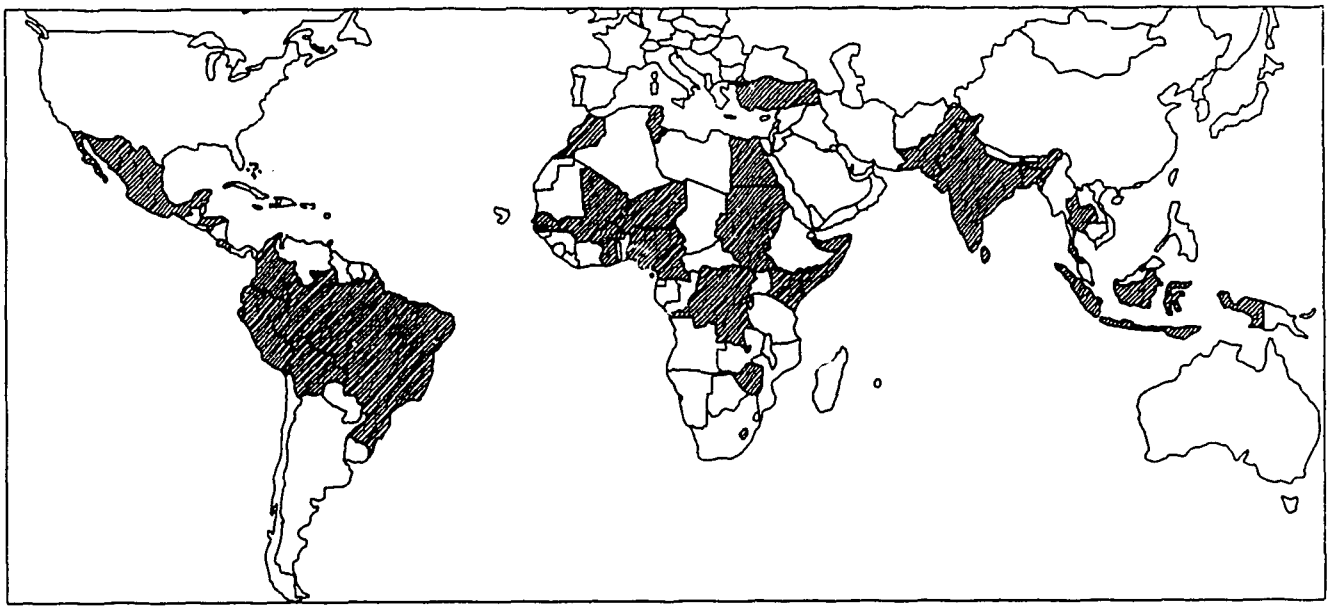
PD-ABC-344

Family Planning Management Training Project

Final Report

December 31, 1990



The FPMT Project was implemented by a consortium made up of:

Management Sciences for Health
The Centre for Development and Population Activities (CEDPA)
The Pathfinder Fund
LASPAU

MSH MANAGEMENT SCIENCES FOR HEALTH

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LIST OF ABBREVIATIONS AND ACRONYMS

A.I.D.	Agency for International Development
ABEPF	Associacao Brasileira de Entidades de Planejamento Familiar (Brazil)
ADC	Asociacion Demografica Costarricense (Costa Rica)
AIM	Asian Institute of Management
AMPPF	Association Malienne pour la Protection et la Promotion de la Famille (Mali)
ANE	Asia/Near East
ASBEF	Association Senegalaise pour le Bien-Etre Familiale
ASCI	Administrative Staff College of India
ASCON	Administrative Staff College of Nigeria
AVSC	Association for Voluntary Surgical Contraception
AZBEF	Association Zairoise pour le Bien-Etre Familiale
BEMFAM	Sociedade Civil Bem-Estar Familiar no Brasil (Brazil)
BKKBN	National Family Planning Coordinating Board of Indonesia
CAFS	Centre for African Family Studies
CDC	Centers for Disease Control
CDS	Community Development Services (Sri Lanka)
CEDPA	Centre for Development and Population Activities
CEMOPLAF	Centro Medico de Orientacion y Planificacion Familia (Ecuador)
CENACOF	Centre National de Coordination de la Formation au Developpment (Zaire)
CEPAR	Centro de Estudios de Poblacion y Paternedad Responsable (Ecuador)
CERPOD	Centre des Etudes Researche Population et Demographique
CHAK	Christian Health Association of Kenya
CIES	Centro de Investigaciones Economicas y Sociales (Bolivia)
CONAPO	National Population Council of Mexico
CORAT	Christian Organization Research Advisory Trust (Kenya)
CPAIMC	Centro de Pesquesas de Assistencia Integrada a Mulher y a Crianca (Brazil)
CPFH	Center for Population and Family Health
CPR	Contraceptive Prevalence Rate
CTO	Cognizant Technical Officer
FHI	Family Health International
FHI II	Family Health Initiatives II
FHS	Family Health Services Project (Nigeria)
FPAK	Family Planning Association of Kenya
FPMD	Family Planning Management Development Project
FPMT	Family Planning Management Training Project
FRAC	Francophone Regional Advisory Committee
GTZ	Deutsche Gesellschaft fur Technische Zusammenarbeit
INCAE	Central American Institute of Business Administration
INTRAH	Program for International Training in Health
IPPF	International Planned Parenthood Federation
IPSS	Peruvian Social Security Institute (Peru)
ITP	International Training Program
LGA	Local Government Area (Nigeria)
MCH/FP	Maternal and Child Health/Family Planning

MINASCOF	Ministry of Health and Social Affairs (Cameroon)
MIS	Management Information System
MOH	Ministry of Health
MSH	Management Sciences for Health
MYWO	Maendeleo Ya Wanawake Organization (Kenya)
NCPD	National Council for Population and Development (Kenya)
NFP	Natural Family Planning
NFPCC	National Family Planning Coordinating Committee (Lesotho)
NGO	Non-Governmental Organization
ONAPO	Office National de la Population (Rwanda)
PAID	Pan-African Institute of Development
PCS	Population Communication Services
PHC	Primary Health Care
PIA	Project Impact Assessments
PROFAMILIA (Colombia)	
PSND	Projet des Services des Naissances Desirables (Zaire)
RONCO	RONCO Consulting Corporation
SEATS	Family Planning Service Expansion and Technical Support
SLAVSC	Sri Lanka Association for Voluntary Surgical Contraception
ST/POP/IT	Science and Technology/Population/Information and Training
TA	Technical Assistance
TOT	Training of Trainers
URC	University Research Corporation
USAID	United States Agency for International Development
ZNFPC	Zimbabwe National Family Planning Council

EXECUTIVE SUMMARY

1. INTRODUCTION

The Family Planning Management Training Project (FPMT) centrally funded out of ST/POP IT provided training and technical assistance to family planning managers to achieve its goal of increasing contraceptive prevalence. The project worked to strengthen the leadership and management of population and family planning programs in developing countries by improving those elements of program management that are most critical to performance. In its work with senior and mid-level managers, the FPMT project sought to provide a broader perspective on population and its impact on development, a greater understanding of management issues, and an increased capacity to recognize and solve management problems.

To improve the management of family planning organizations, the FPMT project assisted managers and their organizations in:

- Identifying the critical management needs in family planning programs in developing countries.
- Developing and improving management capabilities among the senior and mid-level managers who were key to the success of the program or institution responsible for the provision of family planning services.
- Resolving the specific management problems that hindered effective service delivery.
- Strengthening management systems in order to promote efficient utilization of resources and long-term sustainability of services.
- Stimulating senior managers to adopt program innovations that can make their organizations more responsive to client needs.

The major accomplishments of the FPMT Project activities in the 24 countries in which the project provided technical assistance are detailed in the following pages. The highlights of these interventions are noted below:

- In Latin America, FPMT helped small private sector organizations to plan for the future, expand services, and move toward greater sustainability.

- In Africa, FPMT assisted public and private sector organizations to strengthen their management systems in the areas of human resource management, MIS, and finance.

- In Asia, FPMT enabled BKKBN of Indonesia to transfer its family planning management experience to Bangladesh, which led to the creation of new structures and systems for family planning service delivery at the community level.

- FPMT sponsored more than 100 managers to short-term management courses both in the USA and abroad and 29 managers to long-term degree programs in the USA. An additional 2,000 managers were sponsored to in-country training programs.

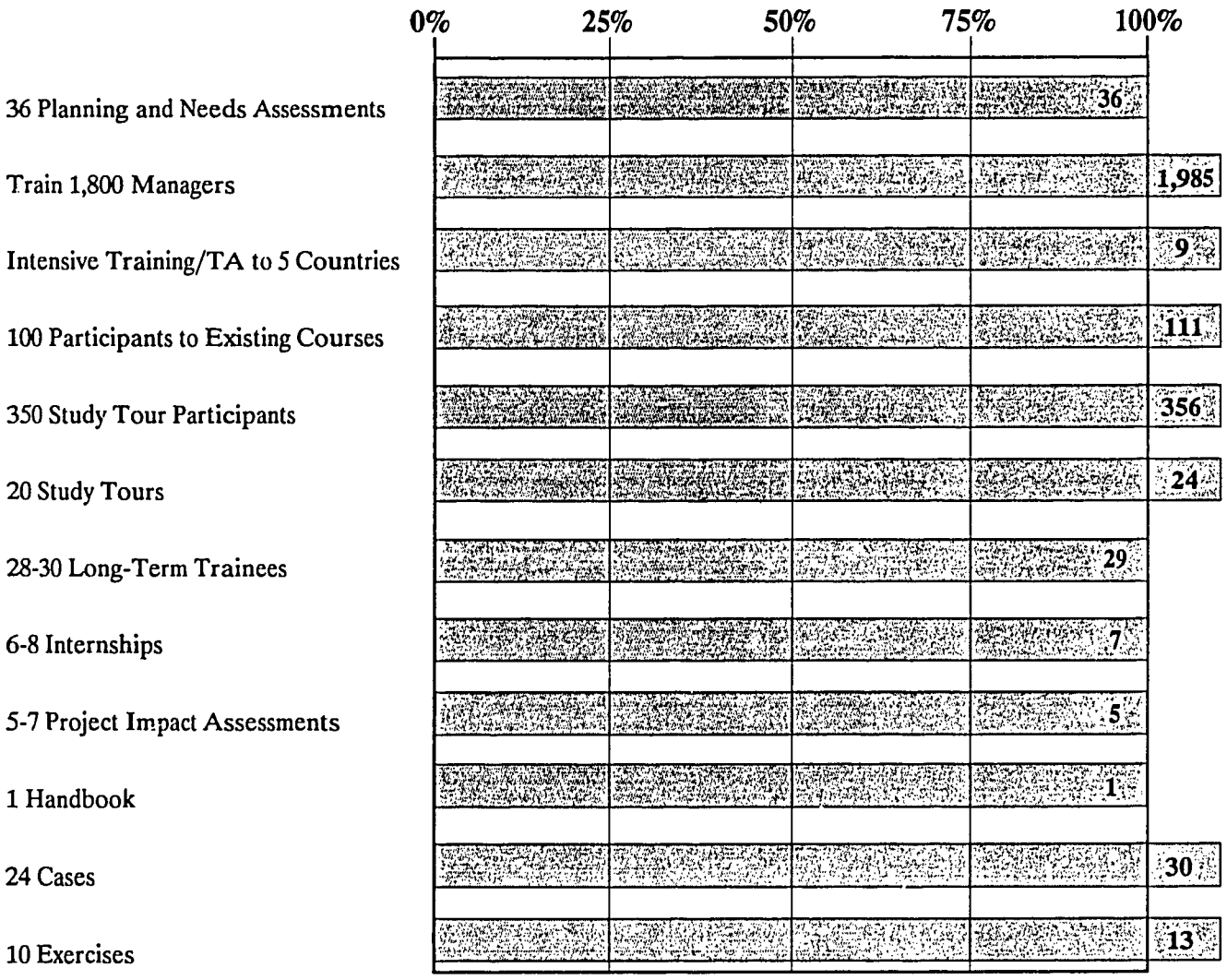
- FPMT produced and published management materials for family planning managers which will serve the needs of senior and mid-level family planning managers through the next decade and beyond.

1.1 Achievement of Contractual Requirements

The chart below shows FPMT's success in achieving its contractual requirements. As the emphasis shifted from the training of individuals to more complex organizational interventions, some of the initial indicators or numbers became less critical or appropriate, and new ones emerged. A discussion of the changes can be found in the main body of the report.

Achievement of Contractual Requirements

Through December, 1990



Number in bar = Quantity achieved

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1.2 Lessons Learned

Through its work with managers, FPMT has helped family planning organizations to define and focus their mission, and to develop organizational strategies, structures, and systems to achieve this mission. This experience has provided considerable insight into how to strengthen managerial skills and improve organizational performance. Some of the key lessons learned during the course of the FPMT project include:

- The transfer of management skills through training must be carefully tailored and coupled with technical assistance.

- Management training should be targeted at several different managerial levels within an institution to create lasting organizational change.

- Mutual respect and trust must characterize any organizational development effort.

- As an organization develops, it passes through four stages of development. At each stage, different management issues will need to be addressed in order to improve organizational performance and to enable the organization to move on to the next stage.

- Organizational problems that impede management effectiveness can be grouped into four interdependent management areas: mission, strategy, structure, and systems.

- The needs of private, nonprofit organizations differ from those in the public sector.

- Organizational development requires leadership with a well-articulated view of the future, adequate resources, and a clear, long-term commitment to change.

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2. HIGHLIGHTS OF REGIONAL ACTIVITIES

In Africa, FPMT's work concentrated on working with emerging family planning programs in the public sector. Most efforts were focused on the development and improvement of specific management systems such as supervision, management information, work planning, and finance. Examples of this kind of work are found in Kenya and Burkina Faso. In Kenya, a country where the family planning program is in the process of rapid expansion, FPMT worked with several public and private sector health and family planning organizations in a sustained and intensive effort to improve family planning services. FPMT played a central role in improving and strengthening the management capabilities of the National Council for Population and Development by assisting in the creation of an improved management information system, a financial reporting system, and a family planning database to track the activities of NGO family planning service providers. At the same time, FPMT helped to strengthen the internal management procedures and systems of several of the key family planning NGOs. In Burkina Faso, a smaller country with an emerging family planning program, FPMT assisted in the training of a critical mass of supervisors, the development of a comprehensive supervision system and the development of a training methodology and cadre of trainers to ensure the sustainability of the new supervision system for family planning. FPMT's assistance to several Francophone African countries will continue beyond the project in the form of the Francophone Regional Advisory Committee (FRAC), a network of senior health and family planning officials brought together by FPMT.

In Latin America, FPMT assisted many organizations in achieving greater sustainability by helping them expand their service markets and increase their level of self-financing. FPMT provided these organizations with training and technical assistance in strategic and financial planning, often using local consultants. As a result, these organizations are now better positioned to serve their current and future clients. For example, FPMT assistance helped a key NGO in Ecuador to expand services by 44% and increase its level of self financing by 10%.

In Asia, FPMT's focus was on the transfer of technology from more advanced family planning programs to those in an earlier stage of development. Efforts were concentrated on assisting the Indonesian National Family Planning Coordinating Board (BKKBN) in developing a greater capacity to provide international training in family planning management and in transferring this experience to Bangladesh, and to develop local approaches to privatization and financial self sufficiency in Indonesia. For example, the Upazila Initiative Project (UIP) allowed participants from Bangladesh to gain first-hand experience of the Indonesia family planning program in a series of observation study tours. Action plans were developed after each tour, and their implementation in Bangladesh was closely monitored by FPMT staff in Dhaka. A high level of energy and enthusiasm among program staff, resulting in significant increases in contraceptive prevalence in most Upazilas, is one of FPMT's most important achievements in Bangladesh. In Indonesia, FPMT has developed close ties with the International Training Program of the BKKBN, which is beginning to build a name for itself in the international (Asian) family

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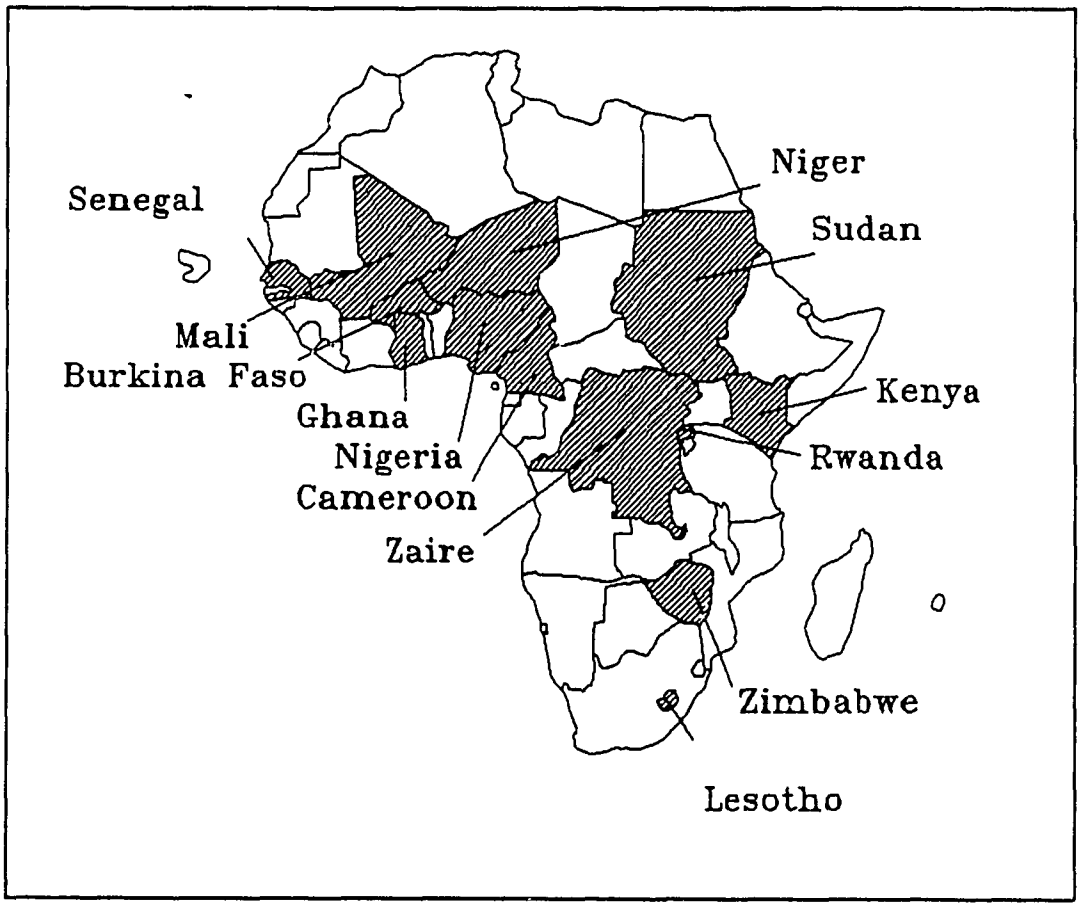
planning training arena.

In every country in which FPMT professionals worked, they helped the providers of family planning services to focus more closely on the needs of the client by stressing a project commitment to this key component of high-quality services. The following section illustrates the major development issues and accomplishments of FPMT Project interventions during the five years of the project.

2.1 Major Accomplishments in Africa

Africa Region



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Burkina Faso

- Analyzed family planning responsibilities for the national family planning program across ministries.
- Developed structure, instruments, and skills for family planning supervisors.
- Strengthened the management skills of provincial health officers.
- Sponsored short- and long-term trainees.

Cameroon

- Increased MOH and NGO interest in family planning.
- Assisted in the development of goals, objectives, and operational plans for incorporating family planning into the ongoing program of the Ministry of Social and Women's Affairs (MINASCOF).
- In collaboration with MINASCOF, FPMT designed and conducted a series of management workshops in planning and supervision for directors and staff of MINASCOF'S Women's Centers.
- Sponsored short- and long-term trainees.

Ghana

- Integrated management training into the PHC and family planning curriculum at the district level.
- Assisted the MOH in the development and implementation of a training plan for the MOH and national family planning program staff.
- Sponsored short- and long-term trainees.

Kenya

- Improved and strengthened the management capabilities of the National Council for Population and Development by developing a more effective management information system, a financial reporting system, and a family planning database which tracks the activities of all NGOs that provided family planning services in Kenya.

- Assisted the Family Planning Association of Kenya in the development of a strategic plan, in the design of a new organizational structure and new personnel systems, and in the design and implementation of financial and accounting systems.

- Assisted the Christian Hospital Association of Kenya in improving their MIS, finance, and accounting systems.

- Assisted the Maendeleo Ya Wanawake Organization in reviewing organizational roles and responsibilities and in developing a personnel and procedures manual, job descriptions, and
  procedures for recruitment and hiring of staff.

- Improved coordination between NGO and MOH maternal and child health care providers by developing and conducting a management training course for mid-level managers of child survival and family planning programs in collaboration with a Kenyan training team which was then qualified to continue this training.

- Sponsored short- and long-term trainees.

Lesotho

- Assisted in the establishment of the National Family Planning Coordinating Committee.

- Assisted in the development of structure and skills for family planning supervision and implementation of the supervision system.

- Sponsored long-term trainees.

Mali

- Sponsored short-term trainees.

Niger

- Assisted in the analysis of responsibilities for the family planning program across ministries.
- Strengthened the management skills of regional and national family planning leaders.
- Assisted national supervisory team in developing a supervisory protocol.

Nigeria

- Strengthened management and planning skills of local- and state-level family planning managers.
- Assisted in the development of five-year action plans at the state and local levels.

Rwanda

- Assisted the Office National de la Population (ONAPO) in strengthening and systematizing financial planning.
- Assisted ONAPO in strengthening its management information systems.
- Assisted ONAPO in designing a process for developing annual work plans and integrating its regional and national planning activities.
- Placed a resident advisor in management at ONAPO.
- Sponsored short-and long-term trainees.

Senegal

- Assisted PSF in improving its management information systems.
- Assisted the Projet Sante Familiale (PSF) in strengthening its financial management and service statistics systems.
- Sponsored short-term trainees.
- Improved supervision skills of regional family planning supervisors.

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Sudan

- Sponsored short- and long-term trainees.
- Sponsored a study tour of sustainable programs.

Zaire

- Assisted in the development process for preparing the annual work plans of the Projet des Services des Naissances Desirables (PSND).
- Sponsored short-term trainees.

Zimbabwe

- Strengthened financial management skills for ZNFPC financial staff.
- Developed a five-year strategy for family planning and population (through the World Bank).
- Sponsored a study tour on sustainability for ZNFPC board and staff.
- Developed a proposal for a national-level coordinating board for family planning and population.
- Sponsored short-and long-term trainees.

2.2 African Regional Activities

- Initiated the Francophone Regional Advisory Committee, which is made up of high-level family planning managers, and helped organize three regional meetings gaining committee-wide recognition of the need for family planning program decentralization and expansion of the private sector role.
- Worked with the Centre for African Family Studies (CAFS) to conduct management courses for 150 mid-level and senior family planning managers.
- Sponsored CAFS staff to short-term management training courses.

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- Assisted CAFS in the development of a training manual for Francophone middle managers course.

- Assisted the Pan-African Institute of Development (PAID) in the development of a module on family planning management for its SNEF (Health, Nutrition, and Family Education) course, and provided 20 scholarships for these courses.

- Organized a study tour for PAID management on structure, roles, and strategies for family planning training and development.

2.3 Major Accomplishments in Latin America and the Caribbean

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Bolivia

- Established a coalition of family planning service providers.
- Assisted in the development of a strategic plan for the Centro de Investigaciones Economicas y Sociales (CIES), and performed a market survey to identify means of expanding services.
- Conducted workshops for the Caja Nacional de Salud (CNS) to increase their acceptance of family planning and expand family planning services.
- Conducted a strategic planning exercise for the Unidad Sanitaria de Cochabamba, resulting in an increased commitment to family planning and the initiation of family planning services.
- Assisted in the development of a new organizational structure for Clinica Médica Cruz del Sur.

Brazil

- Assisted BEMFAM in increasing its level of clinic self-financing and moving toward greater sustainability.
- Assisted the Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF) in improving its ability to serve its affiliates, improving its financial management capacity, and developing new markets.
- Assisted the Centro de Pesquesas de Assistencia Integrada Mulher y a Crianca (CPAIMC) in developing a new strategic plan and entering new markets.

Costa Rica

- Conducted a market viability study for the establishment of a micro-computer center.

Ecuador

- Provided training to senior family planning managers of seven NGOs to improve their strategic planning and management skills.

- Assisted the Centro Medico de Orientacion y Planificacion Familia (CEMOPLAF) in expanding their services by 44%, increasing their level of self-financing by 10%, and improving the quality of their services.

- Implemented a computerized financial management system for the Centro de Estudios de Poblacion y Paternedad Responsable (CEPAR).

Haiti

- Conducted a strategic planning and work planning workshops for leaders of the Haitian Family Planning Program.

- Conducted supervision workshop for regional family planning officials.

Mexico

- Assisted the National Population Council of Mexico (CONAPO) Family Planning program to decentralize.

Peru

- Conducted several workshops for the Ministry of Health/Peruvian Social Security Institute (IPSS) trainers to develop and improve their capacity to provide training for public sector managers in Child Survival and Family Planning.

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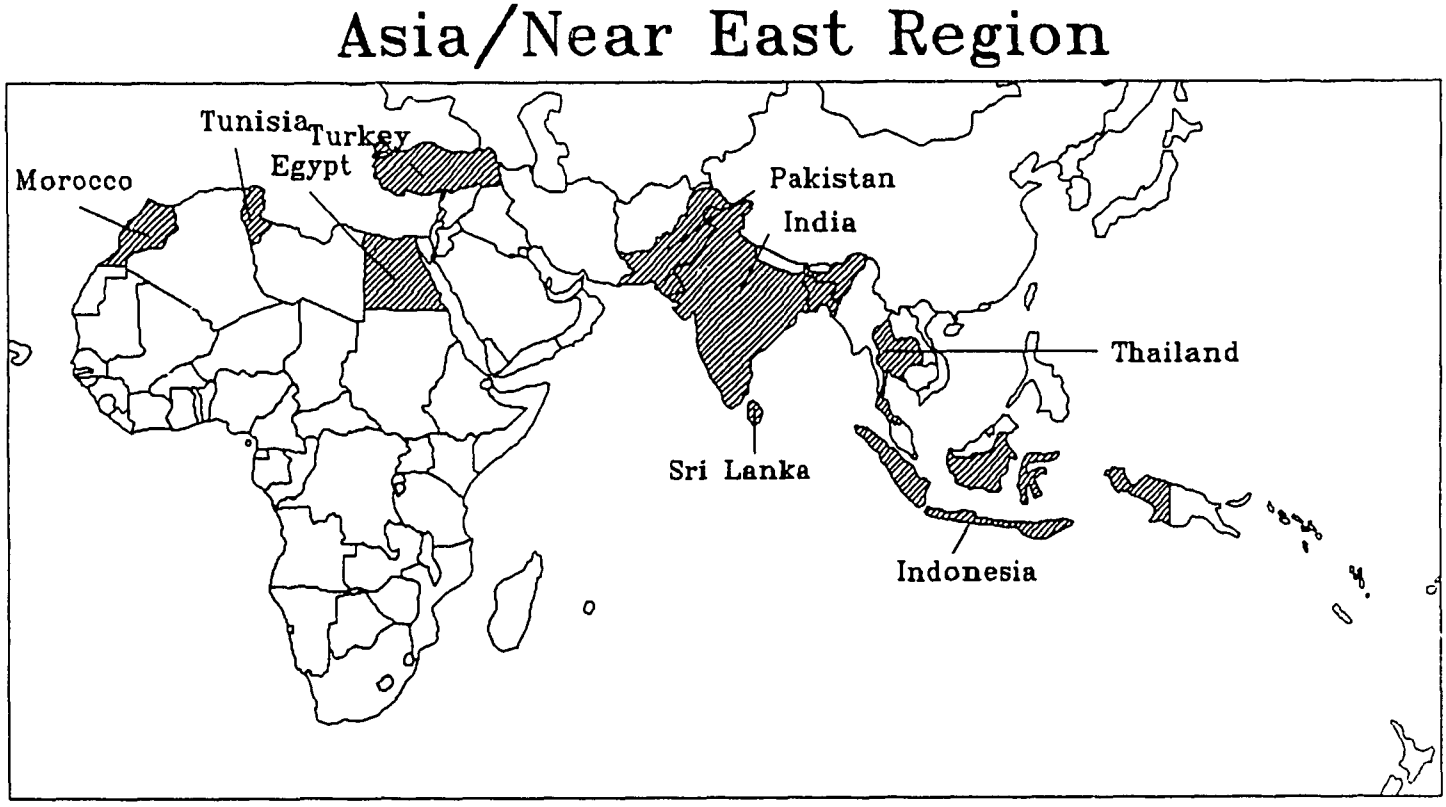
2.4 Major Accomplishments in Asia and the Near East



Bangladesh

- Created a program to transfer Indonesian management expertise in family planning to Bangladesh.
- Developed a management system which uses local management teams composed of elected officials, family planning professionals, and community leaders to plan new family planning services at the local level.
- Assisted in the development of sub-district action plans that improved the performance of locally-managed family planning programs and increased the level of local finance of family planning programs.
- Sponsored long-term trainees.

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India

- Conducted surveys of the family planning management information system in 16 states at the state level. Conducted in-depth MIS analyses in six of these states.
- Conducted workshops to identify key issues in information management and built a consensus on further actions to improve the MIS.

Indonesia

- Developed and implemented a methodology for testing different local approaches to privatization and financial self-sufficiency.
- Assisted in the implementation of a program to increase the private sector's role in family planning and move the national program toward greater sustainability.
- Assisted the International Training Program of BKKBN in expanding their course offerings and marketing their program in the Asia/Near East region.
- Sponsored short-term trainees.

Sri Lanka

- Assisted in the development of strategic plans for two major NGOs.
- Performed an analysis of four income-generating projects to assess their potential to replace revenues that might be lost through reductions in donor support.

Thailand

- Sponsored short-and long-term trainees.

3. CURRICULUM AND MATERIALS DEVELOPMENT

The experience of working in many countries, at many different levels, and in a wide variety of management areas has provided a basis for many of the training materials and publications which have been developed by the FPMT project. Geared to reflect the concerns of a wide audience of managers, these materials have been designed for and with family planning managers, and have been tested in FPMT workshops. Two major pieces of work have been recently published by the Kumarian Press. *The Family Planning Manager's Handbook: Basic Skills and Tools for Managing Family Planning Programs* is a practical source of management concepts and techniques for mid- and top-level managers. *Beyond the Clinic Walls: Case Studies in Community-Based Distribution* is a series of nine annotated cases describing the issues involved in planning, implementing, and managing a CBD program in a fictionalized African country.

Early on in the project FPMT improved the access of trainers to curriculum materials and background readings by developing a computerized annotated bibliography (INSYST) containing over 800 materials on management topics for health managers in developing countries. These materials have been used extensively by trainers to select appropriate materials for FPMT training in English, French, and Spanish.

In addition, as basic management materials are often lacking in family planning organizations of developing countries, FPMT worked actively to meet the need of organizations for current, practical management materials. FPMT compiled a small self-contained management library, called "The Family Planning Manager's Basic Bookshelf." This collection of key references on management and family planning was prepared in three different language sets (English, Spanish, and French) and sent to counterpart and client organizations throughout the world.

The table on the following page is a summary of the training materials produced by the FPMT project.

FPMT Training Materials

Management Area	Type of Material	Lang-uage
Coordination	Handbook	E
	Case	E
	Handout	E
	Exercise	E/F
Delegation	Case	E
	Role Plays	E
Evaluation	Coursebook	E
Finance	Handbook	E
	Case	E
	Coursebook	S
	Exercises	E
I, E & C	Handout	E
Logistics	Handbook	E
	Cases	E
	Exercise	E
Management	Handbook	E
	Cases	E/F
	Coursebook	E/S/F
	Exercise	E
	Handout	E
	Manual	E
	Reference	E
	Simulation	E/S/F
MIS	Handbook	E
	Cases	E/S
	Exercise	E

Management Area	Type of Material	Lang-uage
Planning	Handbook	E
	Cases	E/S
	Coursebooks	E/S/F
	Workbook	F
	Exercises	E/F
Policy	Exercises	E
Problem-Solving	Case	E
	Role Play	E
Strategic Planning	Handbook	E
	Coursebooks	S/F
	Exercise	E
Supervision	Handbook	E
	Cases	E/S
	Coursebooks	E/F
	Handout	E
	Role Play	E
	Exercise	E
Sustainability	Handbook	E
	Case	E
	Coursebook	S
Training	Handbook	E
	Case	E
Training of Trainers	Coursebooks	E/S

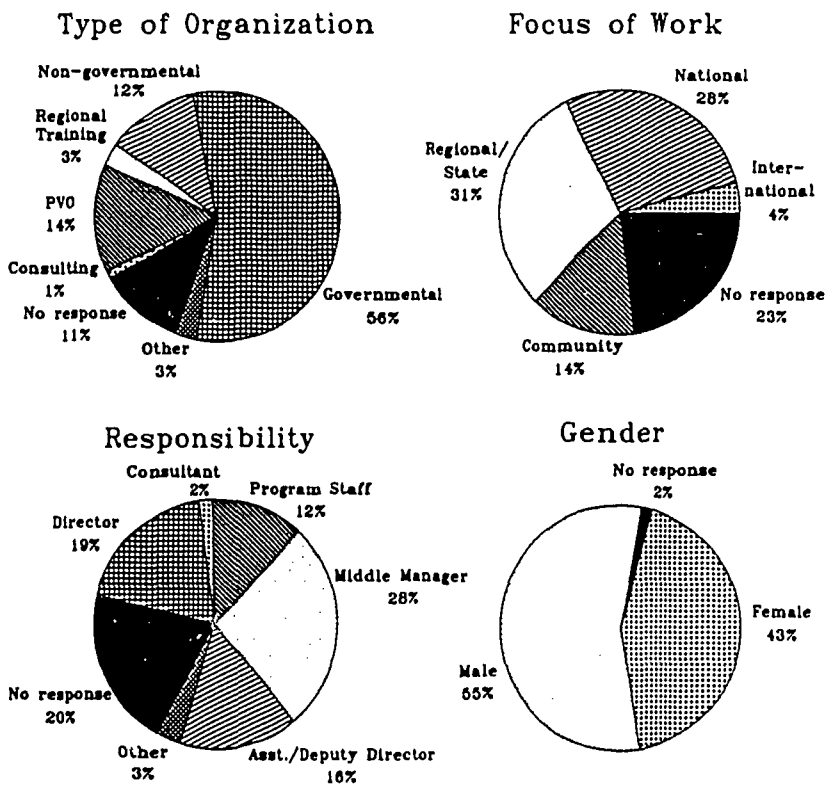
4. TRAINING

4.1 Short Term Training

Nearly 2,000 managers have been trained in general and specialized management courses and have been exposed to FPMT's management philosophy, which is one of problem-solving, teamwork, empowerment, and participation. Workshops took place in-country and usually within the context of other management development activities. One hundred and eleven participants were sponsored to various short-term management courses in the United States and at selected regional training institutes. The following charts present the profile of the participants of all FPMT workshops.

Profile of Training Participants

10/85 - 12/90



Based on available data. Total participants = 1985.

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4.2 Long-term Training

FPMT sponsored twenty-nine managers to attend degree or certificate programs in the United States. The trainees attended twelve different institutions and received graduate degrees in the following areas: public health, public administration, communications, and business. FPMT fellows were surveyed to assess how well the long-term training curriculum covered the management areas which are crucial to successful family planning program management. Eighty-nine percent of the trainees indicated that the majority of what they learned in their studies, whether presented in the context of a U.S. or developing country situation, was applicable to their jobs at home.

5. STUDY TOURS AND INTERNSHIPS

To accomplish the objectives set forth in the large Bangladesh Upazila Initiatives Project, FPMT developed and organized ten observation study tours to Indonesia. Each study tour of twenty local family planning managers, community leaders, and elected officials provided the participants with an insight into the means of successfully decentralizing a family planning program. Upon the return of the study tour participants to Bangladesh, action plans developed at the end of the tour were implemented. Because of its success, this project gained a great deal of attention, both at the highest levels in Bangladesh, and internationally.

As the Bangladesh program demonstrated, carefully designed, planned, and structured study observation tours can serve as a valuable complement to other management development activities. In addition to the Bangladesh study tour program, FPMT conducted eight separate study tours to reinforce FPMT interventions being carried out in the participants' organizations. A follow-up questionnaire, sent to participants in early 1990, elicited many enthusiastic responses and provided concrete examples of the individual and organizational benefits of exposure to new approaches and new programs.

Seven internships were completed under FPMT. Three of the four interns were FPMT fellows. Upon completion of their graduate studies, two fellows completed short internships at Management Sciences for Health (MSH) and one at The Pathfinder Fund. The four remaining internships were all completed at Management Sciences for Health.

6. EVALUATION

Several different evaluation methods were used to assess the relevance and usefulness of selected FPMT interventions. Some methods measured reactions to training using pre- and post-intervention questionnaires and elicited ideas for ways to improve workshops; some sought to determine learnings and behavioral changes through interviews carried out several months after a workshop or other intervention; and some assessed the results of an intervention by looking at the impact or effect on management actions or decisions. A qualitative case-study approach was used in Senegal and Nigeria to assess the results of multiple interventions that had taken place over several years. A shortened version of this approach was used in Rwanda, Niger, and Ecuador.

Using mailed questionnaires, special evaluations were conducted of the centrally-funded study tours, the long-term training program, and the "Basic Bookshelf" initiative. In all cases, respondents indicated that FPMT's efforts had filled a real need. Several responses cited concrete changes or activities that had been initiated as a direct result of FPMT assistance.

Two evaluations were conducted of the FPMT project itself: an MSH-commissioned internal evaluation, which took place in December 1988, and a USAID-commissioned external evaluation in Bangladesh, Brazil, and Kenya, which took place in late spring of 1989. Both evaluations commended MSH on the high quality of its management training and for its practical problem-solving rather than academic approach to management problems. The external evaluation pointed out how MSH had successfully shifted the emphasis from management training to organizational development and the strengthening of institutions.

7. COORDINATION WITH OTHER POPULATION PROJECTS

FPMT has given high priority to coordination and collaboration with other population projects, both within the USAID community and outside. In particular, strong ties were established with the International Planned Parenthood Federation (IPPF), the United Nations Fund for Population Activities (UNFPA), the German Development Agency (GTZ), the World Bank, the World Population Foundation (the Netherlands), various regional and national management and training institutions (INCAE, AIM, PAID, CAFS, BKKBN's ITP), USAID-Cooperating Agencies, the Centers for Disease Control, and several U.S. Planned Parenthood affiliates.

Through informal collegial relationships and formal collaborative arrangements with training institutions, cooperating agencies, and population donor agencies, FPMT tried to coordinate development effort and resources.

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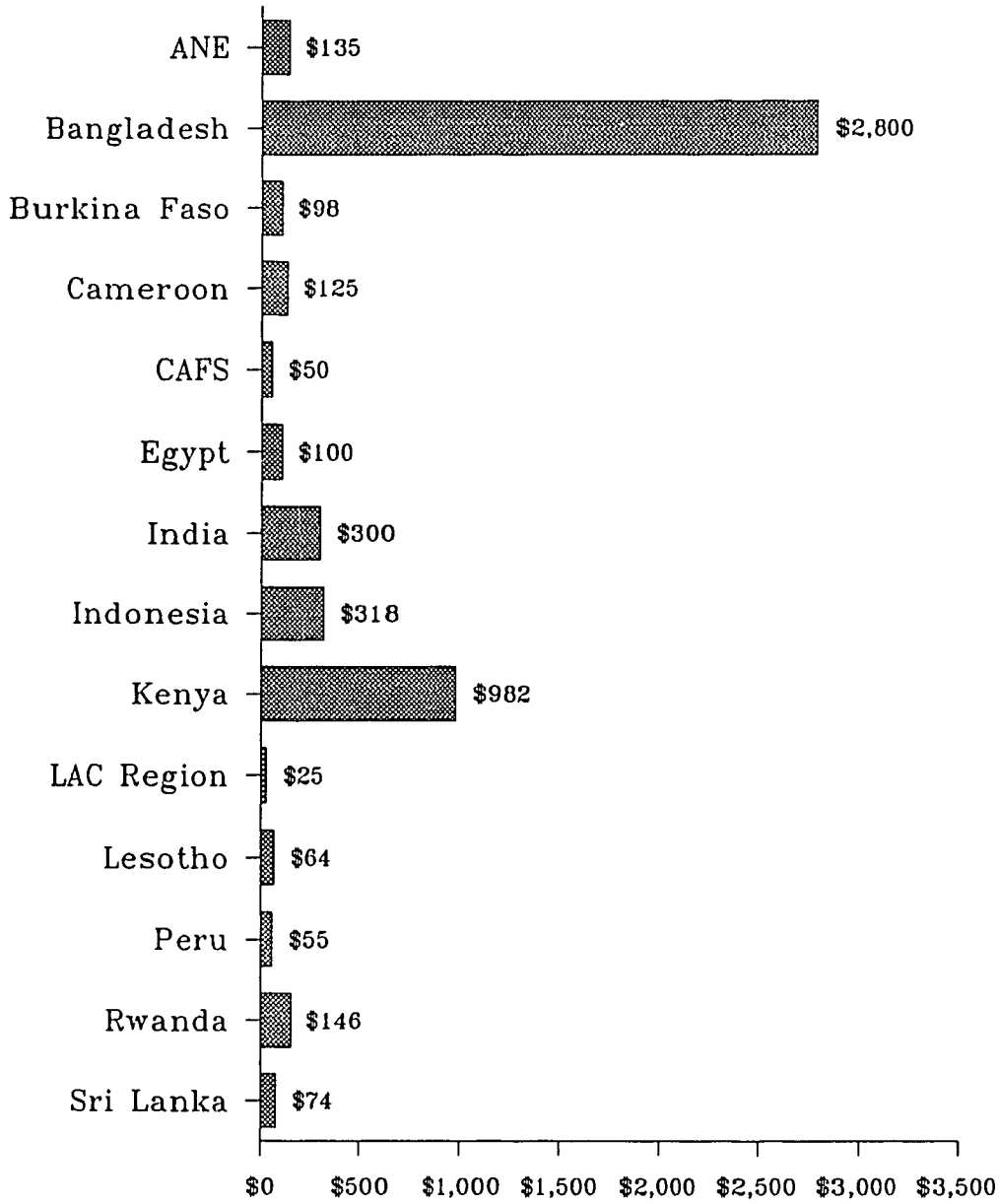
8. FPMT BUY-IN OBLIGATIONS

FPMT Buy–In Obligations
in Thousands

Buy–in target = $4,612,250 (25% contract budgeted)

Buy–in obligation = $5,274,823 (30% of total obligation)



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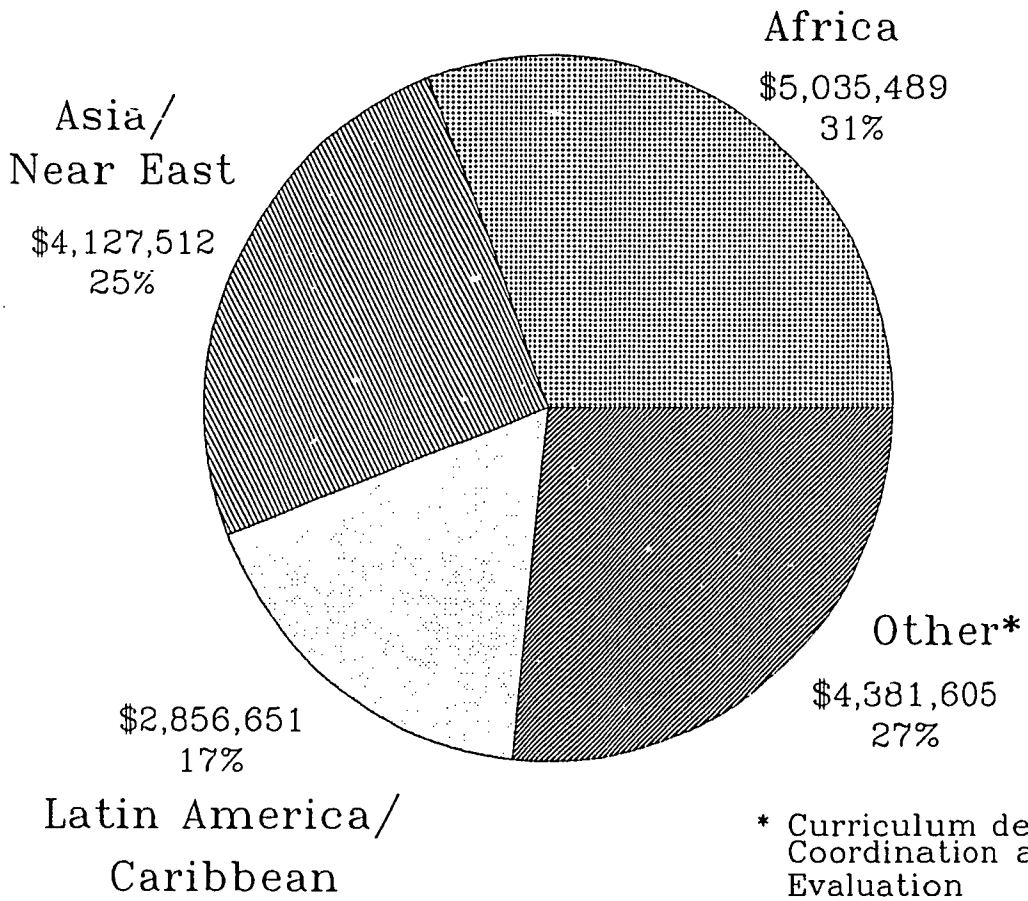
9. Total FPMT Expenditures by Region

Total FPMT Expenditures
by Region



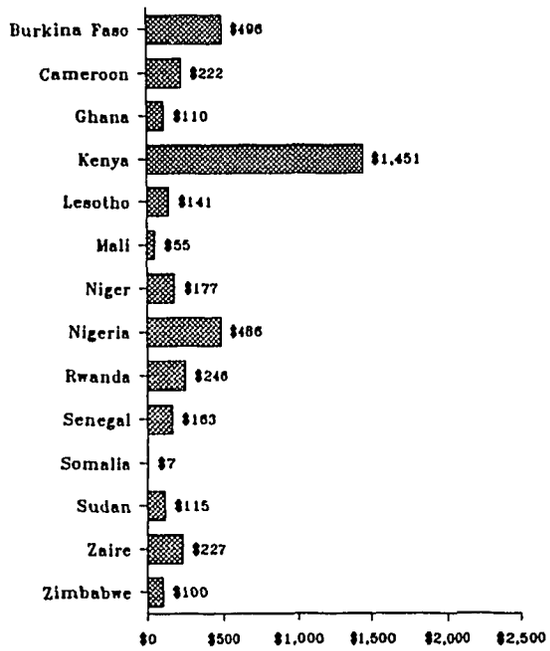
* Curriculum development
Coordination activities
Evaluation
Management handbooks
Long-term training

22

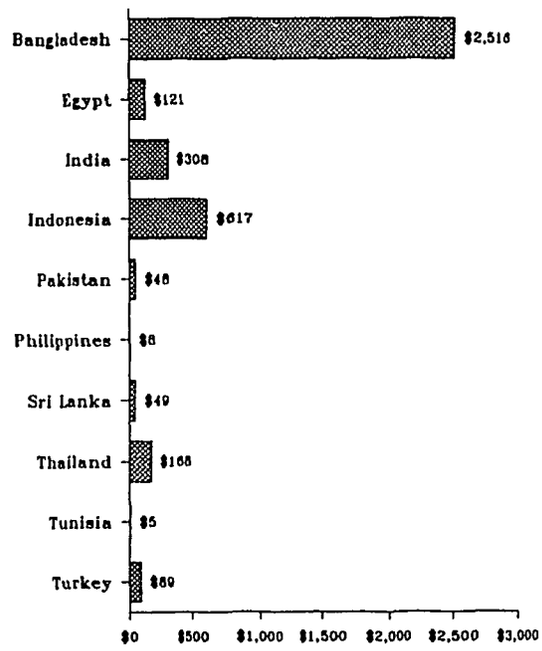
10. TOTAL FPMT EXPENDITURES BY REGION AND COUNTRY

FPMT EXPENDITURES
by Region and Country
in Thousands

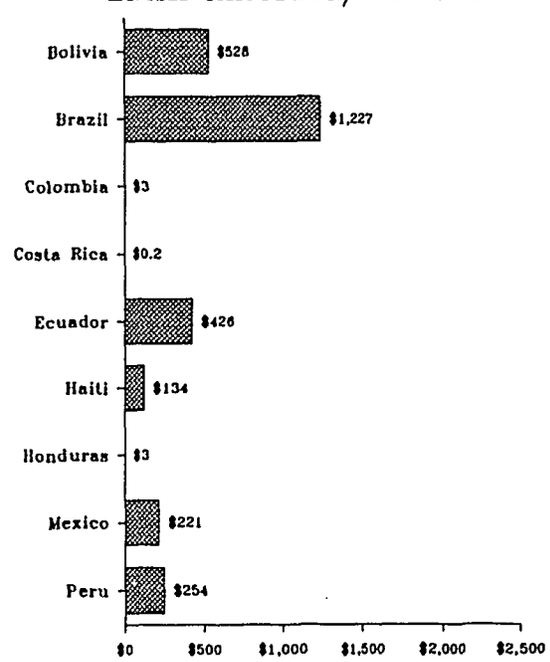
Africa



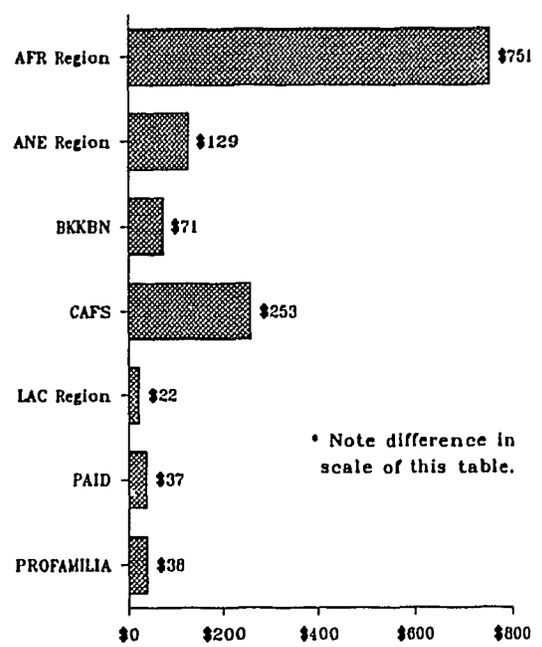
Asia/Near East



Latin America/Caribbean



Regional Training Institutions*



FPMT FINAL REPORT

1. BRIEF HISTORY OF THE PROJECT

The FPMT Project provided management training and technical assistance to family planning managers and trainers to improve the management of family planning programs in developing countries. By strengthening the leadership and management of family planning programs, FPMT worked to effect an increase in contraceptive prevalence and to improve the sustainability of family planning programs.

The FPMT Project was implemented by a consortium of organizations in the development field. Management Sciences for Health (MSH) was the prime contractor working with three U.S.-based subcontractors, The Pathfinder Fund, the Centre for Population and Development Activities (CEDPA), and the Latin American Scholarship Program of American Universities (LASPAU), and with a roster of highly-regarded and experienced consultants. Since the beginning of the project in 1985, FPMT has trained almost 2,500 family planning managers and trainers through in-country, U.S.-based, and regional courses and workshops, internships, study tours, and collaborative programs with regional training institutions throughout the developing world.

During the five years of the project, FPMT designed and conducted training workshops in more than twenty countries. These courses were given in English, French, Spanish, and Portuguese. The training and technical assistance activities undertaken by FPMT core staff and consultants have produced training materials that include: 34 cases, thirteen teaching exercises, a management simulation game, and a number of workshop manuals. To assist family planning managers, FPMT has also been active in developing such tools as the framework for stages of development, supervisory protocols, and a compendium of short- and long-term training programs. Much of the product of FPMT's training experience is contained in two handbooks that were published at the end of 1990: *The Family Planning Managers' Handbook: Basic Skills and Tools for Managing Family Planning Programs*; and *Beyond the Clinic Walls: Case Studies in Community-Based Distribution.*

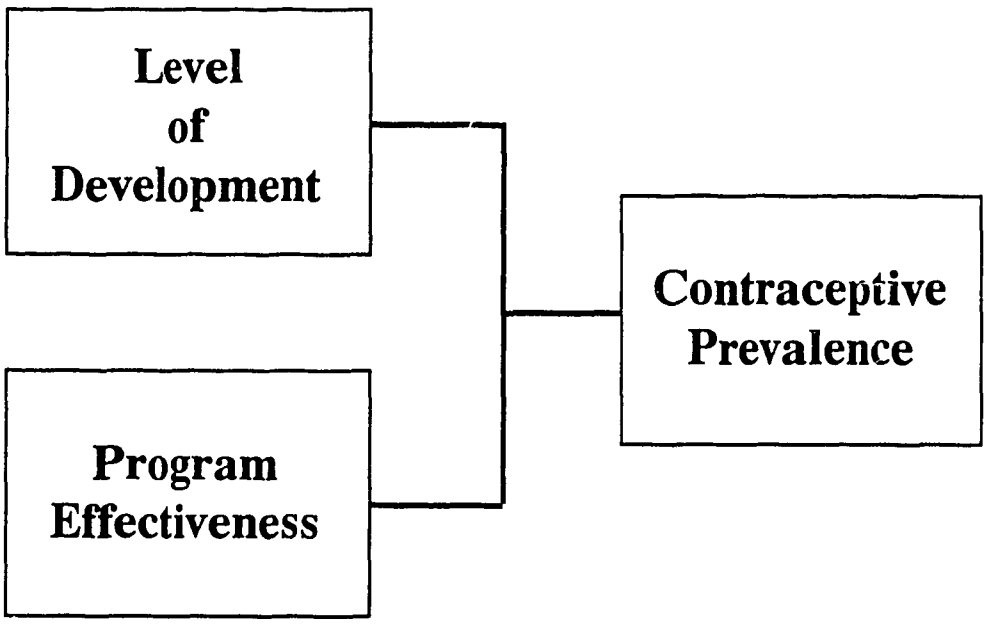
Over the years, as managers became trained and started applying newly acquired skills and management techniques, the FPMT Project evolved from a project primarily focused on training to an institutional development project. By the end of the project, it focused on such management areas as: strategic planning, work planning, organizational development, the development of management information systems (MIS), financial management, logistics management, personnel and supervision systems/human resource development and program evaluation. Project interventions included preliminary needs assessments of public- and private-sector organizations, the preparation of management development plans, the implementation of sequenced programs of technical assistance, and on-going assessments of project impact.

To monitor the project's wide range of activities, the FPMT core staff, based in Boston, was

divided into regional groups. Each staff member was responsible for overseeing project activities in countries in which they themselves had worked, and with which they were familiar. This oversight included: maintaining regular contact with USAID and collaborating institutions; reviewing progress toward the achievement of FPMT objectives; preparing scopes of work and task assignments; recruiting consultants; and reviewing and distributing trip reports. FPMT also placed several long-term resident advisors in countries where intensive project efforts were underway. By the end of the project there were two resident advisors, one in Indonesia and one in Kenya.

1.1 Project Goals and Objectives

Contraceptive prevalence is largely influenced by a country's level of development and by the effectiveness of its family planning program. Good program management is a critical aspect of program effectiveness because it influences the efficient and effective provision of family planning services and products. Good program management both coordinates and relies upon multiple program components--clinical skills, commodity supply and distribution, information, education and communication (IEC) programs, financial and human resource management, and others.



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Using applied research and experience as a guide, FPMT formulated strategies and objectives designed to achieve its major goal.

FPMT GOAL: To increase contraceptive prevalence by helping family planning program managers improve program effectiveness.

FPMT PREMISE: Contraceptive prevalence will be promoted by family planning institutions that have:

- Well-considered **MISSIONS** based on:
  - Clear Goals
  - Realistic Objectives
- Clearly defined **STRATEGIES** for carrying out their missions
- Organizational **STRUCTURES** that are congruent with these strategies
- Well-designed **MANAGEMENT SYSTEMS**
- **CLIENT-CENTERED APPROACHES** to service delivery

With these management elements in mind, FPMT framed its objectives accordingly:

FPMT OBJECTIVE: To strengthen the leadership and management of population and family planning programs in developing countries by improving the elements of program management that are most critical to success.

Specifically:

- To identify critical management needs in country programs.
- To develop the management capabilities of senior and mid-level managers who are key to the program's or institution's success.
- To resolve the specific management problems that hinder effective service delivery.

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- To strengthen management systems in order to promote the efficient utilization of resources and the long-term sustainability of services.

- To encourage and stimulate senior managers to adopt innovations that increase access to services.

To accomplish these objectives, FPMT focused its assistance on:

- Strategic planning
- Work planning
- Organizational development
- Personnel and supervision systems
- Management information systems (MIS)
- Financial management

1.2 Lessons Learned from FPMT

FPMT's experience with training and technical assistance has shown that purposeful and effective organizational development occurs when there is a long-term commitment to institutionalizing effective management practices. This can be achieved by providing integrated technical assistance, training, and support. In the five years of the FPMT Project, we have learned important lessons about organizational development and change. These lessons form the basis of our approach.

Lesson One: Organizational development must be carried out in an atmosphere of collaboration which is characterized by mutual respect and trust.

Most managers are conscious of problems that get in the way of organizational effectiveness, and many express a strong desire to solve these problems. However, external support is often required to transform intent into action, and action into change. Change is always delicate and difficult to bring about because it challenges people's sense of security. Productive collaboration is, therefore, predicated upon mutual respect and trust. Respect and trust are also preconditions for top management to take ownership of the process and institutionalize it. Our approach is therefore that of *technical collaboration* (as opposed to technical assistance) when we are dealing with an intensive organizational development effort.

The nature of technical collaboration means that outside consultants function as facilitators and catalysts, empowering the organization to chart its own course, develop its management capability, and improve its performance. For example, FPMT facilitated strategic planning exercises in Brazil, Ecuador, Kenya, Bolivia, and Bangladesh. These served as the starting point for a series of organizational changes (such as new strategic directions, structural changes, new financial and personnel procedures, changes in the management information system, etc.).

Lesson Two: Problems that impede management effectiveness relate to four interdependent management areas: mission, strategy, structure, and systems.

Managers in developing countries face an overwhelming number of management problems. In the countries in which FPMT worked, we analyzed these problems and identified those that were of critical importance. In addition to establishing the FPMT Framework for management issues at four stages of organizational development, we adapted a model developed in the private sector by Peters and Waterman (1983). This model demonstrates that problems that impede management effectiveness relate to any or all of the following four variables:

- **Mission**, which clarifies an organization's purposes and values (why are we here?)
- **Strategy**, which articulates how the mission will be accomplished (how will we get there?)
- **Structure**, which divides and organizes the work (who does what?)
- **Systems**, which are the procedures and mechanisms that help the organization plan, implement, and evaluate its performance

Lesson Three: Organizations pass through stages of development, with each stage presenting particular challenges and management issues that need to be addressed before the organization can move to the next stage.

We began to recognize patterns in the challenges faced by managers, especially top management, in organizations of various levels of sophistication. This led us to believe that organizations go through stages, and that interventions were best linked to the needs of the organization at its particular stage of development.

The following is a brief summary of key issues at each stage (see also page 32 and Annex 1):

Stage		Key Issue
I:	**Emergence**	Survival
II:	**Growth**	Service delivery and expansion of client base
III:	**Consolidation**	Efficiency and effectiveness in light of diminishing donor support
IV:	**Sustainability**	Flexibility and responsiveness to a constantly-changing environment

The framework allows us to extract from among the myriad challenges faced by managers at a particular stage those problems that are key to organizational performance. For example, a key issue for an emergent private sector organization with respect to mission is the need to define its target population and the type of services it wants to offer. In the next stage (growth), the organization needs to develop more coherent strategies and stronger management systems. In Stage III (consolidation), it needs to expand its target population and service/product mix, and explore links with the private sector. Finally, as a sustainable organization, it has to continually redefine its mission in light of changes in the environment and roles of the various sectors.

The following is a sampling of FPMT applications of the framework:

- In Burkina Faso (Stage I - Emergence), interventions were limited to systems development in the form of extensive training in basic supervision skills to support the development of a national family planning supervisory system.

- In Bangladesh (Stage II - Growth), organizational development needs and interventions revolved around the structural issue of developing effective, decentralized program management so that local family planning and government officials could be more dynamic and creative in expanding services at the community level.

- In several Latin American NGOs (Stage III - Consolidation), the crucial needs for improving management effectiveness were tied to the organization's mission, strategy, and systems. After interventions to assist in redefining their missions, organizations such as BEMFAM and ABEPF were able to develop new markets and methods for financing services and raising revenues.

Lesson Four: The needs of private, non-profit organizations differ from those of organizations in the public sector.

Since the key management issues are not necessarily the same in the public and private non-profit sector, two versions of the basic framework exist. For example, the private NGO sector in Brazil is principally concerned with defining for itself a role in the family planning program that will allow it to maximize its service to society without jeopardizing its financial solvency. This would not be the major issue for an institution in the public sector that was at the same stage of development. For example, the public-sector Indonesia program must concentrate on building strong demand for services among users who are able to pay, but are accustomed to receiving free contraceptives. It must find ways of evolving from a supply-driven to a demand-driven program, and so is shifting its better-off clients to the private sector. With FPMT assistance, BKKBN is conducting operations research to find out which services people are willing to pay for, and under what conditions. BEMFAM (Brazil) has to be able to make decisions about what segment of the population it will serve, and to develop financial strategies and systems to achieve service goals while remaining solvent. FPMT assisted BEMFAM with market segmentation strategies and the development of sophisticated financial planning and

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control systems to balance profits and service.

All organizations in the consolidation stage (public and private nonprofit) deal with two sides of the same coin: trying to share responsibilities with the other sector so that they can dedicate scarce resources to providing sustainable and high quality services to the poor and underserved. BEMFAM needs public sector support; BKKBN needs the private sector.

Lesson Five: Desired outcomes will become institutionalized only if certain selection criteria are met.

FPMT experience has demonstrated that the institutionalization of improved management practices only occurs if certain conditions are met. These criteria, which apply to any region or organization, are:

- The institution has the capacity (time and personnel) to implement the proposed management development plan.
- The leadership demonstrates a strong commitment to change by allocating the necessary political, financial, personnel, and material resources.
- The leadership is able to think through the implications of change, and understands its potential costs and benefits.
- The leadership recognizes how the intervention can contribute to improved quality of care and sustainability.
- Quality of care and sustainability are compatible with the organization's mission.

Lesson Six: The process of organizational development requires a long-term commitment.

Organizational development is a long-range effort which requires a long-range commitment. Quick fixes seldom lead to sustainable change. As we have discussed, trust is an important ingredient of successful collaboration, and building trust takes time.

A corollary of this lesson is that any clear and unambiguous effects of interventions may take a long time to be realized. Monitoring progress is therefore critical. Section 6 of this report, which is on evaluation, will discuss our approach to selecting evaluation indicators and our methodology for assessing the impact of such interventions.

In sum, we now know that family planning organizations move through stages of development, that critical management issues need to be resolved at each stage, that quality of care is a critical determinant of family planning use, that senior- and mid-level managers can be trained to

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become more effective, and, finally, that certain tools and processes have proven helpful to top-level management and volunteer boards concerned with the sustainability of their services and programs.

FPMT has found that no simple formulas or solutions can be applied across the board. Involvement in organizational development requires flexibility and responsiveness to meet the needs of the individual organization. Moreover, unless work on the truly critical issues of management development occurs, it is unlikely that a limited "systems" or even "structure" intervention will have any lasting effect. FPMT also tailors management interventions to suit different organizational dimensions, varying stages of development, and a diversity of sectoral concerns. All of these experiential lessons influenced our approach in identifying organizations for potential subprojects and in developing interventions to improve performance and ultimately impact.

1.3 FPMT Framework

Well-run and effective family planning programs are critically important to economic advancement and an improved quality of life in developing countries. Reducing the incidence of high-risk, closely-spaced pregnancies by providing women and men with access to safe and voluntary family planning services is one of the single most effective interventions in improving the health of mothers and their children. These are sobering responsibilities for organizations involved in family planning. Fortunately, our collective experience in recent years has greatly increased our knowledge and understanding of the factors that contribute to a well-run and effective family planning program. Through its work, FPMT has played an important part in this process.

To achieve its objectives, FPMT developed a framework (presented in Annex 1) which serves as the basis for its technical interventions. This framework is derived from a combination of private-sector management theory describing general organizational development and MSH's own applications and experiences in the field. The framework is made up of "developmental" components and management components.

"Developmental" Components:

The "developmental" dimension suggests that organizations go through a succession of stages, each characterized by specific key issues and subsequent managerial challenges that must be resolved before the organization can move on to the next stage. The framework helps managers to focus on the critical management issues appropriate to their organization's stage of development.

The framework identifies four stages of development and their corresponding key management issues:

STAGES OF DEVELOPMENT		KEY ISSUES
Stage I:	**Emergence of fledgling programs**	Survival. In the public sector this survival specifically depends on building constituent support--what we call "ownership"--among pivotal public, political, and bureaucratic stakeholders.
Stage II:	**Growth and expansion**	Expansion of service delivery and (in the public sector) expanding the constituent base.
Stage III:	**Maturity and consolidation**	Efficiency and effectiveness in program management and service delivery.
Stage IV:	**Sustainability**	Flexibility and responsiveness in light of a constantly changing environment.

Organizations do not necessarily move through these stages automatically; some fail, while others stagnate for years, unable to resolve key management issues at a particular stage. Likewise, other organizations might progress very quickly, especially if they can benefit from management interventions targeted to their stage of development.

Management Components:

The FPMT Framework focuses attention at each stage on four interdependent management components derived from a "systems approach" to institutional development: **mission, strategies, structure**, and **systems**. Accordingly, a well-managed organization should have:

- A well-defined **mission**, which is "owned" by all its key constituencies, is known and understood by everyone in the organization, and is translated into values and attitudes that guide all personnel in their daily work;
- Well-articulated **strategies** for accomplishing the mission;
- A clearly-defined organizational **structure** which is congruent with these strategies, and characterized by clearly defined roles and responsibilities at each level;

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- A set of management systems to help the organization monitor and evaluate its performance in implementing the strategies.

Management is effective when it accomplishes predetermined organizational objectives. The FPMT Framework presents the key issues used to set management objectives and to judge effectiveness. Objectives change and evolve as a weak and emerging organization moves along the continuum of stages necessary to become a mature and sustainable organization.

Linking management effectiveness with organizational objectives at each stage of development:

Management effectiveness for an emerging organization is demonstrated if the organization is able to address and successfully resolve the key issue of generating demand and gaining political support. This organization must have a sense of what it wants to accomplish, develop strategies to obtain support from key stakeholders (e.g. policy-makers, religious leaders, donors), clarify the roles and responsibilities of all parties involved, and have systems in place that support its strategies.

Management effectiveness at the growth-stage is demonstrated if the organization is able to expand its services without sacrificing quality of care. To do so requires an understanding of (and consensus on) the importance of reaching underserved populations, agreement on strategies to accomplish this, an organizational structure that allows for service expansion (e.g. decentralized decision-making), and management systems that support the effort.

In a **mature organization, management effectiveness** is evident if the organization is able to develop and maintain quality services despite reduced donor funding. This can be accomplished only if the organization is able to contain or recover costs, has a diversified funding base and a mechanism for quality assurance, has developed mutually advantageous links with the other sectors, and knows its clients. Sophisticated management systems are needed to support these objectives.

Management effectiveness in a sustainable organization is demonstrated when the organization is able to accomplish its objectives in the face of constant changes in the environment (e.g. political, financial) and in the context of ever-changing roles in the public and private sector.

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During the five years of the project, FPMT assisted 49 organizations at all stages of development and in all sectors to identify their particular management needs and to develop their management capabilities through training and technical assistance. Interventions focused on: clarifying missions; developing and implementing strategies; realigning structures to match strategies; and designing, developing and implementing financial management, personnel, and management information systems.

Although management is a critical factor in program or organizational success, several other factors clearly influence the potential growth and development of a family planning organization. These factors include the external environment, the nature of the family planning system, and the international donor community. It has been important to keep these factors in mind so that an organization's growth is not forced too quickly, thereby jeopardizing its long-term sustainability. Following these principles and guidelines, in a collaborative effort with the USAID Missions, A.I.D./Washington, and FMPT client organizations, FPMT used the framework to develop strategies for training and technical assistance in any or all of these management areas, in order to resolve the management issues that were impeding improved and sustainable organizational performance.

We have found that effective family planning managers are keenly aware of three interrelated but separate worlds: the external environment, the organization (internal environment), and the clients they seek to serve. In addition, effective managers foster collaboration, create partnerships, and initiate mutually beneficial contracts among the sectors -- thus facilitating the growth of the parts and of the whole. Such managers are also more likely to pay attention to the quality of the organizations' transactions with the external world (clients, collaborators and competitors). In the following section, we will illustrate FPMT's approach to each of the four stages of development and how the framework has helped to focus management development interventions.

Using the FPMT framework in development interventions:

Use of the FPMT framework is in no way considered to be a substitute for conducting a thorough needs assessment of an organization. In fact, such an assessment is needed to help determine the organization's stage of development. At that point, the framework is useful to help distinguish critical management issues and tasks from those that are less critical. The following examples illustrate how the FPMT framework can help focus management development interventions most appropriately. These examples are drawn from FPMT experience gained in both the public and private sector in institutions which, in the developing world, are predominantly in the first three stages of development.

<u>Burkina Faso -- the public sector -- Stage I:</u>

A common feature of family planning programs in Francophone Africa is the involvement of two different governmental Ministries, each having less than clear demarcation lines to define their specific responsibility for family planning program activities. In Burkina Faso, FPMT was asked

to help develop work plans (entering at the systems level of the framework). However, because the national family planning program was split between two ministries, the structure of the program needed a closer look. This led to an exercise that helped key actors "map out" who was doing what, where there was overlap, and where nothing was being done. After a discussion about roles and responsibilities, some agreement had to be reached on strategies, and thus on the ultimate purpose of the program. In this way a whole train of events was set in motion.

Bolivia -- the private non-profit sector -- Stages I and II:

In January 1988, when FPMT conducted a management needs assessment of the family planning system in Bolivia, the organizations within that system were secretive, frightened of being identified with family planning, largely unaware of each other's existence, and providing only limited services. The Bolivian environment was hostile to family planning: both the government and the church had been openly repressive of family planning services for the past 20 years. Contraceptive prevalence was only eight percent; the maternal mortality rate was 480 per 100,000 live births; and women with complications from illegal abortions were reportedly filling 60-80 percent of the beds in the maternity wings of public hospitals. However, in early 1988, the election of a new government, mounting concern about the human and financial costs of abortion, and renewed commitment on the part of the AID Mission combined to create a window of opportunity-- "la lucha contra el aborto" (a struggle against abortion)--to initiate and expand family planning services.

FPMT, working closely with the Mission, had two objectives in this rather typical Stage I situation in a Latin American country. The first was to promote the development of a family planning coalition of individuals and organizations that would support the family planning system through policy dialogue and the exchange of information, materials, and skills. The second objective was to assist key organizations (those which the Mission and FPMT felt would become both leaders of the family planning system and significant service providers) with organizational development. These organizations were in both the private and the public sector.

After two years of collaboration, the AID Mission, FPMT and other cooperating agencies achieved some significant successes. By 1990, the Bolivian Reproductive Health Program had been established, and family planning services were being provided openly in both the private and the public sectors. FPMT assisted this success through a series of activities which were "firsts" for Bolivia - workshops and study tours to promote the coalition, management development of the public sector program, and intensive technical assistance given to a key NGO, Centro de Investigaciones Economicas y Sociales (CIES).

The assistance to CIES typifies FPMT's work in organizational development with a fledgling NGO that is concerned about both survival and expansion. FPMT provided assistance in strategic planning: CIES examined its mission and designed and implemented strategies responsive to the increasingly positive environment. CIES and FPMT then undertook a market segment analysis to identify ways in which CIES might expand its services. Further assistance was provided through the development of financial systems to monitor the new AID funding that was

supporting the service expansion.

Kenya -- the public sector -- Stage II:

Typically in public sector programs, assistance efforts are directed towards the "systems" part in the framework. Certain systems, such as supervision and management information systems, tend to be less political and, therefore, relatively "safe" for external interventions. In some instances, however, interest from the upper level of an institution may lead to much more complete involvement.

FPMT's work in Kenya with the governmental coordinating body for family planning activities illustrates how a limited "systems" assignment actually led to a systematic review of the other three management areas -- mission, strategies, and structure. As a result of strong support from the top, the assignment was enlarged to include a review of the organization's mission, an assessment of its strengths and weaknesses, and identification of practical strategies to improve effectiveness. The critical question, "What are we all about?" was addressed by several of the key actors who discussed the organization's mission and identified the key issues that needed to be resolved. These issues involved the institution's effectiveness in doing what it was supposed to be doing: coordinating and keeping track of family planning and population-related activities. The exercise of reviewing the organization's mission, its strengths and weaknesses, and external opportunities for and threats to the program led to a number of recommendations. One of these included calling for structural changes that were seen as key to program success. The original assignment of improving the management information system could then be resumed with a better understanding of the context within which the system had to function.

Brazil -- the private non-profit sector -- Stage III:

FPMT worked with three NGOs in Brazil -- BEMFAM, Associacao Brasileira de Entidades de Planejamento Familiar (ABEPF) and Centro de Pesquesas de Assistencia Integrada a Mulher y a Crianca (CPAIMC). All three organizations had been founded with AID's support at a time when the government's family planning policies were unsupportive of such programs. Over the years, each organization contributed in various ways to the establishment of a Brazilian family planning system: their contributions took the form, at different times, of policy dialogue, IEC, setting standards, and service delivery. By 1987, when FPMT began to work with these groups, the Contraceptive Prevalence Rate (CPR) had reached 66 percent of all women of reproductive age. Most contraceptive users paid for services and supplies. Half of all users bought oral contraceptives in pharmacies; the other half paid for sterilizations through the public sector, even though this practice was quasi-illegal. The NGO sector accounted for less than two percent of prevalence, and the key organizations within it were almost totally dependent on AID funding.

Over the years, these NGOs had grown and developed. In some ways they were mature, having extended structures, clinics and CBD programs, and good systems for personnel and accounting. In another way, however, they were immature because of their financial dependence on AID. This meant that the three organizations had not adapted to the new family planning environment.

ABEPF and CPAIMC viewed the growth of the public sector and the success of the commercial sector as threats to their own programs; BEMFAM collaborated with those sectors, but their collaboration was based upon international donor support.

In 1987, at the request of AID, FPMT intervened to promote sustainability under a projected three-year AID funding phase-down. The critical organizational tasks were:

- A redefining the organizations' mission and niche, based upon Brazilian demand rather than donor funding;
- Developing strategies for entering new markets, particularly those of the public and commercial sectors, and for delivering new services that could generate new revenues;
- Creating structures that were compatible with these strategies;
- Developing systems which supported income generation, cost recovery and cost containment.

FPMT worked on strategic planning with ABEPF, BEMFAM, and CPAIMC to identify new markets and services. We helped develop management information systems for ABEPF to support the management of its affiliates and for financial planning and monitoring. A market segment analysis with BEMFAM presented information on BEMFAM's competitive advantage in a number of new service areas. Each organization was strengthened by that technical assistance. The future, however, is uncertain. The task of developing into self-financing, sustainable organizations - Stage IV in the FPMT framework - continues to be the major challenge for these organizations.

Indonesia -- BKKBN -- public sector -- Stage IV:

Indonesia, and The Indonesian National Family Planning Coordinating Board (BKKBN), represent a mature and highly sophisticated family planning program. As is the focus of Stage IV organizations, BKKBN's management priorities are to build program sustainability based on the provision of a wide array of high quality services to an informed population. By 1987, 48% of all married women of reproductive age in Indonesia were using an effective method of contraception, and the Crude Birth Rate had fallen from 43.2 in 1971 to 28.7 in 1988.

Faced with an expanding population of family planning users and increasing constraints on the expansion of government funding, BKKBN has embarked on an ambitious program of self sufficiency called "KB-Mandiri." The goal of KB-Mandiri is to gradually shift the responsibility for contraceptive use to the individual client and away from the government structure, with the result that program costs can be reduced, many clients will pay for services, and resources can be redirected toward reaching the more difficult-to-serve populations.

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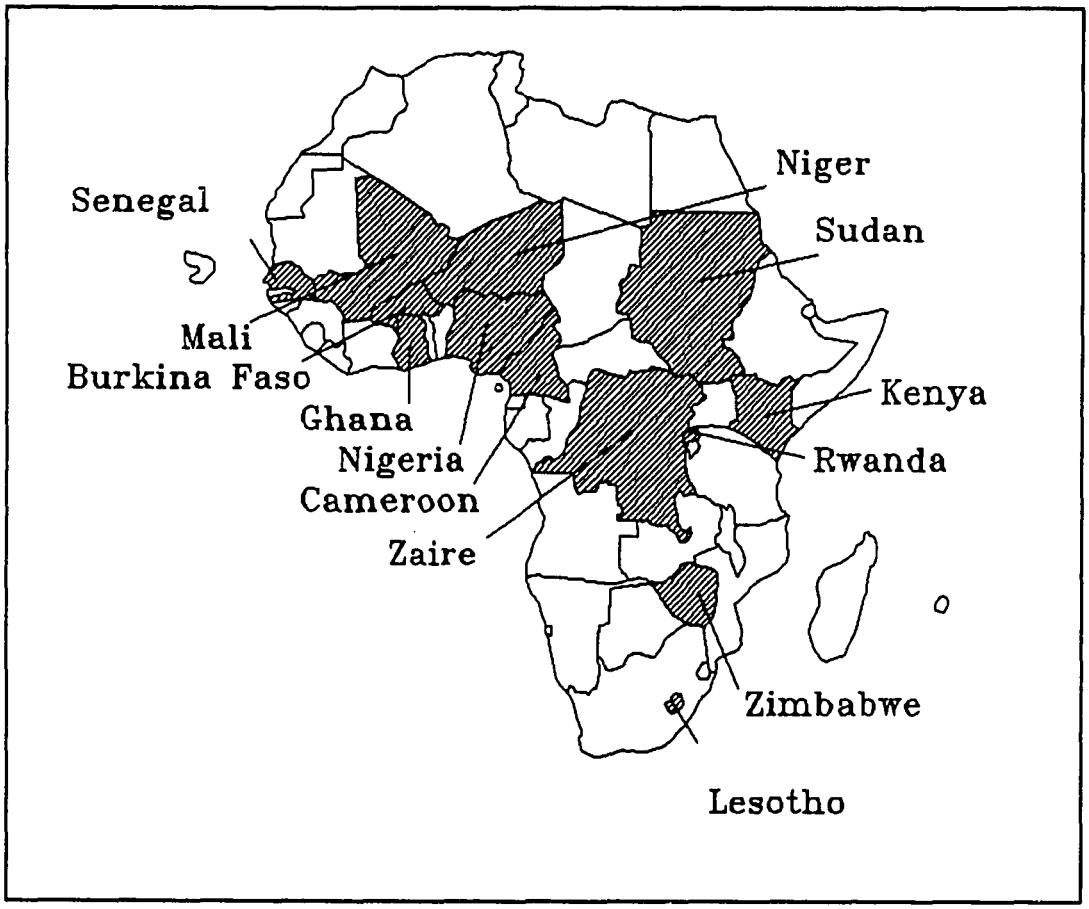
Having developed the general policy guidelines and strategy for KB-Mandiri, BKKBN asked FPMT to assist in the development of a strategy to field test approaches to KB-Mandiri in rural areas, and to develop an implementation strategy based on these pilot projects. In response, FPMT held a workshop for senior-level BKKBN staff involved in the KB-Mandiri effort to introduce the participants to some of the theoretical financial concepts which would be important in future planning, and to observe similar types of sustainability activities in other countries. Following this workshop, BKKBN requested the placement of a long term advisor to assist in the management of this project.

FPMT worked with BKKBN to develop a case study book on self-financing approaches for family planning to serve as a model for the provinces, and to write up operational guidelines for the design and selection of new projects. FPMT subsequently worked with BKKBN in implementing and evaluating the resulting pilot projects, developing a population-based monitoring system for evaluating the effectiveness of the various models BKKBN tested, and developing a national KB-Mandiri implementation strategy based on the results of these pilot projects.

As these summaries illustrate, the FPMT framework helps to identify institutional development stages and the critical issues that need to be addressed, so that training and technical assistance can directly address and resolve selected key issues. The inability of an organization to resolve a key issue could lead to organizational stagnation, decline, or failure. By identifying critical management tasks for the organization's leadership with regard to the mission, strategies, structure, and systems at each of the four stages, technical assistance and training for managers can focus on resolving the issues that are most critical at that point in time within the context of the organization's developmental stage. In this way, the organization can be strengthened internally and start on its way to becoming potentially sustainable.

2. COUNTRY ACTIVITIES BY REGION

Africa Region



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2.1 Summary of development issues and major accomplishments in Africa

Africa was the focal region for FPMT activities, both in terms of the number of countries and the central resources allocated. Family planning programs in Africa vary from relatively advanced ones in northern and southern Africa, expanding ones in Kenya, Senegal, and Rwanda, to fledgling programs in much of the rest of Sub-saharan Africa. Throughout Africa, the public sector is the major provider of services, although governments are increasingly looking to the private sector to help meet a rising demand for contraception. Given the diversity of the region, it is not surprising that FPMT needed to use a full range of technical resources.

In Stage I countries, FPMT played an important role in helping ministries to organize and launch national family planning programs. This was accomplished through technical assistance to help determine the allocation of functional responsibilities for the family planning program, a particularly important task in countries such as Burkina Faso where the mandate for family planning was split between two ministries. Once basic agreement had been reached on this issue, FPMT worked with appropriate divisions to design or strengthen such management systems as supervision, work planning, and commodity logistics. In Stage II countries, FPMT worked at the organizational level to: facilitate strategic planning; help organizational divisions or units improve financial, personnel, and information management systems; and arrange study tours and skills development training for selected individuals through short- and long-term training that was provided in-country and in the United States.

Four countries (Kenya, Nigeria, Rwanda, and Burkina Faso) received intensive assistance from FPMT. Of these, Kenya was by far the largest recipient of FPMT support. Moderate levels of assistance were also provided to Senegal, Niger, Lesotho, and Cameroon, while other countries received support on an intermittent or ad hoc basis. Funding for FPMT activities came from a variety of sources, including central funds, mission buy-ins, the regional Family Health Initiatives mechanism, and cost-sharing approaches involving other donors such as the International Planned Parenthood Federation (IPPF), German Agency for Technical Cooperation (GTZ), and the World Bank.

Substantial resources were made available to strengthen regional institutions and to promote intra-regional exchanges and learnings. FPMT and the Centre for African Family Studies jointly conducted eight management workshops (two Anglophone and six Francophone), and will continue to collaborate under the Family Planning Management Development project. FPMT also collaborated with the Pan-African Institute for Development (PAID) to develop a module on family planning management to be included in an existing curriculum. A key decision on the part of FPMT was to create a committee of Francophone family planning experts to debate management issues and strategies, explore and share practical innovations, and offer programmatic and strategic guidance to the FPMT project. The Francophone Regional Advisory Committee (FRAC) was created in 1987 and met three times, each meeting accompanied by a study tour. Interest in the FRAC remains high, and the committee will continue to meet to assist the FPMD project.

2.2 Africa Country Profiles

Burkina Faso:

When FPMT conducted its initial assessment, the family planning program in Burkina Faso was typical of programs in much of Francophone Africa. The government had only recently embraced family planning as part of its primary health care program, responsibility for directing the program was split between two ministries, few of the requisite management systems were in place, and health professionals lacked many of the management skills necessary for effective program implementation. FPMT worked extensively with the family planning program to help allocate roles and responsibilities between the implementing ministries, and to build the skills and systems necessary for a successful program.

The major focus of FPMT interventions was on developing a supervision system and the skills and instruments needed to make it work. A secondary emphasis was on developing the management skills of the regional health officers responsible for overseeing all health and family planning activities in the regions. Supervision training was conducted for health and family planning personnel at the national and regional levels, and supervision instruments were developed for use in the field. To help supervisors use the instruments designed to improve service delivery, FPMT helped develop a supervisor's guide. A joint MOH/FPMT evaluation indicated that the supervision instruments were in use around the country, that supervisors had gained important skills through training, and that the skills were being applied in the work place.

Following the last training intervention, FPMT worked with a group of Burkinabe trainers to compile a training manual for supervision. The manual will be used by the national training team in the future. FPMT also supported masters degree training for one participant, as well as numerous short-term training opportunities for others. Burkina Faso has been an active member of the FRAC for the past two years. FPMT activities in Burkina Faso were funded using central and buy-in funds.

Cameroon:

FPMT was invited to Cameroon at a time when there was very little government interest or involvement in family planning. Working with experts from other cooperating agencies (JHPIEGO, PCS, and RAPID), FPMT participated in the design of a program to support family planning under the Family Health Initiatives (FHI II) mechanism. The public sector ministry which expressed the strongest interest in family planning at the time was the Ministry of Social and Women's Affairs (MINASCOF). During a second FPMT visit, a plan of collaboration with MINASCOF was drawn up. This plan called for training in planning and supervision for directors of the country's 22 Maisons de la Femme, a health and social service outreach structure that falls under the administration of MINASCOF. Using FHI II buy-in funds, FPMT conducted a series of training workshops in French and English and collaborated with MINASCOF to follow up the participants at the work site. To broaden interest and support for

family planning, FPMT invited Cameroon to participate in the FRAC and sponsored a number of leaders and managers to attend short- and long-term training courses in the United States. Trainees have come from the MOH, MINASCOF, and Save the Children.

Ghana:

On several occasions, FPMT tried unsuccessfully to gain USAID/Accra approval for a needs assessment visit. Instead, USAID preferred to use the project on an ad hoc basis to support the specific training and technical assistance needs of the bilateral family planning program. FPMT activities in Ghana included technical assistance to develop, test, and evaluate a management curriculum for Primary Health Care workers, as well as assistance in preparing a manpower development plan for the Ministry of Health. One result of the plan for manpower development was FPMT support for a number of Ghanaians to participate in short- and long-term training in the United States.

Kenya:

Kenya was FPMT's largest program in Africa, providing a rare example of a Stage II country that has both public and private-sector involvement. The country provides a particularly rewarding example of the use of complementary central and buy-in funds (64% of funds for Kenya were buy-in and 36% were central). Kenya was characterized by intensive FPMT involvement, a high level of commitment on the part of USAID and host organizations, and large-scale collaboration with local consultants and consulting companies. It is the only country in Africa in which FPMT had a resident advisor, and the program could never have achieved the same levels of success without her. The FPMT program in Kenya grew gradually, starting with work with the Family Planning Association of Kenya (FPAK) and moving to work with the National Council on Population and Development (NCPD), the Christian Health Association of Kenya (CHAK), and Maendeleo Ya Wanawake (MYWO). Highlights of activities undertaken with each of these organizations are presented below.

The Family Planning Association of Kenya (FPAK): In 1987, FPMT began its involvement with FPAK, an organization that had had five different executive directors in four years, and which was characterized by financial management problems, inadequate management systems, uneven program performance, and low staff morale. Just before FPMT became involved with FPAK, the organization completed a strategic planning exercise, the first of the African IPPF affiliates to complete such an exercise. This exercise resulted in a decision by FPAK to concentrate on an expansion of services and a restructuring of the organization, its staffing pattern, and the staff's functions. From 1987 to 1990, FPMT provided support in helping to define the association's organizational structure, the roles and responsibilities of its board members vis-a-vis the paid staff, and the volunteer committee structure. It also assisted in highlighting necessary modifications to the organization's Constitution. Input to top-level management was also emphasized. FPMT conducted a follow-up strategic planning exercise with senior staff that resulted in the development of a revised strategic plan for FPAK. Financial management was yet another area of involvement. This centered specifically on the development

and establishment of a financial reporting system. In the area of personnel management, FPMT was able to assist in the creation of a new salary structure, the writing of current job descriptions, and the formation of a supervision system that links headquarters and field staff within the organization. The overall image of FPAK has certainly improved. It is now viewed as a well-functioning, competent organization, and is regularly called on by the government to provide input into issues of service delivery and policy-making.

The National Council on Population and Development (NCPD): NCPD was established to coordinate the work of the public and private family planning agencies. Intensive FPMT work began in 1989. In order to involve the senior management and the executive committee of NCPD in designing and developing a management information system, a management seminar was conducted. Subsequently, a workshop was held to identify roles and responsibilities of NCPD staff. FPMT conducted computer training for NCPD staff and supported a new staff position for a hardware and training specialist. Some of the systems developed for NCPD were: service statistics, particularly with respect to CBD services; a financial system that tracks all NCPD finances and enables NCPD to monitor donor accounts, budgets and expenses; and a monitoring and evaluation system that tracks activities that have been undertaken and their relation to work plans, budgets, and expenditures. MIS has become the priority concern of NCPD.

The Christian Health Association of Kenya (CHAK): FPMT assistance to CHAK began with a management audit of the organization which was conducted in April 1988. The audit revealed serious constraints in the managerial, administrative, and personnel capabilities and financial resources of the organization. After FPMT staff had reviewed the financial and information needs of the organization, a strategy was developed for assisting CHAK through the development of an MIS and improved financial accountability. FPMT provided assistance in developing financial and accounting systems, as well as in documenting these systems in a manual. FPMT also assisted in providing supervision for the accounting staff. A team approach to management was adopted, as was the establishment of an executive director position for CHAK. The finance and accounting functions of CHAK have improved greatly with the implementation of the finance systems.

Maendeleo Ya Wanawake (MYWO): FPMT provided assistance to this group during late 1989 and 1990. Involvement focused mainly on developing a revised organizational chart for the MYWO staff, drafting job descriptions, and creating a new salary structure. FPMT also supported the development of a simple generic financial and accounting system for the organization.

Child Survival/Family Planning Management Training: It was felt that management training would assist the mid-level managers of many USAID-funded child survival and family planning programs to increase their effectiveness, make their activities more cost-effective, and improve their financial and activities reporting. To this end, and in collaboration with the USAID mission, FPMT worked with a Kenyan training team and conducted three workshops between mid-1989 and late 1990. The primary focuses of the courses were management, finance, supervision, planning, and the use of information systems. A total of 75 participants,

representing many different organizations, received training. A master course book for trainers was produced with the intention that the core Kenyan training team would continue to conduct these courses in the future.

Lesotho:

Although there was no formal population policy in Lesotho, the importance of family planning was recognized at the start of FPMT's work there in 1988. Family planning service delivery organizations were short-staffed, and there was little coordination of resources and activities. There was a need for greater clarity among the various family planning providers in setting goals and assigning roles and responsibilities.

FPMT assisted public- and private-sector family planning programs to provide and improve their outreach efforts through improved management skills. Assistance began in 1988 with a planning meeting and visit with the Ministry of Health, USAID, and other cooperating agencies to map activities under the Family Health Initiatives (FHI II) project. Management development needs in family health and family planning programs were discussed, and, as a result, the National Family Planning Coordinating Committee (NFPCC) was established in 1988.

A Situational Analysis and Strategic Planning Workshop was conducted for 17 managers in the NFPCC. The workshop explored the strengths and weaknesses of the national program and possible avenues for strengthening the program. Plans for future activities were elaborated, and a functional analysis of the roles of and possible collaboration with other agencies was also discussed. At the end of the intervention, participants shared possible ideas for further work. These included a workshop on the development and use of supervisory tools, a follow-up to the strategic planning session, and a follow-up seminar to continue work on clarifying roles and responsibilities.

FPMT had hoped to conduct a follow up to strategic planning and a workshop on supervisory systems. Instead, it was decided to support the related efforts of the District Management Improvement Project (DMI). This project was conducting a supervision workshop for public health nurses, nurse clinicians, primary health care coordinators, Health Service Area (HSA) trainers, and members of the Lesotho Planned Parenthood Association.

The final intervention under FPMT occurred in late 1990. Its objectives were to increase awareness and commitment to the implementation of the MOH supervision system, to assist HSA teams with problem-solving, and to follow up with participants of the supervision workshop. A series of workshops was conducted for members of the HSA teams to train them in the use of the supervision manual and to identify constraints on the supervision system.

In addition to the in-country training, FPMT sponsored a senior employee of the MOHSA to enroll in a masters degree course in management in the United States. She received her MPH in mid-1990.

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Mali:

Representatives from the Family Planning Association of Mali (AMPPF) and the MOH have been active participants in the FRAC meetings. Following the FRAC II meeting in Morocco, which dealt with the issues related to integrating maternal and child health (MCH) and family planning services, the Malian members of the FRAC requested that FPMT make an assessment visit. FPMT's proposal for collaboration with the Malian family planning program included assistance to both AMPPF and the MOH to help organize a national conference on the theme of integration. After several delays, FPMT determined that its funding shortfall precluded further attempts to assist the Malian program. FPMT did sponsor two participants to take a US-based training course in MIS and microcomputers.

Niger:

Family planning service delivery in Niger is a relatively new addition to the array of primary health services provided. FPMT's goals in Niger were to assist the government in the expansion of family planning service delivery and to provide family planning leaders with an understanding of the organizational and managerial concepts underlying service delivery.

FPMT developed a management development plan in collaboration with the Ministry of Health and USAID in 1986. The first intervention was to sponsor three directors from the Ministry of Health and Social Affairs (MOHSA) to visit Senegal on a study tour to observe operational aspects of family planning programs in that country. Special emphasis was given to supervision, logistics, and clinical training. Shortly thereafter, a workshop on organizational design and work plan development was conducted for directors of nine MOHSA offices and for staff from the National Center for Family Health. FPMT sponsored a participant from MOHSA to attend a CEDPA supervision and evaluation course in 1987.

In collaboration with the CDC, FPMT conducted a workshop on management that placed special emphasis on logistics, supervision, and work planning. Twenty-seven MOHSA provincial directors participated. One manager from the Directorate of Maternal and Child Health and one from Family Planning were sponsored to attend the third FRAC meeting and an associated study tour. In 1989, FPMT provided follow-up technical assistance to the MOHSA to help develop supervision protocols for nurse midwife supervisors from the MOHSA. FPMT work ended with this activity, since USAID chose to procure training and technical assistance from a resident team through an institutional contractor under the bilateral family planning program.

Nigeria:

The first needs assessment carried out by FPMT was conducted in Nigeria in early 1986. It was a valuable learning experience for project staff, in terms of both relationships and communications with USAID, AID/W, and the FPMT consortium members, most notably the Pathfinder Fund. The needs assessment team found a nascent family planning program struggling for direction and support, newly appointed family planning coordinators in each State working

to develop their leadership and managerial skills, and an extraordinarily active AID mission directing a vast array of training and technical assistance at the public sector.

With guidance from the AID representative, FPMT developed a proposal to strengthen the management of the family planning program at the State and Local Government Area (LGA) level, through training and technical assistance follow up. Over the next two years, FPMT organized a series of workshops for the State family planning coordinators and for the LGA personnel responsible for family planning activities. The workshops focused on developing skills in planning and management, and on the application of those skills in the preparation of an action plan for the family planning program. In many of the workshops, local political authorities were invited to attend, with a view to raising their awareness of the importance and the need for family planning and to gaining their support and commitment.

A field evaluation conducted by FPMT in two States indicated that the training and resultant work plans had served to mobilize interest and commitment to family planning, even in instances in which the plans themselves were not in evident use. In many LGAs visited during the evaluation, the number of clinics offering family planning services had increased after the workshops, and budgetary allocations to support family planning had been made for the first time. FPMT activities ended in 1988 with the start-up of the quasi-bilateral Family Health Services (FHS) Project. The management component of the FHS project has built upon the early successes of the FPMT project, and has developed a strategy for technical assistance (a network of Nigerian management consultants) that might prove a useful model for FPMD work in other countries.

Rwanda:

Unlike other Francophone countries in which family planning programs are just gaining acceptance, Rwanda's program has been in place for nearly a decade and enjoys a high level of political support. The FPMT needs assessment team found that while most basic systems were in place, improvements would be needed to keep pace with an expanding program. The team recommended that FPMT focus its assistance on systems development with the Office National de la Population (ONAPO), the parastatal organization that is charged with overseeing the family planning program. The priorities for systems development were in the areas of financial management, budgeting, control, and reporting. Using both central and buy-in funds, FPMT provided repeated short-term technical assistance to ONAPO's Service Administratif et Financier (SAF) over a two-and-one-half-year period. This technical collaboration resulted in more accurate and prompt financial reporting, a combining of the planning and budgeting processes at the regional and national levels, the development of a handbook on administrative procedures, stricter controls on the use of vehicles, and assistance in implementing the results of an external audit of ONAPO.

Another contribution made by FPMT was in the area of planning and evaluation. FPMT placed a management advisor at ONAPO for a five-month period to help with program planning, improve communication between ONAPO and its principal donor, and help monitor program

implementation. FPMT assisted in the year-end evaluation of regional activities and developed a methodology for integrating evaluation results into the planning cycle.

In MIS, FPMT helped develop a computer-based participant training model to help ONAPO monitor its training objectives. An MIS needs assessment was carried out in 1990 for ONAPO, and it is anticipated that both FPMD and MSH (under the institutional contract for the bilateral MCH/FP II project) will assist in further MIS development.

Rwanda is a charter member of the FRAC and a probable host for the 1991 committee meeting. A member of the ONAPO training division was sponsored for an MPH through the FPMT Fellowship program, and several staff of ONAPO and the MOH have received FPMT support for short-term training in management, micro-computers, commodity logistics, IEC management, and safe motherhood.

Senegal:

The needs assessment carried out in 1986 by FPMT identified several areas of potential assistance to the public sector program, including support for MIS training and systems design. FPMT sponsored staff of the Projet Santé Familiale (PSF) to attend MIS courses at MSH, followed by an extra week of specialized tutoring that helped them to adapt their course learnings to the challenges they would encounter once they were back in Senegal. The course director visited Senegal six months later to help the Senegalese apply the course learnings to the development of commodity logistics and finance systems. This model was used for the first time in the Senegal program, and has proved to be an effective approach when used in a number of other FPMT countries, including Kenya, Rwanda, Zimbabwe, and Indonesia.

A second type of support given to the family planning program was in the area of supervision. An FPMT trainer worked with PSF counterparts to conduct a supervision skills course for regional supervisors. The workshop helped further the program objective of decentralizing support systems, and provided much-needed skills training for both IEC and clinical supervisors. Senegal has been an active participant in the FRAC meetings, and was the host country for the 1989 meeting. This meeting showcased the Senegal experience in raising community support for family planning.

Sudan:

FPMT work in the Sudan began in early 1989 with a needs assessment of the Sudan Fertility Care Association (SFCA), the Sudan Family Planning Association, and the MOH Directorate of Maternal and Child Health/Family Planning. FPMT hoped to develop a modest program of support to one or more of these organizations, beginning with the SFCA. However, we had undertaken only limited activities when USAID assistance to the Sudan ceased. Sudan sent a delegation to the United States to participate in a study tour (along with delegations from Kenya and Zimbabwe) that examined the issues of sustainability and effective collaboration between the board and staff of family planning organizations. FPMT also sponsored a member of the Faculty

of Organizational Management from the Ahfad University College for Women to take long-term degree training in the United States, and several other participants to US short-term training in safe motherhood, human resources management and MIS.

Zaire:

A joint FPMT-INTRAH needs assessment was carried out in early 1986 focusing on the management needs of the USAID bilateral project Projet des Services des Naissance Desirables (PSND) and the Family Planning Association (AZBEF). The PSND was a project facing major management problems, many of them directly related to its recent birth as an organization, its lack of a clear mission, and a complex staffing arrangement that included MOH employees, AZBEF employees, and individuals hired under contract. As a first activity, FPMT attempted to work with PSND to address these issues. An experienced team of consultants conducted a two-week workshop with PSND staff but was not able to fully involve the PSND director. Her lack of commitment to the process and its outputs significantly diminished the benefit of the intervention, and taught FPMT an important lesson about the need for leadership to endorse and support efforts of organizational development.

After a delay of approximately one year, a second needs assessment mission was conducted. The team, USAID, and PSND agreed to renew efforts at collaboration. The first activity consisted of FPMT assistance to develop the annual work plan. This was done in a workshop format and was organized around the importance of building in a client focus to all PSND activities. FPMT was also asked to begin recruitment of a long-term resident advisor in management, a position that would be funded through a mission buy-in. Recruitment proved far more difficult than anticipated, and USAID ultimately issued a buy-in to another cooperating agency whose candidate would provide both management and policy support to the PSND and the national program. This marked the end of FPMT involvement in Zaire.

Zaire has been a member of the FRAC since its inception, and FPMT has supported several Zairians to short-term training in the US in supervision and evaluation and in the management of training organizations.

Zimbabwe:

FPMT involvement with the Zimbabwe family planning program began in early 1988 when the AID/W Office of Population requested that FPMT work with the Coordinator of the Zimbabwe National Family Planning Council (ZNFPC) to draw up the terms of reference for a new population policy coordinating council. FPMT provided follow-up assistance later in the year, and developed an agreement for FPMT support to the ZNFPC to strengthen management skills and systems. In 1989, ZNFPC staff attended short-term courses in financial management, commodity logistics, and district level management. A delegation of ZNFPC staff and board members participated in a study tour to the United States and Mexico to explore approaches to sustainability and ways of improving relations between board and staff. The controller from ZNFPC received an FPMT scholarship for masters level training in management. Plans for

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further work with ZNFPC were dropped as a result of budget constraints; however, with funding from the World Bank, FPMT staff have continued to assist the ZNFPC. This assistance has included the development of a Five-Year Population Strategy, a review of financial procedures and systems, and support to develop a proposal for Bank assistance to the family planning program.

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Burkina Faso	Allocating responsibility across ministries for the national family planning program.	FPMT provided technical assistance to map responsibilities for the national program and develop a structure for program coordination.	Development of functional allocation chart and division of responsibilities.	Strategic planning with public and private sector organizations involved in the national family planning program.
	Developing structure, instruments, and skills for effective family planning supervision.	FPMT conducted a series of six workshops for 117 central and provincial supervisors.	Developed supervisory instruments and competencies.	Test and revise the training manual for supervision.
			Developed training manual for supervision.	
		Joint FPMT/MOH field evaluation of training program.	Supervision system functioning, skills and instruments are in use.	
	Stregthening management skills of regional and national family planning leaders.	Conducted two management workshops for provincial health officers.	Strengthened management skills of provincial health officers.	Training for nurse midwives in clinic management.
		Supported degree training for one participant and numerous short-term US and regional training opportunities.		
Cameroon	Creating an organizational home and focus for public sector family planning.	FPMT developed management training proposal with MINASCOF.	Strengthened MINASCOF's Maisons de la Femme role in FP service delivery.	Needs assessment to determine areas where FPMD support is needed by the national family planning program.
	Need for formal structure, instruments, and skills enhancement for effective family planning.	Conducted two management workshops for Maisons de la Femme.	Goals and objectives were determined and work plans created.	
		Sponsored two fellows for long-term management training, and two persons for short-term training in MIS and microcomputers.	Generated increased MOH and NGO interest in FP.	

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Ghana	Integrating management training into the PHC curriculum at the district level.	FPMT conducted TA visits to develop and test curriculum.		
		Conducted evaluation of effectiveness of decentralized management training.	Promoted further decentralization.	No current plans for further work in Ghana.
	Absence of a plan or process for determining and programming short-term training needs in MCH/FP.	Developed a training plan for the MOH.	MOH implemented new training and received sponsorship from FPMT for participants.	
		Sponsored short-and long-term training for National FP program staff.	Increased support and opportunities for short-and long term trainees.	
Kenya	Overall Objective: Strengthening management systems of NGOs so as to expand their roles in effective FP service delivery.			
NCPD	Improving and strengthening management systems and capabilities.	Training of 4 officers in micro-computer skills.	Institutionalized MIS development.	Project management training, financial management, development of performance planning review system, and continued MIS development.
			Developed an enhanced MIS system.	
			Placed hardware/systems analyst to conduct in-house training.	Computer-based training in dBase, spreadsheets, and word processing for all staff.
	Improving financial reporting to donors.	FPMT provided TA in financial reporting.	Developed a financial reporting system.	Implementation and evaluation of newly developed system.
	Improving monitoring and reporting of NGO activities.	TA in dBase and activity tracking.	Developed an NGO data base and activity tracking system.	Implementation of newly developed systems.

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Kenya NCPD continued				Additional training of project officers in use of systems.
	Inadequate information on FP service statistics.	TA to enable NCPD to collaborate with the national FP statistics system.	NCPD adopted the National FP service statistics system.	Implementation of system revisions.
			Clarified NGOs' role in monitoring and reporting on CBD service statistics.	Training of NGOs in use of systems.
	Improving the capability to coordinate and disseminate FP information and research.		Developed research bibliography as part of systems development.	Link NCPD system with Popline and similar systems.
FPAK	Improving FPAK's overall management and planning capability.	FPMT conducted a strategic planning exercise.	New organizational structure developed.	Implementation of new organizational structure.
		Reviewed organizational structure.	Improved relations between board and staff.	Planning exercise focusing on cost recovery and sustainability.
			Improved morale.	
	Clarifying roles of volunteers and staff.	Sponsored US/Mexico study tour to view FP organizations.		No follow-up planned.
		Sponsored 2 managers to US for training in public health.		
		Conducted national executive committee orientation workshop.		
	Lack of personnel system.	Conducted a salary survey.	New salary scale adopted.	Design of performance planning and review.
		TA to review roles and responsibilities.	Job descriptions written and used to hire new staff.	

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Kenya FPAK continued		TA in supervision systems.	Developed a supervision system and implemented a career development plan. Developed a training policy.	
	Inadequate financial monitoring and reporting.	TA to design and implement financial and accounting systems. Sponsored financial officer to MSH financial course.	Developed a financial system and manuals.	
	Improving management skills of mid-level staff.	Conducted a senior management development seminar. Conducted program officers and area managers workshop.	Financial management skills developed.	
CHAK	Developing overall management capacity.	Conducted a key issues workshop. Conducted two strategic planning workshops.	Work was started on developing a new strategic plan.	Hold quarterly planning and review meetings.
	Developing and improving finance and accounting systems.	TA in financial management and accounting.	Developed finance system manuals and trained staff in their use. Developed computerized payroll system.	Conduct training workshops to ensure units follow recommended financial procedures for AID-funded projects.
	Developing an MIS.	TA to create performance indicators.	Placed systems analyst to do in-house MIS training and systems development.	Continued support through training for MIS design and implementation.

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Kenya CHAK continued			Developed system to provide basic indicators from all units.	
			MIS is now a high priority.	
	Sustainability of CHAK and units.	Carried out needs assessment of 25 units.	Developed computerized model for setting fees to improve cost recovery.	Assist CHAK to implement recommendation of assessment.
				Testing and installing model in 12-15 CHAK hospitals.
MYWO	Clarifying roles and responsibilities of staff and volunteers.	Workshop on MYWO programs, constitution and changing roles/responsibilities.	Clearer delineation of roles and responsibilities of staff and volunteers.	
	Financial accountability and reporting to donors.		Developed a personnel and procedures manual.	Follow-up to test/revise the financial system.
	Lack of a formalized personnel system.	TA for clarification of roles.	Development of job descriptions and recruitment of account staff.	
		Training in human resource management.	Developed job descriptions and personnel handbook.	
		Salary survey conducted.		
CS/FP Training	Management training for mid-level managers of child survival and FP programs.	Conducted management training and follow-up for 75 participants from the MOH and NGOs.	Developed management skills.	
			Developed coursebook.	Marketing of coursebook to other training organziations and NGOs.
	Developing local management training expertise.	Trained 3 Kenyans to assume training responsibility in the future.	TOT for 3 Kenyans in training methodology and materials development.	

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Lesotho	Allocating responsibilities within the Ministry for Family Planning.	FPMT assisted in the establishment of the National Family Planning Cooruinating Committee (NFPCC).	NFPCC became functional.	Continue strengthening of management structures and systems.
		Conducted strategic planning workshop for members of NFPC	NFPCC developed role as focal point for national FP program.	
	Developing organizational structure and skills for effective family planning supervision.	Supervision workshops for public health nurses, Lesotho Planned Parenthood workers, and Health Service Area employees.	Implemented effective supervision systems in 8 health service areas and 4 districts.	Continued implementation of supervision systems.
Mali	Developing an integrated MCH/FP service strategy, and allocating roles and responsibilities between private sector (AMPPF) and public sector (MOH) services.	FPMT funding shortfall precluded working in Mali.	FPMT supported 2 participants to short-term U.S. training in MIS and microcomputers.	
Niger	Understanding roles and responsibilities for national family family planning program.	Workshops and TA to allocate functional responsibility for program.	Instituted new divisions of responsibility for FP staff.	As needed, complement the management assistance being provided by the URC technical assistance team.
	Strengthening management skills of regional and national family planning leaders.	Conducted workshop on basic management components of the FP program.	Developed management skills in: logistics, supervision, and work planning.	
Nigeria	Strengthening skills in work planning, program coordination and management for local (LGA) and State level FP managers.	Organized annual workshops for State FP Coordinators.	State Coordinators developed and used planning and management skills.	FPMD staff provide support to MSH effort to build network of Nigerian management consultants for Family Health Services Project.
		Conducted planning workshops fo LGA officials to develop planning and management skills.	Produced five-year action plans.	

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Rwanda	Financial planning and budgetary control at ONAPO.	Conducted series of finance TA to: design systems, train managers, prepare for external audit, and implement findings.	Financial planning and budgetary control at ONAPO systematized and strengthened.	Place a resident financial manager at ONAPO.
	Integrating regional and national plans in FP programs and developing a mechanism for implementing evaluation results.	TA to conduct a work planning exercise to link regional and national plans.	Developed a common approach to planning, linked activities to budgets at regional and national level.	Additional TA under FP bilateral to develop 1991 workplan.
			Designed a framework for program evaluation and implementation.	Place a long-term resident advisor for planning and management at ONAPO.
	Improving the MIS.	Conducted MIS needs assessment Developed MIS for participant training.	Integrated MIS in planning and evaluation.	Training and TA in MIS and computers.
	Coordinating management and donor coordination.	Placed resident advisor in management at ONAPO.	Improved USAID/ONAPO relations. New bilateral program developed.	Resident advisor to continue this focus under bilateral.
Senegal	Need for internal organizational systems development.	Hosted US training in MIS skills and microcomputers.	Improved logistics, financial management, and service statistics systems.	Possible area of intervention is strengthening role and impact of NGOs delivering family planning services.
		Provided in-country technical assistance to develop computerized information systems.	Improved MIS for PSF.	

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Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Senegal continued	Decentralizing supervision services.	Training in supervision skills for FP supervisors at the regional level in IEC and service delivery.	Supervision skills development.	
Sudan	Developing management skills and systems in the public and private sector.	Short-term US training in MIS, HRM, and safe motherhood and long-term fellowship in management.	Management skills development for FP staff at the MOH.	USAID closed its program in Sudan pending stabilization of the political situation.
	Sustainability of private sector programs.	Study tour of sustainable programs in the US and Mexico.	Impact unknown as follow-up was not conducted due to termination of AID assistance.	Project ended.
Zaire	Program effectiveness impaired due to lack of organizational structure and roles.	Workshop to examine leadership, delegation, conflict resolution, to improve organizational development.	PSND leadership did not buy-in and process was halted.	Needs assessment, with focus on MIS and computer skills.
	Need for a client perspective in program planning and service delivery.	Workshop to develop work plan which focused on client needs.	Developed 1988 PSND workplan	Possible family planning sector needs assessment in conjunction with SEATS.
Zimbabwe	Long term sustainability of national family planning program.	Conducted study tour on sustainability for ZNFPC board and staff to US and Mexico.	Developed proposal for a national level coordinating board for FP/POP.	Provided support as requested by USAID and World Bank efforts to promote sustainable national family planning program.
		TA, in collaboration with World Bank, to develop a strategy for family planning and population.	Developed a five-year strategy for FP and population.	
	Weak financial analysis and reporting.	2 ZNFPC staff attended MSH course on financial management.	Financial management skills development.	TA to follow-up on recommendations of FPMT and local accounting firm.
		Sponsored controller to long-term training in financial management.	Highly trained person in key management position at ZNFPC.	

Africa Regional Highlights				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Zimbabwe continued		TA to review financial reporting procedures and systems, including recommendations for follow up.	Consultant report used as a guide to implementing recommmendations.	Management review/audit of ZNFPC.
	Need for effective de-centralization and mangement of national FP program.	One week tutorial for ZNFPC participants to MSH course on district level management.	Decentralization is key component of new USAID and WB projects.	TA in program planning, monitoring, and evaluation.

Africa Regional Activities

Francophone Regional Advisory Committee (FRAC):

The idea for the formation of the FRAC grew out of discussions held between members of FPMT needs assessment teams and family planning officials in Francophone African countries. Leaders and managers of family planning programs were encountering similar problems, and lacked a forum for exploring potential solutions. FPMT sensed that many of these problems could be addressed through a committee structure, and realized as well that such a committee could provide useful guidance to the FPMT project. The FRAC was proposed as a means of sharing experiences, problems, and solutions among leaders, and as an advisory board to the project. The FRAC met three times during the course of the FPMT project: first in Boston, later in Morocco, and the third time in Senegal. Membership grew with each successive meeting, as new countries were added, as Primary Health Care and/or Maternal and Child Health leaders joined their family planning counterparts, and then as several regional training institutes began participating.

Each meeting of the FRAC is organized around an important strategic or management theme which is selected by the FRAC members during the preceding meeting. Ideally, the venue for the meeting offers an opportunity to study a successful or innovative approach to the theme being studied. Thus, for the FRAC meeting in Morocco, the theme was the integration of MCH and FP services, and FRAC participants had the opportunity to study the successful Visites à Domicile de Motivation Systématique (VDMS) program in Morocco. In Senegal, participants studied Senegal's approach to increasing community participation in the family planning program, particularly attempts to generate community financial support for family planning.

FRAC meetings have been lively, informative, and thought-provoking. Interest remains high among members, and the FRAC will continue under the new Family Planning Management Development project.

Centre for African Family Studies (CAFS):

FPMT collaborated extensively with CAFS throughout the life of the project in designing and conducting management training courses for family planning leaders and managers. FPMT assistance began in 1986 with a request for support to redesign the mid-level management course for Anglophone managers. Working with a strong team of CAFS trainers, the FPMT consultant helped to develop a curriculum and provided coaching for his counterparts. These same counterparts were subsequently sponsored by FPMT to attend short-term training courses in the United States to strengthen their technical and training skills.

In 1987, FPMT received a request from CAFS for assistance in conducting a Francophone management course for mid-level managers. A two-person FPMT team developed and conducted the course on very short notice, working without the benefit of a viable CAFS counterpart. This

trend of last-minute requests for assistance and weak or non-existent counterparts continued for several years (and five workshops), severely limiting the process of institutionalization. A total of six mid-level management courses were conducted, and an FPMT trainer helped design and conduct a new course for senior managers as well. CAFS has recently recruited and hired several trainers, and has requested additional support from FPMD during 1991 to help develop their skills and knowledge base. While the quality of training has never been in doubt, successful collaboration between CAFS and FPMD is contingent on a greater involvement of CAFS staff, the development of CAFS's institutional capacity to develop and conduct courses, and the strengthening of CAFS's ability to manage and administer training programs.

Pan-African Institute of Development (PAID):

PAID and FPMT undertook a modest program of collaboration aimed at developing a family planning management training capacity within PAID. Following a needs assessment visit, senior staff from PAID attended the FRAC, went on a study tour to INCAE in Latin America, and participated in a case-writing workshop organized by FPMT in Boston. The visit to INCAE served to interest PAID staff members in becoming more active in the application of management training to family planning. The director of INCAE worked with his counterparts at PAID to design a family planning management module to be integrated into the curriculum of an existing course in Health, Nutrition, and Family Education (SNEF). For two years, FPMT provided scholarships to allow 10 participants from numerous countries to attend the course. PAID staff participated in all three meetings of the FRAC, and provided a trainer to work with a team of FPMT trainers at a workshop for MINASCOF in Cameroon.

Africa Regional Activities				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Francophone Regional Advisory (FRAC)	Creating a forum for learning and exchange among Francophone FP leaders and managers.	Three meetings conducted, combined with study tours in the host countries.	Continued growth in number of participating countries and organizations in the FRAC. Development of a network of committed high-level FP managers. FRAC members established relationships and communicated with one another between FRAC meetings. For example, Rwandan delegations studied private sector involvement in FP in Senengal and the Moroccan experience which focused on the use of non-physicians in FP delivery.	Further development of the FRAC as a consultative and technical body.
	Identifying regional management issues and challenges.	FRAC members selected the theme for subsequent meetings, i.e., sustainability, integration of MCH/FP, outreach strategies.	Committee-wide recognition of the need for FP program decentralization and expansion of role of the private sector.	1991 FRAC to be hosted by ONAPO in Rwanda to examine decentralization and outreach strategies.
Centre for African Family Studies (CAFS)	Developing the capacity to design and conduct FP management training courses in English and French.	FPMT trainers worked with CAFS to conduct 2 Anglophone and 6 Francophone FP management courses for middle managers.	Over 150 mid-level and senior FP managers attended CAFS management courses and rated them highly. High degree of interest among all parties for continued collaboration.	Institutional needs assessment and design of plan for institutional strengthening.
		Assisted in development of new FP management course for senior level Francophone managers.	Increased capacity of CAFS trainers to develop, conduct and evaluate training.	

Africa Regional Activities				
Country Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
CAFS continued		Sponsored two CAFS trainers to US short-term training. Compiled training manual for francophone middle managers course.		
Pan-African Institute for Development (PAID)	Developing institutional capacity to provide family planning management training.	PAID was instituted as a charter member of the FRAC. PAID staff participated in case-writing workshop organized by FPMT. Organized study tour for PAID director and head of management training to INCAE to learn about its structure, role, and strategies for assisting in FP training and development. PAID staff co-trained with FPMT in workshop in Cameroon. Developed with PAID a module on family planning management for inclusion in the three-month course on health, nutrition, and family education (SNEF).	No evaluation carried out to determine impact of efforts to develop PAID's institutional capacity. PAID trainer was not highly evaluated by trainees or Course offered on two occasions. FPMT provided 20 scholarships.	Re-assess role of PAID as FPMD collaborating institution given new staff at PAID and new focus of FPMD.

Latin America/Caribbean Region

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2.3 Summary of development issues and major accomplishments in Latin America

Although Latin America is a region beset by economic and social turmoil, the demand for family planning services is growing. However, at a time of increased donor dependence and decreased donor funding, the central issues for Latin American family planning organizations were: Whom should they serve? How could they expand services? How could they become more sustainable? With the help of in-country management consultants, and in collaboration with other agencies, FPMT assisted 40 family planning organizations in seven Latin American countries (Bolivia, Brazil, Colombia, Costa Rica, Ecuador, Mexico, and Peru) to address these key management questions.

FPMT interventions in Latin America focused on four levels of management development:

The overall institutional development of family planning organizations, as measured by their increased effectiveness, efficiency, and/or improved quality. In pursuit of real institutional development, the need for which was based upon a management assessment, we worked intensively with five organizations (ABEPF, BEMFAM, CEMOPLAF, CIES, and IBSS) in both the private and public sectors to redefine missions, implement new strategies, realign structure, and introduce new systems. The one organization for which the most reliable baseline data were available, CEMOPLAF, expanded services by 44 percent, improved the quality of its services, and increased the level of its self-financing from 42 percent to 52 percent over the two-year period of FPMT assistance.

The improved performance of one or more parts of the organization through work on mission, strategies, structure and systems. FPMT assisted another six family planning institutions (ADC, CEPAR, CPAIMC, SERVIFAM, Sophia Feldman in Brazil, and the Unidad Sanitaria in Bolivia) to improve their financial and management information systems and to target new markets more effectively. FPMT also worked with BEMFAM in Brazil, CEMOPLAF in Ecuador, CIES in Bolivia, and ADC in Costa Rica to assess potential new markets. These assessments looked at such things as the demand for services, the organization's competitive advantage in that market, and the economic viability of such services. For the first three organizations, the result of this work was service expansion; for the fourth, ADC, it was the conservation of AID funds because the potential new service was judged to be unsustainable.

The third level of development was **training**. This was **provided to managers** of 27 other organizations in addition to the 11 with which FPMT worked intensively. For example, in the area of strategic planning, senior managers from 38 family planning groups in total (10 in Bolivia, 14 in Brazil, seven in Ecuador, and seven in Peru) participated in training workshops and acquired insights and skills related to mission definition, competitive and market analysis, and the development of strategies to meet new objectives in light of the changing external environment and the organizations' own strengths and weaknesses. FPMT also worked in-depth with eight of these organizations to assist in their strategic planning process and to implement those plans.

The fourth level, **the development of the Latin American management community to provide assistance to family planning programs within the region**, was a strategic decision on the part of FPMT. It both reflected our beliefs about development and satisfied the Latin American demand for support of their own national experts. To a large extent, in-country technical assistance and training were provided by 13 Latin American management consultants and companies. Staff from these companies were recruited, introduced to family planning, and supervised by FPMT personnel. Although some consultants (those from INCAE, for example) had years of experience with AID and in the field of family planning, others (such as the Brazilian marketing firm of Raimar Richers Associates) were new to the field. We believe that one of our most important legacies, beyond the development of family planning organizations, has been the development of a cadre of Latin American management professionals and firms capable of promoting effective, efficient, high-quality family planning services within the region.

2.4 Latin America Country Profiles

Bolivia:

FPMT initiated activities in Bolivia in January, 1988. Although the country had for many years been hostile to the practice of family planning and repressive of organizations that openly provided family planning services, the expansion of such services was the critical issue. The first assignment was a management assessment of nine Bolivian organizations that had been clandestinely offering, or wished to offer, family planning services. In close collaboration with the AID Mission, FPMT developed two objectives: to promote the broad-scale development of a coalition (consisting of both individuals and organizations) that would support a family planning system; and to assist the institutional development of organizations that the Mission and FPMT believed capable of becoming both leaders in the fledgling family planning system and, potentially, significant service providers.

FPMT initiated the first workshop ever held in Bolivia to bring family planning providers together. The theme of the workshop was strategic planning for maternal health, and its primary importance lay in the fact that it marked the first meeting of a nucleus of a family planning coalition in the country. A second workshop consolidated that coalition and brought the public sector openly into the developing system. To further strengthen the coalition, and to build family planning expertise, FPMT led a study tour for senior managers of the four most promising family planning organizations to Brazil, and then sponsored their attendance at the Second Annual Latin American Family Planning Congress.

Simultaneously, we began management development activities with four organizations targeted by the Mission and FPMT as priority groups: Cruz del Sur (now known as SERVIFAM) and CIES, both NGOs, the Caja Nacional (the health arm of the Social Security Institute), and the Unidad Sanitaria of Cochabamba, the implementing arm of the MOH. As well as being providers of family planning services, these last two public-sector agencies were considered

potentially important contributors to a more positive policy environment in Bolivia.

By means of technical assistance in strategic planning, marketing, and finance, FPMT assisted both CIES and Cruz del Sur in the development and implementation of programs. For the Caja, we assisted in the creation of a family planning program by establishing a management development plan and organizing three workshops, one on strategic planning, one on planning and monitoring, and one on budgeting and control. Similar assistance to the Unidad Sanitaria of Cochabamba facilitated public-sector support for family planning in that region.

Two years later, as a result of our work and that of other cooperating agencies, the Bolivian Reproductive Program had moved forward significantly. Family planning services have been initiated in organizations that had attended earlier FPMT workshops, but which were not at the time providing services: PROSALUD, the MOH, and the Unidad Sanitaria of Cochabamba, among others. Services have been expanded in CIES and the Social Security Institute.

Brazil:

In light of an anticipated major phase-down of AID population funding in Brazil in 1987, the critical issue that AID/W and the Mission asked FPMT to address was the sustainability of AID-dependent non-governmental organizations (NGOs) offering family planning services. We were asked to assess the sustainability of 11 NGOs, and to work to increase the sustainability of the organizations considered most critical to family planning in Brazil and most viable without long-term total AID support. That assessment was undertaken and completed. In 1988, training in strategic planning for sustainability was provided to the key NGOs, and intensive technical assistance was provided to two organizations, ABEPF and BEMFAM.

ABEPF now has stronger management systems in planning and finance and for managing its affiliates. The organization continues to struggle in defining its mission, and power remains concentrated in the hands of the Executive Director. With the help of FPMT, BEMFAM increased its strategic planning skills, increased the level of self-financing in several clinics, and investigated possible new markets for service expansion. The family planning organization is currently undergoing both internal and external re-examination following the resignation of its Executive Director.

Colombia:

Because of difficulties in securing clearance in that country, and as a result of FPMT budget constraints in the final 15 months of the project, FPMT was able to provide only limited support in Colombia, even though AID considered it to be a high-priority country. We did, however, assist PROFAMILIA in the development of the organization's training center. FPMT provided technical assistance in the training of trainers (TOT) and in the use of case studies in training.

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Costa Rica:

In 1987, at the request of AID (LAC Bureau), FPMT collaborated with the Asociacion Demografica Costarricense (ADC) in a market study to determine the feasibility of establishing a microcomputer training center at the ADC. Was the demand among the family planning organizations in the region for training and technical assistance in the use of microcomputers sufficient to make a center devoted to that purpose a viable proposition? FPMT determined that such a center would not be sustainable without long-term AID support, and the center was not developed.

Ecuador:

The challenge in Ecuador was to increase the sustainability of NGOs in light of an anticipated phase-down of AID population funds to Ecuador. As in Brazil, FPMT conducted management needs assessments and then we provided limited training to a number of organizations (seven organizations from the public and private sectors attended a strategic planning seminar), and in-depth technical assistance to two others (CEMOPLAF and CEPAR).

Between 1988 and 1990, after two years of FPMT technical assistance (and the assistance of other CAs), CEMOPLAF had expanded services by 44 percent, and had increased the level of its self-financing from 42 percent to 52 percent. FPMT contributed to that development by providing technical assistance in strategic planning, marketing, costing and pricing strategies, and through the development, implementation and training for new manual and computerized integrated financial systems in general accounting, cost accounting, inventory, fixed assets, and service statistics. Additionally, as a result of FPMT input, quality assessment, assurance, and improvement programs were strengthened.

Haiti

FPMT involvement in Haiti began in early 1987 with a management needs assessment. A clearly identified need was to help the national program assign roles and responsibilities for implementation and oversight of the family planning program. FPMT organized a strategic planning workshop with leaders of the Haitian Family Planning Program, followed by a workshop with national and regional leaders to develop action plans. A workshop to develop supervision skills marked the beginning of what was to be a concerted effort to develop management systems and skills for the MOH family planning program, but political turmoil brought a premature end to FPMT collaboration. Haiti participated in the first FRAC and study tour but was not able to send participants to the two subsequent FRAC meetings.

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Mexico:

Mexico, with its highly successful public family planning program, was a country in which we would have worked more intensively if funds had permitted. We provided training to state-level managers (CONAPO) in planning, managing, and budgeting to support CONAPO's decentralization. Later discussions with those managers indicated that they were using their newly acquired skills to plan and manage state-level programs.

Peru:

At the request of the AID Mission, the focus of FPMT work in Peru was the development of public-sector organizations: the MOH and the Peruvian Social Security Institute (IPSS). In 1988, FPMT initiated a wide-scale program of training of trainers in management skills for the coordinators of family planning/child survival programs, but, unfortunately, this program was discontinued in 1989 due to the general instability and turmoil in the country. In 1989, FPMT assisted AID and the NGO sector by holding a workshop to introduce the eight key NGOs to the new AID PRISMA program in Peru.

Regional Activities:

FPMT played a leading role in the Second Latin American Family Planning Congress held in Rio in August 1989. We organized and led a panel on the Sustainability of Family Planning NGOs, led a one-day workshop on strategic planning before the conference started, and organized and led a panel on cost recovery of family planning programs.

Latin America and Caribbean Regional Highlights				
Country/ Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Bolivia	Country Objective: To support the initiation and expansion of USAID's reproductive health program.			
	Developing private and public sector commitment to family planning.	Conducted: training in strategic planning for 9 organizations; training in finance for 10 organizations; study tour to Brazil for 4 organizations.	Established a coalition of family planning service providers.	Improve coordination of FP program in Bolivia.
CIES	Expanding services.	Conducted: strategic planning for service expansion and entry into new markets; market viability study. Financial monitoring system developed.	New strategic plan being implemented, services expanded, increased capacity for financial monitoring.	Continue assistance in finance and MIS.
Cruz del Sur	Moving from private philanthropy to organization with board of directors.	Conducted strategic planning to reformulate mission and structure.	Assisted Cruz del Sur in the legal incorporation of a new FP organization as SERVIFAM.	Work with the board of directors and executive staff for organizational development.
Caja National (Social Security)	Initiating public sector FP services.	Conducted strategic planning to define Caja mandate. Development of planning, monitoring and budgeting skills.	Implemented strategic plan. Increased acceptance of FP and expansion of services.	Assist in establishment of systems: MIS, logistics and financial.
Unidad Sanitaria of Cochabamba	Initiating public sector FP services.	Conducted strategic planning for initiation of services.	Increased commitment to FP and initiation of services.	Depending upon results of current staff changes, continue organizational support for family planning.

Latin America and Caribbean Regional Highlights				
Country/ Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Brazil	Country Objective: To increase the sustainability of key AID-dependent NGOs in light of projected AID population funding phase down.			
	NGO sustainability.	Conducted viability analysis of 11 NGOs and strategic planning for those organizations.	Identified three organizations as viable in light of phase down and of importance to the Brazilian family planning program.	Examine the role of NGO sector in new Brazilian population program.
ABEPF	Need to change mission when Organization's role as AID intermediary became obsolete with changes in AID Brazilian program.	Conducted strategic planning to identify new mission, services, and markets. Development of a membership MIS and a finance/ administrative MIS.	Increased ability to serve affiliates. Continued to work on revising mission. New markets entered with varying success.	Continued AID evaluation of the future of ABEPF.
BEMFAM	Increasing the level of sustainability in light of projected AID phase down.	Conducted: strategic planning to identify new services and markets, market segment analysis, and training in MIS.	Several clinics increased level of self-financing. Increased awareness of the importance of sustainability. New markets not entered due to resignation of executive director.	Continued AID evaluation of the role of NGOs.
CPAIMC	Lack of competitiveness, no market niche.	Conducted strategic planning to define mission, market niche, and potential new services/markets.	Implemented plan and new markets were entered with success.	Develop MIS to assist in planning and monitoring costs and setting prices in new markets (not under FPMD SOW).
Colombia	Country Objective: To provide institutional support to PROFAMILIA.			
PROFAMILIA	Need for more sophisticated training skills.	Conducted TOT for PROFAMILIA's training center.	Developed training skills	Evaluate status of training. Consider development of center under FPMD.

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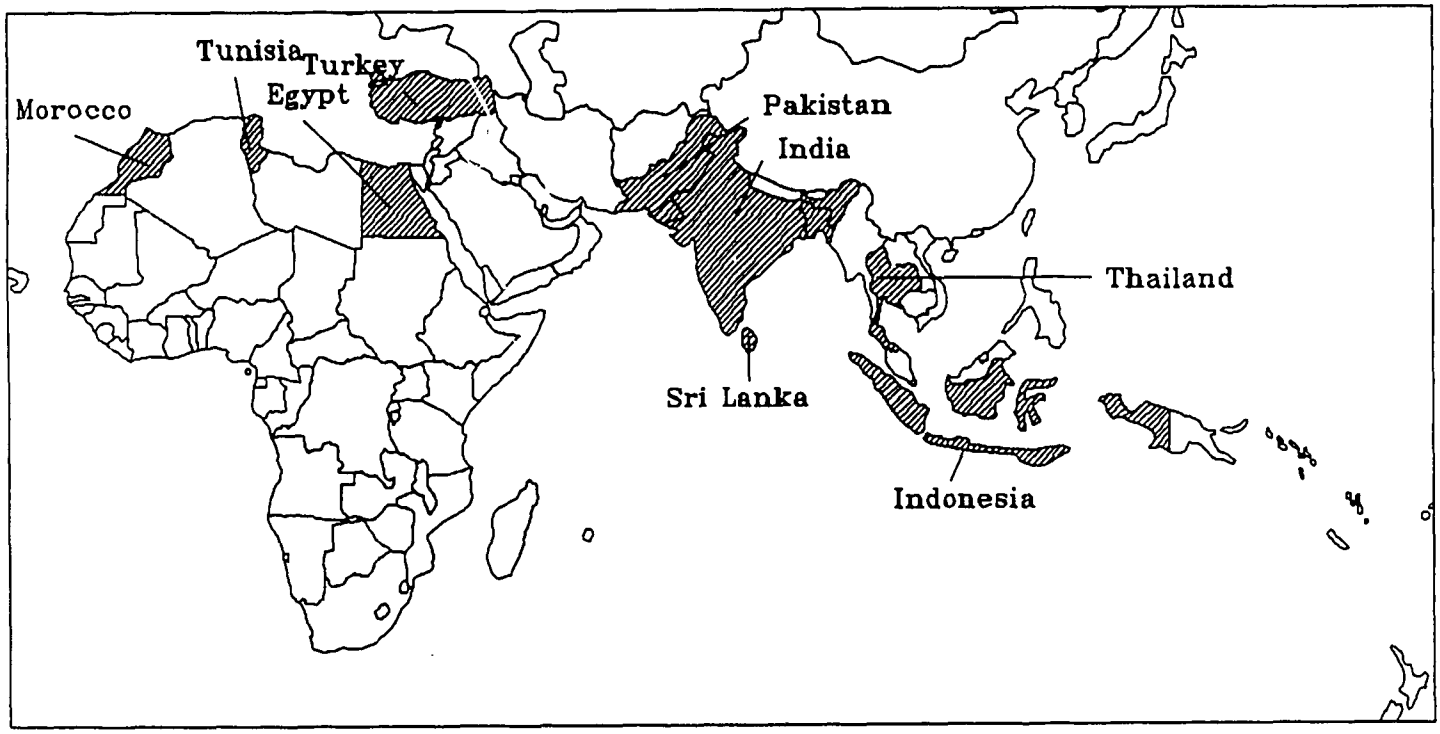
Latin America and Caribbean Regional Highlights				
Country/ Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Costa Rica	Country Objective: To determine the sustainability of a proposed micro-computer training center at ADC.			
ADC	Demand for a micro-computer center at ADC (to be developed by AID) in the Central American FP community.	Carried out a market viability study.	Results from market survey were used in decision to cancel project.	Project ended.
Ecuador	Country Objective: To increase the sustainability of key FP NGOs due to phase down of AID funding to the NGO sector.			
	Sustainability.	Conducted training and strategic planning for 7 organizations.	Developed skills of 30 FP managers.	Intensive TA provided to 2 of those organizations.
CEMOPLAF	Need for increased level of self-financing in light of projected AID phase down.	Conducted strategic planning to increase self-financing and to expand services. Provided TA in marketing, costing and pricing. Developed and implementated integrated computerized financial management and service statistics systems including: general accounting, cost accounting, inventory, fixed assets, and service statistics.	Expanded FP services by 44% in two years; during the same time the level of self-financing increased from 42 to 52 percent. Quality of services was improved.	Outreach to new under-served communities, expansion into new service markets.
CEPAR	Dependence on AID funding and anticipation of dramatic decrease in AID funding.	Implemented computerized financial management system and established overhead rate for use with AID projects.	Intervention currently being completed.	Continued management development.
MOH	Capacity for service expansion.	Conducted management training needs assessment.	Due to budget shortfall, decision to focus instead on NGO sector.	Possible FPMD work with public sector.

Latin America and Caribbean Regional Highlights				
Country/ Organization	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Haiti	Country Objective: To develop a strategic plan and to strengthen management skills and systems for the National Family Planning Program.			
	Long-term planning and structure for the national family planning program.	Conducted strategic planning workshop.	Roles and responsibilities of staff and direction of the FP program were developed.	Needs assessment of public and private sector programs, pending buy-in in 1992.
		Conducted work planning workshop.	Developed work plans for FP program.	
	Developing management systems and skills for family planning.	Conducted supervision workshop for regional family planning officials.	Developed more effective supervision skills.	
Mexico	Country Objective: To support CONAPO organization.			
CONAPO	Decentralization of planning to the state level, the CONAPO.	Conducted training series in planning and budgeting for state level managers.	Decentralization supported for limited period of time due to FPMT budget constraints.	Project ended.
Peru	Country Objective: To support public sector human resource development.			
MOH and IPSS	Expansion of child survival/FP program.	Carried out a joint program of TOT in management skills in child survival/FP.	Trained many managers, however program was discontinued due to country instability and violence.	New government is very supportive of FP. FPMD will collaborate with new AID programs.

Asia/Near East Region



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2.5 Summary of development issues and major accomplishments in the Asia/Near East Region

The Asia/Near East Region is characterized predominantly by public-sector family planning programs, although the role of NGOs and the private sector is important in some countries and is growing in others. Through the private sector, relatively high levels of coverage and impact have been achieved in such countries as Tunisia and Sri Lanka. In other countries, private-sector programs have achieved promising results but have now leveled off, jeopardizing the attainment of significant demographic impact. To further the effectiveness of both public- and private-sector family planning programs in the region, we applied the concepts of the FPMT framework covering the range of key management dimensions--mission, strategy, structure, and systems. Organizational development efforts were focused in three areas:

- Broad-based institutional development of organizations;
- Improvement of performance at the sub-unit level of organizations;
- Development of skills of individuals in the organizations.

Several countries figured prominently in the FPMT project in this part of the world. There were major buy-ins from and intensive activity in Bangladesh, India, and Indonesia. These buy-ins permitted multi-year, in-country program activity in these three countries. A smaller buy-in allowed shorter-term in-country activities in Sri Lanka. A potentially interesting program in Turkey was discontinued due to funding constraints. Additionally, many countries (Thailand, Egypt, Pakistan, and Bangladesh) benefitted from the long-and short-term training components of the project, either through buy-ins or Central funds.

FPMT resources were used in a variety of ways to strengthen public-sector and NGO capabilities, and to help deal with the long-term issue of increasing the potential role of the private sector, particularly in Indonesia. FPMT program resources were used to fund long-term advisors, in-country research, observation study tours, and short- and long-term training for the purpose of improving management skills in a variety of areas, including management information systems, strategic planning, decentralization, strategy formulation, and evaluation. One of the major technical innovations of FPMT in the Asia/Near East region was the concept of transferring the management technology of advanced family planning programs to programs that are in earlier stages of development and are seeking ways of increasing their access and impact.

Bangladesh and Indonesia were pivotal countries in FPMT's program strategy of "technology transfer," and they also exemplified the interplay between "advanced" and "plateaued" countries that characterizes the region. The Bangladesh program, funded under a USAID/Dhaka buy-in, made the transfer of technology from a more advanced family planning program (Indonesia) a major component of its strategy. The lessons learned from Indonesia provided models for the structural decentralization of the Bangladesh family planning program. Lessons learned during the observational study tours were then applied in the creation of small local projects, which

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were intensively followed up by local FPMT program managers. Program impact, as measured by the contraceptive prevalence rate (CPR), has been impressive, even over the short term.

On the more advanced part of the program continuum, FPMT assisted Indonesia in developing a strategy for expanding its program of privatization and reshaping the motivational basis of its current public-sector program, in light of its long-term goal of sustainability. The developments in Indonesia should also serve as a basis for future lessons for other public-sector programs as they face similar issues in seeking new models for service delivery and financing.

2.6 Asia/Near East Country Profiles

Asia

Bangladesh:

The aim of the FPMT/Bangladesh program, which was funded by a USAID/Dhaka buy-in of $2.8 million, was to increase the impact of the national family planning program by decentralizing the management structure of the public sector family planning program. FPMT focused primarily on the structural dimension by developing the skills of local management teams. The program strategy involved the training of local management teams at the Upazila (sub-district) level; each team consisted of elected officials (political), family planning managers and medical personnel (professional), and a variety of community leaders (representatives of the user groups).

Over three years of program activity, 34 local Bangladeshi teams learned about local family planning program management in Indonesia through observation study tours in that country. FPMT then provided seed money for the initiation of innovative local programs in Bangladesh and supported these initiatives with intensive follow-up and technical assistance, program review, special workshops, and newsletters. The experience of the study tours helped to improve management skills and to maintain motivation and dynamism in the Bangladesh program. It also served to generate management creativity and program support at the upper level.

In-country follow-up was subcontracted to a private local firm, which provided technical assistance and has been instrumental in ensuring the success of the program. Over 70 percent of the local management teams have succeeded in implementing their initial family planning projects, and expansion of similar activities to other areas in their sub-districts has begun. The results of such local leadership and management have been impressive, with contraceptive coverage rates increasing dramatically by 20 to 30 points in several of the sub-district project sites.

The Upazila project will be continued under the successor to FPMT, the Family Planning Management Development (FPMD) project, and it will be expanded to cover about a third of the sub-districts in Bangladesh. The program is highly regarded by government authorities and

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has received extensive coverage in the media. It has also increasingly captured the attention of NGOs that provide support to local family planning programs and is seen as offering a vehicle for working more closely with the government in accelerating program expansion and impact.

FPMT also sponsored an employee of the local Pathfinder Fund office to study in a graduate course in family planning program management.

India:

FPMT's technical assistance program has focused on developing one of the key management systems in a family planning program: the information system. Over a three-year period, FPMT worked with a local subcontractor, the Administrative Staff College of India (ASCI), to conduct a nation-wide survey of the operations and efficiency of the management information system of the Ministry of Family Welfare, which is responsible for the implementation of the family planning program.

The survey was conducted in two phases: an overview of the entire system as it operated in 16 states; and an in-depth survey of operations at the local level in six states. FPMT provided technical assistance in: developing the methodology; training researchers contracted by ASCI from a variety of management institutions around the country to conduct the survey; finalizing reports; and leading workshops to discuss the results, issues, and recommendations stemming from the project.

The 16-state overview and in-depth studies are available as detailed MIS case studies, which can be used in training programs for MIS analysis and development. The program also included two important summing-up activities: a key issues workshop, and a national seminar on MIS recommendations. Both of these meetings, attended by central and state senior family welfare officials, presented a strategy for the future development of the family planning MIS in India. The recommendations have led to a set of proposals for a continued skills development program for central and state officials involved in MIS to strengthen the capacity of their divisions, and to produce a common set of program performance and impact indicators which will serve as a basis for simplifying MIS operations and for improving the utilization of MIS systems outputs for management decision-making.

Pakistan:

The potential for FPMT technical assistance to Pakistan crystallized towards the end of the project, when officials from that country expressed interest in an observation study tour program along the lines of the project developed between Bangladesh and Indonesia (the Upazila Initiatives program). Initial visits and discussions were held between the FPMT long-term advisor in Indonesia-Bangladesh and USAID officials regarding a buy-in to conduct a related activity. This activity will be carried out under the successor project, FPMD.

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Sri Lanka:

In 1990, USAID/Colombo requested assistance from FPMT to help NGOs in Sri Lanka deal with the issues of long-term sustainability that were emerging as bilateral programs were phasing down, and as donor support for family planning programs was decreasing. Sri Lanka is characterized by an advanced family planning program in which NGOs play an important role in the provision of clinical services, community-based service delivery, and commercial sales of contraceptives. Although activities in Sri Lanka were necessarily of limited duration, FPMT technical assistance was able to focus at the level of mission and systems development in helping selected NGOs to develop strategic plans. These centered on new approaches to generating income, financing services, and establishing financial management systems. FPMT organized three short-term consultancies to two of the four principal NGOs (the Sri Lankan Association for Voluntary Surgical Contraception--SLAVSC, and the Centers for Disease Control--CDS). Consultants helped these groups to develop long-term income-generating plans, establish a new program and financial monitoring system for such income-generating activities, and create a financial plan for local and donor funding.

Indonesia:

Indonesia was the focus for FPMT's major activity with an advanced family planning program that was confronting issues of sustainability. FPMT worked with BKKBN to develop a strategy to implement the organization's mission of self-sufficiency. The work required dealing with major issues of future institutional development deriving from this strategy.

The major part of FPMT's activities were funded through a buy-in from USAID/Jakarta as part of its effort to move the public-sector family planning program toward sustainability. FPMT first organized a workshop and observation study tour for central and provincial family planning officials to observe and examine the experience of Latin American family planning programs. This was followed by the placement of a long-term technical advisor, who spent eighteen months assisting BKKBN in the development of an operations research program to test a variety of strategies for privatizing family planning services.

The technical advisor developed the general approach used in privatizing the program. He worked with 18 provincial family planning offices to develop operations research (OR) projects and then set up a framework and methodology for evaluating the results of the OR activities. This included establishing a framework whereby the strategy of self-sufficiency could be modified to reflect and address important findings from that research. Recommendations from this phase of the project will serve as the basis for follow-on activities to be carried out under the FPMT successor project, FPMD.

In addition to its work with the national family planning program around the issue of sustainability, FPMT contributed to the development and expansion of BKKBN's International

Training Program (ITP), a management training institution established in 1987 to share its training experience from the Indonesia program with other countries in Asia and the rest of the world. FPMT core funding enabled the advisor to the Bangladesh project to provide technical assistance to ITP in such areas as curriculum development, institutional marketing, and management development. Through a series of buy-ins, FPMT was also able to fund 20 participants from Asia and the Near East to receive training at ITP.

FPMT has laid a solid foundation for the future development of the ITP into a first-class training institution which is capable of providing a variety of support services (training, consultation, and research). Such an institution will facilitate the transfer of technology and experience from advanced family planning programs to programs that are still in earlier stages of development, those that have leveled off in growth, and those facing similar issues of sustainability.

In addition, FPMT sponsored a long-term BKKBN staff member to attend a graduate program in family planning management in the United States.

Thailand:

Thailand has one of the most advanced public-sector family planning programs in the Asia/Near East Region. Development requirements are few and tend to be narrowly focused. For this reason, the primary focus of FPMT assistance to Thailand's family planning program has been in the area of MIS skills development. FPMT provided technical assistance to the national family planning office in the preparation of a manpower development plan. FPMT followed this up with support for eight participants to attend a variety of short-term courses in management information systems in the United States, and for three to attend long-term graduate study courses in family planning management. A local MIS course, which had been developed as a follow-on to the U.S.-based training, had to be canceled because of financial constraints. Future needs of the Thai program are likely to emphasize skills development for family planning staff. However, Thailand also faces issues of sustainability, which means that other management dimensions may have to be addressed as financial and sector issues which are related to sustaining and expanding program impact come to the fore.

Near East

Turkey:

Turkey represents the type of country in which family planning program effort has leveled off. An FPMT needs assessment, conducted in 1988, identified MIS as one of the major system constraints to improving the management effectiveness of the program. We developed the strategy of training a group of local MIS consultants from the Ministry of Health and of supporting the establishment of a Management Sciences Department at Bilkent University. This was intended as a precursor to a longer-term involvement at the country level to improve family

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planning and MCH management information systems. FPMT sponsored four government employees to take a special MIS course in the United States. These participants subsequently developed a program of action, which was then approved by the Ministry. However, just before this program was to be initiated, financial constraints forced its cancellation. Since the approved MIS system has still not been implemented, the successor project to FPMT will consider renewing contacts with the MOH and with AID to consider this next step.

Egypt:

An extensive needs analysis was unable to identify a potential role for FPMT in the Egyptian family planning program. However, through a buy-in from USAID/Cairo, the project funded two members of the government staff to study for a graduate degree in family planning management.

Morocco and Tunisia:

Officials from the Morocco and Tunisia family planning programs have participated in FPMT via the Francophone Regional Advisory Committee (FRAC), which was established to develop a professional network of family planning leaders in French-speaking countries. Morocco and Tunisia have both sent participants to the three FRAC meetings, and Morocco hosted the second meeting. These two countries are both representative of nations with advanced family planning programs, and they serve as models of achievement for the rest of the Francophone world which, for the most part, is still in the early stages of program development.

Country	Asia and Near East Regional Highlights			
	Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Bangladesh	Country Objective: To increase the effectiveness of the family planning program through decentralization.			
MOHFP/ Sub-District Level Government	Increasing local level commitment to the family planning program.	Organized observation study tours (OSTs) for sub-district elected officials, FP managers, and community leaders to learn about community management of FP programs in Indonesia.	Developed a system for transfering local level management approaches from Indonesia to Bangladesh.	Develop systems to increase local financial responsibility for family planning programs.
	Developing management systems compatible with community finances and decision-making capability.	Conducted follow-up on OSTs with sub-district level action plans, applying lessons learned in Indonesia to local situations in Bangladesh.	Established a model for local management teams involving local elected officials, family planning professionals, and community leaders. Demonstrated increased performance of locally-managed family planning programs.	Improve quality in delivery of family planning services. Develop middle-level support for locally-managed family planning programs. Develop mutually advantageous linkages between local level government and NGO-based family planning programs.
India	Country Objective: To improve the managerial effectiveness of the family planning services information system.			
MOHFW	Providing family planning managers at all levels with timely, up-to-date and accurate information for decision making.	Conducted 16-state survey of utilization of MIS.	Developed a methodology for comparative analysis of MIS operations.	Train central and state level family planning managers in institutionalizing decision making-oriented MIS.
		Conducted 6-state in-depth survey of data flow and decision-making processes in 2 sub-districts in each state. Conducted key issues and national workshops based on results of surveys.	Developed 16-state overview and 6-state in-depth assessment of family planning MIS. Identified key issues and the forging of a national consensus on further actions to improve MIS.	Develop basic indicators for monitoring performance and impact of state family planning programs.

Country	Asia and Near East Regional Highlights: Management Development Issues	Organizational Activities	Major Accomplishments	Recommended Future Actions
Indonesia	Country Objective #1: To develop strategies for increasing the role of privatized family planning services.			
BKKBN	Facilitating transition from wholly government-based family planning to a mixed government and private sector family planning program.	Worked with provincial FP offices to develop OR projects to test different self-sufficiency models. Developed indicators and survey methods to evaluate the results of projects. Prepared recommendations for implementing long-term self-sufficiency strategy.	Developed and implemented a methodology for testing different local approaches to privatization and financial self-sufficiency. Implemented a program to substantially increase the private sector's role in FP and move the national program to a phase of sustainable implementation.	Develop methods to operationalize strategy for privatization and sustainability of national family planning program (BKKBN). Implementation of specific components of strategy to serve as a model for execution of national sustainability strategy.
	Country Objective #2: To develop the capability of BKKBN to carry out international training programs.			
ITP/ BKKBN	Improving the capability of the International Training Program (ITP) of the national family planning program.	Managed two buy-ins to provide regional fellowships to ITP. Developed brochure for marketing ITP courses.	Increased course offerings and international promotion of ITP in the Asia/Near East region.	Strengthen management structures and systems of ITP to ensure viability and sustainability of its programs.
Sri Lanka	Country Objective: To improve the management capabilities of leading family planning NGOs.			
	NGO sustainability in the face of reductions in donor support.	Provided technical assistance to top level officials to develop long-term strategic plans and financial strategies.	Developed strategic plans and improved financial systems in two major NGOs.	Develop overall management of marketing functions in NGOs.
	Diversify resources in the face of reduced donor support.	Conducted an analysis of income-generating projects and their role in organizational sustainability.	Conducted analysis of four income generating projects with cost and income projections.	Develop financial system compatible with income-generating activities.

Asia and Near East Regional Highlights				
Country	**Management Development Issues**	**Organizational Activities**	**Major Accomplishments**	**Recommended Future Actions**
Sri Lankan Association for Voluntary Surgical Contraception (SLAVSC)	Need for a financial system consistent with income-generating program strategies.	Developed a budgeting and financial reporting system.	Budgeting and financial system is being used to monitor one AVSC project.	System should be used on all donor-funded and income-generating projects.
		Developed a service tracking system.	System being used to monitor the types of services provided and income being generated by the laboratory.	Use the system to track all income generated by SLAVSC projects.
		Designed a timesheet for accurate personnel billing.	Timesheet is being used by senior managers.	Assist SLAVSC to accurately allocate personnel costs to different income-generating projects and activities.
CDS	Resource diversification to deal with problems of donor dependency.	Developed a financial strategy and proposal for donor diversification.	Plan available to help CDS deal with issues on sustainability.	Develop financial system to manage diversified donor base.

3. CURRICULUM DEVELOPMENT

The most challenging and relevant training materials are often those culled directly from the experience of family planning program managers in developing countries. When FPMT started, there was a dearth of such management training materials. Now, five years later, FPMT has developed an extensive collection of case studies, exercises, simulations, handbooks, and coursebooks in major skill areas. All these materials have been tested and used by family planning programs worldwide. However, the important legacy of the project is not so much the existence of training materials, but rather FPMT's approach to developing and adapting materials to suit the special needs of managers of family planning programs. This technique has proved to be a flexible and inexpensive approach to curriculum development. And, as part of FPMT's strategy of collaboration and transfer of expertise to local or regional organizations (including the client organization itself), we have encouraged training personnel from the agencies with which we have worked to replicate this approach. In addition, whenever materials are found to be suitable for use in other regions, FPMT has arranged for translation. Please refer to Annex 2 for a complete list of training materials developed under the FPMT Project.

3.1 Handbooks

Staff and consultants working with FPMT collaborated in the writing and production of two important handbooks during the course of the project. The first, called *Beyond the Clinic Walls: Case Studies in Community-Based Distribution,* is a primer for program planners interested in starting, managing, and monitoring a community-based project to distribute contraceptives. The second, *The Family Planning Managers' Handbook: Basic Skills and Tools for Managing Family Planning Programs,* is a practical source of basic management concepts, techniques, tools, and cases for mid- and top-level managers. This ten-chapter handbook addresses common issues in program planning, management, and supervision, and equips program managers with the essential concepts and practical managerial skills necessary to begin or expand the provision of family planning services. It is designed for use by program managers who may not have had advanced training in program management. While not a training manual, it can be used for training in specific management areas and as a reference guide for family planning programs. An initial printing of 5,000 copies will be distributed to family planning managers around the world. In addition, the book will be marketed and made available for purchase by the Kumarian Press.

3.2 Coursebooks

During the last two years, in addition to workshop reports, FPMT has assembled detailed coursebooks containing course objectives, teaching notes, and handouts for each management training workshop. As a result, we have an extensive library of coursebooks in English, French, Spanish, and Portuguese on such topics as supervision, strategic planning, and work planning.

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3.3 Case Studies

FPMT trainers found that when workshops were oriented toward problem-solving and the application of management techniques to actual circumstances, the trainers found themselves presented with a huge number of real-life management problems. The introduction and discussion of such problems provided the basis for a number of useful "mini-cases" or management vignettes, which are often used to introduce new management concepts. Under FPMT, 28 case studies were developed, each reflecting various experiences and solutions to problems encountered by workshop participants. See Annex 2 for a complete listing of the cases.

3.4 Simulations

FPMT developed a versatile "Pandora" simulation for use in training family planning and health managers. The simulation has a basic frame onto which new versions are grafted (depending on whether the training session involves, for example, MIS, safe motherhood, or child survival). With a minimal investment of time, other versions can be constructed to cover such topics as quality of care, the internal client, etc. Another shorter simulation, named "Managing Middleness," helps participants explore what it means to be a middle manager. This simulation was well received when it was first tested in Kenya at the third Child Survival Workshop.

3.5 Management Exercises

Various management exercises were designed under FPMT. These originally involved a considerable investment of time and effort. As the training staff have gained increased experience, the management exercises can now be developed during training sessions, polished and revised following the session, and then retested. We have found this dynamic approach to be more useful, less costly, and more responsive to participants' needs than the earlier techniques. In addition, the use of exercises provides trainers with feedback on how well the concepts have been understood. For example, the best way to find out whether participants understand how to use information for decision-making is to provide them with actual tables, charts and figures on service delivery. Participants are then asked to use the data to comment on a clinic's functioning. Over the last five years 13 management exercise materials were developed. For a complete list of exercises and topics, please see Annex 2.

3.6 Basic Bookshelf

In many of the countries in which FPMT is active, basic reference materials of relevance to family planning managers are extremely scarce. To address this handicap, FPMT distributed sets of essential texts for managing family planning programs -- its "Basic Bookshelf for Family Planning Managers." FPMT started with an English version of the series in 1987 and introduced the French and Spanish versions in 1988. Since 1987, a total of 106 sets (60 in English, 25 in

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French, and 21 in Spanish) of the Basic Bookshelf have been distributed to 94 client organizations. Please see Annex 3 for a list of the materials distributed.

In addition, in 1987, FPMT assembled a compendium that listed every known institution providing short- and long-term management training. The resource list was distributed worldwide. It was so well received that an updated version was produced a year later.

3.7 Computerized Training Materials Database

FPMT developed and put on disk a comprehensive computerized annotated bibliography. The bibliography contains over 800 entries in four languages. The titles are categorized by management area (finance, logistics, human resources, TOT, etc.). Hard copies have been widely distributed in the United States and overseas. FPMT continues to use and update this resource.

4. TRAINING

4.1 Short-term Training

Nearly 2,000 managers have been trained in general and specialized management courses and have been exposed to FPMT's management philosophy, which is one of problem-solving, teamwork, empowerment, and participation. Workshops took place in-country and usually within the context of other management development activities. One hundred and eleven participants were sponsored to various short-term management courses in the United States and at selected regional training institutes. These included 20 participants to two PAID courses in Cameroon, and 20 participants to the International Training Program in Indonesia. Among the institutions that participants attended courses at in the U.S. were: Management Sciences for Health, Center for Population and Development Activities (CEDPA), Ronco, Population Communication Services, Stanford University, The East West Center at the University of Hawaii, and the Fund Raising School at the University of San Diego.

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4.2 Long-Term Training

FPMT sponsored 29 middle- and senior-level managers in family planning management for training in the United States, providing them with training opportunities and technical assistance. The fellowship program, which was coordinated and administered by our consortium member, the Latin American Studies Program in American Universities (LASPAU), offered graduate work at a U.S. universities, in many cases leading to Master's Degrees in the fields of Public Administration, Management, Business Administration, and Public Health. For study-related expenses incurred at selected English-language training institutions and U.S. universities, the fellowships included full tuition, a stipend to cover living expenses, health insurance, and a book allowance. English language training was offered for up to eight weeks at the American Language Institute at San Diego University for selected students who needed additional training in English before commencing their long-term training. The fellowships lasted between 12 and 18 months to attend a program at a U.S. University, depending on the particular graduate program. This unique opportunity allowed family planning professionals to increase their understanding and application of management issues and return to their own countries better able to promote and manage program change, implementation, and expansion.

Over the last five years, FPMT sponsored 26 long- and 3 short-term fellowships for family planning professionals representing 16 different countries: Bangladesh (2), Brazil (1), Bolivia (2), Burkina Faso (1), Cameroon (3), Egypt (2), Ghana (3), Indonesia (1), Kenya (5), Lesotho (1), Mexico (1), Peru (1), Rwanda (1), Sudan (1), Thailand (3), and Zimbabwe (1).

5. STUDY TOURS AND INTERNSHIPS

In addition to long- and short-term training carried out in the United States, FPMT conducted observation and study tours (OSTs) as a complement to training and technical assistance. A survey on the impact of study tours revealed that exposure to innovative programs and their leadership can have an immediate, positive, and far-reaching impact on managers and on their programs after their return. For a summary of all FPMT-sponsored study tours (with the exception of the Bangladesh/Indonesia study tours, which are discussed in section 2.6) see Annex 5.

In order to get the greatest benefit from the study tours, FPMT first carefully reviewed the learning objectives each tour would address, and then selected and prepared the host organizations, which involved staff visits and developing a detailed guide for conducting the study tour. Each study tour involved a combination of presentations, one-on-one interviews, small group meetings, an observation of managers in action, a discussion of the tracking of information flows, daily debriefings, and an exercise in which the participants would write up action plans linking what they had learned on the study tour with the work environment in their home countries. The study tours usually ended with a general debriefing (preferably with the hosts present) at which the participants reviewed what they had learned and, using their new

knowledge, identified potential solutions to problems they might encounter in their own countries.

There are various ways in which observation and study tours can be organized. FPMT has had experience with three particular types, each of which has its advantages and disadvantages:

- Add-ons to workshops or seminars (OSTs 3, 4, 5, and 7)

  Participants explore and examine a number of well-defined issues during a workshop or seminar, after which they visit, in groups of various sizes, one or more institutions or organizations that have been selected to illustrate interesting, promising, or successful approaches to specific management issues. After the visit, the participants return to the workshop setting and incorporate the learnings and observations into the workshop program.

  This type of study tour is meant to expose participants to new approaches in the hope that they will try them out when they return to their home countries. It requires an audience that has sufficient authority back home to initiate change. A drawback of this type of OST is that it tends to take senior managers away from their jobs for a considerable amount of time, and can be so crowded with activities and visits that it doesn't leave enough time to reflect and absorb what has been observed.

- Stand-alone study tours (OST 1)

  The visit is not focused on any particular issue, but is meant to expose the participants to a wide variety of program management applications and approaches. Participants receive a short briefing, and then, through observation and questioning, are encouraged to explore issues of particular interest to them while at the same time getting a good sense of the broader picture of family planning program management. The visit ends with a debriefing in which the participants reflect upon their experience and tie their observations to their home situations.

  FPMT had one experience with this type of OST. A small group of Nigerian senior-level family planning managers visited the Senegalese family planning program, which is generally considered to be a well-advanced program in Francophone West Africa. The OST was designed to give the Nigerians a broad exposure to how the family planning program operated in Senegal. This approach works particularly well for an audience coming from a program that is in the emergence stage, when there is so much to sort out and everything seems important at the same time. This visit allowed the Nigerians to see how the pieces come together.

One benefit of this type of visit is its relatively short duration; program leaders are not absent for too long. Its possible drawbacks are that the visit could appear to be a reward as it is not related to any other intervention, and that such a visit is hard to evaluate and follow up unless clear action plans are prepared during the visit.

- "Taking advantage of the opportunity" (OSTs 2, 6, and 8)

  Participants attend an event (workshop, conference, etc.) in a particular place and are invited to remain after the event to visit organizations or institutions that may be of particular interest to them. The focus of the visit is not necessarily related to the subject of the event in which they participated; it can be broader or narrower in focus.

  This type of visit can be very effective and worthwhile if the participants have the time and the interest, and if a focused visit can be organized.

All the study tours share certain advantages and disadvantages. The benefits include: exposing the participants to new ideas and to new management tools and techniques; giving them the opportunity to discuss the consequences of implementing new approaches and to learn from the mistakes of others; building networks and supportive relationships; and, when participants come from the same organization, serving as a team-building exercise. However, a number of problems and obstacles present themselves in many OSTs, which we are trying to overcome. These include: avoiding an overcrowded program of activities while still taking advantage of opportunities; balancing time for doing things and time for reflection (the usual debriefing occurs at the end when people are tired and ready to go home); participants having to make too many adjustments in too short a time; and deciding how to follow up something so intangible as a "broadened horizon."

Seven internships were completed under FPMT. Three of the four interns were long-term trainees sponsored by the project. Upon graduation from their long-term training program, two of the trainees completed short internships at Management Sciences of Health (MSH) and one at The Pathfinder Fund. The intern from Senegal developed a financial plan, and the interns from Thailand and Rwanda worked on curriculum development for training programs. Working at The Pathfinder Fund, the intern from Bangladesh worked on management issues related to community-based distribution. Other projects completed by interns were: writing a paper entitled, *AIDS in Africa: The Role of US Based Family Planning Training Organizations in Containing the Epidemic*, for a workshop that was sponsored by FPMT; and the editing and writing of portions of *Beyond the Clinic Walls: Case Studies In Community-Based Distribution.*

6. EVALUATION

As in many development projects, it is extremely difficult to evaluate the impact of the training and technical assistance given in the FPMT project. During the FPMT project, progress was made in developing an evaluation framework which was used to measure process as well as impact and results. This methodology has formed the basis for work to be continued under the FPMD project. We have found that tests can be given to trainees to measure their comprehension of lessons taught, and certain skills can be observed during training and technical assistance sessions to determine whether the skills and concepts imparted have been internalized. However, the long-term impact and effectiveness of any training or technical assistance intervention is subject to both internal and external influences that may interfere with the full application of these new skills and concepts -- even if they were fully absorbed at the time of the intervention. In order to assess the long-term impact of these interventions empirically, qualitative measures must be employed in combination with the more traditional quantitative evaluation techniques.

A comprehensive impact evaluation of every activity undertaken by FPMT is not feasible. However, a qualitative case study approach to Project Impact Assessments (PIAs) was designed for use in selected countries in which FPMT had worked. This approach was designed to illuminate program decisions or actions -- why they were taken, how they were implemented, and what results were achieved. Such an approach complements particularly well a more quantitative evaluation of the effectiveness and impact of FPMT's management training and other interventions.

In 1988, FPMT designed an abbreviated version of the in-depth PIAs. The "mini-PIA" was tested both in Niger and at the Francophone Regional Advisory Committee (FRAC) meeting in Senegal. Mini-Pias are structured one to three-day evaluations consisting of interviews with program participants. They enable staff to follow up on more participants and make more frequent improvements to the programs than the in-depth PIA. In countries in which FPMT works intensively, the mini-PIA is used in conjunction with formal PIAs.

The advantages of this combined methodology are evident at several different levels:

- The individual level -- demonstrating the impact of FPMT interventions on the individuals involved;

- The programmatic/organizational level -- showing how FPMT has affected the overall operations and activities of the program or organization with which it has worked;

- The country level -- indicating whether FPMT activities had any impact on the nationwide provision of family planning services;

- The comparative level -- revealing the lessons that can be drawn about the FPMT project by comparing PIAs from a number of different countries;

- The overall FPMT Project level -- helping to analyze and learn by pooling quantitative FPMT evaluation data with the findings of the PIAs;

- The policy level -- helping to define policy implications concerning management training in family planning programs.

During the last five years, mini-PIAs were conducted in Rwanda, Ecuador, and Niger, and formal in-depth PIAs were conducted in Nigeria and Senegal.

7. COORDINATION AND COLLABORATION

7.1 Coordination with Regional and Local Institutions

FPMT has benefitted greatly from the collegial relationships developed with regional and local training and management institutions. The project has also worked closely with agencies whose major activities are not directly related to management issues but make essential contributions to the fields of international population and family health. These wide-reaching relationships have taken many forms, from the joint sponsorship of participants and the planning of regional and local training courses to joint technical and training activities and subcontracts. These relations have enriched the FPMT project, and have also had the effect of strengthening local institutions.

Collaboration has taken many different forms depending on the needs of the organization and their level of development. The two major types of collaboration were: collegial with formal agreements, as in the case of AIM and BKKBN; and FPMT providing services to organizations, at their request, to reinforce their management capabilities. The Upazila Initiatives Project, which sponsored numerous study tours to Indonesia thereby greatly enhancing the reputation of BKKBN's International Training Program, is an outstanding example of effective coordination among different institutions. A further example is FPMT's provision of more than 20 scholarships for African family planning managers to take courses at the Pan-African Institute of Development (PAID), thereby strengthening PAID's training program. FPMT held joint training activities with numerous other agencies: the Centre for African Family Studies (CAFS); CENACOF in Zaire; the Administrative Staff College of Nigeria (ASCON); CORAT in Kenya; Three E Consultants in Kenya; the Administrative Staff College of India (ASCI); and INCAE in Central America. At a very early point in the project, joint needs assessments were undertaken in collaboration with the Asian Institute of Management (AIM). In addition, local management institutions have served as subcontractors to FPMT in many countries.

7.2 Coordination with other Cooperating Agencies

FPMT valued its close collegial relationships with people in the field and benefitted greatly from these relationships.

INTRAH and FPMT collaborated on many occasions during the project. A joint needs assessment was conducted in Zaire and a joint management development plan was formulated in Niger.

A coordinated strategy on Near East activities was developed in connection with RONCO. FPMT and PAC II created a coordinated family planning training plan in Haiti. JHPIEGO, PCS, and FPMT conducted a needs assessment for Cameroon family planning organizations. Planning for the FHI II project in Lesotho was done collectively with representatives from FMPT, the Center for Population and Family Health, NFP, and PCS. FPMT staff met with IPPF representatives to share strategic planning experiences and advice on approaches to training in this area. FPMT provided advice for URC on their Operations Research Project.

In 1988 FPMT sponsored a workshop on The Integration of AIDS Related Curricula into Family Planning Training Programs. Technical input for this workshop was provided by AIDS TECH, Family Health International, AIDS COM, and the Academy for Educational Development.

Collaboration with the Centers for Disease Control was evidenced by a management course in Niger for managers of health and family planning programs. A CDC representative also collaborated with FPMT during a strategic planning seminar to develop a contraceptive inventory program with the MOH in Haiti. In addition, staff from the Division of Reproductive Health at CDC and The Family Planning Logistics Management Project at JSI provided technical assistance in writing a chapter of *The Family Planning Manager's Handbook.*

FPMT participated in a number of evaluation seminars which were conducted at CEDPA and sponsored, originally, by JHPIEGO. The 1988 CAs meeting hosted by CEDPA was funded by FPMT, and project representatives facilitated sessions on financial sustainability and donor coordination. In addition, MIS training was conducted by FPMT for CEDPA trainees.

Collaboration with the World Bank (WB) occurred through conducting a management assessment of the ZNFPC training unit in Zimbabwe and while participating in the evaluation of WB programs through a case study of Senegal. Similarly, FPMT collaborated with the WB for an inter-regional workshop dealing with strategies for expanding family planning services. Finally, the project engaged in a training workshop for Nigerian family planning professionals as part of the World Bank's "African Populations Initiatives for the 1990's."

The project worked with PCS in Zaire on "client-centered services" as a component of PCS's IEC activities. INTRAH, PCS and FPMT designed a training session on supervision and supervision tools and protocols. FPMT representatives conducted an introductory seminar in strategic planning in conjunction with the Enterprise Project for participants at a meeting for

CAs, AID representatives, and PVOs in Brazil.

FPMT and The Pathfinder Fund coordinated meetings on training evaluation and on developing indicators for quality of care for collaborating agencies. A task force was subsequently created, and FPMT was an active participant. FPMT also participated in the following AID working groups: Norplant Committee, IEC Training, Training Committee, and Evaluation Working Group.

In 1989, an FPMT representative presented a paper on the FPMT conceptual framework at the American Public Health Association meeting. In 1990, "Partnership Case Studies - Africa" was presented at the National Council on International Health conference, and "Training Family Planning Managers for the Year 2000" was presented at the annual APHA meeting.

Several CAs attended the last day of the Francophone Regional Advisory Committee (FRAC) in 1987, including the Population Reference Bureau, INTRAH, JSI, RONCO, CDC, PCS, Pathfinder, and CEDPA. This collaboration extended to subsequent FRACs held in Africa.

8. CONCLUSIONS

FPMT distinguished itself from other population projects in that its emphasis was on every facet of management, rather than on a specific service delivery system or technical area. The challenge for the FPMT project was to contribute to the body of knowledge on family planning management, to complement rather than duplicate the work of other family planning projects, and to have an impact on family planning use. Given the scattered and piecemeal attention that had been given to the management of family planning programs up to that point, the dearth of appropriate management training material, and the difficulty of measuring impact, the task was a formidable one.

Looking back on the five years of the project, we believe we have met this challenge. We have contributed to the body of family planning management knowledge with the development of the FPMT framework and our approaches to management effectiveness, organizational sustainability, and quality of care. We have developed a significant library of training materials in several languages, specifically written or adapted for family planning managers. We have established excellent working relationships with other population projects and CAs. These relationships continue to be important to the achievement of the objectives of everyone working in the population field.

The impact of our work on family planning use is more difficult to assess. Evaluation of management assistance is fraught with methodological problems. Organizational development interventions fail or succeed for many different reasons, few of which are within control of the intervenor. We have learned much in the process, however. Any intervention from the outside is a call for change, and no change is likely to succeed unless the organization's leadership sees the need for change and is actively involved in directing the change process. FPMT has started to play a key role in helping organizations to deal with the changing relationships between donors and grantees (especially in Asia and Latin America). Strategic decision making and a move toward some degree of independence are beginning to affect the rules of the game. It is the awareness of the need for a new set of rules - missions, strategies, structures, and systems - that merit attention. How to bring about this awareness, and how to assist the various organizations in planning for and implementing change, will continue to be our big challenge under FPMD. We feel that our work under FPMT has prepared us for this task.

ANNEXES

Annex 1

FPMT Framework Public Sector

MANAGEMENT ISSUES AT FOUR STAGES IN PROGRAM DEVELOPMENT A MODEL FOR ANALYSIS AND PLANNING IN THE PUBLIC SECTOR				
MANAGEMENT COMPONENT	STAGE 1 EMERGENCE AND SURVIVAL	STAGE 2 GROWTH	STAGE 3 MATURITY	STAGE 4 SUSTAINABILITY
MISSION	Same as mandate. Tentative government support. Not clear which Min./group in charge. Critical Task: Identify key actors/constituents in gov't and public.	Development of broad goals and policy objectives based on mandate. Critical Task: Nurture support for goals and objectives among opinion leaders.	Broad goals and policy objectives established and supported by key political and public leaders. Critical Task: Maintain political support;develop strong constituencies among users.	Family Planning considered a "public good" and a basic right by everybody. Critical Task: Re-define goals and objectives as the environment changes.
STRATEGIES	Donor-driven, politically suspect. Critical Tasks: Generate internal political support. Establish competence in service delivery.	Donor-influenced, politically more acceptable. Critical Tasks: Increase internal political/financial support; organize for service expansion, with focus on effectiveness.	Reflect awareness of different pop.targets; threat of reduced funding; concern for efficiency. Critical Tasks: Develop market segment strategies; contain costs; explore cost recovery options; explore public-private sector roles.	Responsive to changing goals and objectives; responsive to needs of key constituencies. Critical Tasks: Maintain a strategic mind-set;identify key strategic issues and formulate appropriate strategies; innovate.
STRUCTURE	Centralized and vulnerable to political influences; ill-defined, no clear locus for FP. Critical Task: Develop and clarify roles/responsibilities of departments and bureaus.	Established administrative locus. Centralized, bureaucratic, subject to political influences. Critical Task: Align structure to support broad strategies.	Structure reflects major strategic directions. Critical Task: Develop staff capability to manage change.	Flexible structure, aligned with public sector trends and strategic choices. Critical Task: Maintain flexibility, congruence with mission and strategies.
SYSTEMS	Basic systems inherited from larger bureaucracy. Inadequate for informed decision-making. Critical Task: Meet donor requirements; provide timely contraceptive supplies.	Perception of inadequacies of current systems. Critical Task: Explore needs and develop staff capability in basic system design and use.	All management systems in place. Critical Tasks: Improve systems for monitoring, controlling, and evaluating for effectiveness and efficiency.	Management systems are used purposefully. Critical Task: Provide management information to allow appropriate innovation and change.

Annex I

FPMT Framework Private Sector

MANAGEMENT ISSUES AT FOUR STAGES IN PROGRAM DEVELOPMENT A MODEL FOR ANALYSIS AND PLANNING IN THE PRIVATE SECTOR				
MANAGEMENT COMPONENT	STAGE 1 EMERGENCE AND SURVIVAL	STAGE 2 GROWTH	STAGE 3 CONSOLIDATION	STAGE 4 SUSTAINABILITY
MISSION	As defined by founders. Focus on municipal/regional targets, with simple service mix. Critical Task: Define target population/services.	Newly defined. Critical Task: Test ability to succeed in light of barriers to entry.	Under re-examination with concern for self-determination and sustainability. Critical Tasks: Expand definition of target population, service/product mix; explore links with public sector.	Success in fulfilling mission as re-interpreted by the Board of Directors Critical Task: Re-define mission in light of changes in environment and roles of public/private sectors.
STRATEGIES	Emphasis on external environment including donor support. Critical Task: Surmount barriers to entry, such as * external policy environment * funding * service delivery competence	Characteristically donor directed, focused on establishing service delivery competence. Critical Task: Expand service delivery built upon effective marketing for increased funding and increasing FP clients; surmount the competition.	Formal strategy development to consolidate gains and deal with more complex internal and external management. Critical Tasks: Develop capacity to produce/deliver quality services/products thru cost containment/recovery, quality control, diversification of funding sources, and marketing.	Focus on matching organizational competence with present needs/future possibilities. Critical Tasks: Maintain strong, local, diversified financial base. Respond to needs of market; Stay competitive. Maintain strategic mind-set.
STRUCTURE	Fluid. Direct executive control. Project geared. Board and staff functions not clearly delineated.	Centralized. Project-based. Critical Tasks: Develop effective structure for implementation; Develop Board of Directors, representing various stakeholders.	Empowered Board of Directors. Defined Board/Staff roles. Critical Task: Re-align structure with new strategies.	Congruent with strategies. Synergistic Board/Staff relations. Critical Task: Re-align structure as needed to support strategies.
SYSTEMS	Minimal and informal. Critical Task: Meet donor requirements; provide timely contraceptive supplies.	Minimal to basic. In adequate for informed decision making. Critical Task: Meet donor requirements; develop personnel, financial, and logistics systems to support expansion.	Basic systems for effective functioning and decision making. Critical Task: Develop systems for monitoring, controlling, evaluating for efficiency and effectiveness.	Management systems support changing roles. Critical Task: Provide management information allowing appropriate innovation and change.

Annex 2

FPMT CURRICULUM MATERIALS

PAGE NO. 1

TYPE OF PUBLICATION: CASE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
COORDINATION	THE CLASH (ADAPTATION)	E	NIGERIA	SHORT CASE TO EXPLORE BOTH PERSONAL STYLE AND STRUCTURE OF A COORDINATION MECHANISM.
DELEGATION	DELEGATING EFFECTIVELY	E	WORLDWIDE	DISCUSSES DELEGATION, COMMUNICATION, AND THE IMPORTANCE OF CLARIFYING EXPECTATIONS.
FINANCE	AUTHORIZING AND TRACKING EXPENDITURES	E	WORLDWIDE	CASE FOCUSES ON THE NEED FOR MANAGEMENT SYSTEMS TO ALLOCATE COSTS, TRACK EXPENDITURES, COMPARE BUDGETS TO EXPENDITURES.
LOGISTICS	A SHORTAGE OF SUPPLIES	E	HONDURAS	CASE EXPLORES THE ISSUES INVOLVED IN DISTRIBUTION, RECORD KEEPING AND THE STOCKKING OF EXPIRED SUPPLIES, ACROSS ALL LEVEL (INCLUDING THE DONORS).
LOGISTICS	PREVENTING CONTRACEPTIVE SHORTAGES	E	WORLDWIDE	DISCUSSES THE IMPORTANCE OF MANAGING CONTRACEPTIVE SUPPLY SYSTEM BY SHOWING HOW QUALITY OF SERVICE IS AFFECTED BY CONTRACEPTIVE SHORTAGE.
MANAGEMENT	THE TRANSFER	E	NIGERIA	CASE TO EXPLORE THE ROLE OF A MANAGER.
MANAGEMENT	BEYOND THE CLINIC WALLS	E	LIBERIA	A SERIES OF NINE SHORT CASES DEPICTING MANAGEMENT ISSUES IN AN URBAN CBD PROGRAM. COVERS MOTIVATION, PLANNING, EVALUATING, SUPERVISION, HOLDING MEETINGS, ETC.
MANAGEMENT	KAZANDA	E/F	AFRICA (FRENCH)	A VERY RICH BUT UNFOCUSED CASE, CAN BE USED IN A VARIETY OF SETTINGS. ADDITIONS AND ADAPTATIONS WILL NEED TO BE MADE TO TAILOR IT TO THE PARTICULAR PURPOSE. IT IS MAINLY A SET OF DATA ON A FICTITIOUS (FRANCOPHONE) AFRICAN COUNTRY.
MIS	THE IMPORTANCE OF ACCURATE AND TIMELY INFORMATION	E	WORLDWIDE	DISCUSSION OF THE IMPORTANCE OF ACCURATE AND TIMELY INFORMATION TO HELP SET TARGETS AND EVALUATE PROGRAM PERFORMANCE, AS WELL AS THE PERFORMANCE OF INDIVIDUAL STAFF.

TYPE OF PUBLICATION: CASE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
MIS	THE QUARTERLY COUNT	E/S	CENTRAL AMERICA	TWO-PAGE CASE ON ADMINISTRATIVE SUPERVISION, ESPECIALLY RECORD KEEPING. USEFUL TO EXPLORE HELPING OR HINDERING RECORD KEEPING METHODS AND IMPLICATIONS FOR PROGRAM MONITORING.
PLANNING	USING WORKPLANS TO KEEP A PROGRAM ON TRACK	E	WORLDWIDE	CASE ILLUSTRATE THE USE OF A WORKPLAN AS A FLEXIBLE TOOL TO HELP PROGRAMS MEET THEIR OBJECTIVES AND DISTRIBUTE THE WORK.
PLANNING	THE VISIT	E	NIGERIA	DESCRIBES THE TRIALS AND TRIBULATIONS OF A SUPERVISOR GOING OUT INTO THE FIELD. ELEMENTS OF PLANNING, PROBLEM-SOLVING, AND COORDINATING ARE EXPLORED.
PLANNING	A PROPOSAL FOR DR. TERAN	E/S	CENTRAL AMERICA	EXCELLENT DISCUSSION CASE ON THE IMPLICATIONS OF TOP-DOWN PLANNING, TARGET AND GOAL SETTING, CONTROL, AND SELF-SUFFICIENCY.
PROBLEM MANAGEMENT	THE EPI-FP CONFLICT	E	AFRICA	SHORT CASE THAT ILLUSTRATES BIAS IN PROBLEM IDENTIFICATION.
PROBLEM SOLVING	THE EMPTY MATERNITY	E	NIGERIA	PROVIDES AN OPPORTUNITY TO EXPLORE CAUSES WHEN GIVEN A SYMPTOM.
SUPERVISION	THE NEED FOR JOB DESCRIPTIONS - PART I AND II	E	WORLDWIDE	DISCUSSES THE IMPORTANCE OF JOB DESCRIPTIONS IN CLARIFYING EXPECTATIONS AND IN PRIORITIZING TASKS.
SUPERVISION	THE SUPERVISION OF LYDIA	E/S	CENTRAL AMERICA	EXCELLENT DISCUSSION CASE ON THE ROLE OF POLICIES IN HINDERING OR HELPING CBD DISTRIBUTORS. ALSO TOUCHES UPON THE DISTANCE BETWEEN TOPS (PLANNERS) AND BOTTOMS (DISTRIBUTORS), PLANNING VERSUS IMPLEMENTATION, COMPLIANCE VS INITIATIVE.
SUPERVISION	MANAGING A PERFORMANCE PROBLEM	E	WORLDWIDE	SHORT CASE WHICH DISCUSSES ASPECTS OF DELEGATION AND COMMUNICATION BETWEEN MANAGER AND STAFF.

TYPE OF PUBLICATION: CASE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
SUPERVISION	COMMUNITY DISTRIBUTION REPORTS A AND B	E/S	CENTRAL AMERICA	FAIRLY COMPLEX CASE ON THE USE OF INFORMATION FOR SUPERVISION AND PERFORMANCE EVALUATION OF CBD WORKERS. CONTAINS SEVERAL EXHIBITS OF DISTRIBUTION RECORDS, ACTIVITIES REPORTS.
SUPERVISION	MARTHA TORRES	E/S	CENTRAL AMERICA	4-PAGE CASE (NO EXHIBITS) TO EXPLORE THE ROLE OF A SUPERVISOR IN ATTRACTING AND RETAINING GOOD PEOPLE.
SUSTAINABILITY	MEETING THE CHALLENGE OF A DECREASE IN FUNDING	E	WORLDWIDE	THIS CASE EXPLORES SOME OFTHE BASIC ISSUES FACED BY ORGANIZATIONS WHICH ARE TRYING TO BECOME SUSTAINABLE.
TRAINING	IS TRAINING NECESSARY - PART I AND II	E	WORLDWIDE	CASE TO EXPLORE IF TRAINING IS THE APPROPRIATE SOLUTION TO A PERFORMANCE PROBLEM OR NOT.

TYPE OF PUBLICATION: COURSEBOOK

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
EVALUATION	CASE STUDY EVALUATION METHODS	E	WORLDWIDE	COMPLETE COURSEBOOK FOR A THREE-DAY TRAINING SESSION ON QUALITATIVE EVALUATION METHODS.
FINANCE	PRESUPUESTACION Y CONTROL	S	BOLIVIA	3-DAY WORKSHOP ON BUDGETING AND CONTROL FOR PUBLIC SECTOR.
MANAGEMENT	FP MANAGEMENT WORKSHOP	S	PERU	PUBLIC SECTOR ONE-WEEK GENERAL MANAGEMENT WORKSHOP.
MANAGEMENT	CS MANAGEMENT	S	PERU	PUBLIC SECTOR TWO-WEEK COURSE.
MANAGEMENT	CS/FP MANAGEMENT WORKSHOP (KENYA)	E	KENYA	COMPLETE COURSEBOOK FOR A TWO-WEEK COURSE ON THE MANAGEMENT OF CHILD SURVIVAL AND FP PROGRAMS FOR MID-LEVEL MANAGERS. COVERS BOTH MANAGEMENT AND TECHNICAL INFORMATION, EXERCISES, CASES AND TEACHING NOTES.

TYPE OF PUBLICATION: COURSEBOOK

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
MANAGEMENT	CAFS WORKSHOPS ON FP MANAGEMENT	E/F	AFRICA	SERIES OF COURSEBOOKS AND REPORTS ON SEVERAL WORKSHOPS ON THE MANAGEMENT OF FP PROGRAMS HELD IN NAIROBI AND LOME AND DAKAR FOR MID AND TOP LEVEL MANAGERS. INCLUDES SESSION PLANS, HANDOUTS, EVALUATION FORMS.
MANAGEMENT	GENERAL MANAGEMENT WORKSHOP	F	ZAIRE	COURSEBOOK FOR TWO-WEEK COURSE ON MANAGEMENT AND PLANNING OF FP PROGRAMS HELD IN ZAIRE.
MANAGEMENT	WORKSHOP ON SUPERVISION/PLANNING/LOGISTICS	F	NIGER	COMPLETE COURSEBOOK ON A TWO-WEEK COURSE FOR MID-LEVEL FP MANAGERS ON LOGISTICS MANAGEMENT (CDC), SUPERVISION AND PLANNING.
PLANNING	CONAPO WORKSHOP (3 MODULES)	S	MEXICO	PART I - STRATEGIC MANAGEMENT (3 DAYS). PART II - ON PARTICIPATIVE TRAINING METHODOLOGIES. PART III - BUDGETING AND CONTROL.
PLANNING	NOTES DE COURS - ATELIER DE PLANIFICATION	F	NIGER	OUTLINE FOR A 4-DAY COURSE ON PROGRAM PLANNING.
PLANNING	LGA PLANNING WORKSHOPS	E	NIGERIA	COMPLETE COURSEBOOK FOR TWO-WEEK COURSE ON PLANNING AND MANAGEMENT OF FP PROGRAM (HAS BEEN IMPROVED SINCE BY NIGERIA FHS/PUBLIC SECTOR PROJECT).
PLANNING	PLANNING WORKSHOPS (CAMEROON)	F	CAMEROON	COMPLETE COURSEBOOK FOR A TWO-WEEK COURSE ON PLANNING AND MANAGEMENT OF FP PROGRAMS, INCLUDING DAILY SESSIONS PLANS AND HANDOUTS.
STRATEGIC PLANNING	MCH STRATEGIC PLANNING WORKSHOP	S	BOLIVIA	ONE WEEK PVO WORKSHOP.
STRATEGIC PLANNING	PLANEACION ESTRATEGICA	S	BOLIVIA	PUBLIC SECTOR WORKSHOP, TWO-DAY WORKSHOP.

TYPE OF PUBLICATION: COURSEBOOK

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
STRATEGIC PLANNING	STRATEGIC PLANNING WORKSHOP	P	BRAZIL	ONE WEEK WORKSHOP ON STRATEGIC PLANNING FOR SELF-SUFFICIENCY FOR BRAZILIAN PRIVATE SECTOR ORGANIZATIONS.
STRATEGIC PLANNING	PLANEACION ESTRATEGICA	S	BRAZIL	BASICS OF STRATEGIC PLANNING, 5 SESSIONS FOR WORKSHOP ADD-ON TO CONFERENCE (II CONGRESO).
SUPERVISION	SUPERVISION WORKSHOPS (BURKINA FASO)	F	BURKINA FASO	COMPLETE COURSEBOOK FOR A TWO-WEEK COURSE ON SUPERVISION, INCLUDING HANDOUTS AND OTHER MATERIALS, BASED ON THE EXPERIENCE FROM A SERIES OF SIX WORKSHOPS FOR MID LEVEL AND PROVINCIAL MCH DIRECTORS.
SUPERVISION	SUPERVISION WORKSHOP	E	LESOTHO	FOUR-DAY SUPERVISION WORKSHOP FOR MIDLEVEL FP MANAGERS FROM PUBLIC AND PRIVATE SECTOR. FOCUS ON THE USE OF A SUPERVISION SYSTEM (PROCEDURES, FORMS, CHECKLISTS, PROTOCOLS) AND EMPHASIS ON PROBLEM SOLVING AND SUPPORT.
SUPERVISION	MANUEL DE FORMATION ON SUPERVISION	F	BURKINA FASO	TRAINING MANUAL BASED ON EXPERIENCE FROM 7 SUPERVISION WORKSHOPS FORDSMI AND AS PROVINCIAL AND CENTRAL DIRECTORS, CONDUCTED IN THE PERIOD FROM 1987 - 1990.
SUSTAINABILITY	WORKSHOP ON SUSTAINABILITY	S	BOLIVIA	ONE WEEK FOR NGOS/PVOS.
TOT	CHILD SURVIVAL TOT	S	PERU	PUBLIC SECTOR TWO-WEEK COURSE.
TOT	FOLLOW-UP MANAGEMENT WORKSHOP PART I	S	MEXICO	FOLLOW-UP ON CONAPO/FPMT WORKSHOP HELD IN 1988.
TOT	TRAINING TECHNIQUES WORKSHOP	S	COLOMBIA	ONE-WEEK WORKSHOP WITH PROFAMILIA ON TOT.
TOT	CASE WRITING	E	WORLDWIDE	ONE-WEEK TRAINING SESSION ON HOW TO RESEARCH AND WRITE CASES.
TOT	CASE TEACHING	E	WORLDWIDE	COURSEBOOK AND VIDEO ON ONE-WEEK TRAINING SESSION ON THE USE OF THE CASE-TEACHING METHOD BY HBS PROFESSOR.

TYPE OF PUBLICATION: EXERCISE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
COORDINATION	FUNCTIONAL ALLOCATION OF RESPONSIBILITIES	E/F	WORLDWIDE	MATRIX TO IDENTIFY THE VARIOUS ACTORS INVOLVED IN A NATIONAL FP EFFORT AND THEIR PARTICULAR AREAS OF INVOLVEMENT. WILL PINPOINT AREAS OF OVERLAP AND AREAS NOT COVERED BY ANY ACTOR. USEFUL IN HIGH LEVEL COORDINATION MEETINGS TO INITIATE DISCUSSIONS.
FINANCE	INTRODUCTION TO BUDGETING	E	WORLDWIDE	THIS EXERCISE PROVIDES MIDLEVEL MANAGERS WITH THE SKILLS NEEDED TO PREPARE A BUDGET FOR THEIR DEPARTMENT.
FINANCE	COST PER SERVICE REPORTING	E	WORLDWIDE	THIS EXERCISE PROVIDES MIDLEVEL MANAGERS WITH THE BUDGETING SKILLS NEEDED TO CALCULATE AND MONITOR COST PER SERVICE FOR FP SERVICES.
FINANCE	BUDGETING FIXED AND VARIABLE COSTS	E	WORLDWIDE	THIS EXERCISE PROVIDES MID-LEVEL MANAGERS WITH THE SKILLS THEY NEED TO PREPARE AN ANNUAL BUDGET, SEPARATING FIXED AND VARIABLE COSTS. IT ALSO PROVIDES A METHODOLOGY FOR THE CALCULATION OF VARIABLE COSTS OF SERVICE DELIVERY.
LOGISTICS	COMMODITY CALCULATION	E	NIGERIA	TO PRACTICE USE OF HAND-HELD CALCULATOR IN PREPARING LOGISTICS REPORTS, AND HOW TO INTERPRET THE DATA.
MANAGEMENT	WHAT'S A MANAGER TO DO	E	WORLDWIDE	INTRODUCTORY EXERCISE TO DISCUSS THE CONCEPT OF MANAGEMENT IN SMALL GROUPS, USING STATEMENTS ON MANAGEMENT AS POINT OF DEPARTURE.
MIS	SERVICE STATISTICS RECORD KEEPING	E	NIGERIA	TO PRACTICE USE OF A HAND-HELD CALCULATOR IN COMPILING SERVICE STATISTICS REPORTS, AND PRACTICE CLINIC MONITORING BASED ON SERVICE STATISTICS REPORTS.
PLANNING	TARGET SETTING	E	NIGERIA	TO EXPLORE CHARACTERISTICS AND EFFECTIVE USE AS WELL AS MISUSE OF TARGETS. TO REVIEW PURPOSE OF USING TARGETS.
PLANNING	LE VOYAGE DE MAURICE BALLADERE	F	WORLDWIDE	PLANNING EXERCISE TO ILLUSTRATE THE CONCEPT OF PLANNING.

TYPE OF PUBLICATION: EXERCISE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
POLICY	POPULATION GROWTH/DYNAMICS CONCEPTS	E	WORLDWIDE	TO DEVELOP SKILLS IN READING, UNDERSTANDING AND INTERPRETING POPULATION STATISTICS. TO BE USED IN CONJUNCTION WITH LECTURE(TTE) ON BASIC POPULATION DYNAMICS THEORIES AND CONCEPTS.
POLICY	POPULATION DEBATE	E	WORLDWIDE	TO DEVELOP SKILLS IN RECOGNIZING VARIOUS POSITIONS TAKEN IN POPULATION DEBATE, TO KNOW THEIR STRENGTHS AND WEAKNESSES AND TO DEVELOP A PERSONAL VIEW.
STRATEGIC PLANNING	STRATEGIC PLANNING IN PANDEMONIA	E	WORLDWIDE	TO FAMILIARIZE STUDENTS WITH CONCEPTUAL AND PRACTICAL ISSUES IN FP. FACILITATE DISCUSSION ON STRATEGIC ISSUES AMONG VARIOUS PARTIES INVOLVED IN FP AND TO STRENGTHEN GROUPWORK SKILLS
SUPERVISION	MRS. OJO'S NUMBERS	E	NIGERIA	TO PRACTICE ANALYSIS OF CLINIC PERFORMANCE BASED ON SERVICE STATISTICS.

TYPE OF PUBLICATION: HANDOUT

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
COORDINATION	NOTE ON COORDINATION	E	WORLDWIDE	SHORT HANDOUT DESCRIBING VARIOUS WAYS IN WHICH COORDINATION CAN BE DONE.
IEC	CALCULATING TARGET POPULATION	E	WORLDWIDE	SHORT NOTE ON HOW TO CALCULATE TARGET POPULATION SIZE.
LOGISTICS	CALCULATING CONTRACEPTIVE SUPPLIES	E	WORLDWIDE	SHORT ON HOW TO CALCULATE CONTRACEPTIVE SUPPLIES, BASED ON CDC LOGISTICS GUIDELINES.
MANAGEMENT	NOTE ON EFFECTIVE MANAGEMENT	E	NIGERIA	BRIEF NOTE ON THE MANAGEMENT OF HUMAN RESOURCES, THE MANAGEMENT OF HEALTH TECHNOLOGY AND THE MANAGEMENT OF THE ORGANIZATIONAL ENVIRONMENT.
SUPERVISION	ANALYZING PROGRAM PERFORMANCE	E	WORLDWIDE	SHORT NOTE ON PERFORMANCE ANALYSIS BASED ON LOGISTICS DATA.

TYPE OF PUBLICATION: MANUAL

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
MANAGEMENT	THE FAMILY PLANNING MANAGER'S HANDBOOK	E	WORLDWIDE	COMPREHENSIVE MANUAL ON ALL ASPECTS OF MANAGEMENT OF FAMILY PLANNING PROGRAMS. CONTAINS SAMPLE FORMS, CHECKLISTS, EXAMPLES AND STEP BY STEP GUIDES.

TYPE OF PUBLICATION: REFERENCE

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
MANAGEMENT	FP MANAGEMENT BIBLIOGRAPHY	E	WORLDWIDE	ABSTRACTS OF OVER 800 ENTRIES, INCLUDING ARTICLES, BOOKS, RESEARCH REPORTS THAT PERTAIN TO MANAGEMENT AREAS SUCH AS MIS, FINANCE, HRM, PLANNING, TRAINING, LOGISTICS, IEC MGMT, ETC.

TYPE OF PUBLICATION: ROLE PLAY

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
DELEGATION	THOSE TERRIBLE NUMBERS	E	NIGERIA	SET OF ROLE PLAYS TO ILLUSTRATE INEFFECTIVE DELEGATION.
DELEGATION	THE BUSY SCHEDULE	E	NIGERIA	SET OF ROLE PLAYS TO ILLUSTRATE EFFECTIVE DELEGATION.
PROBLEM SOLVING	EXTENSION OF THE EMPTY MATERNITY CASE	E	NIGERIA	A SET OF ROLE PLAYS BASED ON THE EMPTY MATERNITY SCENARIO.
SUPERVISION	BENJAMIN B-LADI AND HIS SUPERVISORS	E	NIGERIA	A SET OF ROLE PLAYS TO EXPLORE SUPERVISORY STYLES.

TYPE OF PUBLICATION: SIMULATION

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
MANAGEMENT	MANAGING MIDDLENESS	E	WORLDWIDE	ONE-HOUR SIMULATION TO EXPLORE THE CONCEPT OF MIDDLENESS, EMPOWERMENT, SUPPORTIVE RELATIONSHIPS. COMBINED WITH BRIEF INPUT AND DEBRIEFINGS WILL FIT A 3-HOUR SLOT.
MANAGEMENT	A DAY IN THE LIFE OF PANDORA	EFS	WORLDWIDE	VERSATILE MANAGEMENT SIMULATION, LASTING FROM 2-8 HOURS OR EVEN LONGER THAT CAN BE USED TO EXPLORE: USER PERSPECTIVE, TOP-BOTTOM PLANNING, COMMUNICATION, COORDINATION, PERSPECTIVES, DECISION MAKING, RELATIONSHIPS, SYSTEMS ETC. HIGHLY ADAPTABLE.

TYPE OF PUBLICATION: WORKBOOK

TOPIC	TITLE	LANG	COUNTRY	ABSTRACT:
PLANNING	ELABORATION DES PLANS D'ACTION OUR LA PF	F	WORLDWIDE	ADAPTATION OF CCCD'S PLANNING WORKBOOK FOR FP.

Annex 3

Basic Bookshelf

First Basic Bookshelf -- English

1. Bangladesh . . . . . 3 sets
(sent 1 set to the Ministry of Health, 2 sets to national consultant)

2. Cost Rica . . . . . 1 set
(sent to INCAE)

3. Egypt . . . . . 7 sets
(sent 2 sets to Dr. Mahran, National Population Council, 5 sets to different FP managers as requested by Mr. T. Tiffany)

4. Ghana . . . . . 6 sets
(sent 3 sets which didn't arrive, so resent)

5. Indonesia . . . . . 2 sets
(1 set to BKKBN, 1 set to Don Chauls)

6. Kenya . . . . . 2 sets
(1 set to FPAK, 1 set to Ministry of Health)

7. Nigeria . . . . . 6 sets
(1 set to Medical Service, Ministry of Health; 1 to Nursing Division, Ministry of Health and 1 to Federal Ministry of Health; Dr. Keys gave these sets to different FP managers and requested 3 more sets, sent through USAID mission.)

8. Sudan . . . . . 4 sets
(1 set to Rural Health Project, UNFPA, Sudan Fertility Care Association and 1 to MCH/FP, Ministry of Health)

9. Thailand . . . . . 2 sets
(1 set to Department of Health, Ministry of Public Health and 1 to Asian Center for Population and Community Development)

10. Turkey . . . . . 2 sets
(1 set to General Directorate of MCH/FP, Ministry of Health and 1 to Department of Management, Bilkent University)

11. Zimbabwe . . . . . 1 set
(to Zimbabwe National Family Planning Council)

Total . . . . . 36 sets

Second Basic Bookshelf -- English

1. Bangladesh ..... 1 set
(to National Consultant)

2. Botswana ..... 1 set
(to Botswana project)

3. Costa Rica ..... 1 set
(to INCAE)

4. Egypt ..... 2 sets
(1 set to Dr, Mahran, National Population Council, and 1 to Dr. Roushdy Ammar, Ain Shams Regional FP Training Center)

5. Ghana ..... 3 sets
(1 set to Ghana Institute of Management and Public Administration, 1 to Division of Manpower and Training, and 1 to Division of MCH/FP)

6. Indonesia ..... 2 sets
(1 set to BKKBN, 1 to Don Chauls)

7. Kenya ..... 2 sets
(1 set to FPAK and 1 to Ministry of Health)

8. Nigeria ..... 3 sets
(1 set to Medical Service, Ministry of Health, 1 to Nursing Division, Ministry of Health and 1 to Federal Ministry of Health)

9. Sudan ..... 4 sets
(1 set to Rural Health Project, 1 to UNFPA, 1 to Sudan Fertility Care Association and 1 to MCH/FP, Ministry of Health)

10. Thailand ..... 2 sets
(1 set to Department of Health, Ministry of Public Health, 1 to Asian Center for Population and Community Development)

11. Turkey ..... 2 sets
(1 set to General Directorate of MCH/FP, Ministry of Health, and 1 to Department of Management, Bilkent University)

12. Zimbabwe ..... 1 set
(to Zimbabwe National Family Planning Council)

Total ..... 24 sets

First Basic Bookshelf -- French

1. Burkina Faso . . . . . 2 sets
(to DSME, Ministere Sante Action SCL and Direction de la Planification Familiale, Ministere Sante Action Sociale)

2. Cameroon . . . . . 4 sets
(2 sets to PAID and le Ministere des Affaires Sociales et de la Condition Feminine, claimed never received and were resent)

3. Haiti . . . . . 2 sets
(1 set to Division d'Hygiene Familiale et de Nutrition, Ministry of Health; requested additional set and got it)

4. Ivory Coast . . . . . 1 set
(to Regional Population Officer -- REDSO)

5. Mali . . . . . 4 sets
(sent to AMPPF and DSF; claimed never received and were resent)

6. Niger . . . . . 4 sets
(sent to Center National de Sante Familial and Direction de la Planification Familiale Ministere de la Sante Publique des Affaires Sociales et de la Condition Feminine; claimed never received and were resent)

7. Rwanda . . . . . 1 set
(to Office National de la Population)

8. Senegal . . . . . 2 sets
(to ISTI and Projet Sante Familiale)

9. Tunisia . . . . . 1 set
(to Center de Formation Office National de Planning Familial et Population)

10. Zaire . . . . . 4 sets
(to Sanru, Projet des Services des Naissances Desirables, FONAMES and AZBEF)

Total . . . . . 25 sets

First Basic Bookshelf -- Spanish

1. Bolivia ..... 10 sets
   (all to Paul Hartenberger -- USAID/La Paz)

2. Ecuador ..... 8 sets
   (sent to APROFE, CEPAR and CEMOPLAF -- claimed never received and sent 3 more; Mr. Manuel Rizzo Population Officer requested 2 more sets, which were sent)

3. Peru ..... 3 sets
   (all to John Burdic/Pop Officer)

   Total ..... 21 sets

Basic Bookshelf Titles -- English

1988 Annual -- Developing Human Resources; J. William Pfeiffer.

An Introductory Course in Teaching and Training Methods for Management Development; International Labour Office.

Assessing the Characteristics and Cost-Effectiveness of Contraceptive Services; PIACT.

Case Method in Management Development -- Guide for Effective Use; John I. Reynolds.

Casebook for Family Planning Management -- Motivating Effective Clinic Performance; Frances F. and David C. Korten.

Contraceptive Technology; Robert Hatcher.

Cost-Effectiveness Analysis Field Manual; R. R. Nathan Associates.

Developing Communication Strategies and Program: A Systematic Approach; Farag Elkamel.

Family Planning for Maternal and Child Health -- An Annotated Bibliography and Resource Directory; Michael Favin, Wayne Stinson, Bonnie Bradford and Robert Clay.

Family Planning in the Education of Nurses and Midwives; World Health Organization.

Family Planning Library Manual; Gloria Roberts.

Handbook for Family Planning Operations Research Design; Andrew Fisher, John Laing, and John Stoeckel.

Implementing Client-Responsive Family Planning Programs: A Manual for Service Personnel; Marilyn Edmunds, Deirdre Strachan and Sylvia Vriesendorp.

Library and Information Services of Management; Ken Vernon.

Logistics Guidelines for Family Planning Programs; Centers for Disease Control.

Management Control in Nonprofit Organizations; Robert N. Anthony and David Young.

Management Training Strategies for Developing Countries; John E. Kerrigan, Jeff S. Luke.

Managing a Management Development Institution; International Labour Office.

Managing Development: The Political Dimension; Marc Lindenberg and Benjamin Crosby.

Managing Drug Supply; Management Sciences for Health.

Managing Health and Family Planning Service Delivery Through a Management Information System; Teresa Ho.

Managing Information -- International Case Studies; Ian Mayo-Smith and Nancy Ruther.

Manual on Planning Implementation and Management of Development Projects, CEDPA.

Microcomputers in Development: A Manager's Guide; Noel Berge, Marcus Ingle and Marcia Hamilton.

Navamaga: Training Activities for Group Building, Health and Income Generation; Dian Seslar Svendsen and Sujatha Wijetilleke.

On Being in Charge: A Guide for Middle-Level Management in Primary Health Care; Rosemary McMahon, Elizabeth Barton and Maurice Piot.

One-Minute Manager; Kenneth Blanchard and Spencer Johnson.

Population Policy -- A Manual for Policymakers and Planners; Stephen L. Isaacs and Gail Cairns.

Social Marketing: New Imperative for Public Health; Richard K. Manoff.

Solutions -- A Guide to Better Problem Solving; Steven R. Phillips and William H. Bergquist.

Strategic Planning Workbook for Nonprofit Organizations; Bryan W. Barry.

Systematic Project Design; Lori Vanderschmidt and Maria Lent.

Training Community Health Workers; World Federation of Public Health Associates.

Training for Public Administration and Management in Development Countries: A Review; Samuel Paul.

Working toward Self-Sufficiency; Family Planning International Assistance.

World Bank Glossary -- Population Terminology; The World Bank.

Ouvrages français compris dans la bibliothèque utilitaire de gestion

Bien gérer les médicaments; Management Sciences for Health.

Budget de programmes: un outil moderne de gestion; Jocelyn Jacques et Michel Paquin.

Changement planifié; Pierre Collerette et G. Delisle.

Directives logistiques pour les programmes de planning familial; Centers for Disease Control.

Manuel de recherche opérationnelle en matière de planification familiale; Andrew Fisher, John Laing, et John Stoeckel.

Manuel pour la planification, l'exécution et la gestion des projets de développement; CEDPA.

Navamaga: formation visant à renforcer les projets collectifs, la santé et les activités rémunératrices; Dian Seslar Svendsen et Sujatha Wijetilleke.

Parole à l'usager: Guide pratique pour les services de planification familiale; Marilyn Edmunds, Dierdre Strachan et Sylvia Vriesendorp.

Plan systématique de projet: Manuel pour volontaires; Lori Vanderschmidt et Maria Lent.

Planification familiale dans la formation des infirmières et des sages-femmes; Organisation Mondiale de la Santé.

Politique démographique -- Un manuel pour les planificateurs et les responsables de politiques; Stephen L. Isaacs et Gail S. Cairns.

Si vous êtes chargé de...: Guide de gestion à l'usage des responsables de soins de santé primaires au niveau intermédiaire; Rosemary McMahon, Elizabeth Barton et Maurice Piot.

World Bank Glossary: Terminologie de la population; The World Bank.

Títulos españoles en la biblioteca básica para los directores de planificación familiar

Administración de programas de planificación familiar: Como motivar un rendimiento eficaz en las clínicas; Frances F. y David C. Korten.

Clientes satisfechos en planificación familiar: Una guía para mejorar los servicios; Marilyn Edmunds, Dierdre Strachan y Sylvia Vriesendorp.

Diseño sistemático de proyectos: Manual para voluntarios; Lori Vanderschmidt y Maria Lent.

Manual de planificación ejecución y gestión de proyectos de desarollo; CEDPA.

Manual para el diseño de investigaciones operacionales en planificación; Andrew Fisher, John Laing, y John Stoeckel.

Método para diseñar cursos en las ciencias de la salud; Ascher Segall, Hannelore Vanderschmidt, Ruanna Burglass y Thomas Frostman.

Navamada: Actividades de entrenamiento para la integración de grupos, programa de salud y generación de ingresos; Dian Seslar Svedsen y Sujatha Wijetilleke.

Planificación de la familia en los estudios de formación de enfermeras y parteras; Organización Mundial de la Salud.

Política de población: manual para planificadores y rectores de la política; Stephen Isaacs, Gail S. Cairns y Nancy Heckel.

Suministro de medicamentos; Management Sciences for Health.

World Bank Glossary: Terminología de población; The World Bank.

Annex 4
FPMT Long-Term Trainees

FPMT Participant	U.S. Institution	Degree/Specialization
Bangladesh		
Moslehuddin Ahmed Program Manager Pathfinder Fund	Boston University School of Public Health	MPH
Afroz Huda Sr. Population Program Officer The Asia Foundation	University of Michigan/Ann Arbor School of Public Health	MPH/Population Planning and International Health
Bolivia		
Elba Mercado Coordinator of Projects Population Office USAID/La Paz	Harvard University Kennedy School of Government	MPA/Public Administration
Juan Carlos Salazar Arce Dir. Planning and Logistics Centro de Investigaciones Sociales	Arthur D. Little Management Education Institute	MBA
Brazil		
Antonio Neto Coordinator of FP Services CEPECS	Harvard University School of Public Health	MPH/Population Sciences
Burkina Faso		
Fatoumata Batta Director of Family Planning MOHSA	Tulane University	MPH/Health Communication and Education
Cameroon		
Collins Fur Tumanjong Head of Service MOH	Boston University	MPH
Lucas Mbofung Senior Nursing Assistant MOH	Tulane University	MPH
Nkodo Nkodo Primary Health Care Coordinator Save the Children Fund	Boston University	MPH

FPMT Participant	U.S. Institution	Degree/Specialization
Egypt		
Hassan Husseen El-Gebaly Deputy Director of FP Project MOH	Tulane University	MPH/Management
Mohamed Ibrahim Chief of Training Unit MOH/SOP Project	Harvard University Institute for Soc. and Econ. Policy in the Middle East	MPA
Ghana		
George Kwaku Afriyie Head Med. Officer MOH	Tulane University	MOH
Conrad Owusu-Agyeman Medical Officer MOH	Tulane University	MPH
Elias Kavinah Sory District Med. Officer MOH	San Diego University	MPH
Indonesia		
Deddy Sjarif Head Planning and Eval. Unit IPPA HQ	Arthur D. Little Management Education Institute	MBA
Kenya		
John Atieno Senior Public Health Trainer AMREF	University of Alabama School of Public Health	MPH/Health Promotion and Education
Daniel A. Kabira Program Officer FPAK	University of Michigan School of Public Health	MPH
Joel Kiprono Kerich Area Manager FPAK	Boston University School of Public Health	MPH
Nelson Njagi Muchiri Area Manager FPAK	Boston University	Summer Certificate Program
Dan Odallo Demographer NCPD	University of Iowa School of Journalism and Mass Communication	MA/Development Support Communication

FPMT Participant	U.S. Institution	Degree/Specialization
Lesotho		
Veronica Molapo Senior Nursing Officer MOH	Boston University School of Public Health	MPH/MCH/FP
Mexico		
Octavio Mojarro Chief School of Public Health IMSS	University of Michigan	MPH/Population Planning
Peru		
Luis Tam Chief Ministry of Public Health	Johns Hopkins University School of Hygiene and Public Health	MPH/Maternal and Child Health
Rwanda		
Bernard Avutsekubwimana Planner and Program Evaluator ONAPO	Tulane University School of Public Health and Tropical Medicine	MPH/International Health/Human Resource Management
Sudan		
Igbal El-Amin Assistant Professor Ahfad University for Women	New Hampshire College	MA/Community Economic Development
Thailand		
Umpa Kanthapang Director Nurse-Midwife College	Boston University School of Public Health	MPH/International Health/Management Health Services
Yupa Poonkhum Senior Researcher MOPH	Tulane University School of Public Health and Tropical Medicine	MPH/Biostatistics
Niyom Sirivatana Programmer and Supervisor MOPH	Tulane University School of Public Health	MPH/Health Communication and Education
Zimbabwe		
Tendayi Bunyan Katsande Finance Controller ZNFPC	Arthur D. Little Management Education Institute	MS/Management

Annex 5: SUMMARY OF FPMT STUDY AND OBSERVATION TOURS (excludes Bangladesh Studytours)

	PARTICIPANTS FROM	NUMBER	VISIT TO	ORGANIZATION	LENGTH	PURPOSE OF VISIT	DATE
1	NIGER	3	SENEGAL	PSFP	1 WEEK	TO STUDY SUPERVISORY PRACTICES, LOGISTICS MANAGEMENT, MANAGEMENT OF CLINICAL TRAINING AND DECENTRALIZATION	2/87
2	HAITI, MALI, MOROCCO, CAMEROON (PAID), RWANDA, SENEGAL, TUNISIA, ZAIRE (FRAC I)	9	JAMAICA MEXICO	NFPB, JFPA FEMAP, CONAPO MOH, IMSS	2 WEEKS	TO OBSERVE PUBLIC/PRIVATE SECTOR COORDINATION, ALTERNATIVE DELIVERY SYSTEMS, IEC MANAGEMENT, TARGETING, INTEGRATION	4/87
3	PAID (CAMEROON)	2	COSTA RICA	INCAE	3 DAYS	TO STUDY THE ORGANIZATIONAL STRUCTURE, PHILOSOPHY, STRATEGIES, AND TRAINING METHODOLOGIES AT INCAE WITH A VIEW OF APPLYING NEW IDEAS AND STRATEGIES TO PAID ACTIVITIES	8/87
4	BURKINA FASO, MALI CAMEROON (PAID), MOROCCO, RWANDA SENEGAL, TUNISIA, ZAIRE (FRAC II)	15	MOROCCO	VDMS PROJECT	4 DAYS	TO OBSERVE MOROCCO'S INTEGRATED SERVICE DELIVERY SYSTEM AND TO GAIN A BETTER UNDERSTANDING OF THE MANAGEMENT PROBLEMS IN AN INTEGRATED SERVICE DELIVERY PROGRAM	4/88
5	INDONESIA AND BANGLADESH	15	U.S MEXICO BRAZIL	PPNNE, PPMWDC CONAPO, IMSS, MEXFAM, FEMAP ABEPF, CPAIMC, CMI/PF, SOFIA FELDMAN H'TAL CLAM, CPARH, BEMFAM	1 WEEK	TO STUDY AND OBSERVE FAMILY PLANNING ORGANIZATIONS THAT HAVE INTERESTING AND INNOVATIVE INCOME GENERATING AND SELF-SUFFICIENT PROGRAMS	6/88
6	RWANDA	2	SENEGAL	PSFP	3 DAYS	TO OBSERVE THE PRIVATE SECTOR COMPONENT OF THE SENEGAL FP PROJECT	4/89
7	ZIMBABWE, SUDAN, KENYA	11	U.S. MEXICO	PPNNE, PPMWDC CONAPO, MEXFAM, FEMAP	1 WEEK	TO OBSERVE AND ANALYZE THE RESULTS OF ACTUAL STRATEGIC PLANNING EXERCISES AND DISCUSS WITH PROGRAM STAFF AND VOLUNTEERS THEIR RESPECTIVE ROLES IN THIS PROCESS	7/89
8	BOLIVIA	7	BRAZIL	BEMFAM, ABEPF	1 WEEK	TO STUDY AND OBSERVE KEY FP MANAGEMENT AND TECHNICAL ISSUES SUCH AS INSTITUTIONAL STRATEGIES FOR GROWTH AND SUCCESS, OPERATIONAL PLANNING AND MANAGEMENT, SYSTEMS DEVELOPMENT AND MEDICAL STANDARDS	8/89

ANNEX 6 - 9
FINANCIAL REPORTS

NOTES:

ALL TABLES

The financial data reported in these tables reflects all costs incurred by FPMT through the end of the project date (December 31, 1990) where completed documentation has been received. Not included however, are costs incurred by the project in which complete and accurate documentation has not been received by the end of the project date.

ANNEX 6

The percent total in "% Contract Obligation Spent Through 12/31/90" is understated by 1.4%. Deobligations are underway for Egypt and Bangladesh that will decrease the total contract obligation by $265,167. More of such deobligations may occur for other PIO/T obligations as well.

ANNEX 9-1

Costs listed under "Africa Region" include expenses for the Francophone Regional Advisory Committee.

Costs listed under "CAFS" are expenses incurred to conduct a management training course in collaboration with the Centre for African Family Studies (CAFS) in Togo, West Africa.

Costs listed under "PAID" are the sponsorships of participants from a variety of African countries to the PAID Health, Nutrition, and Family Welfare Course in 1988.

Expenses listed under the following countries include both centrally funded and buy-in funded costs: Burkina Faso, Cameroon, CAFS, Lesotho, Kenya, and Rwanda.

ANNEX 9-2

Costs listed under "ANE/TR/HPN" are the sponsorships of participants in a variety of Asian countries to the International Population Training Program hosted by BKKBN.

Costs listed under "BKKBN" are expenses incurred by the National Family Planning Coordination Board of Indonesia.

Expenses listed under the following countries include both centrally funded and buy-in funded costs: Bangladesh, Egypt, India, and Indonesia.

ANNEX 9-3

Costs listed under "Latin American Region" are expenses incurred for a market viability study of a micro-computer center for the Costa Rican Demographic Association (ADC).

Costs listed under "PROFAMILIA" are the sponsorship of participants from PROFAMILIA, a family Planning NGO located in Colombia, to short term training courses.

Expenses listed under the following countries include both centrally funded and buy-in funded costs: Latin American Region, and Peru. $250,000 was obligated to Bolivia as "transfer" funds, this amount was centrally funded yet was ear-marked for Bolivia.

ANNEX 6: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY CONTRACT LINE ITEM / CONTRACT BUDGET, OBLIGATION, TOTAL EXPENDITURES, % SPENT

CONTRACT LINE ITEM	CONTRACT BUDGET	CONTRACT OBLIGATION	TOTAL EXPENDITURES	TOTAL EXPENDITURE THRU 12/31/90 AS % OBLIGATION
	Amount	Amount	Amount	
Salaries:	$3,445,258	$3,265,169	3,067,186.06	93.9%
Consultants:	$738,315	$699,722	651,287.12	93.1%
Overhead:	$3,074,034	$2,913,349	2,759,269.67	94.7%
Travel & Transportation:	$2,045,325	$1,938,413	1,832,436.26	94.5%
Participant Training:	$1,864,340	$1,766,888	1,611,893.83	91.2%
Equipment,Materials,Supplies:	$72,535	$68,743	59,549.66	86.6%
Other Direct Costs:	$1,291,783	$1,224,259	1,135,295.36	92.7%
Subcontracts:	$4,819,973	$4,568,025	4,308,617.00	94.3%
Subtotal	$17,351,563	$16,444,569	$15,425,535	
Fixed Fee Allocation:	$1,098,053	$1,040,656	975,721.97	93.8%
GRAND TOTAL	$18,449,616	$17,485,225	16,401,257.81	93.8%

ANNEX 7: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / TOTAL PROJECT EXPENDITURES

PROJECT ACTIVITY	TOTAL EXPENDITURES	
	Amount $	% Proj. Exp.
Planning & Assessment:	761,687.34	5%
Training:		
Long Term Training	1,403,212.88	9%
Short Term Training	743,346.98	5%
Training Workshops	2,588,168.32	16%
Study/Observation Tours	1,338,890.09	8%
Internships		
SUBTOTAL TRAINING	6,073,618.27	37%
Coordination w/ Pop. Proj.:	295,066.99	2%
Curriculm Development:	840,909.74	5%
Evaluation:	193,024.02	1%
Strengthening of RTIs:	71,172.87	0%
Technical Assistance:	2,459,270.75	15%
Regional Representative:	1,872,977.18	11%
Project Management Costs:	3,833,530.65	23%
TOTAL	16,401,257.81	100%

ANNEX 8: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / BY REGIONS

PROJECT ACTIVITY	TOTAL AFR		TOTAL ANE		TOTAL LAC	
	Amount $	% Regional Exp.	Amount $	% Regional Exp.	Amount $	% Regional Exp.
Planning & Assessent:	357,474.85	7%	171,165.95	4%	233,053.66	8%
Training:						
Long Term Training			84,831.37	2%		
Short Term Training	440,560.62	9%	181,390.56	4%	121,400.73	4%
Training Workshops	1,728,704.31	34%	152,718.28	4%	706,752.85	25%
Study/Observation Tours	196,489.70	4%	1,133,824.85	27%	8,577.79	
Internships						
SUBTOTAL TRAINING	2,365,754.63	47%	1,552,765.06	38%	836,731.36	29%
Coordination w/ Pop. Profs.:					21,746.51	1%
Curriculm Development:						
Evaluation:	35,649.75	1%			75,771.83	3%
Strengthening of RTIs:			52,612.02	1%	18,561.77	1%
Technical Assistance:	1,111,158.04	22%	424,728.40	10%	923,389.82	32%
Regional Representative:	164,477.01	3%	1,672,221.03	41%	33,208.36	1%
Project Management Costs:	1,000,974.81	20%	254,020.34	6%	714,188.33	25%
TOTAL	5,035,489.09	100%	4,127,512.79	100%	2,856,651.65	100%

ANNEX 9-1: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / AFRICA REGION

PROJECT ACTIVITY	AFRICA REGION		BURKINA FASO		CAFS / KENYA		CAMEROON		GHANA	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:			35,999.43	7%			12,397.54	6%		
Training:										
Long Term Training										
Short Term Training	98,227.79	13%	27,513.19	6%	19,822.45	8%	20,287.79	9%	18,454.41	17%
Training Workshops	286,083.05	38%	295,175.07	59%			132,540.11	60%		
Study/Observation Tours	170,861.55	23%	2,654.36	1%						
Internships										
SUBTOTAL TRAINING	555,172.39	74%	325,342.62	66%	19,822.45	8%	152,827.90	69%	18,454.41	17%
Coordination w/ Pop. Projs.:										
Evaluation:										
Strengthening of RTIs:										
Technical Assistance:	5,444.87	1%	29,307.68	6%	161,468.47	64%	35,714.70	16%	63,784.15	58%
Regional Representative:										
Project Management Costs:	190,042.56	25%	105,529.31	21%	71,817.73	28%	21,083.21	9%	27,468.98	25%
TOTAL	750,659.82	100%	496,179.04	100%	253,108.65	100%	222,023.35	100%	109,707.54	100%

PROJECT ACTIVITY	KENYA		LESOTHO		MALI		NIGER		NIGERIA	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	99,090.45	7%	11,380.83	8%	24,204.35	44%	18,355.52	10%	46,535.00	10%
Training:										
Long Term Training										
Short Term Training	38,532.88	3%			18,405.77	34%	8,594.41	5%		
Training Workshops	426,527.69	29%	90,984.85	64%			89,479.97	51%	268,166.97	55%
Study/Observation Tours										
Internships										
SUBTOTAL TRAINING	465,060.57	32%	90,984.85	64%	18,405.77	34%	98,074.38	56%	268,166.97	55%
Coordination w/ Pop. Projs.:										
Evaluation:	1,027.74	0%							19,751.96	4%
Strengthening of RTIs:										
Technical Assistance:	565,954.18	39%	20,407.41	14%			11,297.79	6%	12,986.82	3%
Regional Representative:	164,476.90	11%								
Project Management Costs:	155,120.24	11%	18,354.91	13%	12,135.92	22%	48,928.71	28%	138,480.88	28%
TOTAL	1,450,730.08	100%	141,128.00	100%	54,746.04	100%	176,656.40	100%	485,921.63	100%

ANNEX 9-1: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / AFRICA REGION

PROJECT ACTIVITY	PAID		RWANDA		SENEGAL		SOMALIA		SUDAN	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	3,356.92	9%	21,201.05	9%	19,710.26	12%			18,767.43	16%
Training:										
Long Term Training										
Short Term Training			6,930.26	3%	45,540.33	28%	4,675.50	67%	67,847.76	59%
Training Workshops			39,724.90	16%	14,143.92	9%			37.21	0%
Study/Observation Tours	21,891.61	59%			1,081.35	1%				
Internships										
SUBTOTAL TRAINING	21,891.61	59%	46,655.16	19%	60,765.60	37%	4,675.50	67%	67,884.97	59%
Coordination w/ Pop. Projs.:										
Evaluation:					14,869.92	9%				
Strengthening of RTIs:										
Technical Assistance:			151,814.90	62%	17,474.06	11%				
Regional Representative:										
Project Management Costs:	11,717.45	32%	25,958.21	11%	50,360.65	31%	2,274.80	33%	28,327.84	25%
TOTAL	36,965.98	100%	245,629.32	100%	163,180.49	100%	6,950.30	100%	114,980.24	100%

PROJECT ACTIVITY	ZAIRE		ZIMBABWE	
	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	46,474.48	20%		
Training:				
Long Term Training				
Short Term Training	31,246.86	14%	34,478.23	34%
Training Workshops	78,114.80	34%	7,721.53	8%
Study/Observation Tours				
Internships				
SUBTOTAL TRAINING	109,361.66	48%	42,199.76	42%
Coordination w/ Pop. Projs.:				
Evaluation:				
Strengthening of RTIs:				
Technical Assistance:	1,610.11	1%	33,889.76	34%
Regional Representative:				
Project Management Costs:	69,427.43	31%	23,942.01	24%
TOTAL	226,873.68	100%	100,031.53	100%

ANNEX 9-2: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / ASIA REGION

PROJECT ACTIVITY	ANE/TR/HPN		BANGLADESH		BKKBN		EGYPT		INDIA	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:			41,132.59	2%			24,369.68	20%	9,566.15	3%
Training:										
Long Term Training							84,830.67	70%		
Short Term Training					46,752.25	66%				
Training Workshops										
Study/Observation Tours	128,562.88	100%	1,005,260.57	40%						
Internships										
Subtotal Training	128,562.88	100%	1,005,260.57	40%	46,752.25	66%	84,830.67	70%	0.00	0%
Coordination w/ Pop. Projs.:										
Evaluation:										
Strengthening of RTIs:										
Technical Assistance:			39,639.87	2%					288,370.69	93%
Regional Representative:			1,377,291.51	55%						
Project Management Costs:		0%	52,566.70	2%	23,879.10	34%	11,662.27	10%	10,482.73	3%
TOTAL	128,562.88	100%	2,515,891.24	100%	70,631.35	100%	120,862.62	100%	308,419.57	100%

PROJECT ACTIVITY	INDONESIA		PAKISTAN		PHILIPPINES		SRI LANKA		THAILAND	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	4,783.31	1%	32,550.94	67%	5,066.67	67%	11,055.63	22%	27,452.49	16%
Training:										
Long Term Training										
Short Term Training	20,153.77	3%							73,680.87	44%
Training Workshops	152,718.03	25%								
Study/Observation Tours										
Internships										
Subtotal Training	172,871.80	28%	0.00	0%	0.00	0%	0.00	0%	73,680.87	44%
Coordination w/ Pop. Projs.:										
Evaluation:										
Strengthening of RTIs:	52,611.93	9%								
Technical Assistance:	25,116.71	4%					38,389.97	78%	18,333.65	11%
Regional Representative:	294,928.49	48%								
Project Management Costs:	66,202.16	11%	15,874.01	33%	2,470.27	33%			48,223.41	29%
TOTAL	616,514.40	100%	48,424.95	100%	7,536.94	100%	49,445.60	100%	167,690.42	100%

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ANNEX 9-2: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / ASIA REGION

PROJECT ACTIVITY	TUNISIA		TURKEY	
	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	3,356.92	67%	11,828.78	13%
Training:				
Long Term Training				
Short Term Training			40,802.08	46%
Training Workshops				
Study/Observation Tours				
Internships				
Subtotal Training	0.00	0%	40,802.08	46%
Coordination w/ Pop. Prois.:				
Evaluation:				
Strengthening of RTIs:				
Technical Assistance:			14,875.46	17%
Regional Representative:				
Project Management Costs:	1,636.64	33%	21,020.94	24%
TOTAL	4,993.56	100%	88,527.26	100%

ANNEX 9-3: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / LATIN AMERICAN REGION

PROJECT ACTIVITY	BOLIVIA		BRAZIL		COLOMBIA		COSTA RICA		ECUADOR	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	57,998.20	11%	35,610.27	3%	2,296.74	67%	148.92	67%	65,816.38	15%
Training:										
Long Term Training										
Short Term Training	30,320.59	6%	70,259.21	6%					1,894.43	0%
Training Workshops	198,278.82	38%	127,377.01	10%					47,435.30	11%
Study/Observation Tours	8,577.77	2%								
Internships										
Subtotal Training	237,177.18	45%	197,636.22	16%	0.00	0%	0.00	0%	49,329.73	12%
Coordination w/ Pop. Projs.:			18,077.92	1%						
Evaluation:			67,141.04	5%						
Strengthening of RTIs:										
Technical Assistance:	71,812.89	14%	596,212.83	49%					202,394.17	48%
Regional Representative:	33,208.30	6%								
Project Management Costs:	127,660.77	24%	312,639.36	25%	1,122.34	33%	72.45	33%	108,396.28	25%
TOTAL	527,857.34	100%	1,227,317.64	100%	3,419.08	100%	221.37	100%	425,936.56	100%

PROJECT ACTIVITY	HAITI		HONDURAS		LATIN AMERICAN REG		MEXICO		PERU	
	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.	Amount $	% Country Exp.
Planning & Assessent:	42,695.34	32%	1,728.36	67%		0%	5,167.07	2%	21,589.64	8%
Training:										
Long Term Training										
Short Term Training									12,173.08	5%
Training Workshops	50,410.81	38%					131,745.49	60%	130,604.53	51%
Study/Observation Tours										
Internships										
Subtotal Training	50,410.81	38%	0.00	0%	0.00	0%	131,745.49	60%	142,777.61	56%
Coordination w/ Pop. Projs.:					3,668.41	17%				
Evaluation:									8,630.70	3%
Strengthening of RTIs:					18,560.94	83%				
Technical Assistance:							31,625.35	14%	21,343.28	8%
Regional Representative:										
Project Management Costs:	40,705.46	30%	844.60	33%			52,352.12	24%	60,367.30	24%
TOTAL	133,811.61	100%	2,572.96	100%	22,229.35	100%	220,890.03	100%	254,708.51	100%

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ANNEX 9-3: FAMILY PLANNING MANAGEMENT TRAINING
EXPENDITURES THROUGH DECEMBER 31, 1990
BY PROJECT ACTIVITY / LATIN AMERICAN REGION

PROJECT ACTIVITY	PROFAMILIA	
	Amount $	% Country Exp.
Planning & Assessent:		
Training:		
Long Term Training		
Short Term Training	6,753.07	18%
Training Workshops	20,898.26	55%
Study/Observation Tours		
Internships		
Subtotal Training	27,651.33	73%
Coordination w/ Pop. Projs.:		
Evaluation:		
Strengthening of RTIs:		
Technical Assistance:		
Regional Representative:		
Project Management Costs:	10,024.87	27%
TOTAL	37,676.20	100%