u> 29%	<u>1,415</u> 33%
Total	992 80%	1,552 86%	1,902 92%	2,267 90%	2,842 93%	4,081 94%

	<u>CY1984</u>	<u>CY1985</u>	<u>CY1986</u>	<u>CY1987</u>	<u>CY1988</u>	<u>CY1989</u>
B. Income from						
Tuition and fees for attendance at training courses***	213	207	141	200	144	200
Interest	32	33	33	43	60	40
Misc.	<u>2</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>3</u>	<u>0</u>
Total	247 20%	243 14%	174 8%	243 10%	207 7%	240 6%
TOTAL	\$1,239	\$1,795	\$2,080	\$2,510	\$3,049	\$4,321

* Estimated as of July 1989.

** See attached list.

*** Tuition and fees paid by international agencies, host country governments and others for participants to attend CEDPA's Women in Management and Supervision and Evaluation Workshops.

Appendix F

**Revised Cooperative Agreement Objectives
and
Outputs Against Revised Objectives**

Appendix F

Revised Cooperative Agreement Objectives and Outputs Against Revised Objectives



THE CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

March 3, 1989

Dan Blumhagen, M.D., Ph.D.
Agency For International Development
1601 N. Kent St. Room 309
Arlington, VA 20523

Re: Cooperative Agreement No. DPE-3037-A-00-5020-00

Dear Dan:

In response to your request at CEDPA's Management Review, the changes in the Year IV Implementation Plan for the above referenced cooperative agreement are as follows:

Objective 1: To finalize and award 10-13 subprojects from the 27 proposals for family planning projects developed at CEDPA's 1987-1988 workshops.

This objective should read: To finalize and award 2-4 subprojects from the 27 proposals for family planning projects developed at CEDPA's workshops. These subprojects are India 04 and 05, which will be funded by the India buy-in once AID approves these projects, Peru 02 which is under consideration for a mission buy-in, and Tanzania 01 which will be submitted for buy-in consideration.

Objective 2: To replace the Nigeria program, conduct a feasibility visit in Tanzania and Zimbabwe and identify, finalize and award 2 additional subprojects.

Since the Zimbabwe mission could not concur to our visit before completing their review of on-going family planning projects in Zimbabwe, we decided in November to finalize a proposal developed by a Tanzanian participant at a CEDPA Washington workshop. Objective 2 should therefore read: To replace the Nigeria program, conduct a feasibility visit in Tanzania or Zimbabwe and identify, finalize and award 1 additional subproject.

Objective 3: To award four subprojects finalized in Year III.

This objective stands as is, since we have awarded Peru 01, Pakistan 04, Sudan 01, and Kenya 03 as planned.

Kathleen Burch, Ph.D.
Secretary
Mary Jane Delaney
Sarah G. Eason
Paola B. Gorraiz
Treasurer
Robert H. Guge
Donald W. Haisig, M.D.
Julia J. Henderson, Ph.D.
Carol Lancaster, Ph.D.
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Phillip T. Peltrow, Ph.D.
Rosemary Stowen, Ph.D.
Timothy T. Thane
Joseph S. Toner
Erik K. Winslow, Ph.D.
Kavai Guinan
President
Executive Committee

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Objective 4: To provide, through CEDPA funded subprojects, family planning education and services to 37,351 new users, and to train 901 field staff in family planning education and service delivery.

The numbers of new clients to be served regionally under this objective were:

Africa	Near East	Asia	Latin America	Total
17,420	2,137	14,316	3,478	37,351

The revised regional objectives for new clients to be served are:

Africa	Near East	Asia	Latin America	Total
11,792	2,137	9,961	750	24,640

In Africa the number of new clients to be served has been reduced by 32% due to termination of Uganda 01, phaseout of Sierra Leone 01, and reduction in scope of Kenya 02 as well as insufficient funds to support the initiation of Uganda 02 and Sudan 02. The objective for the Near East does not change. In Asia the number is reduced by 30% due to reduction in scope of the India 02 subproject and the delayed start of India 04 and 05. In Latin America the number is reduced by 78% due to budget constraints which prevent any new project starts. The revised total number of new users to be served during Year IV is 24,640.

The numbers of field staff to be trained regionally in family planning education and service delivery were:

Africa	Near East	Asia	Latin America	Total
548	9	176	168	901

The revised regional objectives for field staff to be trained are:

Africa	Near East	Asia	Latin America	Total
436	9	146	30	621

These revisions are due to corresponding changes or delays in the implementation of projects as specified above.

Objective 5: To assure quality services are offered to clients by monitoring, evaluation and providing technical assistance regularly to 30 subprojects.

The number of projects which CEDPA will monitor, evaluate and provide with technical assistance during Year IV changes to 21-23. To date CEDPA has funded 23 project starts, with 2-4 new starts planned this year. Haiti 01 was terminated in September of this project year and was not monitored. Uganda 01, Nigeria 01 and Nigeria 02 have been terminated this year but were monitored during quarters one and two. Once India 04 and 05 are awarded, we will have 21 ongoing projects to monitor. If Peru 02 and Tanzania 01 are awarded, this number increases to 23.

Objective 6: To conduct 2 special studies and prepare 2-3 subproject monographs for overall project evaluation.

Due to budget restrictions and consequent limitations on staff travel, this objective has been reduced to 1 special study to be conducted in Year IV.

Objective 7: To arrange and fund visits for 5 to 7 subproject managers for the purpose of technical cooperation and information sharing between model family planning service delivery projects at project service sites or at forums on family planning, health, women in development and general economic development.

During Year IV we plan to arrange and fund instead, 3 to 5 exchange visits for subproject managers. Two have already been conducted by the Nepal 01 subproject manager, who visited the India 01 subproject and by the Pakistan 03 subproject manager, who visited Concerned Women for Family Planning (CWFP) in Bangladesh. This month the director of the CEDPA Country Office in Nepal will visit CWFP and Family Planning Services and Training Center in Bangladesh to observe these two outstanding models of program development and implementation. During the second half of Year IV, we expect to fund two other exchange visits for subproject managers in Africa and/or Latin America.

Objective 8: To conduct 13 sustainability visits with subprojects that completed their first year of activities.

Instead of 13 sustainability visits, CEDPA will conduct 10 in this project year. The three scheduled for our Pakistan projects have been reprogrammed for Year V. In the first half of Year IV, we conducted five visits, to India 01, 02, 03, Nepal 01, and Egypt 01. Sustainability visits to Mali 01 and Sierra Leone 01 will be conducted this month. Visits to Senegal 01, Kenya 01 and Kenya 02 will take place later this year.

Objective 9: To establish, monitor and provide technical assistance to the Nepali Country Office.

This objective remains unchanged.

In summary, the new objectives for Year IV of CEDPA's Cooperative Agreement are:

- 1) To finalize and award 2-4 subprojects from the 27 proposals for family planning projects developed at CEDPA's 1987-1988 workshops.
- 2) To replace the Nigeria program, conduct a feasibility visit in Tanzania or Zimbabwe and identify, finalize, and award 1 additional subproject.
- 3) To award four subprojects finalized in Year III.
- 4) To provide, through CEDPA funded subprojects, family planning education and services to 24,640 new users, and to train 621 field staff in family planning education and service delivery.
- 5) To assure quality services are offered to clients by monitoring, evaluating, and providing technical assistance regularly to 21-23 subprojects.
- 6) To conduct 1 special study for overall project evaluation.
- 7) To arrange and fund visits for 3 to 5 subproject managers for the purpose of technical cooperation and information sharing between model family planning service delivery projects at project service sites or at forums on family planning, health, women in development and general economic development.
- 8) To conduct 10 sustainability visits with subprojects that completed their first year of services.
- 9) To establish, monitor and provide technical assistance to the Nepal country office.

We look forward to your approval of these new objectives.

Sincerely,



Estelle E. Quinn
Deputy Director
Population Project

EQ/wds

A. Objective:

Original: Selection of 80-100 alumnae for participation in six regional workshops -- 2 in Africa (French and English), 1 in the Near East, 1 in Asia, 2 in Latin America and the Caribbean (Spanish and Portuguese).

Revised: Selection of 50-70 alumnae for participation in five regional/subregional workshops -- 2 in Africa, 1 in the Near East, 2 in Asia, and 1 in Latin America/Caribbean.

Achievements:

CEDPA conducted five regional/in-country proposal development workshops under the Cooperative Agreement: 2 in Africa (in English and French), 1 in Asia, 1 in Latin America, and one in-country workshop in Sudan. A total of 55 participants attended these workshops during which 48 subproject proposals were prepared. In addition, the Population Project has conducted 7 mini-workshops on family planning project development at CEDPA's Washington-based Women in Management and Supervision and Evaluation workshops. (28) participants attended these mini-workshops during which (15) family planning project concept papers were prepared.

B. Objective:

Original: Selection of up to 40 subproject proposals for development and pre-implementation funding of 6 to 8 months.

Revised: Selection of 33 subprojects for start-up funding.

Achievements:

To date, CEDPA has selected 33 subprojects for start-up funding, 25 of which have been awarded. Six proposals which were selected and finalized were subsequently withdrawn from AID or not submitted for approval due to difficulties with the proposed implementing agency or budget limitations. Two additional subprojects have been finalized and will be awarded depending on buy-in availability.

C. Objective:

Original: Selection of 30 subprojects for a two-to-three year implementation period.

Revised: Selection of 24-26 subprojects for a two-to-three year implementation period.

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Achievements:

CEDPA has awarded 24 subprojects for a one-to-three year implementation period. Of the 25 subprojects which received start-up funding, only Haiti 01 was not awarded its implementation phase for political reasons. All projects funded after Year III of the Cooperative Agreement were awarded the implementation phase directly without undergoing a separate start-up phase. In addition, subprojects which received implementation awards after August 1, 1988 were awarded only through August 1990, pending an extension of this Cooperative Agreement.

D. Objective: Provision of appropriate technical assistance, monitoring, recordkeeping and data analysis as needed for successful project implementation.

Achievements:

Population Project staff provide on-going technical assistance to and monitoring of subprojects. To date, Population Project staff have conducted 33 subproject finalization visits, 5 subproject start-up visits, and 25 monitoring site visits. In addition, CEDPA regional consultants have participated in 24 data collection site visits for preimplementation and mid-term evaluations. CEDPA staff and regional consultants have also participated in 18 technical assistance visits to subprojects, and 5 visits have been made to conduct sustainability workshops. Project staff communicate with their subprojects regularly by mail, telephone and telex to respond to subproject concerns and requests for technical assistance. Analysis and feedback of subproject quarterly reports, and mailings to subprojects on family planning issues are other forms of regular communications between CEDPA and the field. The Population Project has also developed numerous materials for use by subprojects in program development, implementation and evaluation.

E. Objective: Initiate, continue or expand family planning service delivery.

Achievements:

Of the 25 subprojects funded to date, 22 offer clinic-based or community-based delivery of family planning services. Of the remaining three, 1 is strictly IE&C, 1 is IE&C with referral for services, and 1 is training. Eight of these subproject agencies are involved in family planning for the first time.

F. Objective: Initiate, continue or expand information, education and communication activities in support of family planning.

Achievements:

All subprojects offering family planning services conduct family planning IE&C activities which are tailored to the needs and cultural orientation of the target audience. This is viewed as a critical component for outreach and support of services.

G. Objective: Expand and/or upgrade technical, managerial and/or service delivery skills through a variety of modalities.

Achievements:

The Population Project has provided training to subproject managers in the areas of family planning proposal development and strategic management. In addition, opportunities for development of professional skills have been created through use of subproject managers as regional consultants to provide technical assistance to other subprojects, serve as trainers at regional or in-country workshops, and conduct data collection site visits for subproject evaluations. To date, regional consultants have been used for 23 evaluation and technical assistance site visits. CEDPA has also arranged 3 technical cooperation visits for subproject managers to visit other subprojects or institutions in a region in an effort to encourage exchange of ideas and transfer of skills and local technology.

H. Objective: Develop new techniques and/or methodologies and approaches with prospective application to other family planning programs.

Achievements:

CEDPA's Population subprojects represent innovative approaches to family planning service delivery, especially within the context of a given country or culture. Examples of these approaches follow:

Mali 01: The project is the first of its kind in Mali to offer community-based distribution of family planning services. The project has trained animators from local villages to provide family planning IE&C; the male motivators distribute condoms to male clients at the village level. In addition, the project director, a mid-wife from the Katibougou Maternity, visits the villages once a month to counsel clients and distribute temporary methods. In its second year of implementation, this project surpassed its total three-year client objective. Mali 01 has drawn the attention of the Ministry of Health and USAID who see opportunities for replication of this successful strategy in other areas of the country.

Sierra Leone 01: CEDPA's project in Sierra Leone is a collaborative effort between the PPASL and People's Education

Association to provide family planning and MCH care to rural and semi-rural communities. PEA tutors have been trained to provide family life and population education in the classrooms. In addition, the PPASL has trained CBD workers to assist field workers in providing family planning education and sale of temporary methods. Unfortunately, the implementing agency has not had the staff time to provide adequate support to assure full implementation of this project.

India 04: In India, CEDPA is supporting a project of the Bihar State Milk Producers Federation (COMPFED) to provide family planning and MCH education and services through its members. Volunteers from COMPFED's cooperative societies will be trained in family planning and MCH IE&C and community-based distribution of contraceptives. Designed as a pilot program, this project, if successful, will be replicated in the 17 other districts in which COMPFED works.

Pakistan 04: "Family Planning Media Messages" is the title of this project which will produce TV skits and radio jingles on family planning. Top members of the entertainment industry in Pakistan are involved in this program, the first in Pakistan in which the NGO community is involved in producing family planning education materials for the mass media.

Nepal 01: In Nepal, the FPAN has developed a project using community-based education and outreach to support clinic services in rural areas. Local women volunteers provide CBD services to the panchayats covered by each clinic. In a country where sterilization is by far the most popular method of family planning, this project has been successful in promoting birth spacing methods to 94% of its family planning clients.

Perhaps what makes these subprojects and the Population Project successful is the women-to-women approach. CEDPA has made a conscious effort to upgrade the skills of women managers to design and implement effective and appropriate family planning programs. Close to 87% of the Population subprojects are managed by women; 12 of the implementing agencies are women managed; and the majority of subprojects are staffed by women. With access to and interaction with community women, the woman manager is in a strong position to provide family planning services which respond to needs and have a positive impact on people's lives.

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Appendix G

Logframe

Appendix G

Logframe

	<u>INDICATORS</u>	<u>VERIFICATION</u>	<u>ASSUMPTIONS</u>
<p>Goal: To improve health and reduce fertility in 10-15 priority developing countries by increasing family planning acceptance and continuation</p> <p>Purpose: To extend and improve family planning service delivery through 30 subprojects</p>	<p>Increase in contraceptive prevalence</p> <p>Decline in total fertility</p> <p>1) After five years to have implemented 30 client oriented family planning service delivery subprojects managed by CEDPA alumni</p> <p>2) After three years of subproject implementation to have increased family planning acceptance and continuation at a reasonable cost per acceptor</p> <ul style="list-style-type: none"> • percentage eligible couples reached by subproject services • number of new acceptors by method • number of continuing acceptors • start-up and recurrent project costs • increase in contraceptive prevalence 	<p>National contraceptive prevalence surveys</p> <p>Ministry of Health Statistics</p> <ul style="list-style-type: none"> • Decline in maternal/child <p>Government census data</p> <ul style="list-style-type: none"> • Decline in total fertility and annual fertility rates populations in developing countries. <p>Implementation monitoring</p> <p>Subproject reports and evaluation</p> <p>Site visits</p> <p>AIDS concurs with projects</p>	<p>Third World government population policies support community-based family planning activities in the private sector</p> <p>A demand for family planning services exists among underserved</p> <p>CEDPA alumni are capable of planning and implementing family planning service delivery projects with appropriate technical assistance and funding</p>
<p style="text-align: center;"><u>ACHIEVEMENTS</u></p> <p>Outputs: At least 30 CEDPA alumni assisted to develop, implement and evaluate family planning service delivery subprojects</p> <p>Project results documented and disseminated to national, regional and international decisionmakers</p>	<p>1) By the end of year 2, 80-100 alumni will have been assisted in 4 or more technical project design workshops to plan family planning subprojects in 10-15 countries</p> <p>2) By the end of year 3, 40 CEDPA alumni will have designed and implemented 6 month pilot family planning subprojects in 10-15 countries</p> <p>3) By the end of year 5, 30 CEDPA alumni will have designed, implemented and evaluated 3 year family planning subprojects in 10-15 countries</p> <p>4) By the end of year 5, at least 17 subproject manager technical assistance exchanges will have been arranged between fully funded (3 yr.) family planning subprojects</p> <p>5) Evaluation of 30 subprojects at pre-, mid-, and final stages completed</p> <p>6) Monographs on subproject results and regional comparisons produced and disseminated</p>	<p>Implementation monitoring</p> <p>Workshop reports</p> <p>Subproject progress reports</p> <p>Subproject midterm and final evaluation reports</p> <p>Comments from subproject beneficiaries and managers</p> <p>Site visits</p> <p>Monographs</p>	<p>Technical assistance in family planning project design and implementation is an essential step in developing service delivery projects</p> <p>Information sharing between subprojects is desirable to enhance management skills and innovation</p>

<u>ACHIEVEMENTS</u>	<u>INDICATORS</u>	<u>VERIFICATION</u>	<u>ASSUMPTIONS</u>
<u>Inputs:</u> 1) Management and technical assistance to CEDPA alumni 2) Project management, support, evaluation and documentation	1) 2.8 million over 5 years in subproject grants 2) \$3.1 million over 5 years for technical assistance to CEDPA alumni for the development, management and evaluation of sub-projects; Project administration and backstopping; and evaluation and documentation	Progress reports, workshop reports and subproject evaluations • Project design workshop reports • Subproject midterm and final evaluations • CEDPA bi-annual reports of progress and financial reports to A.I.D. • Completeness and appropriateness of delivery of inputs against Project implementation plan and budget	CEDPA alumni will meet criteria to receive subproject grants A.I.D./W funds project

Appendix H
Resources Raised by Subprojects

Appendix H

Resources Raised by Subprojects

CENTRE FOR DEVELOPMENT AND POPULATION ACTIVITIES

INTEROFFICE MEMORANDUM

TO: AID EVALUATORS

DATE: 7/7/89

FROM: ELLEN *ef*

SUBJECT: Contributions from Other Donors

As you requested, I have put together a list of contributions from other donors by subproject. As we discussed, this reflects costs that have been recorded in the subproject budgets and does not include in-kind contributions which are discussed in the "Long Range Plan" section of the proposals.

<u>SUBPROJECT</u>	<u>OTHER DONOR FUNDS</u>	<u>CEDPAFUNDS</u>
Egypt 01	\$ 17,565	\$ 124,744
India 01	2,548	58,795
India 02	3,514	75,250
India 03	4,079	52,664
India 04	--	206,411
India 05	7,112	79,608
Kenya 01	17,899	203,955
Kenya 02	121,781	206,809
Kenya 03	153,268	281,969
Mali 01	40,363	86,301
Mali 03	1,061	61,725
Nepal 01	3,216	90,044
Nigeria 01	121,350	110,295
Nigeria 02	2,527	33,427
Pakistan 01	12,621	85,152
Pakistan 02	1,794	102,310
Pakistan 03	28,826	147,858
Pakistan 04	--	103,374
Peru 01	1,282	51,450
Senegal 01	--	47,235
Sierra Leone 01	5,336	41,251
Sudan 01	23,132	124,964
Turkey 01	1,794	123,798
Uganda 01	<u>20,072</u>	<u>113,284</u>
TOTAL	\$ 591,140	\$2,612,373

MEMORANDUM

TO: AID Evaluators

Date: June 27, 1989

FROM: Ellen Fisher *EF*

SUBJECT: Other donor assistance to subprojects

CEDPA support to its population subprojects has been used to leverage contributions -- financial or in-kind -- from other international and local sources. The following list outlines this support by subproject

Egypt 01

Ministry of Social Affairs: salary support

Govt. of Egypt: Contraceptives

Income generation activities at clinic sites initiated with seed money from CEDPA continue on self-generated funds. Service fees are also charged for MCH services offered at the clinics.

India 01

Gujarat State Crime Prevention Trust: salary support, in-kind contribution of office space and equipment

GOI: Contraceptives and clinical FP services

India 02

FPAI: Orientation and training to FWS

SEWA: Vehicle and phone

India 03

PRERANA: Supports all non-FP activities of integrated program; salary of research associate

GOI/FPAI: Contraceptives and clinical services

Community support and contributions

India 04

Govt. of Bihar: Medicines, contraceptives, staff services, transport and educational materials.

COMPFED: Program management and administration

Project charges client card service fee.

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India 05

Child in Need Institute: Office and village clinic space, salaries of technical and administrative staff, furniture, A-V equipment, vehicle and all MCH services.
Govt. of West Bengal: contraceptives, technical staff.

Kenya 01

In-kind support from FPAK, IPPF, FPPS and MOH: contraceptives, IE&C materials and resource persons

Kenya 02

MOH: Salary support, contraceptives
FPAK: Salary support, vehicle, film projector and office supplies

Kenya 03

MOH: Training, contraceptives, MCH services
AMREF: Salary support, program management
Community Cooperative Society: Health centre and furniture

Mali 01

MOH: Staff of Maternity, contraceptives
Project also benefits from use of local volunteers

Mali 03

UNFM: Salary support, vehicle, office space and equipment, radio transmissions
AMPFF: Films, IEC materials, contraceptives
MOH: MCH services, training and education materials

Nepal 01

FPAK: Office, clinic space
MOH: MCH services
MCE: Literacy training
FPIA/IPPF: Contraceptives

Registration fee charged to clients

Nigeria 01

NCWS: Income-generation activities, volunteers, salary support, contraceptive sales

Nigeria 02

COWA: Office space
PPFN: Training, TA, clinic services

Pakistan 01

Behbud: Salary support, office space, vehicle
GOP/PWD: Salary support, contraceptives, training materials and resources
World Food Programme: Food commodities

Pakistan 02:

APWA: Salary support, office space, volunteers
GOP/PWD: Contraceptives
NGOCC: Vehicle, IEC materials

Pakistan 03

PVHNA: TA from training unit, partial funding of training facility, registration fee charged for training program

Pakistan 04

PCA: Office space
GOP/PWD: IE&C materials
NGOCC: Program management

Peru 01

PLANIFAM: Office/clinic space and equipment, resource persons, fee for clinical services and contraceptives distributed

Senegal 01

GOS: Personnel, health post facilities, vehicle, driver
FAFS: Supervisory activities

Sierra Leone 01

PPASL: Salary support, vehicle, IE&C materials, fee for service charged
PEA: Clinic sites

Sudan 01

Kharcoum Nursing College: Salary support, training facilities, IE&C materials
MOH: Services of P/T doctor and 7 nurse/midwives, contraceptive
Department of Educational Health: TA in design of IE&C material

Turkey 01

Institute of Child Health: Training facilities and resources,
contraceptives storage, office space and equipment
Department of Public Health: Project Management
Child Health Assoc.: Staff bonuses
Lioness Club: Production of FP video

Appendix I
CEDPA/POP Implementation Benchmarks

Appendix I

CEDPA/POP Implementation Benchmarks

PROJECT YEAR 1 (9/1/85 - 8/31/86)

September	Cooperative Agreement Signed
November	Project Manager on Board Request to CEDPA alumnae for project concept papers
April	East Africa Regional Project Development Workshop
July	West Africa Regional Project Development Workshop

PROJECT YEAR 2 (9/86 - 8/87)

November	Egypt 01 award Mali 01 award Nepal 01 award
December	Asia Regional Project Development Workshop
February	Nigeria 01 Preimplementation Award Sierra Leone 01 Preimplementation Award
April	Uganda 01 Preimplementation
May	Kenya 02 Preimplementation Award
July	India 02 Preimplementation Award India 03 awarded (AID approval 6/87) Nigeria 02 awarded (AID approval 6/87)
August	India 01 awarded (AID approval 5/87) Senegal 01 awarded (AID approval 5/87)

PROJECT YEAR 3 (9/87 - 8/88)

September	Haiti 01 awarded (AID approval 7/87)
December	Turkey 01 awarded (AID approval 11/87)
January	Mali 03 awarded (AID approval 9/87)

February Latin America Regional Project Development Workshop
Kenya 01 awarded (AID approval 11/87)
Pakistan 01 (AID approval 11/87)
Pakistan 02 (AID approval 11/87)
Pakistan 03 (AID approval 11/87)

March Sudan Country Project Development Workshop

June Kenya 03 (5/88)

PROJECT YEAR 4 (9/88 - 8/89)

October Peru 01 awarded (AID approval 10/88)

December Pakistan 04 (AID approval 11/88)

March Sudan 01 awarded (AID approval 11/88)

May India 04 awarded (AID approval 4/89)
India 05 awarded (AID approval 4/89)

Appendix J
Evaluation Trip Reports

Appendix J
Evaluation Trip Reports

by
Carol Valentine

Pakistan-01
Behbud Association

Findings

Family planning services in Pakistan are provided almost exclusively by NGOs whose activities are supervised and monitored by the NGO Coordinating Council (NGOCC). In Islamabad and the surrounding area, the Behbud Association of Pakistan and the IPPF affiliate or Family Planning Association (FPA) are the two largest family planning agencies. However, despite suggestions from Behbud, the FPA has not been willing to meet for coordinating sessions, nor to cooperate in any way.

At present, Behbud operates 18 MCH/family planning clinics under NGOCC auspices, two of which have services provided by a mobile unit. They also include an AVSC unit in Rawalpindi and the eight CEDPA/POP clinics, four of which are visited by a mobile team. These clinics also offer integrated services, since it is the view of the directors that family planning services alone are not acceptable in local communities. The staff of the three categories of services -- NGOCC, AVSC, and CEDPA/POP -- meet regularly and coordinate their activities.

The Behbud clinics appear to have gained a wide acceptance in the communities in which they operate. For example, the mullahs (Muslim clerics) announce the arrival of the mobile units, and when no qualified lady health visitor (LHV) from one of the communities was available to join the project staff, the villagers themselves found housing for an LHV from Rawalpindi.

Clinics are staffed with an LHV and a motivator. Behbud has been fortunate in finding senior LHV's with experience. To maintain their technical expertise, frequent, periodic refresher training is offered. A physician and a senior LHV visit each clinic once a week to supervise and monitor services, and to deal with difficult cases. There are telephone lines in case of an emergency, and motorbikes provided by the Canadian International Development Agency (CIDA) are available for quick visits.

Contraceptives are supplied monthly by the government and paid for from the nominal fees clients are charged for temporary methods. Injectibles, IUDs, and sterilizations are provided without charge. IUDs were reportedly introduced in an irresponsible manner 20 years ago, resulting in widespread fear of this method. Behbud staff are making special efforts to overcome this legacy and believe they are having some success.

Recognizing that IEC is essential to educate and motivate acceptors, Behbud has developed a wide array of IEC materials. There are films, posters, handouts, and guides for motivators' use in counseling sessions. Some have been designed specifically for men. UNICEF (United Nations Children's Fund) has provided a VCR. To reinforce a feeling of community among satisfied clients, Behbud invites them periodically to meetings and urges them to bring their friends and neighbors as potential clients. Tea is served.

Although the CEDPA/POP project provided no funds for MCH equipment and medicines, Behbud was able to obtain donations from other agencies, such as UNICEF and CIDA, to provide these services.

While the project has met only 26 percent of its annual new acceptor objective after 10 months of work, the current use rate has reached 81.6 percent, well above the objective of 75 percent. Cost per acceptor is an acceptable \$11.00, and should actually go down as more clients are recruited in project areas.

Conclusions

The Behbud Association has made good use of community resources in extending MCH/family planning services in outlying areas of Islamabad and has incorporated the CEDPA/POP project into its regular operations. Its chances of continuing after CEDPA/POP funding ends therefore appear to be good. There is also a multiplier effect from the CEDPA training received by the project director because she is the manager of all three programs that Behbud conducts.

Recommendations

While the IEC materials are numerous, Behbud may wish to vary the messages for more specific target groups, particularly the handouts that are left at the homes for women of varying age groups.

Progress in this project after a delay during start-up activities is promising and should be supported and studied for possible replication in other rural areas of Pakistan.

Pakistan-02
All Pakistan Women's Association (APWA)

Findings

Although family planning was introduced in Pakistan in the 1950s, it is still an extremely sensitive subject in this Moslem country. No consistent or organized effort has been made to educate the population or to provide services. About 60 percent of the population has no access to health services, and the government is said to lack sufficient funds to begin establishing clinics. Of the health care that does exist for the other 40 percent, 85 percent comes from private practitioners.

Many NGOs are working in the country to fill the gap, but not much overall direction or management seems to exist to assure uniformity or basic standards of service. The project director was able on her own to identify four slum areas in need of MCH/family planning services, and, with CEDPA/POP assistance, was able to find the resources to establish the clinics in those areas.

Four slum areas of Karachi were chosen by the All Pakistan Women's Association (APWA) as sites for small neighborhood clinics to deliver family planning services to the surrounding community. Each clinic is staffed with a Lady Health Visitor (LHV) and two motivators who visit women in their homes in an effort to recruit family planning acceptors. A physician supervises all four clinics and monitors the work of the staff. The days she is expected at each clinic are well known in the communities and clinic attendance increases. Sick children are brought for her attention because there are no MCH services in the area.

Four clean, attractive, well-kept, and well-supplied clinics have been established and are now running smoothly after earlier problems with finding sites and staff. One clinic has a water tap, but water must be purchased for the other three. Record-keeping is maintained at a good level by the LHVs because of constant prodding from the physician. Total new acceptors at the clinics as of March 31, 1989, was 626; of these, current users were 396, with a current use rate of 63 percent. At the end of the third quarter the clinics still had 78 percent of their target unmet for the first year. They may be able to reduce it to 50 percent at the end of the fourth quarter. CEDPA/POP records on acceptors need to be reconciled for this project. The reports, "Summary of New Users" and "Summary of Quarterly Clients," differ by a total of 98.

Out of a possible 48 clinic-month total since the first year, the subproject has operated during 37 clinic-months, or 77 percent of the total. The financial expenditures at the end of May totalled RS 434,483.61, or 79.5 percent of the 831,707 on record as having been received. Financial records appear to be in impeccable condition and an accountant is employed full-time.

Contraceptives are stocked for a two-month period and resupply has been reliable. The government provided the original order without charge. The clinics sell the contraceptives for a fee established by the government, and pay that amount when reordering new stocks. The only items not yet received for the clinics are the weighing scales, which will be supplied by CEDPA/POP through FPIA (Family Planning International Assistance).

There are many opportunities at the clinics to present educational sessions on health and family planning. This effort, however, is hampered by a lack of IEC materials, and clinic staff rely mostly on interpersonal communication to educate clients.

Both the subproject director and the coordinator are convinced that family planning cannot be offered successfully without these companion services. Most women are not willing to advertise the fact that they are using family planning methods by being seen going to a clinic that offers only family planning services. One woman, who did come with her husband's agreement, was threatened by her mother-in-law

with exile to her rural village if she continued. Another woman comes without the consent of her husband under the ruse of getting medicine for her children. Consequently, the project directors must search for resources to introduce other services to make attendance at the clinics more acceptable. The project director hopes to expand the MCH services through a donation from a wealthy Pakistani and to introduce income-generating activities through other sources.

The APWA runs (with its own resources) two other clinics in Karachi that provide integrated services. The project director will supply a comparison analysis of cost-per-acceptor of these clinics with the CEDPA/POP clinics, where she is almost certain the cost will be higher. Although CEDPA/POP provided no cost-per-acceptor figures for this project, the amount, based only on CEDPA/POP disbursements so far, would be \$80.00.

Conclusions

These four fledgling clinics have the opportunity to provide optimal and lasting services in communities that can only be described as bleak and grim. While the clinics have not caught on as quickly as expected, there are valid reasons for this, not least of which is the extreme sensitivity toward family planning in a society where a woman hardly dares show herself on the street unaccompanied, much less make a solitary decision on something as important to the family as the number of children.

Problems with hiring women courageous enough to work in a family planning clinic also hampered a timely start-up; one clinic opened only last December. For example, one motivator was pelted with stones but was willing to continue her work.

The project director has been tireless in trying to overcome the many obstacles that have arisen and continues her search for ways to make the clinics more acceptable in the communities. The training of the staff has been excellent, which explains the spotless state of the clinics and the collegiality among staff. The motivators do need handout material to leave at the homes they visit and to make a more lasting impact. Since APWA is reputedly one of the wealthiest NGOs in Pakistan, it seems odd that more of its resources have not been used to support these family planning clinics.

Recommendations

Because these clinics have just begun to have an impact in their communities, it is impossible at this point to predict their continuing viability. They fill such an obvious need that they are certainly worth supporting for the foreseeable future. It is doubtful that there will be any Pakistani resources sufficient to support them in the near term. Their success will depend on their ability to attract clients by offering integrated services. CEDPA/POP should follow and assist these efforts on a continuing basis, while assuring that the family planning services do not falter for lack of emphasis or attention.

To improve the impact of the motivators' home visits, the project director has agreed to look into the possibility of making use of some of the good posters already available from other sources and reducing them to pamphlet size. She should also visit the CEDPA/POP project in Rawalpindi to view its materials and adapt or borrow those that are appropriate for Karachi.

Pakistan-03
Pakistan Voluntary Health and Nutrition Association
(PVHNA)

Findings

A major source of support in local communities for families in need are the approximately 500 Family Welfare Centers operated by members of the NGO Coordinating Council (NGOCC). This council is a consortium of NGOs that banded together to avoid overlapping services and to provide standardized care. About 1,500 staff, of which 400 are top level, supervise and work in these centers providing integrated services, including family planning. About 30 centers also provide community-based distribution services.

To improve the management skills of the staff of the Family Welfare Centers, CEDPA/POP agreed to provide funds over three years to the Pakistan Voluntary Health and Nutrition Association (PVHNA) to run nine three-week workshops, based on the CEDPA training model, for both top- and mid-level management staff, with a one-week refresher course following each workshop for both levels within six months. There are 20 to 30 participants in each session.

The training workshops are well planned and a wide variety of appropriate topics are covered. The participants are well represented geographically and evaluation results indicate that they are enthusiastic about what they have learned. Financial reporting is accurate and record keeping is impeccable.

A thorny problem in the selection process of the participants is the small number nominated who are not qualified. Turning them down usually brings very vocal protest. The workshop director also strives to keep the number of men participating to five or seven in order to avoid their intimidation of the women. This tactic works well, as was seen during a lively session on problem solving which produced a remarkable ease of communication among the group.

The project director believes it is too early to tell whether staff turnover would be troublesome to the success of the project. Trainees are charged RS. 200 for a three-week workshop and RS. 75 for the refresher course. The real cost of the three-week workshop is reported to be RS. 3,000 per participant.

Conclusions

The management training workshops are obviously filling a great need and are off to a good start. Since the current funding agreement with CEDPA/POP will reach only 18 percent of the total staff, it is obvious that other sources of funding will be needed to continue. PVHNA recognizes this need and has already started the search for funds.

Recommendations

With its extensive contacts with the NGO community in Pakistan, USAID/Pakistan is in a critical position to assist PVHNA in finding the resources needed to continue the workshops.

USAID/Pakistan and/or CEDPA/POP should also assist PVHNA in evaluating the end product of this project, i.e., improvement in Family Welfare Center operations, particularly in determining the levels of family planning acceptance.

Some clarification of costs should be requested of PVHNA. The reported cost-per-participant of RS. 3,000 works out to be \$140 at the exchange rate of RS. 21.50 per U.S. dollar.

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If 180 are trained over three years at the A.I.D.-approved amount of \$147,858, the amount per participant would be approximately \$820, a rather large difference.

Pakistan-04
Population Communications Association
(PCA)

Findings

This project was designed to provide nationwide broadcasts on radio and television on family planning themes. About 25 percent of the population has access to television, although in urban areas the estimate is 65 percent, but about 100 percent listen to the radio. Many top-level artists in the film and music worlds of Pakistan are participating in the production of eight skits of 30 seconds and one of 60 seconds for television (rather than the five mentioned in the subproject profile), plus four 30-second and one 60-second jingles for radio. These productions are expected to be completed and ready for airtime by November.

At the time of the evaluation visit, neither the subproject manager, a CEDPA alumna and popular actress, nor the producer were available for interviews. The subproject director had only file information available, which included nothing substantive. The director explained that the project is a breakthrough because communications of an educational nature have always been the purview of the government. Airtime is not free in Pakistan, even the government must pay. Because of the public interest nature of the broadcasts, however, a discount of up to 60 percent is available. The latest subproject budget figures include RS one million for airtime and RS 800,000 for production costs.

Plans for testing the productions call for presentations to groups at Family Welfare Centers. One jingle has been completed and provides advice on limiting family size. Other productions will reportedly discuss economic and social issues, including family stress and health issues. It has not been specified who the population and family planning advisors are who will shape message content.

Conclusions

While the production of the broadcasts appears to be in capable, professional hands, the message content itself may need advice from experienced family planners to review scripts before they are put into actual production. For example, when the two-child family, proposed in the one completed jingle, was discussed with experienced family planning professionals in Karachi, they were unanimous in agreeing that such an approach is unrealistic. At this stage in Pakistan's family planning experience, as total fertility hovers around eight, a three-child family would seem to be more easily acceptable to the general public.

Recommendations

PCA should seriously consider recruiting professional family planners to advise on and review the scripts for message content and target audiences. Two excellent possibilities would be the director of the Pakistan-02 (APWA) subproject, and the physician who supervises the four family planning clinics in this project.

Every effort should be made to expand the television audience beyond those who have access to private sets. Two possibilities include converting television film to movie screen capability for showing in movie theaters around the country. Television sets in villages for group viewing should also be made available. In addition, there is also an excellent full-length drama on stress associated with large families with scarce resources made for Somali Television with USAID assistance. A.I.D. may be willing to provide a copy translated into the Pakistani language for dissemination in Pakistan.

Since those most closely involved in the project were not available at the time of the evaluation visit, a special report should be requested to provide information on the issues raised above, i.e.,

message content, target audiences and script advisors and reviewers. It may be advisable to devote as much as one-third of the messages to youths, engaged and newly-married couples. Certainly several should be directed to the male population.

For the final evaluation, there should be a better way to judge the project's success than tabulating letters received in response to the production. There is one suggestion that the directors and staff of the Family Welfare Centers (see Pak-03) could be provided with questionnaires to interview clients who hear and see the aired family planning spots on radio and television.

India-01
Gujarat State Crime Prevention Trust

Findings

The Gujarat State Crime Prevention Trust, which is administering this particular CEDPA/POP project, has had long experience in community development work. The Trust was started in 1979 and provides counseling and educational sessions to all age groups, as well as training for MCH workers who provide services in 261 centers throughout the state. In two urban districts of Ahmedabad, the Trust has trained its field workers to provide family planning information, education and services.

To educate women on the benefits of family planning, a total of eight field workers (phased in gradually over the life of the project) make door-to-door visits, supplemented by community educational efforts that include songs, skits, puppet shows, etc. These educational sessions are easily accessible to everyone in the community and are widely attended by all age groups and both sexes. The field workers also distribute contraceptives, including pills for which they use the standard checklist to determine contra-indications.

The field workers are supervised by a medical doctor who in principle gives 20 percent of her time to project activities, but who in reality spends at least two-thirds of her time for this purpose. The project director and her colleagues are extremely pleased with the progress the project is making and attribute much of its success to the reliable and conscientious staff they have been able to assemble. There has been essentially no staff turnover.

The IEC materials the Trust has created and assembled for use in the project are imaginative and varied. The puppets are particularly charming, and one show held the undivided attention of its audience of approximately 40 people, among them many men, for 20 to 25 minutes. While there was a great variety of IEC materials, there was not sufficient effort to devise specific messages for specific target groups, a situation easily remedied as more information about acceptors becomes available.

The management aspects of this project deserve high marks. Record keeping and reporting are timely and accurate. Supervision is effective and contraceptive supply, provided free from the state government, is reliable although there are no foams or injectibles. Financial records are well kept. When asked why they thought family planning is so well received in the communities in which they are working, project managers responded that their approach based on health benefits to maternal/child health was a key element without which they would make no headway. The fact that 64 percent of users choose the pill suggests that spacing is a main concern for the sake of maternal/child health.

Conclusions

This project is well conceived, managed, and executed and seems to be well on its way to overachieving its targets. The first year target of 2,100 was nine percent too low because the Trust was able to recruit 2,305 new acceptors. The project then registered a 35 percent increase over the next quarter, and again a 15 percent increase after one month into the sixth quarter. The average cost per new acceptor is \$5.75, indicating a high cost-benefit ratio. The high current use rate averaging over 95 percent suggests that informed consent is a well-established routine that results in a high degree of client satisfaction. Parity levels of acceptors are not high in this project, ranging from a low of 2.4 for the IUD to 3.9 for female sterilization.

Recommendations

Analysis of parity levels and trends would help determine characteristics of acceptors. The Trust should have this information in order to make program decisions and design IEC messages targeted

to specific age groups. Special efforts may also be needed to reach youths and engaged couples to introduce them to the need for contraceptive usage.

Since medical supervision is readily available, it might be appropriate to add injectibles to contraceptive supplies. Foaming tablets should also be considered for distribution.

Since the Trust also has a large program in rural areas, it should be considered as a likely candidate for extending family planning services outside urban and peri-urban areas. CEDPA/POP and A.I.D. should explore this possibility for the next funding phase.

India-02
Self-Employed Women's Association (SEWA)

Findings

The environment in which SEWA conducts the CEDPA/POP project is perhaps among the most difficult in the world. Women in the rural areas of Gujarat State associate large numbers of children with high status and have been among the least willing to avail themselves of family planning methods. The crude birth rate (CBR) is 34.3. The infant mortality rate is also high at 124 per 1,000 -- a figure that implies that one quarter of infants born alive fail to reach their fifth birthday.

In this setting SEWA proposes to educate women on the health benefits of child spacing, assist them to obtain services, and follow up with acceptors to assure satisfaction. Although lacking in experience in provision of health services, SEWA was awarded the CEDPA/POP grant because of its high standing among feminists and extensive contacts in the two areas proposed for project activities.

The basic project document states in detail the plans and the training required for project activities but no supporting documentation of SEWA's activities in the two project areas outside Ahmedabad were provided. Conversations with field staff suggest that the two areas are as new to SEWA as they are to the CEDPA/POP project. Furthermore, no description is available to document that health services are sufficiently available to support CEDPA/POP family planning activities. Their availability and reliability need to be investigated.

SEWA itself has had considerable difficulty implementing this project. The baseline survey could not be completed for reasons that have not been fully explained. The subproject manager has not been able to supervise record keeping and reporting and in fact does not appear to understand the need for these two activities. Financial records, however, are well kept and there have been few if any problems keeping track of funds.

The education session visited was held for illiterate village women in a large lecture hall in a regional health center. The male lecturer showed slides with graphs and figures, and reproductive organs designated in English. He wrote on the blackboard. There was a low buzz of conversation in the background. There were no IEC materials available. It would be surprising if there were any new converts to family planning as a result of that session. According to the subproject profile, 4,392 women have attended such sessions during year 1 of the project. By the end of the fifth quarter, the project had recruited 496 users or 11.3 percent of attendees.

Conclusions and Recommendations

Because of SEWA's lack of experience in the health field and apparent competing priorities to this project, it has fallen far short of project goals. By the end of the fifth quarter nearly half-way through the project, only nine percent of the target of 5,400 contraceptors was achieved. On the basis of CEDPA/POP disbursements so far cost per acceptor is over \$57.

Considering its inability to launch, halfway through the life of the project, effective IEC activities, SEWA does not seem to have much prospect of achieving any appreciable impact on family planning acceptance in the two rural areas of Gujarat State for which they are responsible. Furthermore, despite repeated suggestions to do so, SEWA has not been willing to associate itself with a project that is well on its way to demonstrating effective methods of reaching poor, illiterate women with family planning services (see IND-01 Gujarat State Crime Prevention Trust). Under these circumstances, it does not seem worthwhile to continue funding this project.

**India-03
PRERANA**

Findings

PRERANA started out about 15 years ago doing volunteer community work in villages where few if any community services were available. With the introduction of CEDPA/POP funding, it was able to expand the number of villages served in one area south of Delhi from three to seven, and add a family planning component.

The basic element in all PRERANA projects is community participation. Community acceptance of its activities is high. In five of the villages the community provided without charge space for PRERANA centers and two of them charge only RS 100 for each.

While acceptance of family planning methods by the eligible population is the ultimate goal in the seven villages, the motivation toward that goal takes many forms. PRERANA acts as a catalyst in bringing many community services into these villages, thus gaining an increased confidence in PRERANA's ultimate objective. For health education purposes, there are street plays, film and video shows, exhibitions that go on for several days, vaccination camps, etc. To improve income levels there are skill development classes that include food preservation, chalk marketing, book-binding, and training in TV repair and electrical circuitry.

Because the health needs of the villagers are unattended, PRERANA tries to provide for these as well. Nearby is one government dispensary, with no full-time staff (although one auxiliary nurse midwife is, in principle, on duty full-time) to cover a population of 50,000. Despite this lack of general health services, PRERANA is so well regarded in the community that family planning seems nevertheless to have caught on rapidly, once project operations started.

In the past, sterilization has been the method that has been emphasized in India, and many abuses have been associated with it. PRERANA has instead pursued a strategy of providing information and education on the benefits of child spacing. They attribute the low parity of family planning acceptors in their program to this approach.

Another innovation in the PRERANA project is the distribution of oral contraceptives by non-medical personnel. In fact, PRERANA's board of directors did not approve pill distribution until after project operations were into the second quarter. Now pills are the second most popular method, and for new acceptors this method is roughly one and a half times more popular than the next two methods, IUD and female sterilization, combined.

To distribute the contraceptives, which are free to acceptors in each village, PRERANA employs a female community family planning worker (CFPW) who daily visits households to educate the women, and to follow up with acceptors. For those choosing the IUD, a group of women is collected and transported to an FPIA center about 30 km. away, by-passing the government dispensary because of its unreliable services. FPIA also supplies the other contraceptives and has been found to be a reliable source. To assure availability of contraceptives on a 24-hour basis, a local woman receives an honorarium to provide these on demand.

To say that PRERANA broke new ground in introducing family planning in the communities would not be accurate, because the baseline survey conducted during the pre-implementation phase of the subproject revealed a 36 percent prevalence rate already present in the villages. Even among the 15 to 19 age group, it was 31 percent. Such a level suggests that a fairly high degree of receptivity already existed before the project started. A recent mini-survey of 105 respondents conducted found that

already existed before the project started. A recent mini-survey of 105 respondents conducted found that prevalence rates may have climbed as high as 56 percent. Such an increase suggests that PRERANA has capitalized on an extremely receptive pool of acceptors.

Staffing has been a problem because of the low wages offered to the CFPWs. As soon as they are trained and experienced, better wage offers come in which they find impossible to refuse. That these workers are, however, effective in their work would appear to be confirmed by the high prevalence rate achieved. They appear to understand and make good use of the wide variety of IEC materials available to them. Record keeping presents no problems to them and a rich fund of data are available for study.

The CFPWs from the seven villages meet once each month for a full day of refresher training, and once a year for five days to talk over mutual problems and to evaluate their activities under the guidance of PRERANA staff. PRERANA staff also visit each village once a week to review records and maintain supplies.

Conclusions

While the PRERANA project is well conceived and well managed, more attention needs to be given to the information gained from field data. A recent survey has already established that most acceptors do not participate in the other activities provided at the centers, e.g. skills development for income generating activities. The data tend to indicate that young mothers are unable to leave their small children to go to the centers for training. So far PRERANA has not had a chance to investigate the possibility of setting up creches for youngsters but has included that on its agenda.

Other information available demonstrates the success of PRERANA'S family planning activities. Cost-per-acceptor is pegged at \$11.00; parity of acceptors ranges from 2.3 for pills to 4 for female sterilization; and current use rates, even for condoms (the method of choice for 66 percent of new and continuing users), repeatedly register over 90 percent.

Recommendations

As noted above, PRERANA had already been active in three villages for many months before the CEDPA/POP population component was added. What needs to be established from the baseline survey is whether or not PRERANA made a difference in the prevalence rates in these three villages before adding population activities, compared with the four villages where they were not active, i.e., were prevalence rates higher in the former at the time of the baseline survey. In addition, a comparison of the two sets of villages after the introduction of family activities should be done to assess the impact and the effectiveness of PRERANA activities, i.e. was there more of an leap in acceptors in the four villages without pre-project activities than in the three villages where PRERANA had already intervened.

With prevalence rates possibly nearing the saturation point, PRERANA could begin exploring ways of reducing its close supervision of the seven villages in order to introduce its population project elsewhere. PRERANA already has "A Better Life" project in a number of villages where a family planning component could be added. USAID could well afford to continue supporting PRERANA in its efforts to expand its activities to new areas.

PRERANA depends upon voluntary contributions to support its non-family planning activities and so far has not enlisted the aid of professional fund-raisers to search out major donors. One of the reasons appears to be a fear of compromising its unique contribution to community development and its independence. PRERANA appears to have reached a point, however, where it should either expand or it may in the long run register only a minor impact on the family planning scene in Delhi.

Appendix K
Recommendations

Appendix K

Recommendations

Strategic Planning

1. CEDPA and CEDPA/POP should develop a multi-year strategic plan which identifies 1) CEDPA's particular strengths and place in the family planning marketplace (mission statement); 2) those countries and those activities in which CEDPA plans to concentrate; 3) key implementation activities; and 4) technical skills needed in future staff. The CEDPA/POP strategic plan should focus on extending or replicating existing approaches, but a portion of funds should be earmarked for new projects and a small portion for high-risk/high-gain activities.
2. Senior level management courses should be made available to CEDPA senior management every two years. Even senior managers could profit from time away to rethink their management styles and gain fresh insight into the governance of a growing program with the considerable potential of CEDPA. Such training seems to work best when several people attend and return with a common sense of changes to be made. Because CEDPA is a management training organization, it must be in the forefront of the field.

Project Design

3. Phase II of the CEDPA/POP project should include indicators that more accurately reflect the unique attributes of the project so that successes and problems with the approach can be monitored and lessons can be learned, which can apply to other PVOs or Cooperating Agencies. These indicators would include (but not be limited to) the process of subproject development, the impact on women (as managers, as community outreach workers, as family planning users), as well as some objective measures of institutional development such as effective management, staff skills, record keeping, budgeting, percentage of activities supported with local resources, and strategic planning.
4. CEDPA/POP should develop a check list of the attributes of various organizations and use the check list to assess the institutional capability of potential subproject collaborators. Using the items on the check list as indicators, the project should begin to develop a body of data on the types of organizations most likely to support and sustain the subprojects. This information should then be fed back into the subproject planning and review process.
5. Now that a year or more of data are available, subproject trends should be developed and analyzed in comparison with each other to determine which types of subprojects are most effective. CYP should be calculated for all projects. This would also enable the CEDPA/POP project to do better budgeting and target setting for the first year of other subprojects.

Staff Skills

6. As the CEDPA/POP project moves into a more mature stage, staff with stronger technical skills will be needed. Two additional staff positions for Phase II are recommended, one for an institutional development specialist and one for a person with strong skills in the identification, adaptation, and use of IEC materials. If other staff positions become vacant, someone with skills in small enterprise development or policy change should be considered.

Staff Turnover

7. The current internal organizational development effort should focus specifically on identifying causes of staff turnover and take steps to alleviate the problem.

Demands on Staff Time

8. Ways must be found to minimize the administrative work load on the CEDPA/POP project staff. This could include the following:
 - Reaching an agreement with S&T/POP to shorten proposals and, insofar as possible, minimize the rewriting and translation done in Washington.
 - Teaching subproject personnel to carry out and analyze their own baseline studies. Some baseline studies should be eliminated altogether.
 - Letting regional consultants prepare the complete evaluation report.

Monitoring and Evaluation

9. CEDPA should review the data analysis systems and reports of other family planning organizations in order to standardize their reporting along the lines of others in the sector.
10. CEDPA/POP staff should review with S&T/POP their current and past use of statistics to determine which are most useful and how best to present them.

Quality of Care Assessments

11. The CEDPA/POP project should conduct annual clinical reviews of quality of care in selected subprojects. Assistance should be sought from the family planning technical community in Washington in choosing the right person to serve as evaluator, in developing the statement of work, and in establishing the technical standard for the assessment. The costs for these activities should be budgeted into CEDPA's cooperative agreement.
12. Collaboration between S&T/POP and CEDPA/POP staff should be strengthened so that there is mutual agreement on the nature of the assessment and the skills needed to complete it.

Budget Management

13. CEDPA/POP should develop and share with A.I.D. more information on future budget requirements in a way that matches A.I.D.'s own budget request cycle.
14. CEDPA/POP should monitor its own expenditures and commitments against an annual budget rather than a budget based on hypothetical full funding of the Cooperative Agreement. A.I.D. and CEDPA should also review current and projected monthly burn rates.
15. A.I.D. and CEDPA should review project commitments for activities after August 1990 (the current end of the Cooperative Agreement).

Relations with Other Agencies

16. CEDPA/POP should focus on ways to provide more information to A.I.D. on the project purposes and accomplishments. Possible avenues including writing an article for A.I.D.'s journal, *Front Lines*; developing a version of CEDPA's attractive organizational pamphlet, "The CEDPA Experience: A Success Story for Women," which deals with the Population Project; developing monographs, analytic studies, and special reports for publication or distribution to A.I.D. offices and missions through, for example, the monthly mailing to all Population Officers; and presenting papers and findings at conferences and meetings.

17. CEDPA/POP should also consider additional ways of providing information to key A.I.D. offices through the circulation of routine (trip, evaluation, and the like) and special reports. A.I.D. personnel, particularly in regional bureaus, rotate on a regular basis to the field and CEDPA/POP needs to make an ongoing effort to brief these officers.

Baseline Studies

18. The need and capability to do baseline studies should be evaluated on a project-by-project basis. Where baseline studies are done, subproject managers should be taught how to design their own using more qualitative and innovative methods so that the studies are more useful in project design, especially in the design of IEC strategies. A baseline study using community women to gather information with subproject staff analyzing their own data can be a powerful and effective start-up educational tool and could be less costly than the current process.
19. More attention must be paid to the analysis of baseline studies. Reporting and comparison of survey results to national statistics must be done. Baseline studies should always be accompanied by a good narrative description of the highlights of the analysis and recommendations about program design.
20. CEDPA/POP Phase II should have a budgetary line item for repeating a sample of the baselines in the second year of subproject implementation. If baseline studies are not to be repeated, they should be dropped altogether.

Goal Setting

21. Based on information from the first year of existing subprojects, CEDPA/POP should develop more appropriate guidelines for target setting and incorporate this information into its proposal development workshops.

Service Statistics

22. CEDPA/POP may need a consultant with a strong family planning service statistical analysis background to help review its data collection system, standardize the use of technical family planning terms, and analyze project data. A system that gathers and aggregates data in ways compatible with those of other family planning organizations should be designed. The system should enable the monitoring of trends in contraceptive use by numbers of new acceptors and CYP provided, and possibly parity and age group.
23. CEDPA/POP project should carry out a study of continuing use among subprojects, looking for examples of those with high, medium and low continuing use. Factors contributing to continuation could be identified and incorporated into planning for future projects.
24. The CEDPA/POP project and A.I.D. staff need to review the current portfolio to see what conclusions can be reached at this point on client numbers and costs. In those instances where subprojects have not provided up to date client statistics, or where the numbers appear low, a decision needs to be made to determine whether changes should be made in project management or support.
25. In making decisions about which subprojects to support in the future, the CEDPA/POP project needs to look at the potential impact of the activity on contraceptive prevalence within the country. If there are reasons to believe that the activity will only reach a limited number of clients but have some other important impact (i.e., test a model of service delivery, involve institutions with the potential to reach important numbers of clients, or generate demand) this should be stated at the outset and monitored and evaluated.

IEC, Service Delivery, and Outreach

26. Technical assistance should be provided to subproject managers to improve IEC message content for specific target groups, especially for younger audiences.
27. The use of extensive follow-up needs to be reviewed and consideration given to identifying areas in which supply points could be established to sell contraceptive supplies at nominal prices.

Contraceptive Supplies

28. In those subprojects with problems in maintaining adequate contraceptive supplies, steps should be taken to resolve these as soon as possible.

Sustainability

29. Various forms of cost recovery, including fees for service, community fund raising ideas, and income generation should be reviewed during the project development workshops and project design, and stressed further during site visits and strategic planning workshops.
30. The structure of the strategic management workshops needs to be examined and they should be made slightly more directive.

Leveraging Subproject Success

31. All quarterly reports from subprojects should have a section on funds raised that quarter, their source and how they were used. In kind contributions should be estimated in dollar value.

Collaboration between Subprojects

32. CEDPA/POP should strengthen its role as a broker in helping alumni get support from other donors for family planning activities that are beyond or do not fit well with the current portfolio.
33. CEDPA/POP project staff should play a larger role in helping subprojects take advantage of available services and materials, particularly in the area of IEC activities. For example, such services are available from international organizations, through other A.I.D. and UN-funded technical programs such as UNICEF, the Enterprise Project, and most importantly, the Johns Hopkins University/Population Communication Services project.

Recommendations for a Follow-On Project

1. Continued support for an additional five years is recommended.
2. Additional subprojects should be funded.
3. In the follow-on project, CEDPA/POP should focus on a limited number countries in Asia and Africa especially those where current subprojects are successful. Additional countries should be added only if justified by the strategic plan and a clear advantage for the CEDPA approach.
4. CEDPA/POP's next proposal must have a more focused approach and a multi-year strategic plan. This should discuss CEDPA/POP's role in the family planning community, show CEDPA and CEDPA/POP's objectives in each country or region, and describe how existing and new subprojects fit in with those objectives.
5. The follow-on project should have improved administrative and management systems especially in the areas of strategic planning, budgeting, and the use of service statistics.

6. Objectives for Phase II should include institutional development, innovation, policy impact and leveraging other resources as well as increasing the availability of family planning services. Ways to monitor these objectives must be part of the design and implementation of the project.
7. In addition to supporting some subprojects, CEDPA/POP should assume a facilitator role, sending good proposals on to other donors, and negotiating collaboration with other PVOs or family planning organizations.
8. The follow-on project should have an expanded evaluation component including better collection and use of service statistics, special studies, and improved reporting of CEDPA experience.