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THE PATHFINDER FUND

**Cooperative Agreement
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PROGRAM STRATEGY FOR THE 1990s

CAW Program Strategy for the 1990s
No. DPE-3042-A-00-5245-0



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I. PATHFINDER'S ROLE, MISSION, AND STRATEGY

*"A.I.D. and the CAs will need to make changes in how they plan and provide assistance if they are to accommodate the changed environment of the nineties. Resource constraints, the changing family planning service delivery environment, and the proliferation of donors and assisting organizations, will require better coordination and management procedures. Program designs will need to place greater emphasis on defining problems to be addressed and expected outcomes. Costs and the availability of future resources to continue the intervention will need to be carefully considered. Risks will need to be factored in for innovative programs."*¹

Since 1967, The Pathfinder Fund has received regular and increasing support from the Agency for International Development (A.I.D.) through a series of funding agreements. Pathfinder's current Cooperative Agreement with A.I.D./Washington (CAW) is a five-year, \$60 million ceiling agreement for support of family planning activities. The CAW began in August 1985 and will end in September 1991. The intent of the CAW is "to enhance the freedom of individuals in LDCs who choose voluntarily the number and spacing of their children" by adopting strategies "to introduce voluntary family planning services, information and training into LDC areas previously lacking them and to make existing family planning services more effective in both public and private sectors."² The CAW enables Pathfinder to support innovative and effective family planning activities around the world.

In the spring of 1989 the Office of Population issued a draft document entitled "Moving into the Twenty-First Century: Principles for the Nineties." The paper identifies the challenges of the next decade and beyond, considering the family planning resource constraints and the rapidly growing demand for contraceptive services in developing countries throughout the world. What strategies are best suited for these formidable challenges? Among the many components of assistance and service delivery, where should emphasis be placed?

This section highlights the characteristics which make Pathfinder an organization of the nineties, in mission, goal, and strategy. With the "Principles for the Nineties" in mind, the section also describes Pathfinder's general strategic approach and strategies for the nineties in each of the regions where it is active.

¹ "Moving into the Twenty-First Century: Principles for the Nineties", Family Planning Services Division, Office of Population, A.I.D., April 10, 1989, p. 15.

² From attachment to Cooperative Agreement #DPE-3042-A-00-5245-0.

A. What Makes Pathfinder Unique?

The Pathfinder Fund offers A.I.D. a responsive and flexible alternative to single-purpose contractors. Among family planning Cooperating Agencies (CAs), Pathfinder plays a unique role:

- *Pathfinder is a pioneer in international family planning.* Pathfinder has demonstrated the strength of its commitment to international family planning throughout over 30 years of family planning programming. Pathfinder's evolving relationship with programs worldwide facilitates its work in today's changing environment.
- *Pathfinder provides a range of financial support and technical assistance required by family planning organizations at different stages of development in order to make available high quality contraceptive services.* Pathfinder provides technical assistance in family planning service delivery, including program design and implementation; monitoring, supervision, and evaluation; management information systems; training; contraceptive logistics management; quality assurance and medical standards; and adolescent programming.
- *Pathfinder's decentralized organizational structure facilitates the development of effective and culturally-appropriate programs.* Pathfinder's 10 field offices and network of resident advisors are a valuable technical resource for local family planning organizations and A.I.D. Missions, and improve the effectiveness of Pathfinder's response to field conditions.

These attributes enable Pathfinder to support a wide range of family planning activities throughout the world, contributing directly and indirectly to greater acceptance of family planning, the provision of high quality services, an increase in the number of local family planning institutions, and the growing number of contracepting men and women.

B. Pathfinder's Mission

Pathfinder's mission is to increase the availability of high-quality family planning services in developing countries. This mission arises from the conviction that access to contraception is a fundamental human right, and that the widespread availability of voluntary family planning services increases the well-being of both the individuals served and the regions of the world in which they live. Pathfinder's long-range goals embody this mission:

- to increase the number of individuals who have access to and use comprehensive reproductive health services and education;
- to increase the availability of family planning services that address the special needs of under-served populations; and
- to enhance the capability of local organizations to increase acceptance of family planning and to offer cost-effective and high-quality services.

C. Strategic Approach and Program Strategies for the Nineties

In order to achieve its goals, Pathfinder will focus resources on strategies which increase access to family planning services. Pathfinder's strategic approach and specific program strategies are imbued with qualities that make them feasible and appropriate for the next decade: *focus, impact, adaptability, cost-effectiveness, and complementarity.*

- *Focus:* Pathfinder will focus its efforts within geographic and program areas to ensure the development of cohesive and high-impact activities.
- *Impact:* It is the organization's intention that the impact of Pathfinder-supported projects exceed the sum of the outputs from individual projects. The association between Pathfinder and local family planning organizations must result in stronger and more capable institutions.
- *Adaptability:* Pathfinder's regional- and country-specific strategies will respond to changes in the local and international family planning environment. Adaptation to changes in program and client needs, funding levels, and the needs of local organizations will be a priority.
- *Cost-effectiveness:* Pathfinder will evaluate service delivery and other strategies to determine their cost-effectiveness. Projects without quantitative outputs, such as institutional strengthening projects, will be evaluated using qualitative assessment methodologies.
- *Complementarity:* Pathfinder will determine how best to exercise its comparative advantage in a country or region by analyzing the country goals, the family planning infrastructure and its needs, and the roles of other CAs working in the country. Collaboration and coordination with other CAs will ensure an improved use of resources.

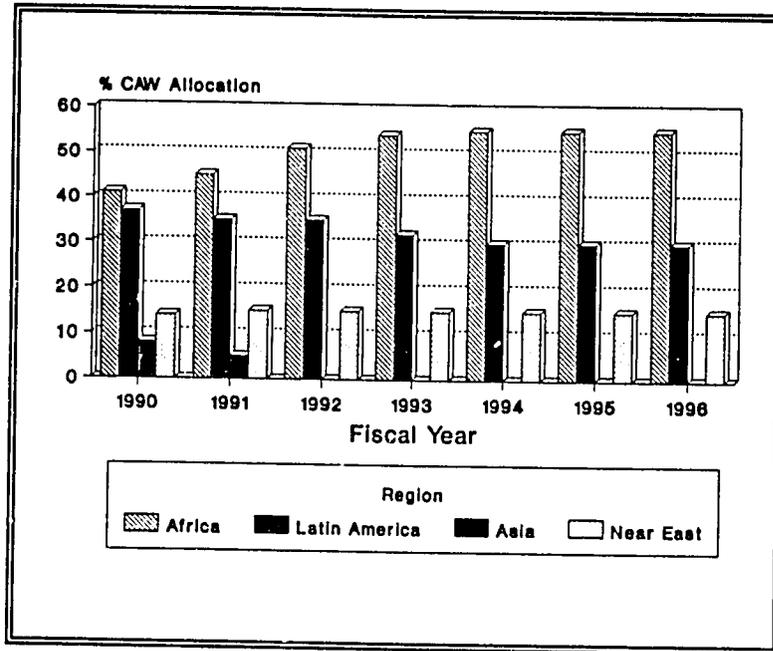
Strategic Approach for the Nineties

The Pathfinder Fund's strategic approach for family planning in the nineties rests on its analysis of the external program environment and its identification of key program issues of the decade. In the following discussion, Pathfinder looks beyond the current CAW to outline a strategic approach for family planning programming during FY 92-96. The nine key program issues which influence this approach include: target population, sector emphasis, regional focus, comparative advantage, resource allocation by region and program type, method mix, quality of care, and the measurement of impact. The following outline maps Pathfinder's plan for programming resources in the nineties.

- | | |
|---------------------------------|---|
| <u>Regional</u>
<u>Focus</u> | <ul style="list-style-type: none">■ Priority to countries with low contraceptive prevalence and areas within countries with low prevalence.■ Increased activities in Africa.■ Decreased activities in Latin America.■ Maintenance of current funding levels in the Near East region. |
|---------------------------------|---|

- Phase-out support in high prevalence countries, e.g. Colombia and Indonesia.
- Comparative Advantage
- Lead agency in six countries in the sub-Saharan Africa region, four in Latin America, four in the Near East, and one in Asia.
 - Demonstrated expertise in contraceptive service delivery: community and clinic-based, work-based, and mini-market CBD models.
 - Expertise in key technical areas of service delivery including program design and implementation; monitoring, supervision, and evaluation; management information systems (MIS); training; contraceptive logistics; management; and quality assurance.
 - Expertise in strategies to strengthen local institutions.
 - Experience in using private sector technical expertise to leverage public sector provision of family planning services.
 - Experience developing programs for high risk adolescent populations and develop self-sufficient programs.
- Sector Emphasis
- Priority support to private sector organizations to strengthen technical and financial capacity, increase sustainability, and leverage private sector technical expertise to assist the public sector.
 - Technical assistance to the public sector to increase availability and quality of family planning services.
 - Collaborative ventures between private and public sectors to exploit the expertise of the private sector and the infrastructure of the public sector.
- Target Population
- Poor, low literate groups.
 - Priority to those living in urban centers and marginal areas, and secondarily to populations in high density and accessible rural areas;
 - Post-partum/post-abortion clients.
 - Priority to age group 20-34 years with the highest age-specific fertility rates, followed by high risk young adults 15-19 years, and women 35 and older who seek permanent contraception.
- Resource Allocation
- In FY 90-96, the percentage allocation of central agreement funds will increase in Africa, decrease slightly in Latin America, remain constant in the Near East, and decrease to only one country in Asia by FY 92.

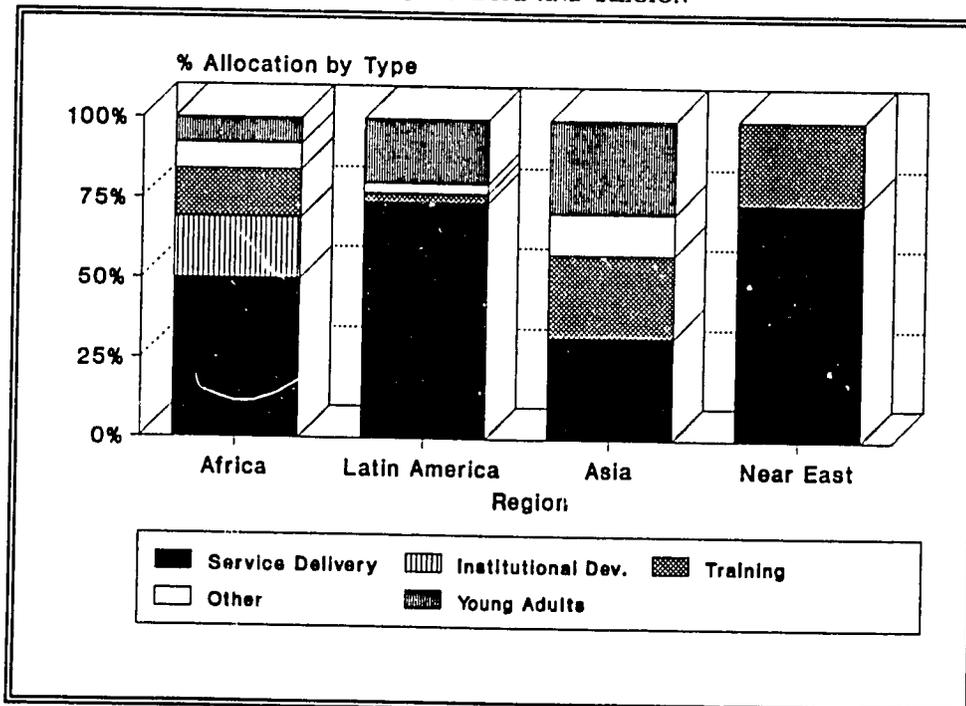
**FY 90-96 PROJECTED CAW ALLOCATION
BY REGION AND FISCAL YEAR**



Project Type

- For all regions, the percentage allocation by project type will be 40-50 percent for service delivery projects, 15-40 percent for institutional development, 5-20 percent for training, 1-9 percent for adolescent programming, and 1-5 percent for other complementary activities.

**FY 90 CAW-ONLY ALLOCATION
BY PROJECT TYPE AND REGION**



- Method Mix ■ Emphasis on permanent and reversible long-acting contraceptive methods.
- Increased provision of condoms in areas with high HIV prevalence.
- Quality of Care ■ Improvements in counseling and the range of methods available to the client to increase acceptance, continuation, and facilitate method switching.
- Support for training to strengthen provider competence in the provision of family planning services.
- Establishment of referral networks to ensure method choice and appropriate medical back-up, and to enhance the acceptability of services.
- Impact ■ At level funding, in the period FY 92-96 Pathfinder will distribute 3,091,100 CYPs through service delivery projects and 6,805,000 CYPs through commodity grants.

Program Strategies for the Nineties

Pathfinder's general program strategy is to provide financial, technical, and commodity support to local institutions to deliver family planning services. Pathfinder will support training, institutional development, and young adult programs in order to improve, institutionalize, and expand the delivery of local family planning services. Each of these strategies will be adapted to the local needs and the stage of development of the family planning programs. The A.I.D. typology³ for categorizing programs by modern method prevalence will guide the discussion of Pathfinder's strategies.

Family Planning Service Delivery

To increase the availability of high-quality family planning services, Pathfinder's primary strategy is to support family planning service delivery programs with financial resources, contraceptive supplies and equipment, and technical assistance.

Strategies in countries with family planning programs in the *pre-emergent* and *launch* stages, Pakistan, Bolivia, Yemen, and numerous countries in sub-Saharan Africa, are to:

- create demand through IE&C with an emphasis on family planning as a health issue;
- introduce clinic services with an initial focus on urban couples in order to gain acceptance;
- introduce CBD services in urban and high density rural areas; and

³ In A.I.D.'s "Principles for the Nineties," national family planning programs are categorized in five stages according to the prevalence of modern contraceptive use -- *pre-emergent* (prevalence less than eight per cent), *launch* (prevalence between 8 and 15 per cent), *growth* (prevalence between 16 and 34 per cent), *consolidation* (prevalence between 35 and 44 per cent), and *mature* (prevalence of 45 per cent and over) stages -- each with its special characteristics and needs.

- support basic management training.

Strategies in countries with family planning programs in the *growth* and *consolidation* stages (most countries of Latin America, Asia, and the Near East) are to:

- provide technical assistance in cost-sharing and sustainability;
- increase service coverage and contraceptive prevalence;
- improve program management and the quality of services;
- develop the capacity of local organizations to use marketing techniques to promote their services;
- expand the use of reversible, long-acting methods and permanent sterilization; and
- reach hard-to-serve populations, including rural, indigenous, and adolescent groups.

Strategies in countries with *mature* family planning programs are to:

- increase the financial and technical capacity of local organizations to sustain contraceptive service delivery programs;
- increase continuation rates through improved counselling and IE&C;
- increase use of reversible, long-acting methods and sterilization;
- focus on under-served populations or geographic areas; and
- leverage or use private sector expertise to improve public sector services.

Training in Service Delivery and Program Management

As a strategy to legitimize and expand service delivery, Pathfinder will support training for service providers and program managers. Strategies for training support in countries with programs in the *pre-emergent* and *launch* stages are to:

- train service providers in family planning service delivery; and
- train program managers in program implementation and management.

Strategies in countries with programs in the *growth* and *consolidation* stages are to:

- expand in-service provider training programs, with increased emphasis on long-acting methods; and
- support management training and provide technical assistance in such areas as strategic planning, planning for growth and sustainability, cost-effectiveness, and computerized management information systems.

The strategy in countries with programs in the *mature* stage is to:

- provide specialized management training to attain financial and programmatic sustainability.

Institutional Strengthening

Pathfinder will support institutional development as a strategy for strengthening local family planning organizations in the *pre-emergent*, *launch*, *growth*, and *consolidation* stages.

Strategies for institutional strengthening in countries with programs in the *pre-emergent*, *launch*, and *growth* stages are to:

- develop organizational policies, service guidelines, and management systems;
- assist local organizations to build support and promote services; and
- stimulate the involvement of the private sector in service delivery.

Strategies in countries with programs in the *consolidation* and *mature* stages are to:

- provide technical assistance for organizational needs assessment and strategic planning;
- placement of resident advisors with either general management or specialized technical skills for long-term, on-site technical assistance; and
- provide short-term technical assistance and training for key staff members in technical and managerial skills.

Young Adult Programs

Pathfinder will support programs to reach young adults. Focus on this underserved population usually occurs after a program has passed the *pre-emergent* stage and the reproductive needs of adult women are increasingly met. Pathfinder's program strategies in countries with programs in the *launch* and *growth* stages are to:

- compile and disseminate information regarding the problems of adolescent fertility to decision makers, program managers, and service providers; and

- provide information and services to women 15-19 years of age in union.

In countries with programs in the *consolidation* and *mature* stages, Pathfinder's strategies are to:

- develop service and education program models to reach sexually active adolescents and integrate them into the existing infrastructure;
- train family planning program personnel regarding the special reproductive health needs of young adults; and
- develop and integrate family life education curricula into the national educational system.

The Pathfinder Fund is committed to these strategies and views them as the framework by which programs will be developed and supported, staff skills will be utilized, and resources will be committed.

II. FY 86-89 PERFORMANCE TO DATE

A. Highlights

During the FY 86-89 period, The Pathfinder Fund disbursed \$12.7 million from CAW/add-on funds to support 242 subprojects in 26 countries, excluding rapid response (RR) under \$7,500 and travel and training grants (TINs). Service delivery, training, and commodity supply projects:

- *distributed 1,172,840 million CYPs at an average cost of \$6.6 per CYP;*
- *served 352,716 new family planning users;*
- *supplied 2,085,135 million CYPs through commodity grants;*
- *referred clients to family planning services resulting in 160,666 CYPs; and*
- *trained 16,008 persons.*

The average size of projects for this same period was \$76,588, the median size was \$48,926, and the size range was \$8,000 to \$1.09 million.

B. Project Outputs

Pathfinder's performance is partially assessed by the quantitative and qualitative outputs of the projects supported. The outputs from CAW/add-on projects include:

- *clients served:* measured in new users and CYPs distributed ¹ in projects;
- *clients referred to services:* measured in CYPs referred; ²
- *contraceptives supplied:* measured in CYPs supplied ³ through commodity grants;
- *persons trained:* number of doctors, nurses, managers, supervisors, and CBD workers trained;
- *courses held:* number reported by type;

¹ *CYPs distributed* include CYPs derived from direct distribution of contraceptive supplies and the provision of such family planning services as IUD insertion and voluntary surgical contraception in CAW-funded service delivery projects.

² *CYPs referred* are CYPs resulting from referral by project staff of clients for contraceptive services, i.e., VSC, IUDs, injectables, and implants, not directly available through the project.

³ *CYPs supplied* are CYPs resulting from commodity grants (CINs).

- *materials produced:* pamphlets, posters, films, books, and technical papers produced;
- *strength of family planning institutions:* measured in changes in program management, quality of care, staff skills, cost-efficiency, and logistics/commodities management;
- *changes in attitude toward family planning:* changes effected through seminars, lectures, workshops, mass media dissemination of information; and
- *changes in demographic indicators:* measured by contraceptive prevalence, fertility rates, infant and maternal mortality rate, and abortion rates.

At this time, all historical and current data from projects funded from the CAW are being computerized and re-evaluated for accuracy and comparability. The collection of data originating from numerous projects, institutions, countries, and regions of the world is a challenging task given the acknowledged weaknesses in record-keeping and reporting systems. For the purposes of this document, only the most relevant quantitative outputs associated with CAW/add-on projects are discussed: CYPs provided through service delivery projects, referrals, and contraceptive supply; the number of new users; and the number of persons trained. The figures do not reflect the total achievements of Pathfinder-supported activities, especially in cases of institutional development or training projects. The impact of the latter projects is more thoroughly assessed through project evaluation.

1. Outputs by Region for FY 86-89 (Table 1)

In the period FY 86-89, Pathfinder's CAW/add-on projects served 352,716 new users, distributed 1,172,840 CYPs, referred 160,666 CYPs for family planning services, supplied 2.08 million CYPs through commodity grants, and trained 16,008 persons. Table 1 shows outputs for CAW/add-on projects by region for the period FY 86-89.

TABLE 1
TOTAL OUTPUTS OF CAW/ADD-ON PROJECTS BY REGION
FY 86-89*

REGION (No. of Countries)	CYPs DISTRIBUTED (%)	CYPs REFERRED (%)	CYPs SUPPLIED (%)	NEW USERS (%)	PERSONS TRAINED (%)
Africa (9)	286,229 (24)	12,438 (8)	106,951 (5)	152,202 (43)	2,038 (13)
Asia (3)	149,332 (13)	8,075 (5)	0 (0)	33,208 (9)	1,449 (9)
Near East (4)	182,730 (16)	5,958 (4)	1,225,396 (59)	15,091 (4)	4,854 (30)
Latin America (10)	554,549 (47)	134,195 (83)	752,788 (36)	152,215 (44)	7,667 (48)
TOTAL	1,172,840 (100)	160,666 (100)	2,085,135 (100)	352,716 (100)	16,008 (100)

* Figures for FY 89 represent only 8 months of project activities.

CAW/add-on projects in the Latin America region accounted for 47 percent of the total CYPs distributed by projects, 44 percent of new users, and 48 percent of the total persons trained. Projects in the Africa region had the next highest output level with 24 percent of the CYPs distributed, 43 percent of new users, and 13 percent of

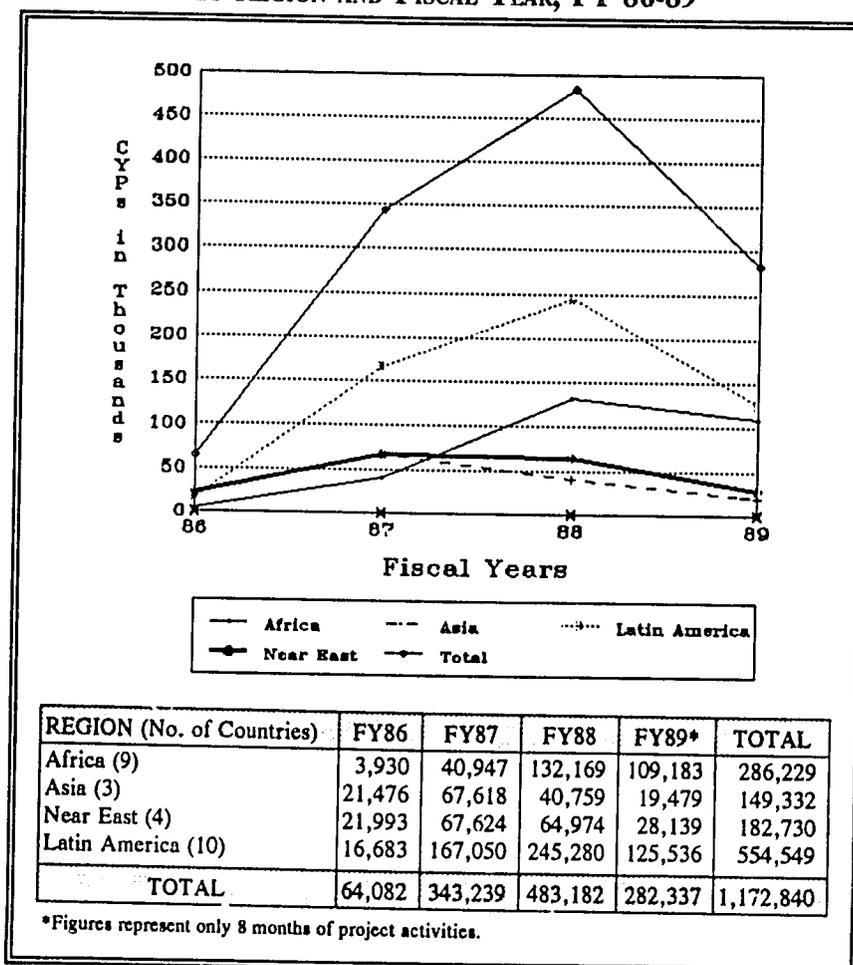
persons trained. A comparison between the CYPs distributed and the total number of new users in the Africa region indicates that efforts in Africa concentrated more heavily on the recruitment of new users than in other regions.

According to Table 1, no contraceptive shipments were made to the Asia region. Pathfinder-supported activities in Indonesia and Pakistan receive contraceptives through the national family planning programs in these countries. Additionally, the high percentage of CYPs supplied through commodity grants in the Near East reflects a one-time shipment of 450,000 IUDs to the Turkish Ministry of Health.

2. Total Number of CYPs by Fiscal Year (Figure 1 and Table 2)

During the FY 86-88 period there was a steady increase in the number of CYPs distributed with CAW/add-on funds. A maximum was reached in FY 88 with 483,182 CYPs distributed. Since data for FY 89 reflect only eight months of project activities, it is premature to determine if this upward trend continued in FY 89. Between FY 87 and FY 88, the number of CYPs distributed increased 41 percent. By region for the same period, the number of CYPs distributed in the Asia and Near East regions remained about the same, and in Africa and Latin America CYPs distributed increased 223 and 41 percent, respectively.

FIGURE 1 AND TABLE 2
CYPs DISTRIBUTED USING CAW/ADD-ON FUNDS
BY REGION AND FISCAL YEAR, FY 86-89



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3. Total Number of Persons Trained by Fiscal Year (Table 3)

During the FY 86-89 period, projects supported with CAW/add-on funds resulted in 16,008 persons trained. Seventy-three percent of trainees were direct providers of family planning services and 6 percent were young adult leaders, primarily in the Latin America region where Pathfinder supported 14 projects during the CAW period to reach high-risk young adults.

TABLE 3
TOTAL NUMBER OF PERSONS TRAINED BY FISCAL YEAR
USING CAW/ADD-ON FUNDS
FY 86-89

TYPE	FY86	FY87	FY88	FY89*	TOTAL (%)
Medical Doctors/Students	255	755	694	709	2,413 (15)
Nurses/Midwives	218	664	1,621	898	3,401 (21)
CBD Workers	246	181	1,517	3,984	5,928 (37)
Managers	56	262	27	62	407 (3)
Young Adult Leaders	0	14	66	818	898 (6)
Community Leaders	16	282	322	223	843 (5)
Opinion Leaders	76	246	84	18	424 (3)
Trainers	1	2	3	2	8 ()
Others	70	600	469	547	1,686 (10)
TOTAL	938	3,006	4,803	7,261	16,008 (100)

*Figures represent only 8 months of project activities.

4. Assessing Project Costs (Table 4)

The Pathfinder Fund measures the cost of the projects it supports by comparing costs (disbursement) with outputs, i.e., CYPs, new users, and persons trained. Projects are classified by type using the following categories: service delivery, training, young adult, institutional development, and other (IE&C, evaluation).⁴ Only the first three will be included in the discussion of costs. To determine the cost per CYP, the total disbursed from CAW/add-on funds to service delivery projects, including bulk and in-kind commodities, was divided by the number of CYPs distributed. To determine the cost per person trained, the total disbursed for training projects was divided by the number of persons trained.

⁴ *Service Delivery Projects.* Irrespective of whether other components are present (e.g., training, IE&C, core support), if any services are provided to a project with Pathfinder support, then it is classified as a service delivery project. The only exception to this classification is when a project with a service component serves the young adult population.

Training Projects. Training projects are defined as Pathfinder-supported programs whose ultimate objective is to provide training to a specified number of people. There are no users or CYPs derived from training projects.

Young Adult Projects. These are projects whose objective is to inform, counsel, and/or provide services to the young adult population.

Table 4 reflects expected patterns: the cost per CYP distributed through projects is highest in the Africa region followed by Latin America, Asia, and the Near East. In Africa, the high cost of training is due to travel within and to African countries, and other logistic-related expenses. The lower cost per CYP in the Near East reflects the high use of IUDs.

TABLE 4
COST PER CYP DISTRIBUTED AND PER PERSON TRAINED
USING CAW/ADD-ON FUNDS, BY REGION
FY 86-89

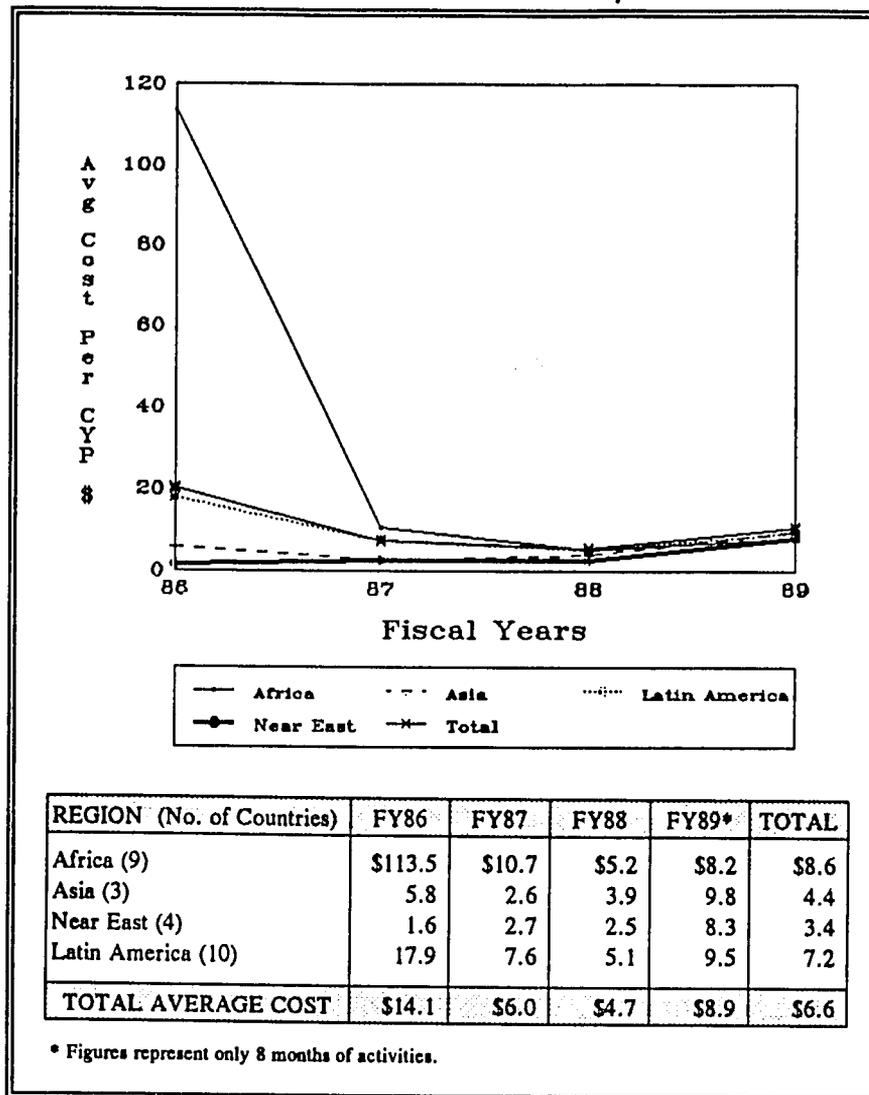
REGION (Number of Countries)	COST PER CYP	COST PER PERSON TRAINED
Africa (9)	\$8.6	\$302.4
Asia (3)	4.4	100.8
Near East (4)	3.4	61.2
Latin America (10)	7.2	74.0
TOTAL AVERAGE COST	\$6.6	\$101.6

5. Cost Per CYP by Fiscal Year (Figure 2 and Table 5)

For all four regions, the average cost per CYP declined 67 percent between FY 86 and FY 88, and increased from \$4.7 to \$8.9 between FY 88 and FY 89. This increase in FY 89 is accounted for by the fact that all project costs, i.e., disbursements, are included in the analysis while the service delivery outputs remain incomplete. Pathfinder estimates that the global average cost per CYP distributed in FY 89 will be approximately \$6.5, representing an increase of 38 percent over the previous fiscal year. The high cost per CYP in FY 86 in the Africa region is attributed to the expansion of Pathfinder's presence in additional countries, and to the support of new service delivery projects with inexperienced grantees. The rapid decline in cost per CYP in Africa in FY 87 resulted from improvements in project MIS, a greater level of outputs from more mature projects, and greater administrative efficiency as a result of modifications in staffing. The following table and accompanying figure compare the cost per CYP over the entire FY 86-89 period.

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**FIGURE 2 AND TABLE 5
COST PER CYP DISTRIBUTED USING CAW/ADD-ON FUNDS**



6. Contribution to Contraceptive Prevalence (Table 6)

The contribution of CAW/add-on service delivery projects to contraceptive prevalence can be measured in several ways.⁵ The most direct way to measure contribution to prevalence is to determine the number of CYPs (and method mix) required to account for the prevalence in a country, and then determine the number of CYPs provided with CAW/add-on funds. This method is used in Table 6 below to derive the information on Pathfinder's contribution to prevalence in each region for FY 88 or FY 89.

⁵ A more complete yet more difficult way of measuring the contribution of CAW-supported activities to contraceptive prevalence would be to include a percentage of the CYPs produced by all projects receiving support, e.g., service delivery, training, commodities grants, core support, IE&C projects.

TABLE 6
CONTRIBUTION OF CAW/ADD-ON PROJECTS TO
CONTRACEPTIVE PREVALENCE, BY REGION
FY 88 OR FY 89*

REGION (Number of Countries)	CYPs Distributed in CAW Projects	Direct Contribution of CAW Projects to Prevalence (%)
Africa (9)	132,169	1.50
Asia (3)	40,759	0.09
Near East (4)	64,974	1.41
Latin America (10)	245,280	0.13

*1988 and 1989 contraceptive prevalence estimates for each country were used to calculate regional estimates. Not all country-specific data were available.

C. Project Allocations, Commitments, and Disbursements

The relationship among allocations, commitments (estimated costs), and disbursements (actual costs) to projects is an important aspect of planning and portfolio management. The information from FY 88 and FY 89 is presented and analyzed in the following discussion. In this Section C, add-on funds are not included in the comparison of allocation, commitment, or disbursement amounts. The only funds included, and for which this comparison is possible, are funds from the central agreement, CAW.

1. Allocations (Table 7)

Allocations serve as a guide to field staff in project development and portfolio management. Toward the end of each fiscal year, Pathfinder senior management announce the amount of CAW funds available to each region for programming in the upcoming year. The criteria for allocating CAW funds is based on the percentage allocation outlined in the original CAW document and on Pathfinder's medium-term plan to increase funds in Africa and to decrease in Latin America over the next four years. Low contraceptive prevalence and the rapidly expanding opportunities for the development of family planning programs in Africa provide the rationale for this division of resources. Higher prevalence and a more developed family planning infrastructure have prompted the reduction in the CAW allocation for the Latin America region. Pathfinder will continue to maintain similar percentage allocations during the next two fiscal years. As programs in Asia are closed or taken over by Mission support, the resources that become available will be allocated to Africa.

Between FY 88 and FY 89, the total amount of CAW funds available for projects decreased 20 percent and CAW allocations for all regions declined between 8 and 24 percent. In both fiscal years, the distribution of CAW funds by region remained about the same as reflected in Table 7.

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TABLE 7
COMPARISON OF FY 88 AND FY 89
CAW ALLOCATIONS BY REGION

REGION	FY 88 (%)	FY 89 (%)
Africa	\$2,400,000 (43)	\$1,900,000 (43)
Near East	500,000 (9)	460,000 (10)
Asia	550,000 (10)	500,000 (11)
Latin America	2,100,000 (38)	1,600,000 (36)
TOTAL	\$5,550,000 (100)	\$4,460,000 (100)

2. FY 88 and FY 89 Commitments by Region (Table 8)

A commitment is the amount of money actually promised to an organization in the budget of the project proposal. The regional allocation serves as a guideline for the total amount each region has available to commit. Between FY 88 and FY 89, Pathfinder's total CAW/add-on commitments increased by 5 percent. In Latin America, commitments decreased 31 percent and they rose very rapidly in the Asia and Near East regions, 238 and 105 percent respectively. Commitments in Africa rose slightly by 3 percent. By region, Africa accounted for 42 percent of the total FY 89 commitments followed by Latin America with 28 percent, the Near East (19 percent), and Asia (9 percent). This information is shown below in Table 8.

TABLE 8
COMPARISON BETWEEN FY 88 AND FY 89
CAW PROJECT COMMITMENTS

REGION	FY 88 (%)	FY 89 (%)	FY 88 to FY 89 Percent Change
Africa	\$2,487,189 (43)	\$2,557,448 (42)	+ 3
Asia	165,779 (3)	560,418 (9)	+ 238
Near East	564,007 (10)	1,158,927 (19)	+ 105
Latin America	2,469,731 (42)	1,700,330 (28)	- 31
Non Regional	117,206 (2)	117,500 (2)	--
TOTAL	\$5,803,912 (100)	\$6,094,623 (100)	+ 5

3. FY 89 Commitments by Source of Funds (Table 9)

In FY 89, Pathfinder committed a total of \$10.9 million to support family planning related activities. Fifty-six percent of commitments were from the CAW, 13 percent from add-ons, 24 percent from other A.I.D. sources, and 7 percent from private sources. These commitments are represented in Table 9.

**TABLE 9
TOTAL FY 89 COMMITMENTS**

SOURCE	AMOUNT (%)
CAW	\$6,094,623 (56)
Add-Ons	1,429,932 (13)
Other Cooperative Agreements	2,056,913 (19)
Contracts	551,811 (5)
Private	819,743 (7)
TOTAL	\$10,953,022 (100)

4. Comparison between Commitments and Allocations for FY 88 and FY 89 (Table 10)

The ability to commit funds in a region depends on the ability of Pathfinder field staff to identify capable grantees and to develop sound projects within their regional strategies. When the total FY 88 CAW commitments are compared with allocations in Table 10, Pathfinder commitments exceeded allocations by three percent. By region, all except for Asia committed CAW funds in excess of the amount allocated for FY 88. In FY 89, Pathfinder's commitment performance improved significantly, resulting in the commitment of 136 percent of the total CAW allocation. By region, all were able to commit in excess of the regional allocation, demonstrating Pathfinder's ability to program the available CAW funds.

**TABLE 10
COMPARISON BETWEEN CAW COMMITMENTS AND
ALLOCATIONS FOR FY 88 AND FY 89**

REGION	FY 88		FY 89	
	Allocations (%)	Commitments (%)	Allocations (%)	Commitments (%)
Africa	\$2,400,000 (43)	\$2,487,189 (43)	\$1,900,000 (43)	\$2,557,448 (42)
Near East	500,000 (9)	564,007 (10)	460,000 (10)	1,158,927 (19)
Asia	550,000 (10)	165,779 (3)	500,000 (11)	560,418 (9)
Latin America	2,100,000 (38)	2,469,731 (42)	1,600,000 (36)	1,700,330 (28)
Non Regional	0 (0)	117,206 (2)	0 (0)	117,500 (2)
TOTAL	\$5,550,000 (100)	\$5,803,912 (100)	\$4,460,000 (100)	\$6,094,623 (100)

5. Comparison of FY 88-89 Allocations, Commitments, and Disbursements (Table 11)

Disbursements are the actual funds sent to organizations to spend on project activities. In FY 88, Pathfinder disbursed 69 percent of the total CAW allocation and 66 percent of the total CAW commitments for project activities. In FY 89, Pathfinder disbursed 97 percent of the total allocation and 71 percent of total commitments. In both fiscal years, the commitment amounts exceeded the allocation amounts. This is not unusual considering that allocations and disbursements relate to only one fiscal year while commitments to projects often reflect two to three fiscal years of project activity.

Disbursements, on the other hand, can fall short of the total commitment amount due to the limited absorptive capacity of the grantee, fluctuations in local currency, i.e., exchange gains, and overestimates of project costs. This was the case in FY 88 when only 69 percent of the total allocation was disbursed. Table 11 below compares allocations, commitments, and disbursements by region for FY 88 and 89.

TABLE 11
COMPARISON OF CAW ALLOCATIONS, COMMITMENTS, AND DISBURSEMENTS*
BY REGION, FY 88 AND 89

REGION	FY 88			FY 89		
	Allocations	Commitments	Disbursements	Allocations	Commitments	Disbursements
Africa	\$2,400,000	\$2,487,189	\$1,490,035	\$1,900,000	\$2,557,448	\$1,444,506
Near East	500,000	564,007	266,366	460,000	1,158,927	626,556
Asia	550,000	165,779	213,474	500,000	560,418	271,811
Latin America	2,100,000	2,469,731	1,851,123	1,600,000	1,700,330	1,874,378
Non Regional	0	117,206	8,401	0	117,500	107,079
TOTAL	\$5,550,000	\$5,803,912	\$3,829,399	\$4,460,000	\$6,094,623	\$4,324,330

*Includes Commodities, Bulk and In-Kind
Does not include Add-ons

D. Project Inputs: Disbursements

This section describes trends in the disbursement of CAW/add-on funds for Pathfinder projects during the period FY 86-89. The accuracy of the calculations in the following tables is affected by the timing of the disbursements during the fiscal year in which they fall, and the existence of carry-over monies from one fiscal year to the next. This is particularly true in countries which experience prolonged periods of hyperinflation and corresponding devaluations of the local currencies. These inaccuracies, however, are minimized when viewed globally and over a period of time.

1. Number of Projects (Table 12)

Table 12 below lists the number of active and new projects (RR and TINs excluded) by region for the period FY 86-89. From the beginning of the CAW through FY 89, Pathfinder supported 242 new projects with CAW/add-on funds. At the end of FY 89, there were a total of 172 active projects, of which 62 were new. During FY 86-89, the Latin America region accounted for 51 percent of all new projects, followed by Africa with 24 percent. Pathfinder experienced an increase in the number of CAW/add-on projects between FY 87 and FY 88, and a 22 percent decrease in FY 89. This decrease was primarily due to the shift in support to larger, multi-year projects.

TABLE 12
NUMBER OF ACTIVE/NEW PROJECTS*
BY FISCAL YEAR AND REGION
FY 86-89

REGION (Number of Countries)	FY 86		FY 87		FY 88		FY 89		TOTAL New Projects
	Ongoing	New	Ongoing	New	Ongoing	New	Ongoing	New	
Africa (9)	NA	5	25	18	46	22	38	12	57 (24)
Asia (3)	NA	9	16	7	20	7	22	12	35 (14)
Near East (4)	NA	6	11	5	17	7	21	7	25 (10)
Latin America (10)	NA	24	50	27	79	42	89	29	122 (51)
Non Regional					1	1	2	2	3 (1)
TOTAL	NA	44	102	57	163	79	172	62	242 (100)

Does not include RRs and TINs

2. Projects by Type (Table 13)

Of the 242 new projects supported with CAW/add-on funds during the FY 86-89 period, 56 percent were service delivery projects, 17 percent training projects, followed by other ⁶ (17 percent), young adults (6 percent), and institutional development (5 percent). Table 13 below lists the number of new projects (RR and TINs excluded) by type for the period FY 86-89.

TABLE 13
NUMBER OF NEW CAW/ADD-ON-FUNDED PROJECTS
BY REGION AND TYPE
FY 86-89

REGION (Number of Countries)	Service Delivery	Training	Young Adults	Institutional Development	Other*	Total
Africa (9)	27	12	1	3	14	57
Asia (3)	22	7	0	1	5	35
Near East (4)	14	4	0	3	4	25
Latin America (10)	72	17	13	4	16	122
Non Regional	0	0	0	0	3	3
TOTAL (%)	135 (56%)	40 (17%)	14 (6%)	11 (4%)	42 (17%)	242 (100%)

*Evaluation, IE&C, Administrative Support
 Does not include RRs and TINs

3. Disbursements (Table 14 and Figure 3)

Table 14 indicates that during FY 86-89, 52 percent of CAW funds were disbursed in Latin America, the region with the highest percentage of CYPs distributed (47 percent) and with the greatest absorptive capacity of funds. Thirty-two percent of

⁶ i.e., IE&C, conferences, evaluations, administrative support.

CAW funds were disbursed in the Africa region, where 24 percent of the CYPs were distributed.

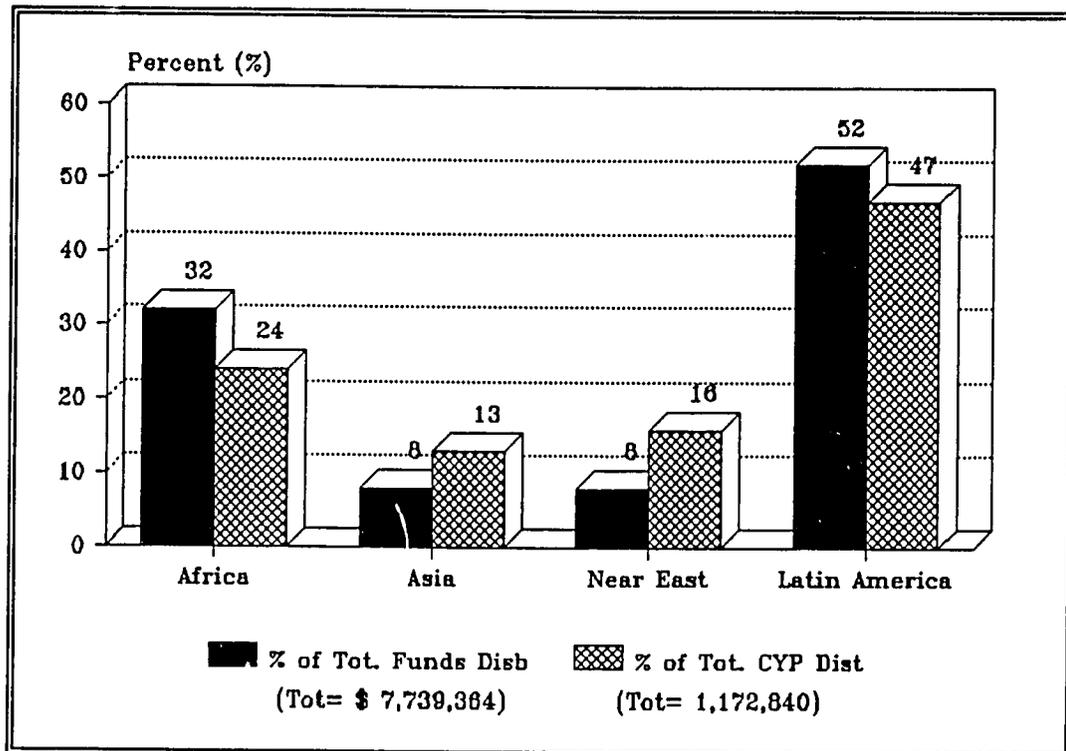
TABLE 14
DISBURSEMENTS TO CAW/ADD-ON PROJECTS
BY FISCAL YEAR AND REGION

REGION (No. of Countries)	FY 86	FY 87	FY 88	FY 89	Total
Africa (9)	\$520,973	\$865,907	\$1,490,035	\$1,444,506	\$4,321,421
Asia (3)	161,094	224,952	213,474	271,811	\$871,331
Near East (4)	213,712	410,154	266,366	626,556	\$1,516,788
Latin America (10)	490,912	1,652,602	1,851,123	1,874,378	\$5,869,015
Non Regional	0	0	8,401	107,079	\$115,480
TOTAL	\$1,386,691	\$3,153,615	\$3,829,399	\$4,324,330	\$12,694,035

* Does not include RR or TIN.

The relationship between disbursements to service delivery projects and outputs is shown in Figure 3 for each region during the FY 86-89 period. The disproportionate relationship between disbursements and outputs in Africa is consistent with expectations of a higher cost per CYP in this region as compared to Latin America. When data for FY 86 are excluded, disbursements in the Africa region increased by 67 percent in FY 87-89, while in Latin America they grew by only 13 percent. The corresponding increase in CYPs distributed in the Africa region was 167 percent.

FIGURE 3
COMPARISON OF DISBURSEMENTS TO SERVICE DELIVERY
PROJECTS AND OUTPUTS BY REGION



4. Disbursement by Project Type (Table 15 and Figures 4, 5, 6, and 7)

Table 15 contains the amounts disbursed by region and by project type for FY 86-89. During this period, 61 percent of the total funds were disbursed for service delivery projects, followed by training projects (13 percent); other types of projects (12 percent); institutional development projects (10 percent); and young adult projects (4 percent).

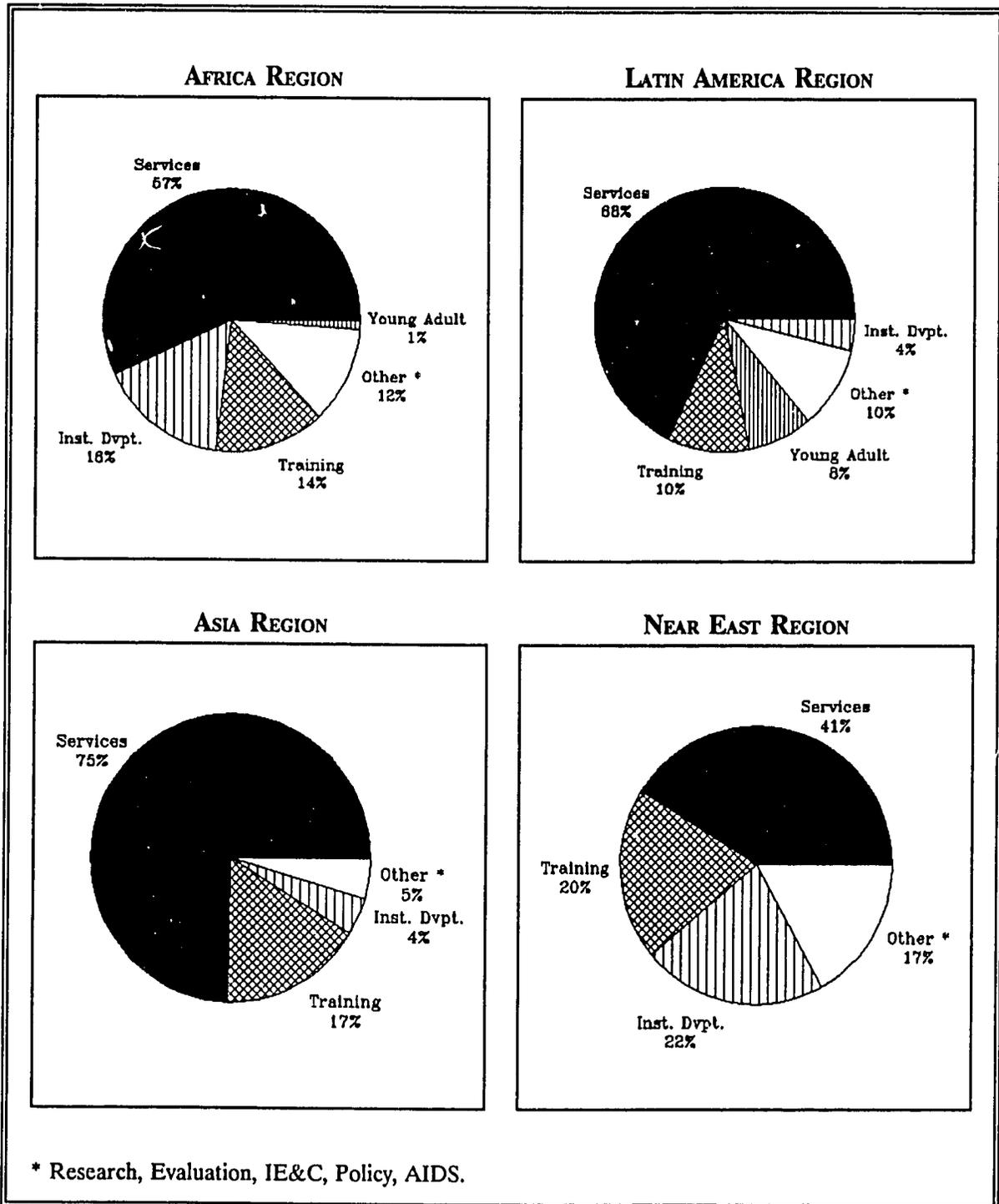
TABLE 15
DISBURSEMENTS OF CAW/ADD-ON FUNDS
BY REGION AND TYPE OF PROJECT, FY 86-89

PROJECT TYPE	FY 86	FY 87	FY 88	FY 89	TOTAL
ALL REGIONS					
Service Delivery	65%	65%	59%	58%	61%
Training	13%	14%	17%	9%	13%
Young Adult	3%	3%	5%	3%	4%
Institutional Development	4%	7%	7%	18%	10%
Other	14%	12%	13%	12%	12%
TOTAL	\$1,386,691	\$3,153,615	\$3,829,399	\$4,324,330	\$12,694,035
AFRICA					
Service Delivery	86%	50%	46%	62%	57%
Training	0%	20%	23%	7%	14%
Young Adult	0%	0%	1%	0%	1%
Institutional Development	0%	15%	11%	27%	16%
Other	14%	14%	18%	4%	12%
TOTAL	\$520,973	\$865,907	\$1,490,035	\$1,444,506	\$4,321,421
ASIA					
Service Delivery	77%	78%	75%	70%	75%
Training	12%	14%	15%	23%	17%
Young Adult	0%	0%	0%	0%	0%
Institutional Development	11%	8%	0%	0%	4%
Other	0%	0%	10%	6%	5%
TOTAL	\$161,094	\$224,952	\$213,474	\$271,811	\$871,331
NEAR EAST					
Service Delivery	17%	45%	61%	37%	41%
Training	54%	23%	8%	11%	20%
Young Adult	0%	0%	0%	0%	0%
Institutional Development	20%	11%	11%	36%	23%
Other	10%	21%	19%	16%	17%
TOTAL	\$213,712	\$410,154	\$266,366	\$626,553	\$1,516,788
LATIN AMERICA					
Service Delivery	61%	77%	68%	64%	68%
Training	10%	8%	13%	8%	10%
Young Adult	8%	5%	9%	8%	8%
Institutional Development	0%	1%	4%	9%	4%
Other	21%	9%	7%	12%	10%
TOTAL	\$490,912	\$1,652,602	\$1,851,123	\$1,874,378	\$5,869,015
NON REGIONAL					
Other	--	--	100%	100%	100%
TOTAL	\$0	\$0	\$8,401	\$107,079	\$115,480

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In the following figures, total CAW/add-on disbursements by project type are represented by region for the FY 86-89 period.

FIGURES 4, 5, 6, AND 7
CAW/ADD-ON DISBURSEMENTS BY PROJECT TYPE AND REGION
FY 86-89



The proportion of disbursements by type of project varies from region to region. The Asia region had the highest proportion of disbursements to service delivery projects (75 percent), followed by Latin America (68 percent), Africa (57 percent), and the Near East (41 percent). For training projects, the Near East had the highest proportion (20 percent), followed by Asia (17 percent), Africa (14 percent), and Latin America (10 percent). The high proportion of training projects in the Near East reflects Pathfinder/Turkey's active support of training projects with the Ministry of Health and other organizations. Latin America and Africa are the only regions where money was disbursed for young adult projects, 8 percent and 1 percent respectively.

E. Characteristics of CAW-supported Projects FY 86 - FY 89 (Table 16)

Based on FY 86-89 CAW/add-on commitment and disbursement information, new and renewal projects had the following characteristics:

- **Size:** Based on FY 89 commitment amounts, the mean size of projects was \$102,282, the median size was \$55,645, and the commitment range was \$8,000 to \$1.09 million. For the entire FY 86-89 period, the mean size of projects was \$76,588, the median was \$48,926, and the range was \$8,000 to \$1.09 million. Table 16 provides information on the size of projects by region and fiscal year.

**TABLE 16
SIZE OF PROJECTS* COMMITTED WITH CAW/ADD-ON FUNDS
FY 86-89**

REGION	FY 86	FY 87	FY 88	FY 89	Total
AFRICA					
Mean	\$195,544	\$86,027	\$84,379	\$211,517	\$121,416
Median	138,202	46,285	54,009	103,448	60,121
Range (\$000s)	55-437	28-276	16-386	10-1,086	10-1,086
ASIA					
Mean	28,256	42,628	19,551	41,765	34,021
Median	26,924	27,575	17,213	16,781	21,884
Range (\$000s)	14-57	11-101	10-28	8-217	8-217
NEAR EAST					
Mean	83,291	84,868	128,840	116,540	105,670
Median	44,749	88,883	112,728	94,965	88,883
Range (\$000s)	11-196	54-119	38-300	32-330	11-330
LATIN AMERICA					
Mean	49,454	69,067	50,607	79,177	61,257
Median	39,673	50,341	46,652	51,326	47,754
Range (\$000s)	8-169	11-308	9-226	16-234	8-308
ALL REGIONS					
Mean	\$66,333	\$72,561	\$65,038	\$102,282	\$76,588
Median	37,566	51,659	48,768	55,645	48,926
Range (\$000s)	8-437	11-308	9-386	8-1,086	8-1,086

* Figures do not include RRs or TINs

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- *Sector:* Fifty-three percent of the FY 89 projects supported were in the private sector and 18 percent in the public sector. The remaining 24 percent were projects without sector designation or were combined public-private ventures.
- *Location:* Thirty-seven percent of the FY 89 projects were in urban areas, 17 percent in rural areas, and 23 percent in both rural and urban settings. When compared to figures for FY 88, the number of projects in urban areas declined and the number of projects in the rural areas increased.

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III. LOGICAL FRAMEWORK OUTPUTS

A. Current Logical Framework

In 1985 when the CAW was negotiated, A.I.D. and Pathfinder identified six areas in which Pathfinder's performance would be evaluated: family planning service delivery, referral, and outreach; training; contraceptive distribution; rapid response and travel and training grants; institutional support; and number of family planning users. These projected outputs are outlined in Table 1 below.

TABLE 1
PROJECTED LOGICAL FRAMEWORK OUTPUTS

<u>ACTIVITIES</u>	<u>OUTPUTS</u>
I. Family Planning Services/ Referral/Outreach	I. Projects in 40 LDCs
A. Clinic-based Services	A. 90 projects
B. CBD	B. 80 projects
C. VSC Services	C. 30 projects
D. Community Education/Referral	D. 20 projects
E. FP integrated with development	E. 8 projects
II. Training	II. Projects in 20 LDCs
A. VSC	A. 10 projects
B. Non-Physician/Paramedic/Nurses	B. 60 projects
C. Family Planning Management	C. 80 persons
D. Other Training of Physicians	D. 30 projects
III. Commodities Allocated	III. 200 million condoms 40 million orals 25 million foaming tblts. 2 million IUDs
IV. Rapid Response (Travel & Training)	IV. 200 projects
V. Institutional Support	V. 15 projects in 5 LDCs
VI. Family Planning Users	VI. 2.8 million

The performance of Pathfinder in achieving these outputs between FY 86-89 is described in Table 2 below.

TABLE 2
CAW: FY 86-89 PERFORMANCE
AGAINST LOG FRAME

ACTIVITY	FY 86	FY 87	FY 88	FY 89	TOTAL	ACHIEVED (%)
Family Planning Services						
Number of Countries					26	65
Number of Projects						
- Clinic-based Services	21	23	31	8	83	92
- CBD	17	9	22	23	71	89
- VSC	3	0	1	0	4	13
- Community/Education/Referrals	2	4	7	1	14	70
- Serv. Integrated w. Dev. Activities	0	0	0	0	0	0
Training						
Number of Persons Trained						
- Family Planning Management	56	262	27	62	407	509
Number of Projects						
- VSC	0	0	0	0	0	0
- Non-Physician/Paramedic/Nurses	3	14	10	6	33	76
- Other Training of Physicians	5	3	14	2	24	80
Commodities Shipped						
- Condom (pieces)	2,074,000	7,786,900	4,955,100	4,596,200	19,412,200	10
- Orals (cycles)	610,800	1,783,800	1,113,600	627,200	4,135,400	10
- Foaming Tablets (units)	613,300	710,700	1,216,500	1,391,900	3,932,400	16
- IUDs	286,080	205,240	70,520	100,814	662,654	33
Rapid Response						
Number of Projects						
- Travel & Training Grants	17	32	25	38	112	56
Institutional Development and Support						
Number of Projects	3	2	3	3	11	73
Number of Countries	3	2	3	3	11	220
Family Planning Users (CYPs)						
Number of CYPs						
- Service Delivery	64,082	343,239	483,182	282,337	1,172,840	
- Referrals	36,520	129,458	114,549	27,605	160,666	
- Commodity Supply	612,296	750,779	364,223	357,837	2,085,135	
Total	712,898	1,223,476	961,954	667,779	3,418,641	

B. Proposed Logical Framework

The Pathfinder Fund is requesting changes in the CAW objectives because many of these targets are no longer appropriate considering Pathfinder's efforts to exercise its comparative advantages and to fund fewer and larger, multi-year projects.

1. Family Planning Service Outputs (Table 3A)

The previous logical framework measured family planning service outputs in three ways: number of projects, number of countries, and number of family planning users.

Number of Projects: As both A.I.D. and Pathfinder are trying to increase the average size and duration of projects, it seems inappropriate to measure Pathfinder's performance in terms of number of projects. This only encourages Pathfinder to do many small projects and not larger and multi-year projects. In the period FY 86-89, Pathfinder supported 242 projects, excluding RR and TINs. In FY 90-91, Pathfinder will support approximately 80 projects. Pathfinder proposes that the number of projects not be used as a measure of CAW performance.

Number of Countries: In FY 86-89 Pathfinder supported family planning service projects in 26 countries. In FY 90-91, Pathfinder will work in 21 countries. Pathfinder's efforts to consolidate and intensify activities in fewer countries makes this an inappropriate indicator of performance. The organization proposes that this also be dropped as a measure of CAW performance.

Number of Family Planning Users: Pathfinder has found that gathering accurate data on the number of family planning users served by Pathfinder-supported projects is challenging. As a result, Pathfinder records the number of contraceptives distributed by service delivery projects, through referrals, and in commodity grants. Using this information, Pathfinder is able to calculate the number of CYPs distributed, referred, and supplied by the institutions it supports.

- *CYPs Distributed:* In the period FY 86-89 Pathfinder provided 1,172,840 CYPs with CAW/add-on funds. In FY 90-91, Pathfinder will provide 1,142,000 CYPs for a total of 2,314,840 CYPs during the CAW period.
- *CYPs Referred:* Pathfinder will continue to support projects which provide referrals for IUD insertions, injectables, sterilization, implants, and other contraceptive services. Between FY 86-89, effective referrals in Pathfinder-supported projects resulted in 160,666 CYPs. Between FY 90-91, Pathfinder-supported projects will refer clients for family planning services resulting in the provision of 135,550 CYPs. A total of 296,216 CYPs will be provided through referral to services for the six-year CAW period.
- *CYPs Supplied:* In addition to the direct users served by project grants, Pathfinder provided 2,085,135 CYPs through commodity grants in FY 86-89, and will provide 2,335,000 CYPs from commodity grants in FY 90-91. This is a total of 4,420,135 CYPs supplied for the six-year CAW period.

TABLE 3A
FY 86-91 LOGICAL FRAMEWORK OUTPUTS SUMMARY:
COUPLE-YEARS-PROTECTION (CYP)

COUPLE-YEARS-PROTECTION	Achieved FY 86-89	Projected FY 90-91	TOTAL
CYPs Distributed			
Africa	286,229	215,000	501,229
Latin America	554,549	529,000	1,083,549
Asia	149,332	61,000	210,332
Near East	182,730	337,000	519,730
Total	1,172,840	1,142,000	2,314,840
CYPs Referred			
Africa	12,438	4,800	17,238
Latin America	134,195	94,800	228,995
Asia	8,075	35,700	43,775
Near East	5,958	250	6,208
Total	160,666	135,550	296,216
CYPs Supplied			
Africa	106,951	589,000	695,951
Latin America	752,788	1,621,000	2,373,788
Asia	0	0	0
Near East	1,225,396	125,000	1,350,396
Total	2,085,135	2,335,000	4,420,135

2. Training (Table 3B)

According to our previous logical framework, Pathfinder was to support 180 training projects in 20 LDCs. In FY 86-89, Pathfinder supported 40 training projects in which 16,008 people were trained. In FY 90-91, Pathfinder expects to train approximately 31,000 people, for a total of 47,008 persons trained in the six-year CAW period.

TABLE 3B
FY 86-91 LOGICAL FRAMEWORK OUTPUTS SUMMARY:
TRAINING

TRAINEES	Achieved FY 86-89	Projected FY 90-91	TOTAL
Africa	2,038	1,100	3,138
Latin America	7,667	8,500	16,167
Asia	1,449	3,300	4,749
Near East	4,854	18,100	22,954
Total	16,008	31,000	47,008

3. Commodities (Table 3c)

In the original logical framework described in Table 1, Pathfinder was to supply the following commodities for service delivery projects and commodity grants: 200 million condom pieces; 40 million oral cycles; 25 million vaginal tablets; and 2 million IUDs. These estimates were unrealistically high. During FY 86-89 Pathfinder shipped an estimate 19.4 million condom pieces; 4.1 million oral cycles; 3.9 million foaming tablets; and 662,000 IUDs. For the remaining two years of the CAW, Pathfinder will ship 16.2 million condoms pieces; 2 million oral cycles, 2.5 million foaming tablets; and 1.8 million IUDs.

TABLE 3c
FY 86-91 LOGICAL FRAMEWORK OUTPUTS SUMMARY:
COMMODITIES

COMMODITIES SHIPPED	Achieved FY 86-89	Projected FY 90-91	TOTAL
Condoms (pieces)	19,412,200	16,200,000	35,612,200
Orals (cycles)	4,135,400	2,000,000	6,135,400
Foaming Tablets	3,932,400	2,500,000	6,432,400
IUDs	662,654	1,800,000	2,462,654

4. Rapid Response

Rapid response (RR) is a mechanism by which Pathfinder funds small projects which complement ongoing family planning activities. To date, the rapid response mechanism has been primarily used for support of travel and training grants (TINs) for Pathfinder grantees and other key family planning professionals. In the period FY 86-89, Pathfinder disbursed \$507,503 in RR grants.

Initially, RR grants were used for projects up to \$7,500. Today, Pathfinder field staff can employ the RR mechanism for projects up to \$15,000. When the CAW was negotiated, a goal of 200 RR projects was set. As the majority of RR projects are travel and training (TIN) grants, Pathfinder proposes to retain the flexibility to respond to requests for training, while decreasing the administrative burden by combining TINs for each region into single projects ("Big TIN") beginning in FY 90. The exception will be travel and training grants supported with add-on funds, where each funding source will have its own TIN. This should reduce the total number of projects committed annually, as well as the number of rapid response projects.

During FY 88-89, Pathfinder supported 112 RRs and TINs. As Pathfinder moves to fewer and larger projects, the rapid response mechanism will continue to serve as a tool for addressing any unforeseen need or opportunity, and for supporting discrete activities which strengthen or stimulate ongoing projects. Pathfinder recommends that no targets be established in future agreements between A.I.D. and Pathfinder for the number of rapid response projects to be committed during the life of the agreement. Without the target, A.I.D. will continue to receive its monthly report on such projects.

5. Institutional Support

At the negotiation of the CAW, Pathfinder wanted to strengthen local institutions that supported a national family planning agenda and provided large-scale family planning services. Pathfinder's desire was to move away from project-by-project funding for organizations meeting this criteria. The goal for the CAW period was to support 15 institutional development projects in five LDCs. Since the beginning of FY 86, Pathfinder has expanded this activity, both with funding from the CAW and with country specific add-ons, cooperative agreements, and contracts.

Between FY 86-89, Pathfinder provided major institutional support with CAW funds to 12 institutions, including the Zimbabwe National Family Planning Program; the Egyptian Family Planning Association through the CSI project; ABEPF in Brazil; ZAMRODJ in Indonesia; CASA, a provider of family planning services and reproductive education for young adults in Mexico; the Turkish Family Health and Planning Foundation in Turkey; and Maendeleo Ya Wanawake in Kenya. Pathfinder can quantify both the number of projects and the number of institutions that receive support under this category. At the time of our meeting in May 1989, we agreed that for the purposes of reporting and evaluating Pathfinder's activities in this category, narrative reports that summarize accomplishments with each institution would be most appropriate.

C. Estimated Outputs for FY 92 - 96

With a vision towards a follow-on agreement to the CAW, The Pathfinder Fund presents in Table 4 estimates of project outputs for FY 92-96. These estimates are based on the assumption of level funding and they incorporate Pathfinder's strategic approach for the nineties. This approach envisions stronger and more capable grantees, a minimum five percent annual increase in CYPs distributed, an assertive move towards the use of permanent and long-acting reversible methods, and improvements in the quality of care to increase continuation rates, facilitate method switching, and reduce project cost.

TABLE 4
FY 92-96 LOGICAL FRAMEWORK OUTPUTS:
ESTIMATES

OUTPUTS	Projected FY '86-91	Projected FY 92-96
CYPs Distributed		
Africa	501,229	623,100
Latin America	1,083,549	1,488,000
Asia	210,532	0
Near East	519,530	980,000
Total	2,314,840	3,091,100
CYPs Referred		
Africa	17,238	13,300
Latin America	228,995	1,133,500
Asia	43,775	0
Near East	6,208	553,000
Total	296,216	1,699,800
CYPs Supplied		
Africa	695,951	1,371,000
Latin America	2,373,788	3,278,000
Asia	0	0
Near East	1,350,396	2,156,000
Total	4,420,135	6,805,000
Trainees		
Africa	3,139	3,700
Latin America	16,208	11,000
Asia	4,729	0
Near East	22,929	11,500
Total	47,005	26,200
Number of Projects	322	150
Number of Countries	26	21
Commodities Shipped		
Condoms (pieces)	35,162,200	54,149,000
Orals (cycles)	6,135,400	9,448,000
Foaming Tablets	6,432,400	9,905,000
IUDs	2,462,654	3,791,000

IV. MANAGEMENT APPROACH

A. Introduction

The Pathfinder Fund's management approach for FY 90-91 and beyond focuses on cost-efficiency and decentralization. Coopers & Lybrand has been engaged by Pathfinder to perform an organizational and management review to determine the best way to implement this approach. The findings and recommendations of the consultants and Pathfinder's implementation plan will be contained in a separate report to the Office of Population that will follow the submission of this document.

B. Program Management

Pathfinder field offices have the primary responsibility for developing country and regional strategies, designing and monitoring projects, and providing technical assistance. In July 1989, field offices were given authority to make amendments to CAW subgrants 25 percent of the A.I.D. approved amount or \$25,000, whichever is less. Field offices already have had line item flexibility over their own operating budgets for more than 10 years.

Field staff are developing larger, multi-year projects, to reduce administrative processing time and resources. The average project size and duration will increase within each country and region in FY 90-91 as compared to previous fiscal years. The regional office in Colombia will close during FY 1990, and CAW funds will no longer support Pathfinder operations in Indonesia after September 1991. Projects in Colombia may continue to receive modest Pathfinder support after the field office is closed.

USAID/Pakistan has approved \$1.067 million in add-on funds to support the Pathfinder/Pakistan office and projects over the remaining 18 months of the CAW, with future funding anticipated. Pathfinder/Bangladesh is supported almost completely by Mission funds.

C. Expansion in the Management Information Systems (MIS)

Pathfinder's computerized database has provided a complete financial record of project commitments, disbursements, and commodities management. To this database, project targets and output data were recently added. With expanded information, project inputs (disbursements) can be compared with outputs, contributing greatly to management decision-making in programmatic and financial areas. Recent efforts to standardize data collection in Pathfinder-supported projects complement these improvements.

D. Organizational Structure

This section describes Pathfinder's current organizational structure. Modifications to this structure as a result of the Coopers & Lybrand management review will be described in the separate report as described earlier.

Field

To develop and monitor programs, Pathfinder maintains 10 field offices in Bangladesh, Brazil, Colombia, Indonesia, Kenya, Mexico, Nigeria, Pakistan, Peru, and Turkey. In addition, Resident Advisors are located in Burundi, Egypt, Zimbabwe, and Swaziland. The senior field staff report directly to the Executive Director, but in most operational matters, they communicate directly with the appropriate department at headquarters. Direct CAW program support covers the equivalent of 27.2 full-time staff: 3.9 support and 23.3 exempt staff. The organization chart in Figure 1 includes departments and field offices that do not receive support from CAW program support. Figure 2 is a breakdown of field staff by their estimated allocation of effort under the CAW.

Headquarters

Pathfinder headquarters is divided into five departments employing 65 professional and support staff. These departments include: Executive, Finance and Administration (F&A), Project Operations (DPO), Technical Services and Planning (DTSP), and Internal Audit. With CAW direct program support, Pathfinder employs the equivalent of 28.9 full-time headquarters staff: 10.8 support staff and 18.1 exempt staff. The Pathfinder Fund operates under a fund accounting system. Staff time is allocated to the various grants on which they have worked during each week. Effort is classified into one of two categories: administration or technical assistance. Accounting, Audit, and Personnel effort is attributed to indirect costs, except in specific instances in which staff in these departments provide technical assistance in financial management to specific grants or projects. Figures 2 and 3 provide an analysis of technical and administrative effort allocated to CAW.

The Executive Office is comprised of the Office of the Executive Director, the Department of Human Resources, and Public Affairs.

The Department of Finance and Administration is responsible for fiscal and administrative services, internal management information systems, and liaison with A.I.D. on financial and contractual matters. The program information unit within F&A is responsible for the project-related financial database and compliance with grant provisions, Pathfinder procedures, and reporting.

The Department of Project Operations is comprised of three regional units (Africa, Asia/Near East, and Latin America) and the Commodities Program. DPO handles project administration at headquarters, and field staff communicate most project-related matters via the three regional units. The Commodities Program manages contraceptive forecasting and procurement, shipping procedures and delivery schedules,

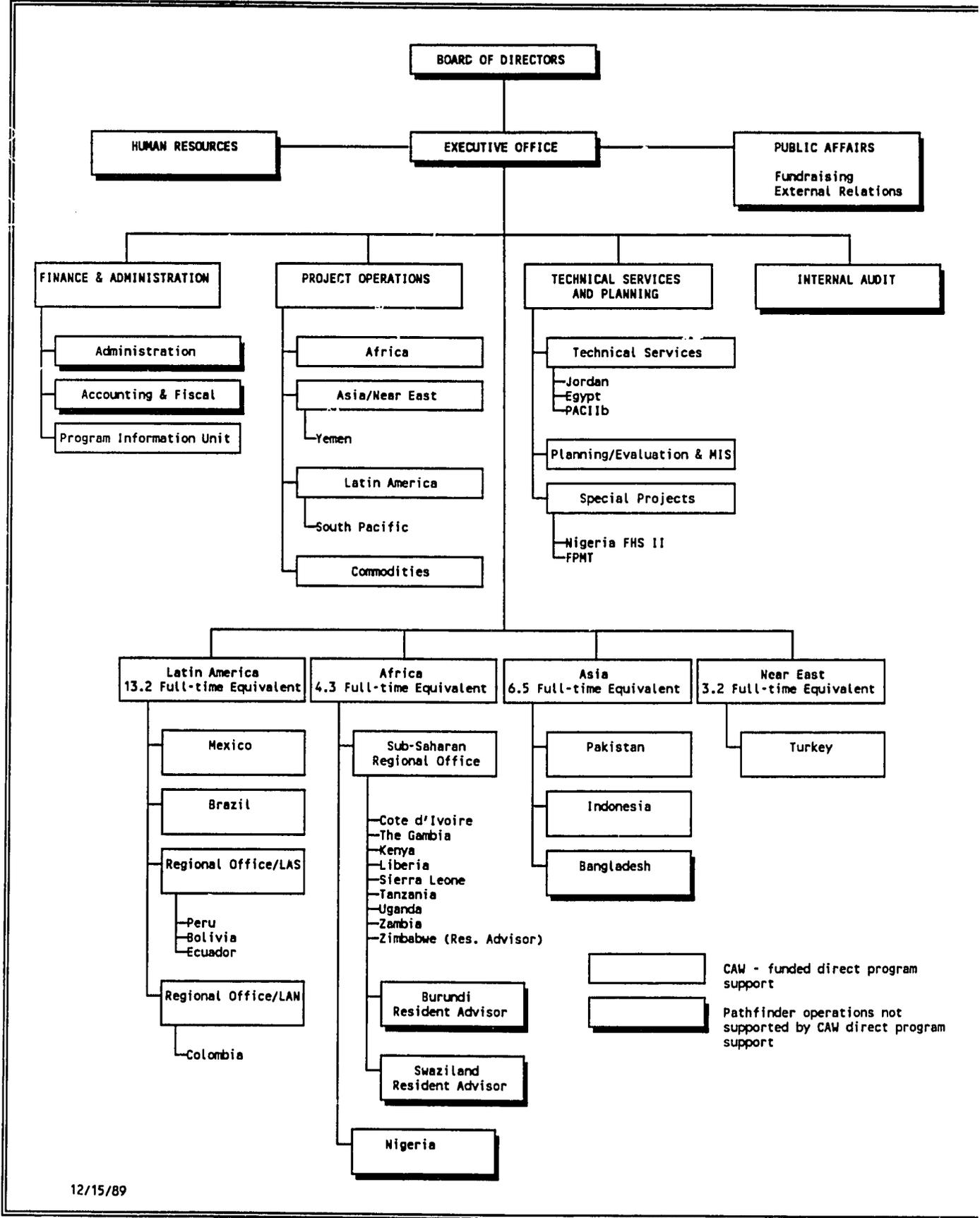
monitoring of commodities management, and technical assistance and training for host country family planning programs. Pathfinder collaborates with the Family Planning Logistics Management Project to develop annual Contraceptive Procurement Tables (CPTs) for major grantees.

The Department of Technical Services and Planning provides technical support to headquarters and field staff and coordinates institutional planning. DTSP offers and coordinates technical assistance in family planning service delivery, training, medical standards, adolescent fertility, MIS, quality of care, program management, planning, and evaluation. Disseminating experiences of Pathfinder-funded activities through publications and conference papers is a department priority.

The Department of Internal Audit engages or performs audits to meet subgrant audit requirements and assists independent accountants in Pathfinder's annual audit. The department's recent efforts to collaborate with A.I.D. Cooperating Agencies in the area of consolidated audits is an important step towards defining a rational and cost-efficient audit policy.

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**FIGURE 1
THE PATHFINDER FUND
ORGANIZATIONAL CHART**



12/15/89

FIGURE 2
THE PATHFINDER FUND FIELD STAFF: EXEMPT AND SUPPORT
ANALYSIS OF CAW EFFORT ALLOCATION, FY 89
(PERSON-MONTHS)

FIELD OFFICE STAFFING	CAW Program Support Effort Allocation	
	Administration	Technical Assistance
AFRICA		
--Sub-Saharan Africa Regional Office		
Regional Representative - P	3.6	2.4
Associate Regional Representative - P	6.0	6.0
Assistant Regional Representatives (2) - P	8.4	4.8
Financial Officer - P	1.2	9.0
Bilingual Program Officer - P	7.2	3.0
Subtotal	26.4	25.2
LATIN AMERICA		
--Latin America North (LAN) Regional Office		
Regional Representative - P	3.6	7.8
Program Officer - P	9.6	2.1
Administrative Assistant (1)	12.0	
--Latin America South (LAS) Regional Office		
Regional Representative - P	4.8	6.0
Program Officer - P	5.4	6.0
Financial Officer - P	4.2	4.2
Commodities Assistant	8.4	3.6
--Brazil Country Office		
Country Representative - P	6.1	3.7
Program Assistants (3) - P	24.0	9.2
Financial Officer - P	8.0	1.2
--Mexico Country Office		
Country Representative - P	3.6	6.0
Program Assistant - P	3.6	6.0
Financial Assistant - P	3.6	6.0
Subtotal	97.0	61.9
ASIA/NEAR EAST		
--Indonesia Country Office		
Country Representative - P	7.2	3.6
Program Assistants (2) - P	4.8	15.6
Bookkeeper	1.2	3.6
--Pakistan Country Office		
Country Representative - P	10.0	
Program Officer - P	11.9	
Financial Officer - P	9.5	
Executive Assistant	10.4	
--Turkey Country Office		
Country Representative - P	4.8	4.8
Program Officer - P	4.8	6.6
Accountant - P	6.0	3.6
Program and Office Administrator	6.0	1.2
Subtotal	76.6	39.0
TOTAL FIELD STAFF:	200.0	126.1

P = Professional Staff
326.1 person-months represents the equivalent of 27.2 full-time staff;
3.9 full-time support staff or 46.4 person-months
23.3 full-time exempt staff or 279.7 person-months

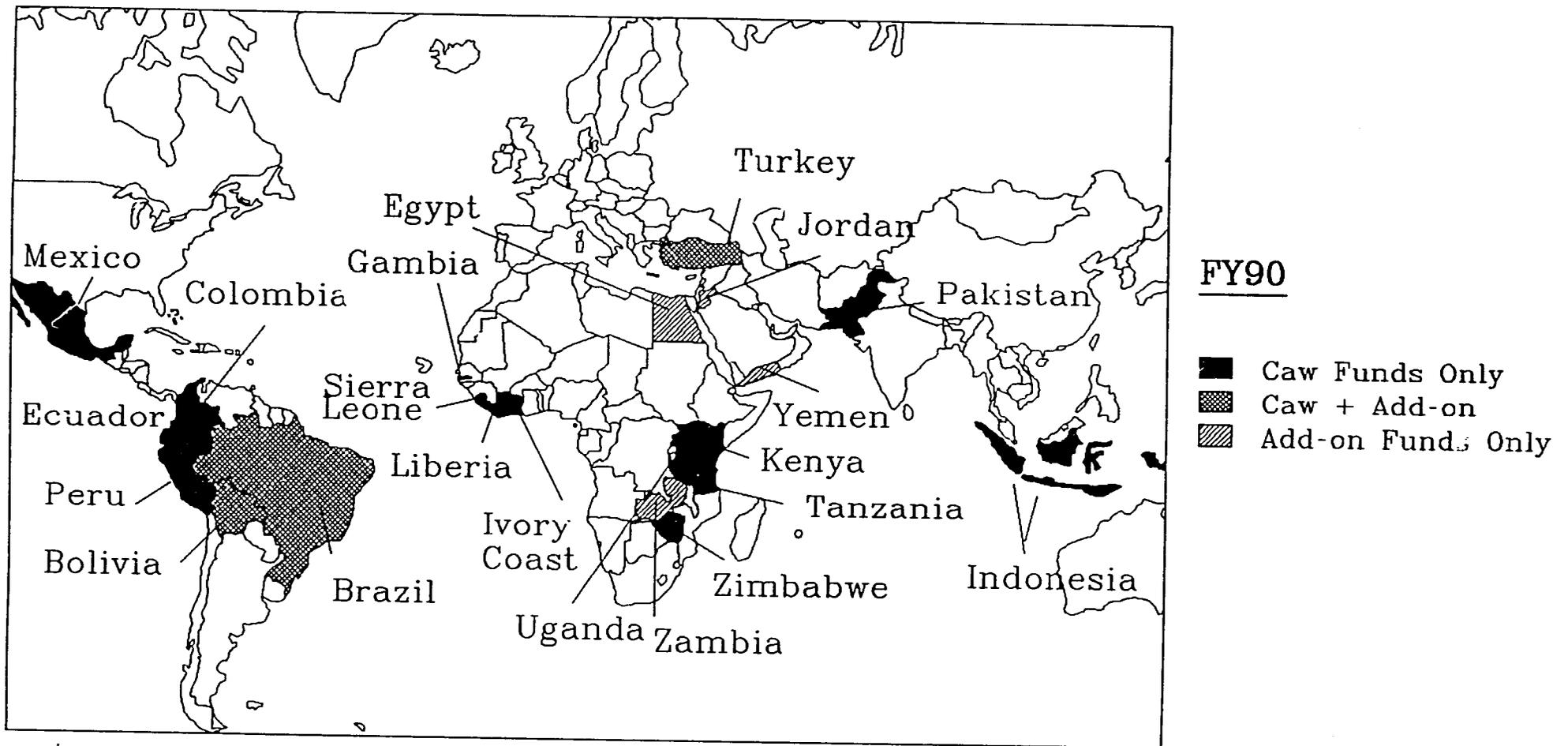
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FIGURE 3
THE PATHFINDER FUND HEADQUARTERS STAFF: EXEMPT AND SUPPORT
ANALYSIS OF CAW EFFORT ALLOCATION, FY 89
(PERSON-MONTHS)

HEADQUARTERS STAFF	CAW Program Support Effort Allocation	
	Administrative	Technical Assistance
FINANCE & ADMINISTRATION		
--Program Information Services		
Program Information Manager - P	11.0	
Assistant Program Administration Coordinator	9.5	
Report Assistant	7.1	
Program Information Unit/Data Entry	11.6	
PROGRAM OPERATIONS		
--Office of Director		
Director - P	8.5	
Administrative Assistant	11.3	
--Africa		
Program Manager - P	11.9	
Regional Project Administrators (2) - P	23.7	
Administrative Assistants (2)	24.0	
--Asia and the Near East		
Program Manager - P	6.1	
Regional Project Administrator - P	7.3	
Administrative Assistant	6.7	
--Latin America and the South Pacific		
Program Manager - P	7.8	
Regional Project Administrators (2) - P	9.8	
Administrative Assistants (2)	24.0	
--Commodity Program		
Director - P	7.3	4.4
Assistant Director - P	10.0	
IEC Coordinator - P	9.8	
Commodities Assistant	12.0	
TECHNICAL SERVICES AND PLANNING		
--Office of the Director		
Director - P		10.0
Associate for Family Planning Management - P	2.2	5.4
Administrative Research Assistants (2)	24.0	
--Evaluation and Library		
Associate for Evaluation - P	3.0	7.5
Evaluation Coordinator/Librarian - P	11.0	1.0
Administrative Assistant	11.0	0.8
--Medical Services		
Director of Medical Services - P	0.3	8.8
Administrative Research Assistant	12.0	
--Management Information Systems		
Associate for M.I.S. - P		5.7
--Technical Communications & Family Planning		
Associate for Tech. Comm. & Family Planning - P	1.5	7.9
--Special Projects		
Director of Special Projects - P	3.1	0.8
Project Administrator - P	0.5	
Administrative Assistant	4.5	
INTERNAL AUDIT		
--Office of the Director		
Director - P	1.8	0.7
TOTAL HEADQUARTERS STAFF:	294.3	53.0

P = Professional Staff
347.3 person months represents the equivalent of 28.9 full-time staff:
10.8 full-time support staff or 129.9 person-months
18.1 full-time exempt staff or 217.4 person-months

The Pathfinder Fund Worldwide



The Pathfinder Fund

Latin America



FY90

- Caw Funds Only
- ▨ Caw + Add-on

LATIN AMERICA REGION

I. Overview

LATIN AMERICA REGION, DEMOGRAPHIC INDICATORS

Total Population (million):	438	Number of Countries:	37
Population in 2020 (million):	705	Population Doubling Time (years):	33
Average Annual Growth Rate (%):	2.1	Average Total Fertility Rate:	3.6
Average Modern Contraceptive Prevalence (%):	42	Range of Modern Contraceptive Prevalence (%):	4 - 62

Demographic Trends

The Latin America region has an estimated population of 438 million and is growing each year at a rate of 2.1 percent. Given the diversity of the region, however, annual growth rates range from a high of 3.5 to a low of 0.7 percent. Although fertility rates in the region are declining, the population continues to grow because of past high fertility. Mexico alone has more people than all of Central America and the Caribbean combined and the largest population in Latin America after Brazil. Mexico's current population of 86.7 million will double in size in only 29 years.

The Latin American population is young and increasingly urban. Today, 69 percent of Latin American countries have populations that are more than 48 percent urban, and the region has some of the largest urban centers. By the year 2000, Mexico City will be the largest city in the world with a population of 36 million. The "capital of underdevelopment" as Mexico City is called, grows by 775,000 people each year, 350,000 of whom migrate from rural areas and erect their homes on the periphery. This rapid rural to urban migration felt in most countries, aggravates the demand for minimum public services, housing, and jobs.

The population of the region is young with 38 percent under the age of 15. In Peru, Mexico, and Bolivia, this proportion increases to approximately 42 percent of the population. The rapidly growing young population poses formidable challenges for governments coping with the burdens of large external debts, economic and social instability, and less money for social spending. In terms of health and family planning, young people find limited access to services that are appropriate and sensitive to their needs. Most of these young people will have their first sexual experience without the benefits of contraceptive protection and accurate information. The likelihood is high that an unintended pregnancy will result, forcing them to make difficult choices.

Concern for Unmet Need

The economic prosperity of the 1970s resulted in higher contraceptive prevalence and higher standards of living for many countries of Latin America. The recession of the 1980s has eroded both, and, while fertility has declined and prevalence has increased overall, unmet need for contraceptive services remains substantial. Young adults, indigenous groups, and residents of rural areas remain under-served throughout the region, despite high contraceptive prevalence.

The demographic indicators for indigenous populations in Guatemala, Bolivia, and Peru reflect the inadequacy of available health and family planning services in meeting their needs. The example of Guatemala, where the indigenous population represents 44 percent of the total population, dramatically illustrates how national figures mask the demographic and health differentials between ethnic groups and geographic areas. For example, while the TFR is 5.8 for the country, it reaches 7.2 among indigenous groups in the interior. National contraceptive prevalence is 24.9 percent, but only 4.2 percent for the indigenous populations; life expectancy for Ladinos exceeds that of the indigenous populations by 14 years; and the national infant mortality rate is 76 per thousand, contrasting with 160 per thousand for the indigenous population.

In Brazil, where the average TFR is 3.4, the industrialized southern state of Rio de Janeiro has a TFR of 2.6, while the rural northeast has a TFR of 5.2. In Peru, the average TFR is 6.6 in rural areas, as opposed to 3.2 in urban areas. In Mexico, contraceptive prevalence is 65 percent in metropolitan areas, and drops to 32 percent in the rural areas, where over one third of the population lives.

Quality of Care and Method Mix

Attention to the quality of contraceptive services is growing with recognition of such problems as discontinuation, misuse of contraception, contraceptive failure, over-reliance on a narrow range of methods, and poor client-provider relations. A 1986 study of contraceptive practices in rural Peru revealed that while four-fifths of the couples studied used contraception, most of them used traditional and ineffective methods. The use of methods requiring interaction with clinic staff was inhibited by such factors as:

- inconvenient clinic hours;
- long waiting times for visits;
- dehumanizing treatment and paternalistic attitudes of the nurses;
- requirement of a pelvic exam and pap smear;
- resentful providers;
- providers who were not bilingual;
- spousal authorization requirements; and
- lack of appropriate and understandable information.

To be effective, family planning services must be sensitive to client needs. Identifying and satisfying the information, contraceptive, and reproductive health needs of the clients can result in services that are high quality, effective, and efficient. From the management perspective, responding to client needs results in an increase in the volume of clients, reductions in cost, and greater assurance of sustainability.

High contraceptive prevalence in the Latin America region indicates that a majority of the population has access to family planning information and services. Method mix, however, continues to be dominated by female sterilization: in Brazil, 41 percent of contraceptive prevalence is attributable to female sterilization. Seventy-nine percent of prevalence relies on the use of only two methods, orals and VSC.

Institutional Capacity and Involvement

Rapid population growth in Latin America exacerbates economic and political difficulties by contributing to high unemployment, inadequate housing, overextended social and health services, and foreign debt. In response to the economic crisis of the region, the Ministries of Health have cut back their budgets and reduced support to health and family planning programs, leaving the private sector to respond to unmet need. This has led to a greater reliance on the private sector's innovativeness and ability to support rapid implementation of new approaches.

Changes in funding for this region require revisions in the organizational strategies of donor and local providers, in both sectors. The decreasing availability of support from international donor agencies has created a critical need to consolidate resources, to promote public-private sector cooperation to strengthen the capacity of local family planning organizations to sustain, financially and technically, contraceptive services. Organizations like PROFAMILIA in Colombia and MEXFAM in Mexico serve as examples of strong private sector initiatives and technical resources to the public sector.

II. Pathfinder and the Nineties

Pathfinder recognizes that in the nineties, Latin America will require well-focused assistance to enable local family planning organizations to become financially sustainable and capable of providing services. While service delivery will remain the primary target of Pathfinder support, institutional development will be an important component of service delivery projects. Pathfinder will support projects in Bolivia, Brazil, Mexico, Peru, Ecuador, and Colombia, and will be the lead agency in four.

Service delivery projects that meet the contraceptive needs of clients 20-34 years, young adults 15-19 years, and women seeking sterilization services will receive priority. In geographic terms, the projects will primarily serve an urban population in the poor, marginal areas, and clients in accessible and high density rural areas.

In service delivery and training projects, efforts to expand the range of contraceptive choices and increase the use of permanent and reversible, long-acting methods will be undertaken. Improving the quality of contraceptive services and information is one approach to increase the use of more effective methods. Contraceptive counseling and the interaction between client and provider will have a decisive effect on this strategy.

The private sector -- non-profit, for-profit, informal, and commercial -- will be the principal recipients of Pathfinder assistance. Innovative activities with health maintenance organizations and pharmaceutical companies will demonstrate the benefits

of partnerships with larger organizations with multiple objectives. Collaborative ventures between the public and private sectors will determine the most effective ways to use the technical assistance of the private sector by the public sector.

Pathfinder's strategic approach for the Latin America region is outlined below:

- | | |
|------------------------------|--|
| <u>Regional Focus</u> | <ul style="list-style-type: none"> ■ In mature countries (Mexico and Brazil), focus on low prevalence regions. ■ In launch countries (Bolivia), focus on low prevalence urban populations. ■ In consolidation countries (Peru and Ecuador), focus on poor urban and accessible rural populations. |
| <u>Comparative Advantage</u> | <ul style="list-style-type: none"> ■ Lead agency in four countries: Brazil, Bolivia, Mexico, Peru. ■ Experienced resident field staff from the region, with technical expertise and networks which facilitate effective assistance to local organizations, opinion leaders, and government officials. ■ Demonstrated expertise in contraceptive service delivery: community and clinic-based, work-based, and mini-market CBD models. ■ Experience in institutional development, sustainability of NGOs, and in development of young adult programs. ■ Experience in using NGO expertise to leverage and expand services through the public sector. |
| <u>Sector Emphasis</u> | <ul style="list-style-type: none"> ■ Priority support to private sector to strengthen technical and financial capacity, increase sustainability, and leverage private sector technical expertise to assist public sector. ■ Work with commercial sector, including HMOs, pharmaceutical companies, businesses, small businesses/informal sector, to deliver sustainable family planning services. |
| <u>Target Population</u> | <ul style="list-style-type: none"> ■ Poor, low literate groups. ■ Priority to those living in urban centers and marginal areas and shifting to populations in high density and low access rural areas. ■ Post-partum/post-abortion clients. ■ Priority to age group 20-34 years with highest age-specific fertility rates, followed by high risk young adults 15-19 years, and women 35 and older who seek permanent contraception. - 70% LTR |
| <u>Resource Allocation</u> | <ul style="list-style-type: none"> ■ In the FY 90-96 period, the percentage allocation of central agreement funds in Latin America will decrease from 37 percent in FY 90 to 30 percent in FY 96. WHY? |
| <u>Method Mix</u> | <ul style="list-style-type: none"> ■ Emphasis on permanent and reversible long-acting methods. ■ Increased provision of barrier methods in areas with high HIV prevalence. |

ISN'T THIS TIPPS/FPE? / where?

IEC?

Quality of Care

- Improvements in counseling and the range of methods available to the client to increase acceptance, continuation, and facilitate method switching.
- Support training of providers and IE&C specialists.
- Establish referral networks to ensure method choice and appropriate medical back-up.

Impact

- 300,000/yr. ?
- At level funding in the FY 92-96 period, Pathfinder will distribute 1,488,000 CYPs, refer clients to contraceptive services resulting in 1,133,500 CYPs, supply 3,278,000 CYPs through commodity grants, and support training for 11,000 providers and managers.

III. FY 86-89 Highlights and Lessons Learned

REGIONAL HIGHLIGHTS, FY 86-89

- With \$4.6 million in CAW/add-on funds, Pathfinder-supported activities distributed 554,549 CYPs and trained 7,667 people in this region.
- In the Latin America region, CAW-supported service delivery projects contributed 0.13 per cent to contraceptive prevalence in FY 89.
- Pathfinder is a leading supporter of family planning service delivery to the providers in the region. In almost every country in which Pathfinder works the dollar commitment for service delivery is exceeded only by the matching grants to IPPF affiliates (Brazil, Colombia, Peru). In Mexico, only service delivery funds of FPIA and IPPF are greater than Pathfinder's; in Ecuador, only those of FPIA.
- In Brazil, Ecuador, Mexico, and the Dominican Republic, Pathfinder has successfully supported projects with strong income-generating components, and supported activities to strengthen the financial management capacity of local organizations.
- Maximizing the comparative advantage of other organizations has resulted in increased collaboration with A.I.D. Cooperating Agencies in the areas of social marketing (SOMARC), operations research (Population Council), financial management (FPMT and Enterprise), strategic planning (FPMT), quality of care (IPPF/WHO), and training (Development Associates).
- Pathfinder has established itself as a leader in service delivery, young adult reproductive health, quality of care, and provider training in the region.

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REGIONAL LESSONS LEARNED

- Salesmanship training and commissions to promoters are required to ease the transition from a "pure" CBD model to a commercially-oriented strategy. ✓
- The "multi-service" model which includes CBD, clinic, and surgical services, has proven to be a cost-effective way of delivering a wide range of contraceptive methods and CYPs, even in remote areas.
- High-quality, user's perspective workshops can trigger widespread interest in the topic at all levels of a family planning association.
- Through selective supervision, relocation of CBD posts, and the formulation of supervisory teams -- all program management interventions -- the quality, cost, and coverage of CBD services improve.
- Involvement of the indigenous population in family planning is fostered by appropriate IE&C, careful selection of personnel, and community participation. ✓
- In hospitals in which the post-partum stay is brief, new mothers frequently do not remember family planning talks they receive after delivery. Distribution of written informational material, as well as information during the pre-natal period, are important in order to reach young mothers. ✓
- Support to NGOs for activities carried out in collaboration with the public sector has proven to be a cost-effective means of service delivery.

IV. Program Strategies and Expected Outputs FY 90-91

To address the challenges for the nineties in the Latin America region, The Pathfinder Fund's specific program strategies for FY 90-91 are detailed below.

- *Pathfinder will support innovative activities to reach under-served populations in urban and rural areas.*

While the largest proportion of Latin America's population live in urban areas, the rural population continues to have both the highest fertility and the greatest obstacles to high quality contraceptive services. Pathfinder will continue to support CBD programs, clinics, and health posts in rural areas and small towns. Special attention will be paid to strengthening collaborative initiatives between public sector

health programs and local family planning NGOs. In Mexico, this effort is best illustrated by a Pathfinder-supported program with MEXFAM (IPPF affiliate) which collaborates with the public sector to provide permanent and long-acting contraception to CBD clients. The rural, indigenous populations of Peru and Bolivia are confronted by the triple barrier of culture, language, and poverty. Bilingual providers, indigenous promoters, and appropriate IE&C will be key in CBD and clinic-based projects serving this population.

7 Pathfinder will continue to support CBD, clinics, and health posts in poor urban areas. Where possible, CBD programs will develop a social-marketing approach, reducing both the level of IE&C and supervision. Grantees will receive training and technical assistance to determine ways to generate income and market services. As in rural areas, a number of NGO-sponsored urban programs will reduce their costs by working with governmental institutions. For example, NGOs will provide training, commodities, and IE&C materials while the public sector furnishes the physical infrastructure, equipment, and medical staff. In the future, Pathfinder will work only in marginal urban areas with low prevalence, and in areas in which individuals do not have access to contraception. In areas where prevalence is higher, only special high-risk groups such as young adults will be served.

- *Pathfinder will support family planning activities to reach high-risk young adults.*

For the last 15 years, Pathfinder has been a leader in supporting services and education for young adults in Latin America. In FY 90, Pathfinder will continue to support CBD and hospital-based post-partum programs aimed at reaching young adults with appropriate information and services. Through provider and management training, service programs for young adults will be integrated into existing health services. Specially trained providers, separate clinic hours, appropriate IE&C, and referral services provide this high-risk population with services that meet their reproductive health needs.

In November 1989, Pathfinder and The Population Council co-sponsored the Regional Adolescent Fertility Conference. The purpose of the conference was to bring together providers and experts in adolescent health to share experiences and define responses to the growing problems of adolescent fertility. CAW funds were used to support participant travel to the conference.

- *Pathfinder will support activities to upgrade the quality of contraceptive services and information.*

Improving the quality of contraceptive services and information is a high priority for Pathfinder. The organization will continue to support such activities as provider training, evaluation, and technical assistance in program management, and will further encourage the use of supervisory techniques which enhance the quality of care. Promotion of a client-responsive approach in all activities will be a goal in the Latin America region. The Pathfinder manual, *Client-Responsive Family Planning: A Handbook for Providers*, and the Pathfinder-supported video "Calidad" ("Quality"), are

two important training resources in the area of quality. Counseling, informed choice, and the user's perspective in the design and management of programs will be emphasized.

- *Pathfinder will support activities to increase the financial and program sustainability of grantees.*

Pathfinder will support technical assistance and training in strategic planning, income-generation, and financial and program management to help ensure the sustainability of family planning activities.

- *Pathfinder will provide core support to key family planning institutions in selected countries.*

Because of the growing number of experienced grantees in the Latin America region, Pathfinder will provide core support grants and technical assistance to key family planning institutions. Grants for institutional development will be coupled with appropriate training and technical assistance to improve the management of the institution. Strengthening the financial and technical capacity of local institutions will contribute to greater self-sufficiency. Smaller family planning organizations will also be candidates for core support and training when appropriate.

- *Pathfinder will respond to the reduction of A.I.D. support in the region both through a redefinition of programs and emphases, as well as through more efficient management of available resources.*

The process of consolidating and strengthening individual country portfolios started during FY 89. For example, the number of projects in Mexico was reduced from 18 in FY 88 to 11 in FY 89, and in Brazil, from 17 to 10. This reduction in the number of projects is due to combining smaller projects with a single grantee into a single, larger project and developing larger, multi-year projects. The trend in the reduction of the project portfolio will continue in FY 90 and beyond.

A key component of strengthening country portfolios will be the development of strategies in the field. In November 1989, a strategy team traveled to Brazil to conduct a needs assessment and develop short and long-range strategies (three- to five-year) for Pathfinder's activities. The team was comprised of Pathfinder staff from the field and headquarters, and an external consultant. Strategies for Mexico and Latin America South will also be developed during FY 90.

V. FY 90 Funding Overview and Expected Outputs

In FY 90, Pathfinder will provide almost \$1.68 million from A.I.D. in the Latin America Region for project support. Thirty-two percent of total funds are from add-ons in Brazil and Bolivia. CAW funds allocated to the region have decreased 53 percent from FY 88 levels. While regional reductions are occurring, a high priority country like Mexico will continue to receive a substantial allocation. The table below provides an estimate of FY 90 CAW and add-on allocations by country and expected outputs for FY 90-91.

**INPUTS AND EXPECTED OUTPUTS* OF
CAW/ADD-ON PROJECTS, BY COUNTRY,
LATIN AMERICA REGION**

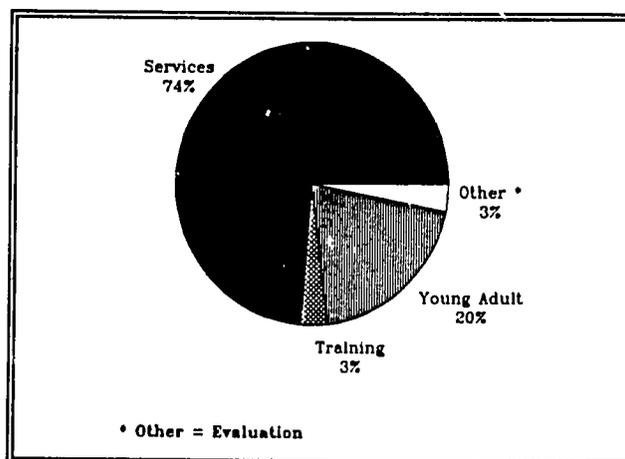
Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS *		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Bolivia**	Launch	High	\$235	\$200	14,219	23,177	140
Brazil**	Mature	High	180	330	70,184	187,392	2,194
Mexico	Mature	High	350	--	40,307	89,643	5,830
Peru	Growth	High	175	--	50,581	131,511	210
Ecuador	Consolidation	Medium	--	--	40,697	30,523	--
Colombia	Mature	Medium	211	--	28,288	66,759	167
TOTAL			\$1,151	\$530	244,276	529,005	8,541

* Based on expected outputs, the FY 90-91 contribution of CAW projects to prevalence in the Latin America region will be 0.13%.
** Outputs for Bolivia and Brazil do not include projects funded with add-on money

VI. Allocations by Project Type

Pathfinder will spend the majority of its CAW funds in Latin America on family planning services. The chart below shows allocations by project type for the Latin America region. The allocation by project type of add-on funds has not been programmed.

**LATIN AMERICA REGION
ALLOCATIONS OF CAW FUNDS BY PROJECT TYPE
FY 90**



VII. Staffing

As indicated in the Section IV Management Approach, Pathfinder is developing an action plan which responds to recommendations made in the Coopers & Lybrand management review. Staffing will be a significant part of the plan. The specific modifications will be outlined during December and presented to A.I.D. in early January 1990. The plan will respond to A.I.D.'s concerns in Pathfinder's staff at headquarters and in the field. Pathfinder has already decided to close its Bogotá office. The action plan will look to further consolidate the organization's presence in the region in recognition of the proposed Pathfinder role for Latin America.

EXECUTIVE SUMMARY

I. Introduction

The Pathfinder Fund has witnessed the evolution of family planning programs in less developed countries (LDCs) over the past 30 years. The challenges that will present themselves in the nineties are clearly different from those of 10 or 20 years ago. In just over 20 years, the number of contraceptive users in LDCs (excluding China) has grown from 15 million to 200 million and prevalence has increased from 15 percent of married women of reproductive age to approximately 40.¹ However, these advances in prevalence have been overshadowed by a doubling in the number of women of reproductive age and by reductions in family planning resources.

The decline in family planning funds, a shift in the maturity of family planning programs, growing demand, increasing prevalence, and the surge in the number of women at risk of pregnancy are pressing issues which demand immediate action. It is incumbent upon The Pathfinder Fund to meet the challenges of the nineties by defining focused strategies which seize opportunities and make efficient use of scarce resources.

Since 1967 Pathfinder has received regular and increasing support from the Agency for International Development (A.I.D.) through a series of funding agreements. Pathfinder's central Cooperative Agreement with A.I.D./Washington (CAW) is a six-year (August 1985-September 1991), \$60 million ceiling agreement for support of family planning activities. The intent of the CAW is "to introduce voluntary family planning services, information and training into LDC areas previously lacking them and to make existing family planning services more effective in both public and private sectors."²

The Pathfinder Fund offers A.I.D. a responsive and flexible alternative to single-purpose contractors. Among family planning Cooperating Agencies (CAs), Pathfinder plays a unique role:

- *Pathfinder is a pioneer in international family planning.* Pathfinder has demonstrated the strength of its commitment to international family planning throughout over 30 years of programming worldwide. Pathfinder's credible and evolving relationship with programs worldwide facilitates its work in today's changing environment.
- *Pathfinder provides a range of financial support and technical assistance required by family planning organizations at different stages of development in order to make available high quality contraceptive services.* Pathfinder provides technical assistance in family planning service delivery, including program design and implementation; monitoring, supervision, and evaluation; management information systems; training; contraceptive logistics management; quality assurance and medical standards; and adolescent programming.

¹ "Moving into the Twenty-First Century: Principles for the Nineties," Family Planning Services Division, Office of Population, A.I.D., April 10, 1989, p. 1.

² From attachment to Cooperative Agreement No. DPE-3042-A-00-5245-0.

- *Pathfinder's decentralized organizational structure facilitates the development of effective and culturally-appropriate programs.* Pathfinder's 10 field offices and network of resident advisors are a valuable technical resource for local family planning organizations and A.I.D. Missions. Pathfinder's local presence improves the effectiveness of the organization's response to field conditions.

In this document The Pathfinder Fund outlines its strategy for the remainder of the CAW (FY 90-91) and describes its vision for meeting the challenges of the nineties in each region where the organization supports family planning programs. Section I highlights Pathfinder's role as an A.I.D. Cooperating Agency, the organization's mission, and a more detailed description of the strategic approach for the nineties. Section II describes CAW performance to date by region (FY 86-89). Section III compares Pathfinder's performance with the logical framework outputs agreed upon by A.I.D. and Pathfinder when the CAW was negotiated in 1985. Section IV describes Pathfinder's management approach and current organizational structure as they relate to the use of CAW funds. Section V summarizes general strategies for the nineties and specific regional strategies for FY 90-91. Country program strategies and commitment worksheets are contained in the Annex.

II. Pathfinder and the Nineties: Mission and Approach

Mission

Pathfinder's mission is to increase the availability of high-quality family planning services in LDCs. This mission arises from the conviction that access to contraception is a fundamental human right, and that the widespread availability of voluntary family planning services increases the well-being of both the individuals served and the regions of the world in which they live.

Strategic Approach for the Nineties

The Pathfinder Fund's strategic approach for family planning in the nineties rests on its analysis of the external program environment and its identification of key program issues of the decade. In the following discussion Pathfinder looks beyond the current CAW to outline a strategic approach for the most cost effective way to expand the availability of high quality family planning services using scarce resources. The nine key program issues which influence this approach include consideration of the target population, sector emphasis, regional focus, comparative advantage, resource allocation by region and program type, method mix, quality of care, and the measurement of impact. In order to respond to the expected demographic trends of the nineties and to achieve maximum impact of its resources and expertise, Pathfinder will program resources as follows:

- | | |
|-----------------------|--|
| <u>Regional Focus</u> | <ul style="list-style-type: none"> ■ Priority to countries with low contraceptive prevalence and areas within countries with low prevalence. ■ Increased activities in Africa. |
|-----------------------|--|

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- Decreased activities in Latin America.
- Maintenance of current funding levels in the Near East region.
- Phase-out support in high prevalence countries, such as Colombia and Indonesia.

Comparative Advantage

- Lead agency in six countries in the sub-Saharan Africa region, four in Latin America, four in the Near East, and one in Asia.
- Demonstrated expertise in contraceptive service delivery: community and clinic-based, work-based, and mini-market CBD models.
- Expertise in key technical areas of service delivery including program design and implementation; monitoring, supervision, and evaluation; management information systems (MIS); training; contraceptive logistics; management; and quality assurance.
- Expertise in strategies to strengthen local institutions.
- Experience in using private sector technical expertise to leverage public sector provision of family planning services.
- Experience developing programs for high risk adolescent populations.

Sector Emphasis

- Priority support to private sector organizations to strengthen technical and financial capacity, increase sustainability, and leverage private sector technical expertise to assist the public sector.
- Technical assistance to the public sector to increase availability and quality of family planning services.
- Collaborative ventures between private and public sectors to exploit the expertise of the private sector and the infrastructure of the public sector.

Target Population

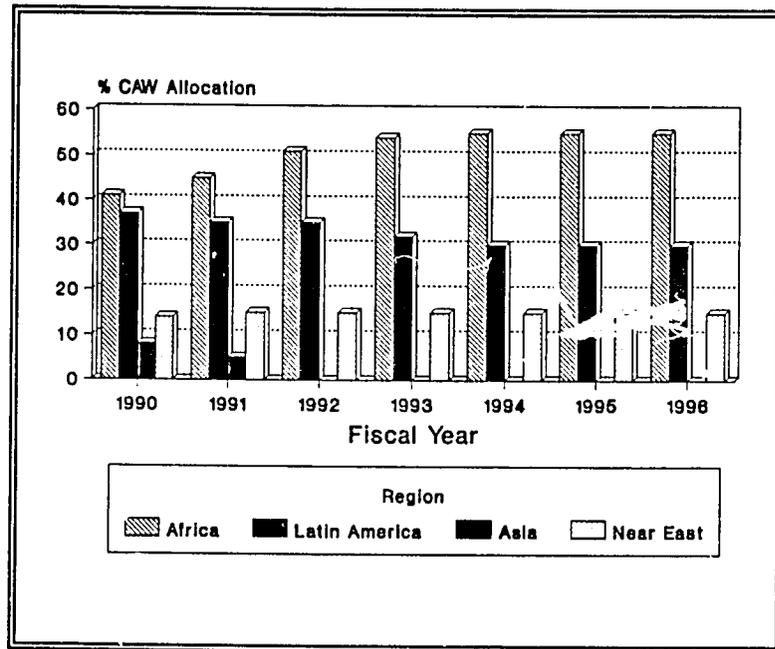
- Poor, low literate groups.
- Priority to those living in urban centers and marginal areas, and secondarily to populations in high density and accessible rural areas.
- Post-partum/post-abortion clients.
- Priority to age group 20-34 years with highest age-specific fertility rates, followed by high risk adolescents 15-19 years, and women 35 and older who seek permanent contraception.

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Resource Allocation

- In FY 90-96, the percentage allocation of central agreement funds will increase in Africa, decrease slightly in Latin America, remain constant in the Near East. After FY 91, no CAW funds will be programmed in the Asia region.

FY 90-96 PROJECTED CAW ALLOCATION BY REGION AND FISCAL YEAR



Project Type

- For all regions, the percentage allocation by project type will be 40-50 percent for service delivery projects, 15-40 percent for institutional development, 5-20 percent for training, 1-9 percent for young adult programming, and 1-5 percent for other complementary activities.

Method Mix

- Emphasis on permanent and reversible, long-acting contraceptive methods.
- Increased provision of condoms in areas with high HIV prevalence.

Quality of Care

- Improvements in counseling and increased range of methods available to the client to increase acceptance, continuation, and facilitate method switching.
- Support for family planning training to strengthen provider competence.
- Establishment of referral networks to ensure method choice and appropriate medical back-up.

Impact

- At level funding, Pathfinder in FY 92-96 will distribute 3,091,100 CYPs from projects and 6,085,000 from commodity grants. This is an increase of five percent per year from FY 91.

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Program Strategies for the Nineties

The Pathfinder Fund's program strategies for the nineties respond to the evolving needs of local family planning organizations and the clients they serve. The A.I.D. typology³ for categorizing programs by modern method prevalence will guide the discussion of Pathfinder's specific program strategies for service delivery, training, institutional development, and adolescent projects.

Family Planning Service Delivery

Strategies in countries with family planning programs in the *pre-emergent* and *launch* stages are to:

- create demand through IE&C with an emphasis on family planning as a health issue;
- introduce clinic services with an initial focus on urban couples in order to gain acceptance;
- introduce CBD services in urban and high density rural areas; and
- support basic management training.

Strategies in countries with family planning programs in the *growth* and *consolidation* stages are to:

- provide technical assistance in cost-sharing and sustainability;
- increase service coverage and contraceptive prevalence;
- improve program management and the quality of services;
- develop the capacity of local organizations to use marketing techniques to promote their services;
- expand the use of reversible, long-acting methods and permanent sterilization; and
- reach hard-to-serve populations, including rural, indigenous, and adolescent groups.

³ In A.I.D.'s "Principles for the Nineties," national family planning programs are categorized in five stages according to the prevalence of modern contraceptive use -- *pre-emergent* (prevalence less than eight per cent), *launch* (prevalence between 8 and 15 per cent), *growth* (prevalence between 16 and 34 per cent), *consolidation* (prevalence between 35 and 44 per cent), and *mature* (prevalence of 45 per cent and over) stages -- each with its special characteristics and needs.

Strategies in countries with *mature* family planning programs are to:

- increase financial and technical capacity of local organizations to sustain contraceptive service delivery programs;
- increase continuation rates through improved counseling and IE&C;
- increase use of reversible, long-acting methods and sterilization;
- focus on under-served populations or geographic areas; and
- leverage or use private sector expertise to improve public sector services.

Training in Service Delivery and Program Management

Strategies for training support in countries with programs in the *pre-emergent* and *launch* stages are to:

- train service providers in family planning service delivery; and
- train program managers in program implementation and management.

Strategies in countries with programs in the *growth* and *consolidation* stages are to:

- expand in-service provider training programs, with increased emphasis on long-acting methods; and
- support management training and provide technical assistance in such areas as strategic planning, planning for growth and sustainability, cost-effectiveness, and computerized management information systems.

The strategy in countries with programs in the *mature* stage is to:

- provide specialized management training to attain financial and programmatic sustainability.

Institutional Strengthening

Strategies for institutional strengthening in countries with programs in the *pre-emergent*, *launch*, and *growth* stages are to:

- develop organizational policies, service guidelines, and management systems;
- assist local organizations to build support and promote services; and

- stimulate the involvement of the private sector in service delivery.

Strategies in countries with programs in the *consolidation* and *mature* stages are to:

- provide technical assistance for organizational needs assessment and strategic planning;
- place resident advisors with either general management or specialized technical skills for long-term, on-site technical assistance; and
- provide short-term technical assistance and training for key staff members in an array of technical and managerial skills.

Young Adult Programs

Pathfinder will support programs to reach young adults. Focus on this under-served population usually occurs after a program has passed the *pre-emergent* stage and the reproductive needs of adult women are beginning to be met. Pathfinder's program strategies in countries with programs in the *launch* and *growth* stages are to:

- compile and disseminate information regarding the problems of adolescent fertility to decision makers, program managers, and service providers; and
- provide education and services to women 15-19 years old in union.

In countries with programs in the *consolidation* and *mature* stages, Pathfinder's strategies are to:

- develop service and education program models to reach all sexually active young adults and integrate them into the existing infrastructure;
- train family planning program personnel regarding the special reproductive health needs of young adults; and
- develop and integrate family life education curricula into the national educational system.

III. CAW Performance to Date and Targets for FY 90-91 and FY 92-96

During the FY 86-89 period, Pathfinder disbursed \$12.7 million from CAW/add-on funds to support 242 subprojects in 26 countries. Service delivery, training, and commodity supply projects:

- *distributed 1,172,840 CYPs at an average cost of \$6.6 per CYP;*
- *referred clients to family planning services resulting in 160,666 CYPs;*
- *supplied 2,085,135 CYPs through commodity grants;*
- *served 352,716 new family planning users; and*
- *trained 16,008 persons.*

For the entire CAW period, FY 86-91, Pathfinder will:

- *distribute 2,314,840 couple-years-protection (CYPs) through service delivery projects;*
- *provide 296,216 CYPs through referrals from Pathfinder-supported projects to public- and private-sector programs;*
- *provide 4,420,135 CYPs through commodity grants;*
- *train 47,008 persons in contraceptive service delivery; and,*
- *support 12 major family planning organizations with core institutional grants.*

Pathfinder's objectives for FY 90-91 and for the entire CAW period (FY 86-91) are summarized in the table below.

**FY 86-91 LOGICAL FRAMEWORK OUTPUTS
SUMMARY**

	Achieved FY 86-89	Projected FY 90-91	TOTAL
CYPs DISTRIBUTED	1,172,840	1,142,000	2,314,840
CYPs REFERRED	160,666	135,550	296,216
CYPs SUPPLIED	2,085,135	2,335,000	4,420,135
TRAINEES	16,008	31,000	47,008
COMMODITIES SHIPPED			
Condoms (pieces)	19,412,200	16,200,000	35,612,200
Orals (cycles)	4,135,400	2,000,000	6,135,400
Foaming Tablets	3,932,400	2,500,000	6,432,400
IUDs	662,654	1,800,000	2,462,654

Looking to the nineties, Pathfinder's projected outputs for the FY 92-96 period are based on a number of assumptions including level funding, the evolution of family planning programs from less to more developed stages, a region-specific method mix, and changes in contraceptive technology and client needs. The specific outputs for FY 92-96 include:

**FY 86-91 ESTIMATED OUTPUTS
AND FY 92-96 PROJECTED OUTPUTS**

OUTPUTS	Projected FY 86-91	Projected FY 92-96
CYPs Distributed		
Africa	501,229	623,100
Latin America	1,083,549	1,488,000
Asia	210,532	0
Near East	519,530	980,000
Total	2,314,840	3,091,100
CYPs Referred		
Africa	17,238	13,300
Latin America	228,995	1,133,500
Asia	43,775	0
Near East	6,208	553,000
Total	296,216	1,699,800
CYPs Supplied		
Africa	695,951	1,371,000
Latin America	2,373,788	3,278,000
Asia	0	0
Near East	1,350,396	2,156,000
Total	4,420,135	6,805,000
Trainees		
Africa	3,138	3,700
Latin America	16,167	11,000
Asia	4,749	0
Near East	22,954	11,500
Total	47,008	26,200
Number of Projects	322	150
Number of Countries	26	21
Commodities Shipped		
Condoms (pieces)	35,162,200	54,149,000
Orals (cycles)	6,135,400	9,448,000
Foaming Tablets	6,432,400	9,905,000
IUDs	2,462,654	3,791,000

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IV. Overview of FY 90 Funding Allocations by Region

In FY 90, Pathfinder has allocated the following CAW funds for programming in Africa, Latin America, Asia, and the Near East regions:

**CAW ALLOCATIONS BY REGION
FY 90**

REGION	FY 90 (%)
Africa	\$1,300,000 (41)
Near East	424,000 (14)
Asia	260,000 (8)
Latin America	1,151,000 (37)
TOTAL	\$3,135,000 (100)

During FY 86-89, the allocations for each region were:

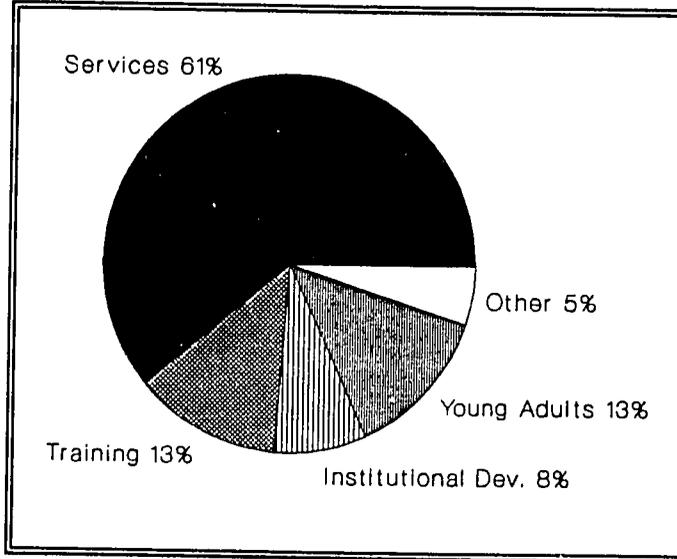
**CAW ALLOCATIONS BY REGION
FY 86-89**

REGION	FY 86	FY 87	FY 88	FY 89	FY 90	TOTAL (%)
Africa	\$1,824,000	\$2,050,000	\$2,400,000	\$1,900,000	\$1,300,000	\$9,474,000 (41)
Near East	384,000	400,000	500,000	460,000	424,000	2,168,000 (9)
Asia	648,000	450,000	550,000	500,000	260,000	2,408,000 (11)
Latin America	1,882,000	2,000,000	2,100,000	1,600,000	1,151,000	8,733,000 (38)
Non-Regional	72,000	--	--	--	--	72,000 (0)
TOTAL	\$4,810,000	\$4,900,000	\$5,550,000	\$4,460,000	\$3,135,000	\$22,855,000 (100)

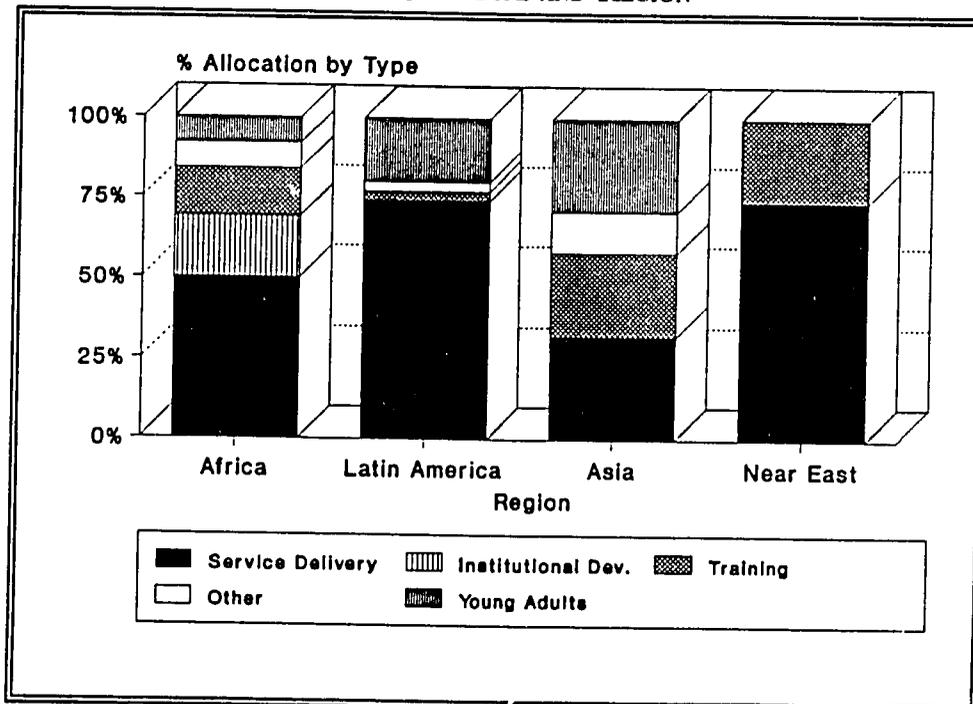
V. FY 90 CAW Allocations by Project Type and Region

For FY 90, The Pathfinder Fund will provide \$3,135,000 in CAW funds to support family planning activities. The majority of FY 90 CAW funds, 61 percent, will be allocated to family planning service delivery projects. Training projects and projects for young adults will each receive 13 percent of the total allocation. Eight percent will support institutional development activities, and the remaining 5 percent will support such complementary activities as research and evaluation, project-related IE&C, and AIDS awareness activities.

FY 90 CAW-ONLY FUNDS ALLOCATED BY PROJECT TYPE



FY 90 CAW-ONLY ALLOCATION BY PROJECT TYPE AND REGION



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VI. Summary of Regional Strategies and FY 90-91 Expected Outputs

AFRICA REGION

In FY 90, Pathfinder will provide \$1,300,000 in CAW funds (92 percent) and \$109,000 in add-on funds (8 percent) to support family planning activities in 9 countries of sub-Saharan Africa. The FY 90 CAW/add-on allocations by project type are as follows: 54 percent service delivery, 18 percent institutional development, 14 percent training, 7 percent young adult programming, and 7 percent for IE&C activities.

INPUTS AND EXPECTED OUTPUTS OF CAW/ADD-ON ACTIVITIES, BY COUNTRY, AFRICA

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Africa Regional	--	--	\$250	--	--	--	--
Cote d'Ivoire	Pre-emergent	High	--	--	5,500	4,911	140
The Gambia	Pre-emergent	Medium	--	--	1,250	2,806	50
Kenya	Launch	High	250	--	100,006	161,821	309
Liberia	Pre-emergent	High	80	--	5,250	7,507	90
Sierra Leone	Pre-emergent	Medium	70	--	5,250	5,331	80
Tanzania	Pre-emergent	High	200	--	6,500	6,314	90
Uganda	Pre-emergent	High	200	--	18,200	23,853	312
Zambia	Pre-emergent	Medium	--	109	2,200	2,455	30
Zimbabwe	Growth	High	250	--	--	--	--
TOTAL	--	--	\$1,300	\$109	144,156	214,998	1,101

Program Strategies

- *Pathfinder will support service delivery projects including CBD and male involvement to reach poor, under-served populations with low contraceptive use in urban and rural areas in all nine countries.*
- *Pathfinder will provide core support and technical assistance to selected family planning organizations in Zimbabwe, The Gambia, Kenya, Liberia, Sierra Leone, and Tanzania to strengthen their capacity to deliver contraceptive services.*
- *Pathfinder will support family planning activities to reach high-risk, young adults in Kenya, Tanzania, and Liberia.*
- *Pathfinder will support provider training and curriculum development to increase the number of trained family planning providers.*
- *Pathfinder will pioneer efforts to increase family planning knowledge and acceptance in Francophone countries where resistance is strong.*

LATIN AMERICA REGION

In FY 90, Pathfinder will provide \$1,151,000 in CAW funds (68 percent) and \$530,000 in add-on funds (32 percent) to support family planning activities in 6 countries of Latin America. The FY 90 CAW/add-on allocations by project type are as follows: 74 percent service delivery, 20 percent young adult programming, 3 percent training, and 3 percent for complementary activities.

**INPUTS AND EXPECTED OUTPUTS OF CAW/ADD-ON ACTIVITIES, BY COUNTRY,
LATIN AMERICA REGION**

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS *		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Bolivia**	Launch	High	\$235	\$200	14,219	23,177	140
Brazil**	Mature	High	180	330	70,184	187,392	2,194
Mexico	Mature	High	350	--	40,307	89,643	5,830
Peru	Growth	High	175	--	50,581	131,511	210
Ecuador	Consolidation	Medium	--	--	40,697	30,523	--
Colombia	Mature	Medium	211	--	28,288	66,759	167
TOTAL			\$1,151	\$530	244,276	529,005	8,541

* Based on expected outputs, the FY 90-91 contribution of CAW projects to prevalence in the Latin America region will be 0.13%.
** Outputs for Bolivia and Brazil do not include projects funded with add-on money

Program Strategies

- *Pathfinder will respond to the reduction of CAW support in the region by closing the Colombia field office by September 1990, by reassessing current program strategies, and by improving the management of project portfolios, i.e., larger multi-year projects.*
- *Pathfinder will support CBD and hospital-based post-partum programs to reach under-served populations in urban and rural areas in Mexico, Bolivia, Ecuador, Peru, Brazil, and Colombia.*
- *Pathfinder will support service programs for young adults in Mexico, Colombia, Peru, and Brazil.*
- *Pathfinder will support such activities as provider training in service delivery, counseling skills, and contraceptive technology to upgrade the quality of contraceptive services and information.*
- *Pathfinder will support technical assistance and training in income-generation, strategic planning, and financial and program management to increase the financial and program sustainability of grantees in Mexico, Colombia, Brazil, and Peru.*
- *Pathfinder will provide core support to key family planning institutions in Brazil (ABEPF) and Mexico (CASA).*

ASIA REGION

In FY 90, Pathfinder will provide \$260,000 in CAW funds (59 percent) and \$178,000 in add-on funds (41 percent) to support family planning activities in 2 countries of the Asia region. The FY 90 CAW/add-on allocations by project type are as follows: 49 percent service delivery, 19 percent training, 17 percent young adult programming, 8 percent institutional development, and 8 percent other activities, including AIDS awareness.

INPUTS AND EXPECTED OUTPUTS OF CAW/ADD-ON ACTIVITIES, BY COUNTRY, ASIA REGION

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Pakistan	Pre-emergent	High	\$150	\$178	27,597	60,715	2,586
Indonesia	Consolidation	Medium	110	--	605	500	694
TOTAL			\$260	\$178	28,202	61,215	3,280

The Pathfinder Fund was recently awarded \$1.07 million in add-on funds (\$646,000 in direct project support) by USAID/Pakistan to support the expansion of Pathfinder-supported activities over a period of 18 months.

Program Strategies

- *In Pakistan, Pathfinder will support innovative CBD strategies with traditional birth attendants and male and female promoters to reach under-served populations in urban and rural areas.*
- *In Pakistan, Pathfinder will support activities to upgrade the quality of contraceptive services and information through the training of trainers and providers, and the development of training/reference material.*
- *Pathfinder will support activities to increase the financial and program sustainability of local NGO family planning organizations in Pakistan.*
- *Pathfinder will support family life education activities for high-risk, young adults in Indonesia.*
- *Pathfinder will respond to changes in the allocation of CAW funds to the Asia region by phasing-out CAW funds in Indonesia during FY 91.*

NEAR EAST REGION

In FY 90, Pathfinder will provide \$424,000 from the CAW (25 percent) and \$1,246,000 in add-on (75 percent) funds for family planning activities in 4 countries in the Near East region. The FY 90 allocations by project type are: 64 percent institutional development, 19 percent services, and 17 percent training.

INPUTS AND EXPECTED OUTPUTS OF CAW/ADD-ON ACTIVITIES, BY COUNTRY, NEAR EAST REGION

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Turkey	Growth	High	\$424	\$13	13,890	25,000	18,050
Egypt*	Growth	High	--	840	--	--	--
Yemen*	Pre-emergent	Medium	--	165	--	--	25
Jordan*	Growth	Medium	--	228	--	--	--
TOTAL			\$424	\$1,246	13,890	25,000	18,075

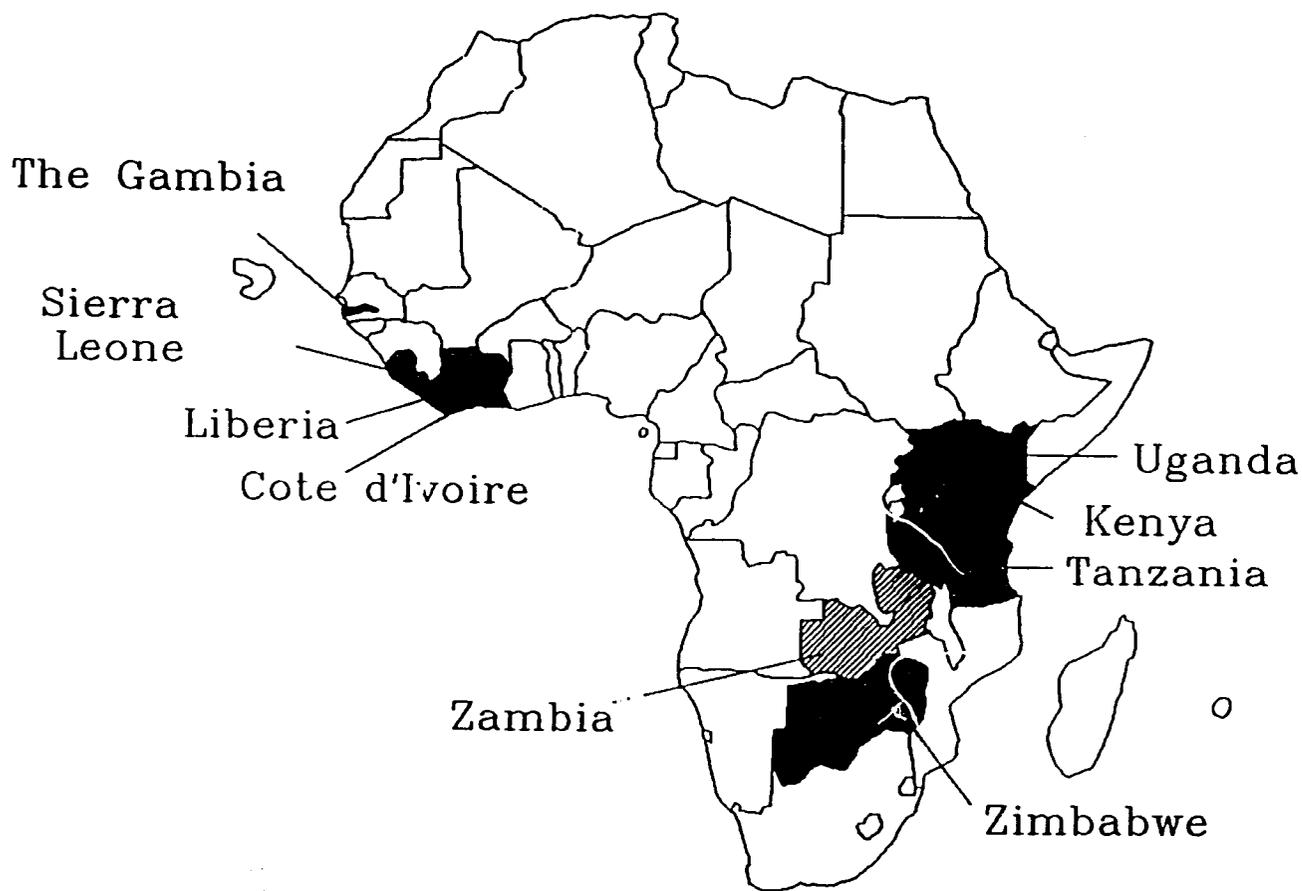
*Primarily technical assistance and/or institutional development activities.

Program Strategies

- *Pathfinder will support CBD programs to reach under-served populations with low contraceptive use in urban and rural areas in Turkey.*
- *Pathfinder will support activities to upgrade the quality of contraceptive services and increase access through training and management technical assistance in Turkey, Egypt, Yemen, and Jordan.*
- *Pathfinder will support activities to increase the financial and family planning program sustainability of local organizations in Turkey, Egypt, and Jordan through technical assistance and the implementation of fee-for-service mechanisms of cost-recovery.*
- *Pathfinder will provide technical assistance to selected family planning organizations perceived as key to the expansion of services in Egypt (Egyptian Family Planning Association, Teaching Hospital Organization, the Egyptian Junior Medical Doctors Association, and the Ministry of Health Service Delivery Project), Jordan (Jordan Association for Family Planning and Protection), and Yemen (Health Manpower Institute).*

The Pathfinder Fund

Africa



FY 90

- Caw Funds Only
- ▤ Caw + Add-on
- ▨ Add-On Funds Only

SUB-SAHARAN AFRICA REGION

I. Overview

SUB-SAHARAN AFRICA REGION, DEMOGRAPHIC INDICATORS

Total Population (million):	488.3	Number of Countries:	46
Population in 2020 (billion):	1,212	Population Doubling Time (years):	24
Average Annual Growth Rate (%):	3.0	Average Total Fertility Rate:	6.6
Average Modern Contraceptive Prevalence (%):	3.8	Range of Contraceptive Prevalence (%):	0-45

Demographic Trends

The rate of population growth in sub-Saharan Africa is unprecedented in human history. The birth, total fertility, and mortality rates in the sub-Saharan region are collectively the highest in the world. Life expectancy, on the other hand, is collectively the lowest. While the high mortality rates affect the rate of population growth, the annual growth rate is predicted to accelerate to 3.3 percent by the end of the century. United Nations population projections estimate that one billion people will be added to the population of Africa by 2025. Data on modern contraceptive prevalence is unavailable for many countries, but it is estimated that approximately 87 percent of African nations have family planning programs in the *pre-emergent* phase, with modern method prevalence below 8 percent.

Concern for Rapid Population Growth

At the current annual growth rate of 3.0 percent, the continent's population is growing so fast that even the rapid development of human, technological, and environmental resources -- comparable to the rates achieved by developed countries in the last 50 years -- cannot raise per capita income. After their independence, many nations in the sub-Saharan region undertook development efforts which were hampered by a lack of infrastructure and by the low health and education status of the population that was characteristic of the colonial era. Today, Africa's leaders are becoming aware that a rapidly growing population will inhibit long-term economic growth and stability.

To date, 14 countries have announced explicit population policies, 5 of which have set specific fertility reduction targets. More countries are preparing policies. Several are currently developing or expanding family planning programs, even though as yet they have no explicit population policies, and only a handful of countries still maintain a pro-natalist position. While policies are emerging or in place, family planning interventions have lagged.

Attitudes on Fertility and Family Planning

Africa has a strong pro-natalist tradition. On average, African women give birth more often than any other women in the world. The historical tendency for high fertility has been reinforced by:

- the low status of women;
- the economic value of children in agricultural economies;
- the emphasis of kinship systems and polygamy on fertility;
- early age of marriage and childbearing;
- male dominated decision-making; and
- religious sentiments and tribal views that discourage contraceptive use.

These factors result in low demand for family planning services. Africa is the single continent where the desired fertility is often more than that achieved. A World Fertility Survey analysis of 10 African countries revealed that only 20 percent of the women interviewed wanted fewer children. The most conservative assessment is that 10 percent of African women want no more children but are not using family planning. As a result, very few sub-Saharan countries have higher than 10 percent contraceptive prevalence, Zimbabwe and Botswana being the major exceptions. This will create major difficulties for the establishment of new family planning programs. As many as 45 percent of the women surveyed, however, said that they would be willing to space their children. This indicates that however substantial the barriers to contraceptive practices, there is an audience of "stoppers and spacers" who may be receptive to the family planning message if other delivery system barriers can be removed.

Institutional Capacity and Involvement

Health care systems in Africa are weak and ineffective, characterized by a lack of qualified personnel, limited managerial and organizational capacity, deficient supply networks, and transport problems. The majority of African women go through their entire reproductive life without any contact with a trained health care provider. The health care infrastructure that does exist is overwhelmed by the demand for services. Most African governments currently spend less on health care than on education.

No sub-Saharan country, with the possible exceptions of Zimbabwe and Botswana, has a family planning program that is capable of reaching the people and slowing the growth rates. There is reason to believe, however, that sub-Saharan Africa has the potential to assimilate organized family planning programs. Experience in Zimbabwe, Botswana, and parts of Kenya demonstrate that it is possible to make family planning services widely available and to raise contraceptive prevalence to 25 percent within a decade. Even with its limitations, the role of government in establishing family planning services cannot be overlooked. Governments in Africa are an enormous resource, and as they become interested in family planning as a component of health care, the challenge of international donors will be to persuade them not to dominate the service delivery system. One priority for Africa must be to foster a "pluralism of efforts", to avoid undue constraint on the future of family planning in the continent.

The Pathfinder Fund cannot meet all of the needs of the region given its technical resources and the CAW funds available. With realistic scope, Pathfinder will support programs to increase access to high quality contraceptive services and strengthen the capacity of local institutions to provide services. Training, institutional development, and IE&C projects will complement Pathfinder's primary support to family planning projects.

II. Pathfinder and the Nineties

As Pathfinder enters the nineties, the organization's strategy will be to harness the momentum of growing activity in the sub-Saharan region. Resources and program strategies will target populations which are most accessible and in need of contraceptive services. Programs serving women ages 20-30 years with the highest fertility rates as well as women wishing to terminate childbearing will receive priority.

NGOs will be encouraged to innovate service delivery and provide technical assistance to the public sector. Public-private sector collaboration will be fostered. Pathfinder will be challenged by the mandate to expand its presence in Francophone countries and is currently assessing the role it will assume.

Counseling, IE&C, and the practice of informed choice will contribute to greater client satisfaction and continuation rates. The success of Pathfinder's strategy to increase the use of permanent and reversible, long-acting contraceptives will rest not only on supply networks, but on the quality of contraceptive services and information, provider competence, and the capacity of local institutions to ensure standards of service delivery.

Its role as a lead agency has earned Pathfinder the confidence of its grantees, backed by representatives and field staff who have credibility and experience in the region. Pathfinder will exercise its comparative advantage to strengthen the capability and quality of service delivery institutions.

Pathfinder is currently supporting activities in nine sub-Saharan countries: Côte d'Ivoire, The Gambia, Kenya, Liberia, Sierra Leone, Tanzania, Uganda, Zambia, and Zimbabwe, and, in the nineties, will be the lead organization in six: Côte d'Ivoire, Kenya, Liberia, Mali, Sierra Leone, and Zimbabwe. Pathfinder's experience in these countries has enabled the organization to mobilize networks, anticipate needs and opportunities, and identify resources. In Zambia and Zimbabwe, Pathfinder's involvement is a result of add-ons to the CAW. In Côte d'Ivoire, Pathfinder began activities when contacts through program staff enabled the organization to develop programs in the country.

In the following outline, Pathfinder highlights its approach to meet the challenges of the nineties in the sub-Saharan region:

- | | |
|------------------------------|---|
| <u>Regional Focus</u> | <ul style="list-style-type: none"> ■ Increase involvement in Francophone countries. ■ Explore cooperative agreements/contracts/add-ons to allow for greater presence. |
| <u>Comparative Advantage</u> | <ul style="list-style-type: none"> ■ Lead agency in six countries: Côte d'Ivoire, Kenya, Liberia, Mali, Sierra Leone, Zimbabwe. ■ Credibility and regional experience of field staff and representatives. ■ Demonstrated expertise in supporting institutional development, expansion of services, and innovative approaches to service delivery. |
| <u>Sector Emphasis</u> | <ul style="list-style-type: none"> ■ Priority support to NGOs as innovators of alternative approaches of service delivery. ■ Priority support for application of NGO family planning expertise to training and in-country technical assistance to public sector. ■ Technical assistance to public sector in all areas, especially in management and implementation of integrated family planning programs. |
| <u>Target Population</u> | <ul style="list-style-type: none"> ■ Priority to age group 20-30 years with highest age-specific fertility rates. ■ Women wishing to terminate childbearing. ■ Poor couples in high-density rural, urban, and peri-urban areas. |
| <u>Resource Allocation</u> | <ul style="list-style-type: none"> ■ In the FY 90-96 period, the percentage allocation of central agreement funds in sub-Saharan Africa will increase from 41 percent in FY 90 to 55 percent of the total CAW allocation in FY 96. |
| <u>Method Mix</u> | <ul style="list-style-type: none"> ■ Emphasis on permanent and reversible long-acting methods. ■ Increased provision of barrier methods in areas with high HIV prevalence. |
| <u>Quality of Care</u> | <ul style="list-style-type: none"> ■ Priority to improve counseling, client information, and expand method range to increase continuation, reduce method failure, and facilitate method switching. ■ Support training of providers and IE&C specialists. ■ Provide assistance for development of management and institutional capabilities. |
| <u>Impact</u> | <ul style="list-style-type: none"> ■ At level funding, in the FY 92-96 period, Pathfinder will distribute 623,100 CYPs, refer clients to contraceptive services resulting in 13,300 CYPs, and supply 1,371,000 CYPs through commodity grants. |

III. FY 86-89 Highlights and Lessons Learned

With a view towards the future and grounded in past experiences, Pathfinder highlights noteworthy events and lessons learned during the first three years of the CAW.

REGIONAL HIGHLIGHTS, FY 86-89

- With \$4.3 million in CAW/add-on funds, Pathfinder-supported activities distributed 286,229 CYPs at a cost of \$8.6 per CYP, and trained 2,038 persons in this region.
- In the Africa region, CAW-supported service delivery projects contributed 1.5 per cent to contraceptive prevalence in FY 86-89.
- In Kenya, Pathfinder pioneered the introduction of the community-based distribution (CBD) approach for family planning services and continues to assist the Government of Kenya in the development of a national CBD plan.
- Pathfinder was one of the first international organizations to provide assistance for family planning programs in sub-Saharan Africa. Long before it became acceptable to talk about family planning or reproductive choice, Pathfinder was providing assistance to small numbers of dedicated men and women throughout the region who had the desire to create organizations that would advocate reproductive rights and provide information and services.
- Pathfinder's series of monographs on young adult fertility in sub-Saharan Africa, as well as the privately-funded award-winning film "Consequences," have generated awareness of the reproductive health problems of young adults and the development of programs for this high-risk group.
- Taking advantage of the expertise of Cooperating Agencies working in the region, Pathfinder collaborated with INTRAH, PCS, PATH/PIACT, JSI, Futures Group, and Columbia University.

REGIONAL LESSONS LEARNED

- A CBD program using volunteers does not have to offer free services. Innovative mechanisms for partial cost recovery and partial compensation for the promoters can be designed into the project at the onset.
- Where institutional infrastructure is weak, frequent monitoring and careful supervision are necessary to maintain the quality of the services provided.
- Training managers does not itself contribute to improvements in program management and effectiveness. Problem identification and an organizational commitment to the solutions must be present.
- Greater benefits for young adults result from parental involvement in, and cooperation with, young adult projects.
- Successful CBD projects require community participation which can be labor-intensive and time consuming. The workplan, chronogram, and budget should allow for this process.
- Frequent monitoring and intensive financial and technical assistance are required when working in countries with high inflation and rapidly fluctuating currencies. The budget adjustment process must be efficient to respond quickly to the changing environment.

IV. Program Strategies and Expected Outputs FY 90-91

In this section, Pathfinder describes program strategies for the sub-Saharan Africa region through the end of the CAW, FY 90-91.

- *Pathfinder will support innovative activities to reach under-served populations with low contraceptive use in urban and high density rural areas.*

Pathfinder will continue to develop innovative family planning delivery channels, especially CBD programs, which have the potential for reaching people in under-served areas through existing community organizations. Kenya, Zimbabwe, Tanzania, and Liberia will continue to be priority countries for CBD models. In other countries, strong clinic-based programs that can serve as referral centers for pilot alternative delivery programs will be developed.

- Pathfinder will provide core support and technical assistance to selected family planning organizations perceived as key to the expansion of services.

Strengthening the capacity of local organizations to provide family planning is a focus of Pathfinder-supported activities. Projects with the IPPF affiliates in The Gambia, Kenya, Liberia, Sierra Leone, and Tanzania include technical assistance and support to transfer the knowledge and expertise necessary to create stronger and more self-sufficient family planning organizations.

In Zimbabwe, Pathfinder is working closely with the Zimbabwe National Family Planning Council (ZNFPC) to increase the management, technical, and training capability of the Council. Pathfinder's core support covers the salary of a program coordinator and two support staff, staff training, support for a resource library, a resident advisor to assist in research and evaluation, and other operational expenses.

- *Pathfinder will support family planning activities to reach high-risk, young adults.*

Pathfinder's goal of disseminating information to high-risk, young adults is best demonstrated by the continued commitment to increasing awareness of the problems related to the reproductive behavior of young adults. Emphasis will be placed on family life education programs in and out of the schools, and on service delivery projects. Kenya, Tanzania, and Liberia will be priority countries for these strategies.

- *Pathfinder will support activities to increase the number of family planning providers.*

Pathfinder will focus on training MCH providers in family planning service delivery. Pathfinder's strategy in sub-Saharan Africa is to gain acceptance for family planning practice and utilize the existing health services infrastructure by providing family planning as part of an integrated MCH and family planning program.

- *Pathfinder will pioneer efforts to increase family planning knowledge and acceptance in countries where resistance is strong.*

In Francophone countries where family planning activities are still in the early stages of development, Pathfinder's strategy is to train health professionals to disseminate IE&C to the general population. Pathfinder will solicit support and cooperation from ministry-level professionals with the aim of introducing a service delivery component to ongoing projects. Pathfinder will also support the translation of *Contraceptive Technology: International Edition* into French.

V. FY 90 Funding Overview and Expected Outputs

In FY 90, Pathfinder will program an estimated \$1.4 million in sub-Saharan Africa from the CAW, including \$109,000 in add-on funds. In FY 90, Kenya, Liberia, Uganda, Côte d'Ivoire, Tanzania, and Zimbabwe will be high priority countries. Additional funds have been allocated (Africa Regional) to explore opportunities in Francophone countries. The table below provides an estimate of FY 90 CAW/add-on allocations by country.

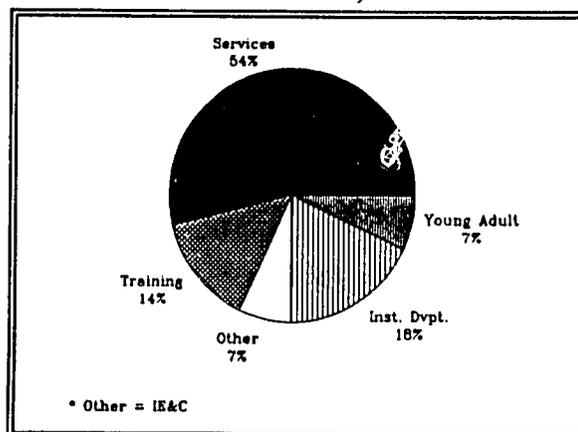
**INPUTS AND EXPECTED OUTPUTS OF
CAW/ADD-ON ACTIVITIES, BY COUNTRY,
AFRICA**

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Africa Regional	--	--	\$250	--	--	--	--
Cote d'Ivoire	Pre-emergent	High	--	--	5,500	4,911	140
The Gambia	Pre-emergent	Medium	--	--	1,250	2,806	50
Kenya	Launch	High	250	--	100,006	161,821	309
Liberia	Pre-emergent	High	80	--	5,250	7,507	90
Sierra Leone	Pre-emergent	Medium	70	--	5,250	5,331	80
Tanzania	Pre-emergent	High	200	--	6,500	6,314	90
Uganda	Pre-emergent	High	200	--	18,200	23,853	312
Zambia	Pre-emergent	Medium	--	109	2,200	2,455	30
Zimbabwe	Growth	High	250	--	--	--	--
TOTAL	--	--	\$1,300	\$109	144,156	214,998	1,101

VI. Allocations by Project Type

Pathfinder will spend the majority of CAW funds in sub-Saharan Africa on family planning services. The chart below shows the percentage of allocations by program area. It is important to note that institutional development, while only 18 percent, is also a component of all service delivery and training projects as well.

**AFRICA ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE, FY 90**



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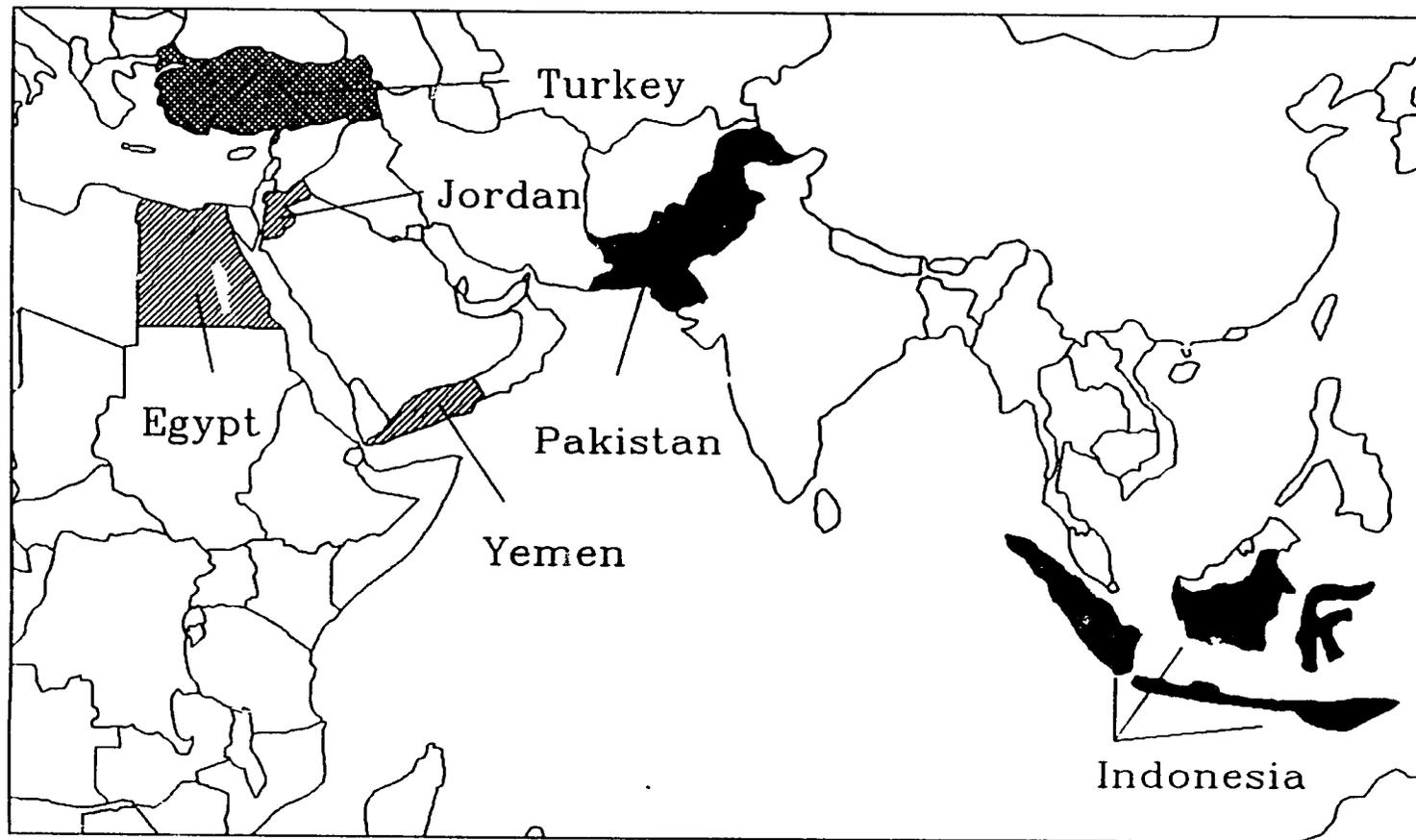
VII. Staffing

As indicated in the Section IV Management Approach, Pathfinder is developing an action plan which responds to recommendations made in the Coopers & Lybrand management review. Staffing will be a significant part of the plan. The specific modifications will be outlined during December and presented to A.I.D. in early January 1990.

The plan will respond to A.I.D.'s interest in Pathfinder's staff at headquarters and in the field. Acknowledging A.I.D.'s concern for increasing technical assistance and expanding field authority, Pathfinder expects to increase its Africa staff.

The Pathfinder Fund

Asia and Near East



FY90

- Caw Funds Only
- ▣ Caw + Add-on
- ▨ Add-on Funds Only

ASIA REGION

I. Overview

DEMOGRAPHIC INDICATORS, ASIA REGION*

Total Population (million): (excl. China)	227.5	Number of Countries:	20
Population in 2020 (million): (excl. China)	1,410	Population Doubling Time (years):	30.5
Average Annual Growth Rate (%):	2.3	Average Total Fertility Rate:	4.3
Average Modern Contraceptive Prevalence (%):	33.5	Range of Modern Contraceptive Prevalence (%):	0 - 65

*Southern and Southeast Asia only

Demographic Trends

The Asia region is home to 60 percent of the world's population -- three billion people, including China. The Pathfinder Fund is active in Southern and Southeast Asia in three of the four most populous developing countries in the region: Bangladesh, Indonesia, and Pakistan. The population in these two regions is 227.5 million and growing at a rate of 2.3 percent each year. At this rate, the population will double in 30.5 years; by 2020 the population will be 1,410 million.

The Asia region is marked by a diversity in fertility, population growth, contraceptive use, and the development of a family planning infrastructure. The challenge of this diversity requires approaches which are flexible, adaptable, and aimed at strengthening the local institutions with appropriate technical assistance and financial support. These differences are particularly apparent in the two countries in which Pathfinder works with CAW funds -- Indonesia and Pakistan.

Pakistan

Pakistan is the ninth most populous country in the world. At its current rate of growth of 3.1 percent, one of the highest in the world, the population of Pakistan will double in less than 25 years. With the annual addition of three million people per year, by the year 2000, the population of the country is expected to exceed the population size of Bangladesh, Nigeria, and Japan.

As in many developing countries, the accelerated population growth in Pakistan is a result, among other things, of a reduction in the mortality rates and continued high

fertility. Infant mortality rates continue to be high (120). According to a 1988 report by CIDA, the average woman in the region can expect to have over 6 live births, 8 to 9 pregnancies and a lifetime chance of dying from pregnancy related causes of one in 18. The current TFR is 6.5 children per woman. In the major urban areas, prevalence is as high as 24.9 percent and as low as 5.4 percent in rural areas. On the average, women start using contraception at 31.6 years of age and with parity of 3 to 4 children.

The national family planning program is in the "pre-emergent" phase. Political and religious opposition have slowed the development of the program. Increasingly, however, the government is taking steps to increase the availability of family planning services and information through the public and private sectors. In the recent five-year plan, semi-literate midwives, community workers, health visitors, and non-specialist physicians are providing family planning education, distributing pills and condoms, and making referrals for clinical methods, follow-up, and side effects. The absence of trained female providers and the restricted mobility of female community workers reduces accessibility to services. In Pakistan, the major *family planning issues* include:

- *training*: increasing the number of trained, female providers;
- *urban services*: delivering services to urban based populations to gain legitimacy for family planning;
- *new service approaches*: developing innovative strategies to deliver services to women in their homes and to gain male support for contraception;
- *demand generation*: IE&C outreach and demand generation; and
- *institutional development*: strengthening the management capacity of local family planning organizations.

Indonesia

Indonesia's program is in the "consolidation" phase. Modern contraceptive prevalence is 44 percent and the TFR is 2.0. The population of 184.6 million is growing at a rate of two percent each year, a rate which is considered low by developing country standards. The family planning program of the BKKBN is considered one of the most successful in the world and serves as a model for the neighboring countries. Indonesia is one of the few countries in the world where paramedic family planning workers perform vasectomies and family planning services are delivered by floating clinics.

The Pathfinder Fund will phase-out C/W funds support to Indonesia by FY 92. As a program in the "consolidation" phase, however, there is still a great need to:

- *Counseling and method mix*: strengthen client counseling and expand the range of contraceptives;

- *Under-served areas:* increase demand with targeted IE&C in rural and peripheral areas and provide CBD to reach resistant and under-served communities; and
- *Early child-bearing:* develop programs aimed towards increasing age at marriage and delaying pregnancy.

II. Pathfinder in the Nineties

In the following outline, Pathfinder highlights its approach to meet the challenges of the nineties in the Asia region:

- | | |
|------------------------------|--|
| <u>Regional Focus</u> | ▪ Explore cooperative agreements/contracts/add-ons to allow for greater presence. |
| <u>Comparative Advantage</u> | <ul style="list-style-type: none"> ▪ Lead agency in one country: Pakistan ▪ Credibility and regional experience of field staff and representatives. ▪ Demonstrated expertise in supporting institutional development, expansion of services, and innovative approaches to service delivery. |
| <u>Sector Emphasis</u> | <ul style="list-style-type: none"> ▪ Priority support to NGOs as innovators of alternative approaches of service delivery. ▪ Technical assistance to public sector in all areas, especially in management of family planning and training programs. |
| <u>Target Population</u> | <ul style="list-style-type: none"> ▪ Priority to age group 20-30 years with highest age-specific fertility rates. ▪ Women wishing to terminate childbearing. ▪ Poor couples in high-density rural, urban, and peri-urban areas. |
| <u>Resource Allocation</u> | ▪ By FY 92, no central agreement funds will go to support activities in the Asia region. |
| <u>Method Mix</u> | <ul style="list-style-type: none"> ▪ Emphasis on permanent and reversible long-acting methods. ▪ Increase use of all modern methods. |
| <u>Quality of Care</u> | <ul style="list-style-type: none"> ▪ Priority to improve counseling, client information, and expand method range to increase continuation, reduce method failure, and facilitate method switching. ▪ Support provider training and reference material. ▪ Provide assistance for development of management and institutional capabilities. |

III. FY 86-89 Highlights and Lessons Learned

REGIONAL HIGHLIGHTS, FY 86-89

- With \$871,331 in CAW/add-on funds, Pathfinder-supported activities distributed 149,332 CYPs at a cost of \$4.4/CYP, and trained 1,449 people in the Asia region.
- In FY 89, CAW-funded service delivery projects in Indonesia contributed 0.08 per cent to contraceptive prevalence. In Pakistan for FY 89, this figure was 0.1 per cent.
- Pathfinder has pioneered such innovative activities as floating family planning clinics, family planning IE&C in Koran reading groups, vasectomy acceptors programs, and increased acceptance of contraception through male involvement in contraceptive decision-making.
- Pathfinder's work with Islamic groups throughout the Asia region fosters the discussion of family planning within the context of Islam and contributes to reduced opposition to family planning.

REGIONAL LESSONS LEARNED

- Support for complementary family planning activities, e.g., CBD and private practitioners, results in a more effective use of resources and greater impact.
- High acceptance figures should be viewed cautiously. Careful attention must be paid to continuation rates and client satisfaction through improvements in the quality of services and the information offered to the client.
- Post-training follow-up of service providers is an essential component of the training cycle. Direct observation of clinical and non-clinical practice helps the trainer to assess the quality and impact of training on provider performance, and directly contributes to improvements in the quality of services.
- It is dangerous to make assumptions about what a provider does or does not know. Even the highest level of provider -- the physician -- may lack basic and/or accurate information about contraception and family planning.



IV. Program Strategies and Expected Outputs FY 90-91

- *Pathfinder will support innovative activities, e.g., male-involvement, CBD, and floating clinics, to reach under-served populations with low contraceptive use in urban and rural areas.*

During FY 90, Pathfinder will continue to support such innovative, community-based programs as the male-involvement projects in northern Pakistan and floating family planning clinics in Indonesia. These initiatives reflect the "pathfinding" nature of the organization and have proven to be successful means for reaching groups with low contraceptive prevalence. Use of effective methods in these hard-to-reach areas is increasing. The percentage of total prevalence has been influenced by the training and supervision of paramedical and community workers who distribute non-clinical methods and make referrals.

- *Pathfinder will support activities to upgrade the quality of contraceptive services and information.*

Training of trainers and providers, and the development of training/reference materials will continue to be a high priority in the Asia region, particularly in Pakistan, where the lack of trained providers hinders greater acceptance and access to contraception.

- *Pathfinder will support activities to increase the financial program sustainability of local non-governmental family planning organizations.*

In-country as well as U.S.-based training for program managers will be supported to increase the management capability of Pathfinder-supported grantees. In Pakistan, Pathfinder will support the government's efforts to strengthen the capability of the NGO-sector to meet the growing demand for effective, low-cost contraceptive services.

- *Pathfinder will respond to changes in the level of central A.I.D. funds through adaptations in program management and staffing.*

Pathfinder's recent add-on agreement with the Pakistan A.I.D. mission will allow the organization to reallocate central funds to other high priority regions. Larger and fewer multi-year projects will be developed to reduce administrative and personnel costs. In Indonesia, Pathfinder will phase-out use of CAW funds by September 1991.

- *Pathfinder will support family planning activities to reach high-risk, young adults.*

In Indonesia, Pathfinder will support activities to promote family life education for young adults. Pathfinder/Indonesia is responding to local demands to address the information needs of this population.

V. FY 90 Funding Overview and Expected Outputs

In FY 90, Pathfinder will provide \$260,000 in CAW funds (59 percent) and \$178,000 in add-on funds (41 percent) to support family planning activities in 2 countries of Asia: Pakistan and Indonesia. Pathfinder was recently awarded \$1.07 million in add-on funds (\$646,000 in direct project support) by USAID/Pakistan to support the expansion of Pathfinder-supported activities over a period of 18 months.

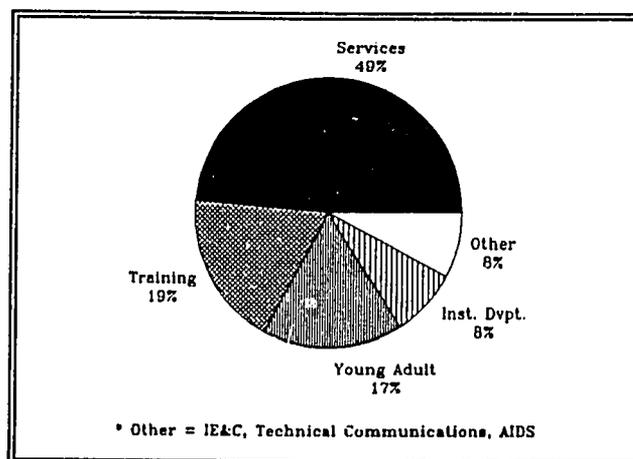
**INPUTS AND EXPECTED OUTPUTS OF
CAW/ADD-ON PROJECTS, BY COUNTRY,
ASIA REGION**

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Pakistan	Pre-emergent	High	\$150	\$178	27,597	60,715	2,586
Indonesia	Consolidation	Medium	110	--	605	500	694
TOTAL			\$260	\$178	28,202	61,215	3,280

VI. FY 90 Allocation by Project Type

The FY 90 CAW/add-on allocations by project type are as follows: 49 percent service delivery, 19 percent training, 17 percent young adult programming, 8 percent institutional development, 8 percent other activities, including AIDS awareness.

**ASIA REGION
ALLOCATIONS OF CAW FUNDS BY PROJECT TYPE
FY 90**



NEAR EAST REGION

I. Overview

DEMOGRAPHIC INDICATORS, NEAR EAST REGION*

Total Population (million):	135.5	Number of Countries:	23
Proj. Population in 2020 (million):	278.5	Population Doubling Time (years):	24.5
Average Annual Growth Rate (%):	2.8	Average Total Fertility Rate:	5.6
Average Modern Contraceptive Prevalence (%):	21.5	Range of Modern Contraceptive Prevalence (%):	0 - 40

*Western Asia and Northern Africa Regional figures used

Demographic Trends

The Near East region comprises 23 countries with a total population of 135.5 million. At the current annual growth rate of 2.8 percent, the rapidly growing population of this region will double in 25 years. The average modern contraceptive prevalence is 24.1 percent, although the range is from 0 - 40 percent. In this region, Pathfinder is working in four key countries: Turkey, Egypt, Yemen, and Jordan. Activities in Turkey are supported by a combination of CAW and add-on funds, while activities in the other three countries are supported entirely with add-on funds.

Turkey

The population of Turkey is 55.4 million and growing at a rate of 2.8 percent annually. The national TFR is 3.7, and modern contraceptive prevalence is 24 percent. Prevalence for traditional methods, particularly withdrawal, exceeds modern method use despite the political environment which favors family planning. In 1965 pro-natalist policies were replaced with one that supported the dissemination of information and provision of services. The Population Law of 1965 was later changed to the Family Planning Law in 1983. The new law permitted nurse-midwives to insert IUDs and dispense oral contraceptives, and allowed other governmental and non-governmental organizations to provide services.

The increase in public and private sector provision of contraceptives has greatly contributed to the acceptance of family planning and the expansion of services. The reliance, however, on traditional methods and the prejudice toward certain types of contraception by some providers are continued obstacles to expanding the range of contraceptive choices available to Turkish couples. Of the four countries in this region where Pathfinder works, Turkey has a lower TFR and is growing at a slower rate. Its family planning program is in the "growth" phase of development using the A.I.D. typology.

Egypt, Yemen, and Jordan

World Fertility Survey data for Egypt, Yemen, and Jordan provide valuable insight into the reasons for the continued high demand for children and the role of contraception in these countries. An analysis of eight countries indicates that regardless of socioeconomic factors, women start childbearing after marrying at an early age, and experience an initial period of rapid and high fertility. In general, marriage is universal in the region with the mean age at first marriage ranging from 17 years to Yemen and 24 years in Tunisia. In Yemen the percentage of ever married women age 15-19 years was 61 percent. In Egypt and Jordan the percentages were 22.5 and 19.5 respectively.

Among other things, immediate childbearing is attributed to the perception that the primary role of Arab women is reproduction. The social pressure to bear children begins immediately after marriage. In the age group 30-34 years, the mean number of everborn children is 4.6 in Egypt, 5.1 in Yemen, and almost 6 in Jordan. While many couples choose not to contracept, those who do are primarily urban, with higher levels of education, and with professional employment. A very small proportion of the women in the region fit into this category.

Ninety-three to 99 percent of infants are breastfed, and the duration of exclusive breastfeeding is 7-11 months. With supplements, the duration increases to 12-20 months. Infant and child mortality rates continue to be high. In Egypt, the infant mortality rate is 132 deaths per 1,000 live births, and in Yemen it is 162. Child mortality is even higher with 191 in Egypt and 237 in Yemen. In other words, one of four Yemeni children die before they reach the age of five.

Three countries in the region -- Egypt, Morocco, and Tunisia-- have responded to the rapid population growth and maternal and child health concerns with national family planning programs. The 18 remaining Arab countries are either pro-natalist or do not intervene. As expected, the surveys revealed that contraceptive knowledge was relatively high in countries with national programs, and was very low in a country like Yemen, where only 25 percent of the women surveyed knew one or more methods. The prevalence of modern method contraceptive use in the three countries with national programs was between 25 and 29 percent.

While this prevalence places these programs in the "growth" stage, the demand for children remains high. In Egypt, over 50 percent of the women surveyed said that they wanted no more children after the third birth. In Jordan this number was as high as 6, and was even higher in Yemen (7) and the Sudan (9). Contraceptive use is low among the age groups with the highest fertility and contraception is usually not adopted until after a third child.

The challenge of family planning programs in the region is to translate this unmet need into demand for contraceptive services. Sixteen percent of women surveyed in Yemen were never users; they did not want to use contraception but they did not want any more children. Therefore, it is incumbent upon providers to fill this pocket of need with services that are appropriate and effective.

The major *family planning issues* of the Near East region include:

- reaching under-served populations through innovative community-based strategies;
- upgrading and expanding existing services to meet growing demand;
- improving the quality of services through provider training;
- increasing demand for modern contraceptives through IE&C; and
- strengthening the capacity of the private-sector to provide contraceptive services.

II. Pathfinder and the Nineties

In the following outline, Pathfinder highlights its approach to meet the challenges of the nineties in the Near East region:

- | | |
|------------------------------|---|
| <u>Regional Focus</u> | ■ Explore cooperative agreements/contracts/add-ons to allow for greater presence. |
| <u>Comparative Advantage</u> | ■ Lead agency in four countries: Turkey, Egypt, Jordan, Yemen.
■ Credibility and regional experience of field staff.
■ Demonstrated expertise in supporting institutional development, expansion of services, and innovative approaches to service delivery. |
| <u>Sector Emphasis</u> | ■ Priority support to NGOs as innovators of alternative approaches of service delivery.
■ Priority support for application of NGO family planning expertise to training and in-country technical assistance to public sector.
■ Technical assistance to public sector in all areas, especially in management of family planning programs. |
| <u>Target Population</u> | ■ Priority to age group 20-30 years with highest age-specific fertility rates.
■ Women wishing to terminate childbearing.
■ Poor couples in high-density rural, urban, and peri-urban areas. |
| <u>Resource Allocation</u> | ■ In the FY 90-96 period, the percentage allocation of CAW funds in Turkey will remain constant at approximately 15 percent of the total CAW allocation in FY 96. |
| <u>Method Mix</u> | ■ Emphasis on permanent and reversible long-acting methods.
■ Increase use of modern methods among couples using traditional methods. |
| <u>Quality of Care</u> | ■ Priority to improve counseling, client information, and expand method range to increase continuation, reduce method failure, and facilitate method switching.
■ Support provider training in contraceptive technology.
■ Provide assistance for development of management and institutional capabilities. |

Impact

- At level funding, in the FY 92-96 period, Pathfinder will distribute 980,000 CYPs, refer clients to contraceptive services resulting in 553,000 CYPs, and supply 2,156,000 CYPs through commodity grants.

III. FY 86-89 Highlights and Lessons Learned

REGIONAL HIGHLIGHTS

- With \$1 million in CAW/add-on funds, Pathfinder supported-activities distributed 182,730 CYPs at a cost of \$3.4/CYP, and trained 3,300 people in the Near East region.
- In FY 89, CAW-funded service delivery projects in Turkey contributed 0.18 per cent to contraceptive prevalence in the country.
- Pathfinder support of the Midwifery School Family Planning Curriculum Project has resulted in the training of over 5,000 family planning providers in Turkey. This curriculum is still in place.
- In Turkey, Pathfinder has made a significant contribution to strengthening the private sector delivery of contraceptive services. The Turkish Family Health and Planning Foundation, the Foundation for the Advancement and Recognition of Turkish Women, and the Human Resource Development Foundation are three private sector organizations that have benefitted from Pathfinder's support and technical assistance.
- Pathfinder's support of work-based contraceptive services and information has resulted in accessibility to services in over 21 work sites in Turkey.
- Pathfinder's technical assistance to the Clinic Services Improvement project in Egypt is facilitating the upgrading of the Egyptian Family Planning Association's service delivery network.

REGIONAL LESSONS LEARNED

- Written training material, audio-visual support, and an equipped clinic are not enough to train a provider in IUD insertion; a sufficient case load is critical.
- It is dangerous to make assumptions about what a provider does or does not know. Even the highest level of provider -- the physician -- may lack basic and/or accurate information about contraception and family planning.
- When developing or updating family planning training materials like those used in medical or nursing schools, a plan to disseminate and update the material will result in improved training and a more efficient use of training resources. Contraceptive technology information should be updated every two to three years.
- In projects that call for family planning education and/or services in the workplace, several things must be negotiated with management before project implementation. It is important to identify work conditions ahead of time and discuss scheduling of educational sessions, clinic hours, and permission for workers' absences.

IV. Program Strategies

- *Pathfinder will support innovative activities to reach under-served populations with low contraceptive use in urban and rural areas.*

Turkey is the only country in the Near East region where Pathfinder will provide direct support for contraceptive service delivery. In Egypt, Yemen, and Jordan, add-on funds have been granted for Pathfinder assistance in training and institutional development.

- *Pathfinder will support activities to upgrade the quality of contraceptive services and increase access.*

Support for training and technical assistance in the four Near East countries will be directed at improvements in the quality of service delivery and the management of programs to ensure efficiency and improve access. In Yemen, support for the training of ten midwifery tutors in curriculum development and teaching methodologies is the first step toward meeting the need for female providers trained in family planning.

- *Pathfinder will support activities to increase the financial and family planning program sustainability of local organizations.*

In Egypt and Jordan, technical assistance to increase financial sustainability will benefit the family planning associations in each country. Fee-for-service mechanisms of cost-recovery will occur in selected service delivery projects in Turkey.

- *Pathfinder will provide core support and technical assistance to selected family planning organizations perceived as key to the expansion of services.*

Pathfinder will provide technical assistance to selected family planning organizations perceived as key to the expansion of services in Egypt (Egyptian Family Planning Association, Teaching Hospital Organization, the Egyptian Junior Medical Doctors Association, and the Ministry of Health Service Delivery Project), Jordan (Jordan Association for Family Planning and Protection), and Yemen (Health Manpower Institute).

V. FY 90 Funding Overview and Expected Outputs

In FY 90, Pathfinder will provide \$424,000 from the CAW (25 percent) and \$1,246,000 in add-on (75 percent) funds for family planning activities in 4 countries in the Near East region.

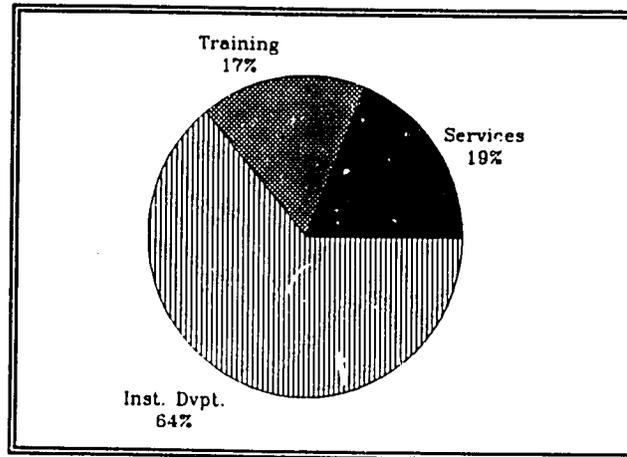
**INPUTS AND EXPECTED OUTPUTS OF
CAW/ADD-ON ACTIVITIES, BY COUNTRY,
NEAR EAST REGION**

Country	Program Stage	Priority Assignment	FY 90 INPUTS		FY 90-91 OUTPUTS		
			Allocations (\$000s)		New Users	CYPs Distributed	Persons Trained
			CAW	Add-ons			
Turkey	Growth	High	\$424	\$13	13,890	25,000	18,050
Egypt*	Growth	High	--	\$40	--	--	--
Yemen*	Pre-emergent	Medium	--	165	--	--	25
Jordan*	Growth	Medium	--	228	--	--	--
TOTAL			\$424	\$1,246	13,890	25,000	18,075

*Primarily technical assistance and/or institutional development activities.

VI. Allocations by Project Type

**NEAR EAST REGION
ALLOCATIONS OF CAW FUNDS BY PROJECT TYPE
FY 90**



Sub-Saharan Africa Region

FY 90 Country Strategies

Côte d'Ivoire

The Gambia

Kenya

Liberia

Sierra Leone

Tanzania

Uganda

Zambia

Zimbabwe

Africa Regional

SUB-SAHARAN AFRICA REGION

a. Côte d'Ivoire (High Priority)

DEMOGRAPHIC INDICATORS, CÔTE D'IVOIRE

Total Population (millions):	12.1	Annual Growth Rate (%):	3.6
Population Under 15 Years (%):	46	Total Fertility Rate:	7.4
Modern Method Contraceptive Prevalence (%):	1		

Major Issues

- As a country with a family planning program in the "pre-emergent" phase of development, Côte d'Ivoire must create effective child spacing programs which reach couples in rural and marginal urban areas. The average birth interval is decreasing in rural areas, jeopardizing maternal and child health.
- The use of modern contraception has increased little in the last seven years. Recent surveys reveal a low knowledge of modern contraceptive methods and show that only one percent of married women of reproductive age are using modern methods.
- Due to the pro-natalist national population policy, the first information center for child spacing opened in Abidjan as late as 1986.
- The few international agencies that work in family planning concentrate on research and training, and not on service delivery.
- The infant mortality rate is between 150 and 180 per 1,000 live births.

Achievements, FY 86-89

- Pathfinder's efforts have resulted in significant activities such as the provision of family planning information and child spacing referrals by the Ministry of Social Affairs and the Ministry of Women's Development.

Country Strategies for FY 90

- *Pathfinder will continue to support the development of local agencies and institutions to provide family planning training and IE&C, with the goal of introducing service delivery.*

Family planning programming is still at a very early stage in Côte d'Ivoire. Pathfinder's initial efforts will be to identify and support additional local agencies capable of providing family planning information and, in some cases, training. Pathfinder activities will include training of social and health personnel for outreach and counseling, and technical assistance for the development of family planning curricula in selected training centers.

- *Pathfinder will support activities to reach under-served populations.*

Pathfinder will continue to support the efforts of the Ministry of Social Affairs and the Ministry of Women's Development to make family planning information and services more widely available. Pathfinder will also continue to support the implementation of the pilot Dabou Hospital CBD project by Community Health Committees in 18 villages. Pathfinder will work with the Family Planning Association of Côte d'Ivoire on an innovative approach to implement workplace-based information and services.

Portfolio Characteristics and Expected Outputs

CÔTE D'IVOIRE PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS, FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	4
Number of Projects (Renew and New/Total)	0/4
Median Size of Projects (\$ in 000s)	99
Average Size of Projects (\$ in 000s)	102
Size Range of Projects (\$ in 000s)	81 - 131
Average Duration of Projects (months)	21
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	4,911
New Users	5,500
Persons Trained	140
Contribution to Prevalence (%)	--

Funding Summary by Project Type in FY 90

No new CAW funds will be committed to projects in Côte d'Ivoire during FY 90. One hundred percent of ongoing projects are service delivery.

b. **The Gambia (Medium Priority)**

DEMOGRAPHIC INDICATORS, THE GAMBIA

Total Population (millions):	0.8	Annual Growth Rate (%):	2.5
Population Under 15 Years (%):	44	Total Fertility Rate:	6.4
Modern Method Contraceptive Prevalence (%):	-		

Major Issues

- The Gambia's "pre-emergent" family planning program is characterized by a weak public sector infrastructure, lack of trained personnel, and low demand for family planning services.
- Pro-natalist cultural values, especially among men, promote a desire for large families. Rural and semi-rural subsistence farmers desire larger families to assist them in production.
- In Gambian society, reproductive choices are influenced by male attitudes. A 1988 study prepared by The Gambian Family Planning Association revealed that male opposition to family planning presents a major obstacle to launching effective family planning programs.

Achievements, FY 86-89

- Pathfinder has been key in working with Family Health International to carry out a KAP survey of young adults in the Banjul area. The information will be used to identify the needs of young adults, and to develop programmatic responses.

Country Strategies for FY 90

- *Pathfinder will support innovative activities to reach the unac-served male population in rural and urban areas.*

Pathfinder will continue its support of a male motivation project with The Gambia Family Planning Association. The project organizes committees of professional men to inform and motivate community members. The committees pursue innovative income-generating activities such as fishing, poultry raising, and gardening. This component is designed to integrate population activities into a general development context to enhance acceptance of family planning activities.

Portfolio Characteristics and Expected Outputs

THE GAMBIA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	1
Number of Projects (Renew and New/Total)	0/1
Median Size of Projects (\$ in 000s)	49
Average Size of Projects (\$ in 000s)	49
Size Range of Projects (\$ in 000s)	--
Average Duration of Projects Months	18
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	2,806
New Users	1,250
Persons Trained	50
Contribution to Prevalence (%)	n/a

Funding Summary by Project Type in FY 90

No new CAW funds will be committed to projects in The Gambia during FY 90. One hundred percent of ongoing projects are service delivery.

c. Kenya (High Priority)

DEMOGRAPHIC INDICATORS, KENYA

Total Population (millions):	24.1	Annual Growth Rate (%):	4.1
Population Under 15 Years (%):	51	Total Fertility Rate:	8.1
Modern Method Contraceptive Prevalence (%):	10		

Major Issues

- Kenya has a family planning program which is in its "launch" phase of development. Kenya's present population growth, estimated at 4.1 percent per year, is one of the highest in the world.
- Only about one half of government rural health facilities offer family planning services. Inaccessibility of family planning services and lack of IE&C present obstacles to governmental attempts to lower fertility rates and curb the rising growth rate.
- Private medical practitioners have been minimally involved in family planning efforts, although approximately two thirds of all physicians in the country are in the private sector.
- Community-based distribution is an attractive alternative to hospital and clinic services where users may be discouraged by high costs and the lack of transportation to service delivery points.

Achievements, FY 86-89

- Pathfinder was one of the first organizations to support training for non-medical personnel in family planning.
- Pathfinder pioneered the introduction of the CBD approach for family planning services in Kenya by working with the public and private sectors. Pathfinder's regional and CBD expertise was recognized three years ago when it was called upon by the government of Kenya to assist in the development of a national CBD plan.
- Pathfinder has been a leader in issues related to adolescent reproductive health. The Pathfinder monograph series about adolescent fertility in sub-Saharan Africa includes Kenya.

- Pathfinder supports the training of private medical practitioners and their aides under the auspices of the Kenya Medical Association. Increasing the number of physicians trained to deliver family planning services has legitimized family planning as an essential component of MCH and has secured the cooperation and involvement of the medical community.

Country Strategies for FY 90

- *Pathfinder will support family planning service delivery to rural populations using the CBD approach.*

Pathfinder's major program emphasis in Kenya has been support of CBD family planning services. Pathfinder will work with the Church of Kenya, Maseno North Diocese, in implementing its CBD plan. In this way, Pathfinder will continue to assist family planning NGOs to expand and consolidate their programs, as well as to identify other organizations with interest and potential for developing and implementing CBD services.

With an add-on from the Mission, Pathfinder is assisting the Maendeleo ya Wanawake Organization (MYWO) in consolidating its CBD program in five districts in the rural areas of Kenya.

- *Pathfinder will support clinic- and hospital-based family planning education and service delivery to hard-to-reach target groups in the urban areas.*

Support will be provided to the Kenyatta National Hospital to develop a program to provide family planning services to post-partum women and young adults in the Nairobi area.

- *Pathfinder will provide core support, technical assistance, and training to selected family planning institutions perceived as key in the expansion of services.*

Pathfinder will support the MYWO core management staff both at headquarters and in the field.

- *Pathfinder will support training to upgrade the quality of contraceptive services and information.*

Pathfinder will continue to provide assistance to the Kenya Medical Association to train private practitioners and to equip their clinics for service delivery.

Pathfinder will provide support to MYWO for training-of-trainers courses for the division nurse coordinators and district coordinators, and refresher courses for field staff. Training areas will include training methodology, record keeping, reporting, supervision, and monitoring.

Portfolio Characteristics and Expected Outputs

**KENYA PORTFOLIO CHARACTERISTICS
AND EXPECTED OUTPUTS
FY 90**

<u>Portfolio Characteristics</u>	
Number of Grantees	8
Number of Projects (Renew and New/Total)	4/8
Median Size of Projects (\$ in 000s)	75
Average Size of Projects (\$ in 000s)	202
Size Range of Projects (\$ in 000s)	40 - 1,058
Average Duration of Projects (months)	20.6
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	161,821
New Users	7,507
Persons Trained	90
Contribution to Prevalence (%)	2.69

Funding Summary by Project Type in FY 90

One hundred percent of CAW funds allocated in Kenya will support service delivery projects.

d. **Liberia** (High Priority)

DEMOGRAPHIC INDICATORS, LIBERIA

Total Population (millions):	2.5	Annual Growth Rate (%):	3.2
Population Under 15 Years (%):	47	Total Fertility Rate:	6.6
Modern Method Contraceptive Prevalence (%):	6		

Major Issues

- Surveys conducted in Liberia, a country with a "pre-emergent" level family planning program, indicate that a large proportion of the Liberian population does not have access to family planning information, education, and services.
- High costs of transportation to the few family planning service delivery points have limited the success of governmental and NGO attempts to provide clinic-based services.
- The urban contraceptive prevalence has recently been estimated at only eight percent.
- An A.I.D. assessment team has recommended that new family planning initiatives should occur in the urban areas, especially in Monrovia where "both the felt need and the potential for rapid impact are greater."

Achievements, FY 86-89

- Pathfinder's support with private funds and technical assistance has been critical to the development and approval of the national population policy. Pathfinder's continued assistance with private funds will be essential to the implementation of the population policy and to the support of a Bureau of Population Planning and Coordination established with Pathfinder's assistance in FY 89.
- Pathfinder monographs on young adult fertility include a series on Liberia. This has proven to be a valuable resource for service providers and decision-makers.
- Pathfinder's successful urban CBD project in greater Monrovia with the Family Planning Association of Liberia (FPAL) serves as a model for other African countries.

Country Strategies for FY 90

- *Pathfinder will support family planning IE&C and service delivery activities to reach under-served populations with low contraceptive use in urban areas.*

Pathfinder provides financial and technical assistance to FPAL to implement a unique and successful CBD program in the urban area of Monrovia. One hundred trained community volunteers provide family planning information and contraceptives to residents of five communities. Contraceptives are provided to the residents for a nominal fee, and the volunteers retain one half of the sales as income. Pathfinder will support the development of appropriate IE&C materials and a CBD reference manual.

- *Pathfinder will support activities to increase the financial and program sustainability of local organizations.*

Pathfinder will continue to provide support to FPAL's CBD project and will also focus on the provision of technical assistance in such program areas as management information systems, research and evaluation, and IE&C materials development. This fiscal year, Pathfinder will assist the Church Health Services organization to provide family planning services.

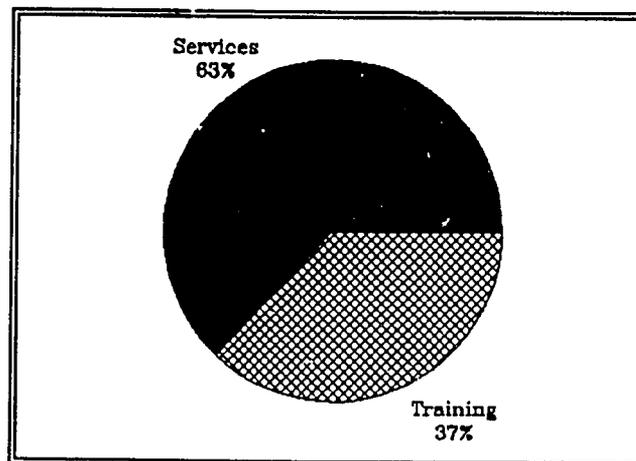
Portfolio Characteristics and Expected Outputs

**LIBERIA PORTFOLIO CHARACTERISTICS
AND EXPECTED OUTPUTS
FY 90**

<u>Portfolio Characteristics</u>	
Number of Grantees	2
Number of Projects (Renew and New/Total)	2/3
Median Size of Projects (\$ in 000s)	50
Average Size of Projects (\$ in 000s)	157
Size Range of Projects (\$ in 000s)	30 - 390
Average Duration of Projects (months)	18
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	7,507
New Users	5,250
Persons Trained	90
Contribution to Prevalence (%)	n/a

Funding Summary by Project Type in FY 90

**LIBERIA ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



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e. **Sierra Leone (High Priority)**

DEMOGRAPHIC INDICATORS, SIERRA LEONE

Total Population (millions):	4.1	Annual Growth Rate (%):	2.4
Population Under 15 Years (%):	41	Total Fertility Rate:	6.5
Modern Method Contraceptive Prevalence (%):	2		

Major Issues

- The establishment of the National Population Commission demonstrates that the environment for family planning is improving in Sierra Leone. As a country with a family planning program in the "pre-emergent" phase of development, serious obstacles impede the acceptance and implementation of family planning services.
- Poor transportation (especially in rural areas, where about 75 percent of the population lives) contributes to difficulties in family planning service delivery. Seasonal road conditions make it difficult for family planning service providers to penetrate rural areas. Additionally, inadequate health clinic facilities contribute to low contraceptive prevalence.
- Male opposition to contraceptive use continues to hinder the success of family planning efforts.
- In Sierra Leone, 70 percent of all doctors are in the private sector, the majority of whom have limited or no involvement in family planning.

Achievements, FY 86-89

- Pathfinder was one of the first international family planning donors in Sierra Leone.
- Pathfinder's monograph on young adult fertility in Sierra Leone has proven to be an important resource for service providers and decision-makers in the country.

Country Strategies for FY 90

- *Pathfinder will support CBD programs to reach under-served populations with low contraceptive use in urban and rural communities.*
- *Pathfinder will include child survival activities as part of overall CBD family planning efforts.*

Pathfinder's strategy in Sierra Leone is to make family planning education and services more widely available through private sector agencies, using approaches that complement child survival activities. Pathfinder provides family planning assistance to NGOs who currently work in child survival. Topics in child survival are also emphasized in Pathfinder-supported training. Pathfinder will continue to provide assistance and support to the Planned Parenthood Association of Sierra Leone to implement a CBD project in the Koya district.

- *Pathfinder will provide support for family planning services through private practitioners.*

Pathfinder will continue support to an ongoing project to involve private practitioners in family planning.

Portfolio Characteristics and Expected Outputs

SIERRA LEONE PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS

<u>Portfolio Characteristics</u>	
Number of Grantees	1
Number of Projects (Renew and New/Total)	1/3
Median Size of Projects (\$ in 000s)	80
Average Size of Projects (\$ in 000s)	8,566
Size Range of Projects (\$ in 000s)	70 - 105
Average Duration of Projects (months)	18
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	5,331
New Users	5,250
Persons Trained	80
Contribution to Prevalence (%)	n/a

Funding Summary by Project Type in FY 90

One hundred percent of CAW funds allocated in Sierra Leone will support service delivery projects.

f. **Tanzania (High Priority)**

DEMOGRAPHIC INDICATORS, TANZANIA

Total Population (millions):	26.3	Annual Growth Rate (%):	3.6
Population Under 15 Years (%):	48	Total Fertility Rate:	7.1
Modern Method Contraceptive Prevalence (%):	NA		

Major Issues

- Like other countries with family planning programs in the "pre-emergent" phase of development, Tanzania's weak infrastructure limits the success of these services. Institutional strengthening is necessary to provide effective services.
- Public sector programs have failed, through the clinic-based approach, to reach the majority of potential users in the rural villages.
- Insufficient training of personnel and difficulty in procuring contraceptives has limited the success of prior service delivery attempts.
- In the early 1980s, unresolved debt issues resulted in no U.S. support for family planning until 1988.

Achievements, FY 86-89

- Pathfinder, using private funds, was able to sustain a presence in the country during the difficult economic years of the 1980s, laying the groundwork for the use of CAW funds.
- Pathfinder has supported observation tours for UMATI and MOH officials to observe alternative family planning service delivery mechanisms.
- Pathfinder contributed to the development of the first CBD program in Tanzania.

Country Strategies for FY 90

- *Pathfinder will support service delivery to rural populations using clinic-based and CBD approaches.*

Pathfinder's major program emphasis in Tanzania has been to support training and technical assistance to enhance the ability of the government and NGOs to deliver family planning services. Pathfinder will continue to work with UMATI, the IPPF affiliate, to develop and implement the first CBD project in rural areas of Dar-es-Salaam. With the Seventh Day Adventist Health Services in Arusha, Pathfinder will support family planning services in the network of 35 rural clinics throughout Tanzania.

- *Pathfinder will support training to upgrade the quality of contraceptive services and information.*

Pathfinder will support a workshop for private physicians to discuss different models of service delivery. This effort is primarily to educate the medical community about modern family planning practices. Pathfinder is seeking to train medical practitioners in the provision and management of family planning services and to provide them with skills to integrate contraceptive services.

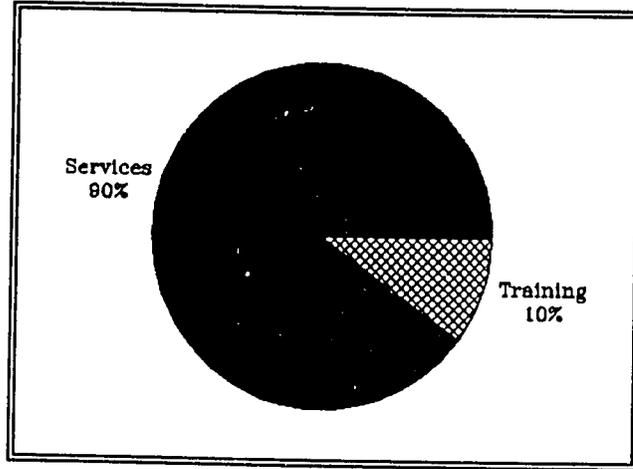
Portfolio Characteristics and Expected Outputs

TANZANIA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	3
Number of Projects (Renew and New/Total)	3/4
Median Size of Projects (\$ in 000s)	90
Average Size of Projects (\$ in 000s)	93
Size Range of Projects (\$ in 000s)	20 - 170
Average Duration of Projects (months)	19.5
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	6,314
New Users	6,500
Persons Trained	90
Contribution to Prevalence (%)	n/a

Funding Summary by Project Type in FY 90

TANZANIA ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90



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g. Uganda (Medium Priority)

DEMOGRAPHIC INDICATORS, UGANDA

Total Population (millions):	17.0	Annual Growth Rate (%):	3.4
Population Under 15 Years (%):	48	Total Fertility Rate:	7.3
Modern Method Contraceptive Prevalence (%):	3		

Major Issues

- As in other countries with family planning programs in the "pre-emergent" phase, contraceptives are not manufactured in Uganda and are not readily available.
- Surveys reveal that a lack of confidentiality, poor knowledge about family planning, negative rumors, and male opposition are all factors that impede the success of family planning programs in Uganda.
- Uganda's once effective health care delivery system is slowly recovering after a period of disarray (1979-1984). CBD programs may be an effective way of reaching the rural areas where 90 percent of the population lives.
- Information, supplies, and support services are weak or non-existent in the rural areas. Services exist in larger towns, serving the more educated urban population.

Achievements, FY 86-89

- Pathfinder was one of the first international organizations to provide assistance for family planning programs in Uganda, and contributed to the formation of the Family Planning Association of Uganda. During the difficult political period of the Amin regime, Pathfinder was the only U.S. family planning organization to remain.
- Pathfinder is a pioneer organization in the area of provider training for non-medical personnel in family planning. Support of a CBD program has demonstrated the feasibility and importance of the use of non-medical personnel in the delivery of family planning services in Uganda.

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Country Strategies for FY 90

- *Pathfinder will support clinic-based and CBD outreach programs to serve low prevalence populations in rural areas.*

During the past four years, Pathfinder has provided financial and technical assistance to a CBD project with the Church of Uganda (Busoga Diocese) in 21 of the 45 communities in the diocese. Pathfinder will continue to support the Busoga Diocese to expand the CBD project to all 45 communities, and provide support to the Church of Uganda in Namirembe, the Diocese of East Ankole, for a clinical and outreach program.

- *Pathfinder will provide core support, training, and technical assistance to key institutions engaged in evaluation and training.*

Pathfinder will continue to strengthen those institutions which conduct training and evaluation in demographic issues. Pathfinder's efforts will include assisting the Institute of Statistics and Applied Economics at the Makerere University in its master's level course in demography.

Portfolio Characteristics and Expected Outputs

UGANDA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS, FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	5
Number of Projects (Renew and New/Total)	2/4
Median Size of Projects (\$ in 000s)	104
Average Size of Projects (\$ in 000s)	194
Size Range of Projects (\$ in 000s)	100 - 464
Average Duration of Projects (months)	25.5
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	23,853
New Users	18,200
Persons Trained	312
Contribution to Prevalence (%)	21.4

Funding Summary by Project Type in FY 90

One hundred percent of new CAW funds for Uganda will be allocated for service delivery projects.

h. Zambia (High Priority)

DEMOGRAPHIC INDICATORS, ZAMBIA

Total Population (millions):	8.1	Annual Growth Rate (%):	3.7
Population Under 15 Years (%):	50	Total Fertility Rate:	7.2
Modern Method Contraceptive Prevalence (%):	NA		

Major Issues

- Zambia has a family planning program in the "pre-emergent" phase of development.
- Lack of governmental coordination with NGOs and lack of cooperation among NGOs has limited the success of NGO family planning programs.
- Poor quality of clinic care (inadequate education, counseling, and information) weakens the effectiveness of family planning services.

Achievements, FY 86-89

- Pathfinder is initiating activities in Zambia in FY 90.

Country Strategies for FY 90

- *Pathfinder will support activities to increase the financial and family planning program sustainability of local organizations.*

Pathfinder will work with the Planned Parenthood Association of Zambia (PPAZ) to train their staff in financial and family planning program management. Pathfinder will assist PPAZ to introduce a CBD approach to expand family planning activities in Zambia.

- *Pathfinder will provide support and technical assistance to select organizations perceived as key to the expansion of services.*

Pathfinder will explore the possibility of working with ADRA, the Seventh Day Adventist Church of Zambia. Pathfinder support would help ADRA to introduce family planning activities as part of their development efforts.

Portfolio Characteristics and Expected Outputs

ZAMBIA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	1
Number of Projects (Renew and New/Total)	1/1
Median Size of Projects (\$ in 000s)	109
Average Size of Projects (\$ in 000s)	109
Size Range of Projects (\$ in 000s)	109
Average Duration of Projects	18
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	2,455
New Users	2,200
Persons Trained	30
Contribution to Prevalence (%)	--

Funding Summary by Project Type in FY 90

One hundred percent of CAW/add-on funds in Zambia will be allocated for service delivery projects.

i. **Zimbabwe (High Priority)**

DEMOGRAPHIC INDICATORS, ZIMBABWE

Total Population (millions):	10.1	Annual Growth Rate (%):	3.6
Population Under 15 Years (%):	48	Total Fertility Rate:	6.5
Modern Method Contraceptive Prevalence (%):	27		

Major Issues

- In order to meet the government's health objectives, institutional and training support, as well as technical assistance, are necessary to strengthen Zimbabwe's family planning efforts.
- Zimbabwe's family planning program, in its "growth" phase, delivers primary health care and family planning services through clinics and a CBD network.
- Access to maternal and child health information and services needs to be expanded and improved, especially in rural areas. Due to early marriage, 70 percent of all women have a pregnancy before they are 18 years old.
- Men play a key role in contraceptive choice and should be integrated into family planning activities.

Achievements, FY 86-89

- Pathfinder is the largest donor to the ZNFPC program, after the government of Zimbabwe.
- With Pathfinder's support, the ZNFPC enabled Zimbabwe to double its modern contraceptive prevalence from 14 percent in 1981-82 to 27 percent in 1984.

Country Strategies for FY 90

- *Pathfinder will provide core support and technical assistance to the Zimbabwe National Family Planning Council (ZNFPC).*

Pathfinder works closely with the ZNFPC to strengthen its capacity to provide high quality family planning services and to undertake evaluation and research activities. The ZNFPC's goal is to increase the distribution of CYPs by 40 percent. To achieve this objective, Pathfinder's grant will support salaries, training, a resource library, and the evaluation unit.

Portfolio Characteristics and Expected Outputs

ZIMBABWE PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	1
Number of Projects (Renew and New/Total)	2/2
Median Size of Projects (\$ in 000s)	125
Average Size of Projects (\$ in 000s)	125
Size Range of Projects (\$ in 000s)	100 - 150
Average Duration of Projects (months)	12
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	--
New Users	--
Persons Trained	--
Contribution to Prevalence (%)	--

Funding Summary by Project Type in FY 90

One hundred percent of CAW funds allocated in Zimbabwe will support institutional development projects.

j. Africa Regional (High Priority)

Region-wide activities for FY 90 include training for family planning managers and leaders in program implementation skills, the translation of the international edition of *Contraceptive Technology: International Edition* into French, and exploratory activities in Francophone countries. Pathfinder will commit an estimated \$250,000 in CAW funds for these activities.

Efforts to increase Pathfinder's presence in the Francophone countries is a priority for the organization as well as a major challenge. The translation of a family planning reference book for providers will facilitate training and the acceptance of family planning by the medical community. Legitimizing family planning practice among providers will be a first step to a more visible presence.

Management and program implementation training will be provided through short-term courses, study tours, and support for attendance at professional conferences and meetings.

SubSah Afr
Summary Long Term Objectives
Annual Work Plan
 FY 1990

Country: Africa Regional
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAN: \$250
 TOTAL PF: \$50

Total Training AID: \$0
 Total Training CAN: \$150
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90				FY 91								
		New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other					
## TRAINING To provide fp training for leaders & managers in Africa										New	Regional Travel and Training Grant	CAN	150 AA LJH PRG	Grantee: PF/Nairobi. To be committed throughout FY90. 12 mos.
To assist in the training of service providers at all levels	To support training of top level MOH & UMATI officials in fp mgmt									New	Training Support for Top Level MOH	CAN	0 AA WH PRG	Grantee: MOH.

SubSah Afr...
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Africa Regional
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$250
 TOTAL PF: \$50

Total Other AID: \$0
 Total Other CAM: \$100
 Total Other PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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OTHER

\$ IE&C

To increase regional awareness & commitment of fp issues in Francophone Africa

New	Intro Activities in Francophone Africa	CAM	50 AA LJH JMP	Grantee: PF/Nairobi. 12 mos.
New	Transl & Distrib of Contra Tech Intl in French	CAM	50 AA LJH	6/90. 1/2 to come from CA/BU. 12 mos.

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SubSah Afri
 Summary Long Term Ob-----
 Annual Work Plan
 FY 1990

Country: Cote d'Ivoire
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAN: \$0
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAN: \$0
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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11 SERVICES

To assist in the development of local capacity to deliver fp services

To continue support for private sector fp services

003-1	Private Enterprise Family Educ. & Services Project	CAN	0 AA LJH PRG	GRANTEE:AIBEF Funds to be deobligated from IFCAD. Other = IE&C outreach. \$89K. 18 mos. 9/88-2/90
004-1	FP Services in Dabou	CAN	0 AA LJH FRG	Grantee: Dabou Protestant Hospital. Other=IEC outreach. 24 mos. \$81K.
002.2	FP Educ. & Services for Women	CAN	0 AA LJH PRG	24 mos. \$108K.
001-2	Family Welfare Project	CAN	0 AA LJH PRG	18 mos. 131k.

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SubSah Africa
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: The Gambia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$0
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$0
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amnt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

00 SERVICES

To assist in the development & implementation of fp services

To provide support for male motivation

003-1	Male Motivation Project	CAW	0 AA	Grantee: GFPA. Committed FY
			LJH	89. Other=IE&C outreach.
			PRG	\$49K. Buy-in. 18 mos.

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SubSah Africa
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Kenya
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$250
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$150
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance	
		Year One		Year Two							
		FY 90		FY 91							
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other				
** SERVICES To work w/NGOs in dvpt & imptn of CBD programs to complement the natl fp program To assist in delivery of fp svcs through prvt practitioners	Assist the Church of Kenya (Maseno North) in developing & implenting CBD program					New	Maseno North Diocese CBD Project	CAW	65 AA DJO PRG	8/89. Grantee: Maseno North Diocese. 18 months	
						029-1	Nairobi Y.A. Counselling Center at Kenyatta U. Hsp	CAW	85 AA DJO PRG	Grantee: Univ. of Nairobi. 8/89. Other= counselling services. 23 mos.	
	To provide assistance to MYND in strengthening inst cap to implement CBD & MIS						001-7	MYND CBD Project	CAW	0 AA DJO PRG	Grantee: MYND. 4/89-3/91. CAW = \$490K + Buy-in = \$595K. 23 mos.
		To continue to support fp svcs through pvt med practitioners & strengthen KMA					005-3	FP Services through Private Practitioners	CAW	0 AA DJO PRG	Grantee: KMA. No renewal. Other=IE&C outreach. 6/89-5/91. 23 mos. \$172K.
		To continue support for NFP svcs/research at Kenyatta National Hospital					009-3	NFP Services & Research	CAW	0 AA DJO PRG	Grantee: Kenyatta National Hospital. Ends 12/90. No renewal. 5/88-12/89. 18 mos. \$86K.

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SubSah Afr
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Kenya
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$250
 TOTAL PF: \$0

Total Yng Adult AID: \$0
 Total Yng Adult CAM: \$100
 Total Yng Adult PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other					
** YNG ADULT To raise issues & propose solutions to young adults problems	To develop curriculum & train national Youth Leaders in FLE									New	KAYO Training of Trainers	CAM	60 AA DJD PRG	Grantee: KAYO. 12 mos.
	To provide fp services to Kenyatta Univ. staff & students	:								024-1	Kenyatta Univ Family Welfare & Counselling Center	CAM	0 AA DJD PRG	Grantee: Kenyatta Univ. 1 year extension: ends 5/90. Other=group talks. 6/88-5/90. 24 mos. \$48K.
	To provide fp services at Egerton University	:								New	FP Services at Egerton University	CAM	40 AA DJD PRG	Grantee: Egerton Univ. Other=IE&C outreach. 24 mos.

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SubSah Africa
Summary Long Term Objectives
Annual Work Plan
FY 1990

Country: Liberia
Date: 09/27/89

TOTAL AID: \$0
TOTAL CAW: \$80
TOTAL PF: \$95

Total Services AID: \$0
Total Services CAW: \$50
Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other						
** SERVICES To assist in the development and implementation of family planning services	To continue to provide support for an urban CBD program with FFAL									004-2	Urban CBD of Family Planning Services in Monrovia	CAM	0 AA LJH PRG	Ongoing. Grantee: FFAL. 7/88-6/90. Other=IE&C outreach. 24 mos. \$390K.
	To provide support for alternative service delivery systems									New	FP Services with Church Health Agencies	CAM	50 AA LJH PRG	Grantee: CHAL. Commitment 3/90. 18 mos.

SubSah Af
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Liberia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$80
 TOTAL PF: \$95

Total Training AID: \$0
 Total Training CAM: \$30
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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TRAINING

To provide support for
 the development of CBD
 training manuals

New	Development of CBD Training Manuals	CAM	30 AA LJH PRG	Grantee: FFAL. Commitment 3/90. 12 mos.
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SubSah AI
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Sierra Leone
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$70
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$70
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other							
** SERVICES To assist in the development & implementation of family planning services	To continue support for a CBD fp project & to include MCH component									002-1	CBD & FP Services in Koya District	CAW	0 AA LJH PRG	Ongoing. Ends 12/89. Renewal pending. PRG to visit 9/89 to assess MCH component. 12 mos. \$105k.
										002-2	CBD & FP Services in Koya District	CAW	70 AA LJH PRG	Renewal 002-2. 1/90-12/91. 18 mos.
	To provide support for fp services through private practitioners									007-1	Private Sector Family Planning Project	CAW	0 AA LJH PRG	Grantee: Ends 3/91. No funds required for FY90. 24 mos. \$80K.

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SubSah Africa
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Tanzania
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$200
 TOTAL PF: \$50

Total Services AID: \$0
 Total Services CAM: \$180
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90				FY 91								
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other						
## SERVICES To enhance the ability of govt & prvt orgs to deliver fp svcs	To consolidate support for SDA & to explore possibilities of increasing svcs									004-3	Seventh Day Adventist Church Health Services	CAM	0 AA DJO PRG	Grantee: SDA. Ends 6/90. To be extended w/ remaining funds. \$170K. 24 mos.
										001-2	Dar-es-Salaam Rural CBD Pilot Project	CAM	100 AA DJO PRG	Grantee: UMATI. Ends 9/89. To be renewed for 2 years. 24 mos. \$101K.
	To strengthen capability to provide service delivery in Zanzibar & Pemba									New	Family Planning Services in Zanzibar	CAM	80 AA DJO PRG	Grantee: MOH. 2 years. 12/89. 24 mos. \$80K.
	To strngthn prov of fp svcs thru Lutheran/Moravian Church & OHD Occ Health Dep									New	Explore FP Svcs through Churches & Occ Health Dept	CAM	0 AA DJO PRG	Grantee: Church/OHD. 12/89. 2 years. With Pop Council. Explore.
	Explore possibility of providing support to women's organizations									New	Explore Support for Women's Organizations	CAM	0 AA DJO PRG	6/90. Grantee TRD. Explore.

SubSah Af
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Tanzania
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$200
 TOTAL PF: \$50

Total Training AID: \$0
 Total Training CAW: \$20
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amnt TM	Comments/Technical Assistance
		Year One FY 90		Year Two FY 91						

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

TRAINING

To support family
 planning orientation for
 MDs

New	Orientation Workshop for MDs	CAW	20 AA DJJ PRG	Grantee: UMATI. To be committed 4/90. 6 mos.
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SubSah Africa
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Uganda
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$200
 TOTAL PF: \$0

Total Inst Dvpt AID: \$0
 Total Inst Dvpt CAW: \$0
 Total Inst Dvpt PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other		

18 INST DVPT To strengthen rsrch by assisting existing research groups	To continue to assist Makerere Univ to rebuild pop policy ed & resrch activities	002-1	Inst Support & Staff Dvpt Makerere Univ	CAW	0 AA DJD JMP	Grantee: Makerere University. Ongoing, no funding required for FY90. 24 mos. \$108K.
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SubSah A
Summary Long Term Objectives
Annual Work Plan
FY 1990

Country: Uganda
Date: 09/27/89

TOTAL AID: \$0
TOTAL CAW: \$200
TOTAL PF: \$0

Total Services AID: \$0
Total Services CAW: \$200
Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance	
		Year One				Year Two									
		FY 90	FY 91			FY 90	FY 91								
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other							
** SERVICES To assist Uganda in the development & implementation of fp services	To continue to support the implementation of CBD program with MSRD in Busoga									001-2	Busoga MSRD FP Education & Service Project	CAW	0 AA DJO PRG	Grantee: Busoga MSDRP. Committed 5/89 - 5/91. Other=IE&C outreach. 24 mos. \$467K.	
	To provide inst dvpt assistance to Busoga MSDRP to implement fp program									New	Explore Busoga MSDRP Inst Support Project	PF	0 AA DJO PRG	Grantee: Busoga MSDRP. 1/90	
											New	CBD Services through Church of Uganda	CAW	100 AA DJO PRG	Grantee: Church of Uganda. 1/90 for 18 months. Other=IEC outreach.
											New	Diocese of East Ankoie Clinical & Outreach Program	CAW	100 AA DJO PRG	Grantee: Diocese of East Ankoie. 1/90 for 18 months. Other=IEC outreach.
											New	Explore FP Educ & Services through Women's Bureau	CAW	0 AA DJO PRG	Grantee: Women's Bureau. 1/90 for 18 months. Other=IEC outreach.

SubSah Africa
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Zambia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$109
 TOTAL PF: \$100

Total Services AID: \$0
 Total Services CAW: \$109
 Total Services PF: \$60

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Aant TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90				FY 91								
		New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other					

SERVICES

To assist Zambia in the
 development &
 implementation of sp
 services

										New	PPAZ Pilot CBD Project	PF	60 AA LJH	Grantee: PPAZ. 1/90. Blocked Assets.
										New	ADRA SDA Services Project	CAW	109 AA LJH	Grantee: ADRA. 1/90. Buy-in. 18 mos.

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Latin America Region

FY 90 Country Strategies

Bolivia

Brazil

Colombia

Ecuador

Mexico

Peru

LATIN AMERICA REGION

a. Bolivia (High Priority)

DEMOGRAPHIC INDICATORS, BOLIVIA

Total Population (millions):	7.1	Annual Growth Rate (%):	2.6
Population Under 15 Years (%):	43	Total Fertility Rate:	5.5
Modern Method Contraceptive Prevalence (%):	11		

Major Issues

- The family planning program in Bolivia is at the "launch" stage and is developing slowly.
- Bolivia has the lowest modern contraceptive prevalence in the region after Haiti. Prevalence is especially low among indigenous groups.
- The provision of contraceptive services by the public sector is weak.
- Lack of training opportunities for providers and lack of demand pose major obstacles to the availability and expansion of family planning services.

Achievements, FY 86-89

- Pathfinder was among the first international family planning donors to support family planning initiatives in Bolivia, and is currently the largest donor among CAs.
- Collaboration with labor organizations in Bolivia, who have historically opposed family planning, is a significant achievement in the country and for The Pathfinder Fund.
- Private support of population research by the National Population Council (CONAPO) has led to small scale public-sector provision of contraceptive services.

Country Strategies for FY 90

- *Pathfinder will continue to support service delivery to under-served, indigenous, and rural populations.*

Pathfinder will continue to support family planning services and education to rural, primarily indigenous populations in Cochabamba, Santa Cruz, LaPaz, Oruro, and Potosi. Pathfinder will continue working with a private organization, CIES, that has added family planning to already existing health services for organized workers.

- *Pathfinder will support development of additional initiatives to increase grantee financial sustainability.*

After only one year of operation, three Pathfinder-supported clinics in Cochabamba are partially financed through the collection of service fees and the over-the-counter sale of contraceptives. As a result, Pathfinder support for the original clinics will be reduced and funds will be used to establish new services. This success is particularly exciting in Bolivia, which has an anti-family planning environment.

- *Pathfinder will support provider training in family planning to strengthen the quality of service delivery.*

Training in family planning is one of two key activities proposed for support with add-on funds from the A.I.D. Mission. Private and public sector physicians will receive training in contraceptive technology, using the medical school curriculum developed with Pathfinder support in Brazil. The training will be done in medical schools and through the professional medical association.

The second activity proposed for support with add-on funds is the dissemination of evaluation findings on population growth, female labor force participation, and reproductive behavior among indigenous populations. This activity is not part of a regional or country-specific CAW strategy and will be supported only in the event that add-on funds are awarded by the Mission to Pathfinder.

Portfolio Characteristics and Expected Outputs

BOLIVIA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	2
Number of Projects (Renew and New/Total)	2/4
Median Size of Projects (\$ in 000s)	109
Average Size of Projects (\$ in 000s)	107
Size Range of Projects (\$ in 000s)	85 - 125
Average Duration of Projects (months)	19
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	23,177
New Users	14,219
Persons Trained	140
Contribution to Prevalence (%)	1.29

Funding Summary by Project Type in FY 90

One hundred percent of CAW funds allocated in Bolivia will support service delivery projects.

b. Brazil (High Priority)

DEMOGRAPHIC INDICATORS, BRAZIL

Total Population (millions):	147.4	Annual Growth Rate (%):	2.0
Population Under 15 Years (%):	36	Total Fertility Rate:	3.4
Modern Method Contraceptive Prevalence (%):	56		

Major Issues

- Regional variations in TFR are marked between the northeast region (5.2) and the southern states like Rio de Janeiro (2.6).
- The method mix in Brazil reflects a high reliance on female VSC and orals, and low use of the IUD.
- In the last 10 years, age-specific fertility has dropped for all age groups except for 15-19 year-olds whose fertility rate has increased by 14 percent.
- Reductions in A.I.D. funding in Brazil, matched by a growing emphasis on financial sustainability, will present major challenges to CAs.

Achievements, FY 86-89

- Pathfinder is recognized for its leadership role in the support of family planning training in medical schools. The Brazilian medical school curriculum and training materials developed with Pathfinder support have served as models for other countries in the region.
- Pathfinder-supported research and family planning activities for young adults have resulted in a growing awareness among policy makers and service providers, and have reinforced the organization's lead role in adolescent reproductive health issues.

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Country Strategies for FY 90

In October 1989, a team comprised of Pathfinder field and headquarters' staff, and an external consultant with experience in strategic planning and financial management, traveled to Brazil to develop a long-term (five-year) program strategy. This strategy process addressed:

- *the impact of the current Pathfinder-supported program;*
- *the sustainability and replicability of service models;*
- *populations and regions with the greatest unmet demand for contraceptive services; and*
- *the management of fewer and larger multi-year projects.*

Preparatory work included an analysis of demographic trends and contraceptive services, a review of the strategies of other CAs working in the country, an assessment of Pathfinder's achievements to date, and a review of A.I.D.'s strategy for Brazil. The final strategy document will include Pathfinder's goals in Brazil, specific objectives, annual workplans, and estimates of project costs and technical assistance needs. The strategy will emphasize such areas as service delivery with provision of temporary methods including the IUD, leveraging of Pathfinder resources to NGOs, training of physicians in IUD insertion, quality of care, and commodities distribution. Pathfinder will focus its efforts on the northeast region. The final strategy will be completed by the end of 1989.

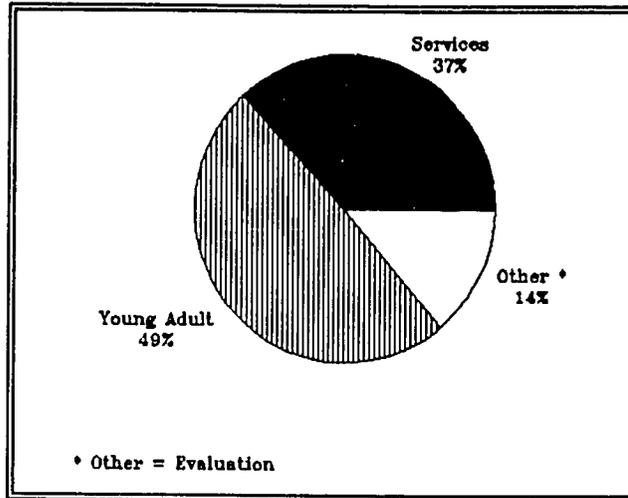
Portfolio Characteristics and Expected Outputs

BRAZIL PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	13
Number of Projects (Renew and New/Total)	3/14
Median Size of Projects (\$ in 000s)	55
Average Size of Projects (\$ in 000s)	106
Size Range of Projects (\$ in 000s)	35 - 546
Average Duration of Projects (months)	17
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	187,392
New Users	70,184
Persons Trained	2,194
Contribution to Prevalence (%)	0.08

Funding Summary by Project Type in FY 90

**BRAZIL ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



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c. **Colombia (Medium Priority)**

DEMOGRAPHIC INDICATORS, COLOMBIA

Total Population (millions):	31.2	Annual Growth Rate (%):	2.0
Population Under 15 Years (%):	36	Total Fertility Rate:	3.4
Modern Method Contraceptive Prevalence (%):	51		

Major Issues

- Despite the high national prevalence, there exists substantial unmet need in Colombia, particularly among women in marginal urban areas, young adults, and rural communities.
- Colombia's "mature" family planning program require technical assistance to increase the use of effective, reversible methods; improve quality of care; and improve financial sustainability.

Achievements, FY 86-89

- Pathfinder has supported PROFAMILIA's activities in training, CBD programs, clinic services, and sustainability. In 1986 the multi-service centers funded by Pathfinder provided almost five percent of PROFAMILIA's CYPs at a cost of less than \$5 per CYP.
- Pathfinder's contribution to improvements in the quality of family planning services in Colombia is unmatched. Through support of provider training, reference/training materials development, newsletters for paramedical staff, and conferences, Pathfinder has contributed to the development of local providers and has strengthened the capacity of in-country institutions.
- As a result of the growing strength of the local family planning program, Pathfinder will close its office and phase-out activities in FY 90.

Country Strategies for FY 90

- *Pathfinder will support family planning activities to reach under-served urban and rural populations.*

During FY 90, support will continue support for the large project with PROFAMILIA which serves five low prevalence regions through multi-service centers. This project provides more than 45,000 CYPs annually and is considered one of the more efficient and effective projects supported by Pathfinder. Other ongoing projects include clinic- and hospital-based services for the urban population in Cali.

- *Pathfinder will support provider training to improve the quality of care in the delivery of family planning services.*

Over the last two years, Pathfinder has supported efforts to integrate family planning into the nursing curriculum at four nursing schools, evaluated the training of MOH Health Agents, and supported user-perspective workshops for administrative staff of PROFAMILIA. In FY 90, Pathfinder will support the integration of family planning out-patient services at a university teaching hospital to facilitate practical training. With CAW funds, Pathfinder is actively supporting the production and promotion of a video on the user's perspective in family planning. "Calidad" will be used in CAW-funded training throughout the region to promote awareness among family planning providers.

- *Pathfinder will support activities to reach the high-risk young adult population.*

Pathfinder will continue support for urban, hospital-based family planning services for young post-partum women and clients referred from the community. A strong hospital-based education component complements the out-patient services.

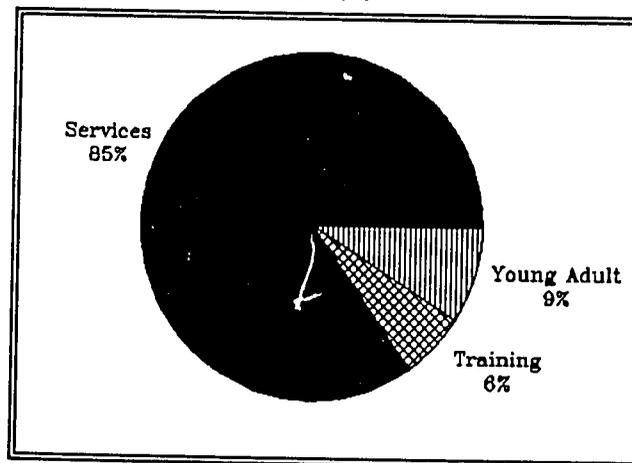
Portfolio Characteristics and Expected Outputs

**COLOMBIA PORTFOLIO CHARACTERISTICS
AND EXPECTED OUTPUTS
FY 90**

<u>Portfolio Characteristics</u>	
Number of Grantees	6
Number of Projects (Renew and New/Total)	2/10
Median Size of Projects (\$ in 000s)	29
Average Size of Projects (\$ in 000s)	42
Size Range of Projects (\$ in 000s)	12 - 147
Average Duration of Projects (months)	16
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	66,759
New Users	28,288
Persons Trained	167
Contribution to Prevalence (%)	0.17

Funding Summary by Project Type in FY 90

**COLOMBIA ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



d. **Ecuador (Medium Priority)**

DEMOGRAPHIC INDICATORS, ECUADOR

Total Population (millions):	10.5	Annual Growth Rate (%):	2.6
Population Under 15 Years (%):	42	Total Fertility Rate:	4.3
Modern Method Contraceptive Prevalence (%):	36		

Major Issues

- Ecuador's family planning program, in the "consolidation" phase, must focus on the under-served populations, including indigenous groups and young adults.
- The availability of a wide range of methods and appropriate counseling are quality of care issues which must be addressed.
- No CAW funds can be used by Pathfinder to support VSC projects in Ecuador.
- Experience indicates that the CBD model is an effective way to deliver family planning services. CBD projects can become more commercially oriented.

Achievements, FY 86-89

- Privately-funded initiatives to provide voluntary sterilization services have increased the range of methods available to Ecuadoran couples.
- Through support of innovative strategies to reach under-served populations in Ecuador, Pathfinder has distinguished itself as a specialist in rural CBD, especially among indigenous populations.

Country Strategies for FY 90

- *Pathfinder will continue to support family planning activities to reach under-served populations in rural areas.*

Pathfinder will continue support of a large, ongoing CBD project with APROFE (IPPF affiliate) in seven of the poorest rural provinces in the country. Future plans for this project include a reduction in activities in those rural areas which show increased prevalence, and shifting support to rural areas of greater need. The APROFE project currently generates 15 percent of its project costs through contraceptive sales. APROFE is one of the two major family planning NGOs in Ecuador. Their IE&C efforts for indigenous populations are especially notable.

Portfolio Characteristics and Expected Outputs

ECUADOR PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	1
Number of Projects (Renew and New/Total)	0/1
Median Size of Projects (\$ in 000s)	175
Average Size of Projects (\$ in 000s)	175
Size Range of Projects (\$ in 000s)	175
Average Duration of Projects (months)	24
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	30,523
New Users	40,697
Persons Trained	--
Contribution to Prevalence (%)	0.29

Funding Summary by Type of Project in FY 90

One hundred percent of CAW funds in Ecuador will support service delivery.

e. **Mexico (High Priority)**

DEMOGRAPHIC INDICATORS, MEXICO

Total Population (millions):	86.7	Annual Growth Rate (%):	2.4
Population Under 15 Years (%):	42	Total Fertility Rate:	3.8
Modern Method Contraceptive Prevalence (%):	45		

Major Issues

- Mexico's family planning efforts through the public and private sectors have resulted in a strong and expanding program at the beginning of the "consolidation" phase.
- In spite of high contraceptive prevalence, unmet need in the south, central, and border regions persists. Adolescents, poor, and rural populations face geographic and other obstacles to contraceptive services.
- Family planning programs in Mexico must explore ways to improve their technical and financial sustainability.

Achievements, FY 86-89

- Pathfinder is a pioneer in the delivery of family planning services and education to young adults. Pathfinder currently supports the first hospital-based, post-partum program in Mexico and has led the way among international donors in funding other service delivery models.
- Pathfinder was one of the early supporters of the CBD service model and demonstrated its effectiveness in reaching under-served populations. Once the value of this approach was recognized, the MOH added this strategy to its MCH services.
- Pathfinder supported the development of the first officially accepted family life education curriculum for all grade levels, which is currently implemented in the state of Nuevo Leon.

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Country Strategies for FY 90

- *Pathfinder will support family planning activities to reach under-served populations in urban and rural, low prevalence areas.*

The central, south, and border regions of Mexico are among the country's poorest and under-served areas. A large, ongoing project with MEXFAM (IPPF affiliate) provides CBD and clinic services to three rural states in Mexico. This project complements the efforts of MEXFAM's "medicos afiliados" ("affiliated physicians"), providing clients with access to long-acting methods.

With FEMAP, another local NGO, Pathfinder will support clinical and CBD services for poor refugee populations along the Guatemalan border and industry-based family planning in Ciudad Juarez.

- *Pathfinder will continue to support family planning information and services for high-risk young adults.*

Ongoing projects to reach this high-risk population include a hospital-based project delivering post-partum and outpatient family planning services, a community-based outreach program with FEMAP in Ciudad Juarez, and a small youth center in San Miguel de Allende.

- *Pathfinder will support activities to increase the financial and program sustainability of grantees.*

Of all of the Pathfinder-supported projects in Latin America, the projects in Mexico are the most persuasive examples of collaboration and cooperation between the public and private sectors. This multi-sectoral approach results in a more efficient and effective use of family planning resources. One public-sector hospital in Mexico City has recently assumed a majority of the cost of a post-partum project for young women, allowing Pathfinder to expand the program to other hospitals.

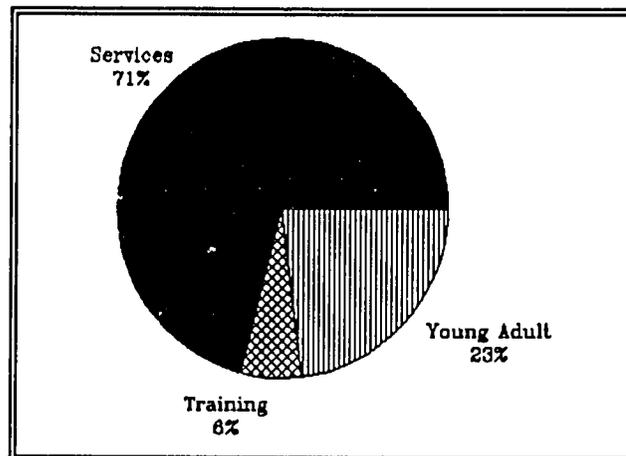
Portfolio Characteristics and Expected Outputs

**MEXICO PORTFOLIO CHARACTERISTICS
AND EXPECTED OUTPUTS
FY 90**

<u>Portfolio Characteristics</u>	
Number of Grantees	9
Number of Projects (Renew and New/Total)	3/16
Median Size of Projects (\$ in 000s)	46
Average Size of Projects (\$ in 000s)	62
Size Range of Projects (\$ in 000s)	7 - 232
Average Duration of Projects (months)	20
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	89,643
New Users	40,307
Persons Trained	5,830
Contribution to Prevalence (%)	0.08

Funding Summary by Project Type in FY 90

**MEXICO ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



142

f. Peru (High Priority)

DEMOGRAPHIC INDICATORS, PERU

Total Population (millions):	21.4	Annual Growth Rate (%):	2.1
Population Under 15 Years (%):	41	Total Fertility Rate:	4.4
Modern Method Contraceptive Prevalence (%):	23		

Major Issues

- Peru has a family planning program which is in the "growth" phase. Efforts must be made to continue the projects of private sector organizations so that they, in collaboration with the public sector, can meet the demand.
- The range of contraceptive method choices is still limited in Peru by the restricted access to VSC.
- Public-sector infrastructure for provision of contraceptive services is weak, requiring assistance to strengthen training, IE&C, and demand generation.
- There are growing opportunities for cost recovery in mature, urban-based CBD programs.

Achievements, FY 86-89

- Pathfinder, in collaboration with SOMARC, is exploring ways to transform urban and rural CBD programs and clinic programs into mini-retail ventures.
- A Pathfinder-supported family planning curriculum for young women (18 - 24 years) attending night school for domestic workers has been adopted by the Ministry of Education.
- Pathfinder has worked with The Population Council and several grantees in carrying out operations research projects to define the profile of the successful CBD worker and strategies to improve supervision.
- Pathfinder-supported projects have successfully provided services to low prevalence, indigenous communities.

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Country Strategies for FY 90

- *Pathfinder will provide support for innovative family planning activities to reach under-served populations in poor urban and rural areas.*

Pathfinder-supported activities for FY 90 will include three ongoing CBD projects with INPPARES, SMISSA, and LABOR, and a new pilot service delivery project in the Andean region. A new project with APROSAMI will support contraceptive service delivery in a rural, public sector hospital (MOH) in Huacho. The project also includes training in VSC for providers from the hospital.

Pathfinder will continue support for a hospital-based family planning project for young, post-partum women in the southern zone of Lima. Services will be complemented by in-school talks for young people.

- *Pathfinder will support activities to increase the financial and program sustainability of grantees.*

The multi-sectoral collaboration in the INPPARES CBD project will result in a shift of 20 percent of project cost to the municipalities served by the project. This collaboration between the private and public sectors reduces project costs and increases access to service delivery. This transfer of skills between the sectors is a growing trend as public acceptance of family planning increases.

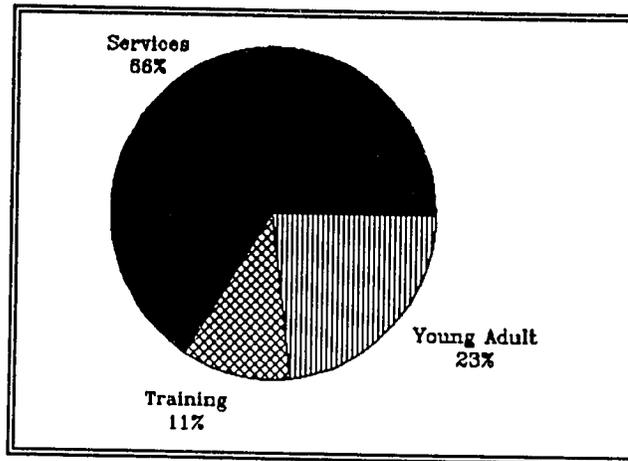
Portfolio Characteristics and Expected Outputs

PERU PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	8
Number of Projects (Renew and New/Total)	3/9
Median Size of Projects (\$ in 000s)	54
Average Size of Projects (\$ in 000s)	94
Size Range of Projects (\$ in 000s)	20 - 445
Average Duration of Projects (months)	19
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	131,511
New Users	50,581
Persons Trained	210
Contribution to Prevalence (%)	1.11

Funding Summary by Project Type in FY 90

**PERU ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



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LatAm South —
Summary Long Term Objectives
Annual Work Plan
FY 1990

Country: Bolivia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$235
 TOTAL PF: \$35

Total Services AID: \$0
 Total Services CAW: \$235
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP Trnd	Num Other Trnd		New Users	CYP Trnd	Num Other Trnd						
** SERVICES To increase coverage of fp services by private sector in selected locations	To continue a clinic & outreach program for Org Workers in mining areas of Bol									014-3	FP Services for Organized Workers	CAW	125 CEA	Grantee: CIES. 10/89. 18 mos.
	To provide clinic & CBD services in Cochabamba & Santa Cruz									013-3	FP Educ & Svcs in Cochabamba & Santa Cruz	CAW	110 CEA	Grantee: Centro Medico Cruz del Sur. 10/89. Other= persons informed. 20 mos \$ pending buy-in.
										014-2	FP Services for Organized Workers	CAW	0 CEA	Grantee: CIES. 10/88 - 9/89. 12 mos. Other = IE&C health consultations. \$85k.
										013-2	FP Educ & Svcs in Cochabamba & Santa Cruz	CAW	0 CEA	Grantee: Centro Medico Cruz del Sur. 10/88 - 9/89. 12 mos. Other= IE&C Health consult. \$107k.

14/6

Brazil
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Brazil
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$201
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$66
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90				FY 91								
	New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other						
** SERVICES To provide CBD and clinic service to underserved Northeast region	To provide fp services, commodities & TA thru private orgs- non-profit & others									065-1	Integrated FP Svcs- Algaos & Rio Grande do Norte	CAM	0 SLL JdC CIF	BENFAM.Combine 2 CRD projs in 2 NE states.Also grant to LA fp Cong & Survey. Other = IE&C \$176K.
	To provide svcs to poor pop in mining areas & to dvlp income generating actvs									066-1	CEPECS	CAM	0 JdC SLL CIF	Buy-in. 7/89 - 6/91. Joint activity with Enterprise. 24 mos. \$56K.
										060-1	Brazil FP Program with ABRANGE - Braz. Ass. of HMO	CAM	0 SLL JdC CIF	FY88. Renewal 9/89. Grantee: Promedica. \$67K. 12 mos.
										060-2	Brazil FP Program with Abrange- Braz. Ass.of HMOs	CAM	66 JdC SLL CIF	Buy-in. 12 mos. Renewal 9/89.
									049-1	Londrina	CAM	0 JdC SLL CIF	End 7/31/89. 24 mos. \$53K.	

14/1

Brazil
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Brazil
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$201
 TOTAL PF: \$0

Total Inst Dvpt AID: \$0
 Total Inst Dvpt CAW: \$0
 Total Inst Dvpt PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

INST DVPT
 To increase self
 sufficiency of PVOs

To provide core support
 to ABEPF

063-1 ABEPF Core Support CAW

0 JdC ABEPF. 1/89 -12/89. Other =
 SLL core support to incrs self
 CIF sufficiency. 20k buy-in.
 \$158K. 12 mos.

10/89

Brazil
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Brazil
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAV: \$201
 TOTAL PF: \$0

Total Other AID: \$0
 Total Other CAV: \$0
 Total Other PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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OTHER

Evaluation

058-1	Sao Paulo: Ad. Repro. Health Survey	CAM	0 JdC	Grantee: Bemfam. Ongoing. Ends 9/89. 15 mos. \$35K.
068-1	Regional and National Conference	CAM	47 JdC	Grantee: PF/Brazil. 9 mos.

11/1/89

Brazil
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Brazil
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$201
 TOTAL PF: \$0

Total Training AID: \$0
 Total Training CAW: \$0
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One	Year Two							
		FY 90	FY 91							

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

TRAINING

To provide theoretical & practical training for fp providers and managers

To encourage med schools to make fp official part of curriculum

8 062-1

FEBRASGO FP Exchange Program among Med Schools CAW

0 JdC 10/88 - 9/89. Grantee:
 CIF FEBRASGO. 12 mos. \$49K.
 SLL

LatAm North
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Colombia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$211
 TOTAL PF: \$0

Total Training AID: \$0
 Total Training CAW: \$12
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amnt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other			
	Improve training of health providers on fp issues					New	T&T Grant for Service Providers	CAW	12 AR APW	Grantee: PF/Colombia. 10/89. 12 mos.
						027-1	Refresher Course in Caldas	CAW	0 AR APW	Ongoing. 17 mos. \$17k. Servicio Seccional de Salud de Caldas, Manizales.

00 TRAINING

15/11

LatAm North
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Colombia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$211
 TOTAL PF: \$0

Total Yng Adult AID: \$0
 Total Yng Adult CAW: \$19
 Total Yng Adult PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt	TM	Comments/Technical Assistance
		Year One		Year Two							
		FY 90		FY 91							
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other			

88 YNG ADULT

021-3	Adolescent Unit Bogota Hospital	CAW	19 AR APW	Grantee: Hosp. Infantil. 12 mos. 3/89- 9/90.2 yr proj comnt. in FY89 split btwn fy89/90 alloc. \$45k
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Latin America —
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Mexico
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAN: \$350
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAN: \$250
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TR	Comments/Technical Assistance	
		Year One				Year Two									
		FY 90	FY 91			FY 90	FY 91								
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other								
** SERVICES To provide selective support for fp education/ service delivery to marginal pop	To serve pop groups w/major need of educ/svcs living in high priority areas									1	035-1	FP in Guerrero, Zacatecas & Hidalgo	CAN	0 EDH APW	MEXFAM w/SSA-DIF. 2 years: 1/89 - 12/90. Committed in FY 89. Ongoing. \$232K. 24 mos.
										2	032-2	Ext of "Fewer & Better" Rural Health in Hidalgo	CAN	0 EDH APW	AMIDEM-IMSS. Committed in FY 89. Ongoing. 12 mos. \$43K.
										3	023-3	Jocotepec Women's Development Center	CAN	0 EDH APW	Jocotepec w/SSA - IMSS-MEXFAM. 24 mos. : 11/88 - 10/90. Document experience. Comtd FY 89. \$16k.
										4	004-2	MIFPAC VSC Mobile Svcs in rural Chihuahua State	CAN	0 EDH APW	MIFPAC w/SSA. 1/89 - 12/89. Ongoing. \$44K. 12 mos.
										5	015-2	FP Program in Tapachula	CAN	0 EDH APW	FEMAP w/IMSS. 1.5 years: 7/88 - 12/89. \$54K. 18 mos.
										6	New	SSA Trng & Monitoring Activities in Priority States	CAN	140 EDH APW	DIPLAF/SSA. Formative Evaluation. Site visit ED/AR 01 1990. 18 mos.
										7	New	Svcs thru Industries by FEMAP & Public Sector	CAN	110 EDH APW	FEMAP with public sector. 18 mos.
										8	003-5	Nogales FP	CAN	0 EDH APW CIF	FEMAP. End 9/30/89. 18 mos. \$74 K.

199

Latin Am
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Mexico
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$350
 TOTAL PF: \$0

Total Training AID: \$0
 Total Training CAW: \$20
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Num Trnd	Other	New Users	CYP Num Trnd	Other			

88 TRAINING

9 New Travel & Training of Grantees to Exchange Exprncs CAW 20 EDH APW Pathfinder/Mexico. 7/89

154

Latin Am
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Mexico
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$350
 TOTAL PF: \$0

Total Yng Adult AID: \$0
 Total Yng Adult CAW: \$80
 Total Yng Adult PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Aant TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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YNG ADULT

To promote/increase
 educ/svc activities for
 young pop in repro health

To develop yng adult
 educ/svc strategies w/pvt
 & public institutions

10	036-1	CASA Inst Support & Repro Hlth Svcs for Yng Adults	CAW	40 EDH APW	CASA w/SEP-SSA. 30 mos.: 4/89 - 9/91. 35K committed in FY 89, total 75K arc to ongoing proj list
11	018-4	Extend Hosp-Based Post Partum/Post abortion Svcs	CAW	40 EDH APW	AMES w/SSA. 2 yrs: 10/89 - 9/91 24 mos.
	018-3	FP Educ & Services for High-Risk Women	CAW	0 EDH APW	Grantee: AMES. Committed FY88. Ends 9/89. \$48K. 14 mos.
12	001-5	Commun. Outrch Svcs for Yg Cpls in Ciudad Juarez	CAW	0 EDH APW	Grantee: FEMAP. \$51K. 12 mos.
13	016-3	LA Newsletter	CAW	0 EDH APW	End 6/30/90. \$7K. 24 mos.
14	025-2	FLE Manual	CAW	0 EDH APW	26 mos. \$49K. End 12/31/89.
15	028-1	Sex Ed. in Veracruz	CAW	0 EDH APW	\$18K. End 9/30/89. 24 mos.

15

LatAm Soc
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Ecuador
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAN: \$0
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAN: \$0
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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SERVICES

To incr avail & cov of fp
 svcs incl VSC in andean
 urban & coastal rural
 areas

To continue support for
 CBD in rural & poor urban
 underserved areas in
 coastal

003-6	CBD Program in 7 Provinces	CAN	0 MPA CIF CEA	Ongoing. Grantee: APROFE. 24 mos. 2/89 - 1/91. \$175K.
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LatAm Soul
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Peru
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$175
 TOTAL PF: \$0

Total Other AID: \$0
 Total Other CAM: \$20
 Total Other PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other		

OTHER

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To provide travel support to service providers	To participate in family planning workshops and conferences		New	Travel Grants	CAM	20 CEA	Grantee: PF/Lima. 7/89. 12 mos.
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LatAm Sou
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Peru
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$175
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$115
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance	
		Year One				Year Two									
		FY 90	FY 91			FY 90	FY 91								
		New Users	CYP Trnd	Num Other		New Users	CYP Trnd	Num Other							
** SERVICES To increase & improve fp svcs in underserved areas	To continue to support fp (emph on long-lasting mthds & sust) Lima -marg zones									012-3	FP Svcs in 20 Municipalities	CAM	0 JB CEA CIF	Ongoing. 7/89-12/90. 18 mos. Grantee: INPPARES. Other= IE&C, health consultations. 57k.	
										002-4	Community FP Svcs	CAM	0 JB CEA CIF	Ongoing. 6/89 - 5/91. 24 mos. Grantee: SMMISA. Other= health consultations. 445k.	
											008-2	Training, Educ & FP Svcs in Ilo	CAM	15 JB CEA CIF	18 mos incl Ext.1/90 - 6 mos. LABOR. Transfer proj to Govt. Other=IE&C & hlth consult. \$54k.
											New	FP Pilot Services in Andean Cusco	CAM	70 JB CEA CIF	10/89. Grantee: PLANIFAM. 21 mos. Pilot project in Andean area. Other=pamphlets, talks
											New	FP Services with MOH in Huacho	CAM	30 JB CIF CEA	11/89. Grantee: APROSAMI. Integrate public (clinic) & private sector (CBD). 12 mos
	To increase collaboration between public/private sectors														

LatAm South
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Peru
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$175
 TOTAL PF: \$0

Total Yng Adult AID: \$0
 Total Yng Adult CAM: \$40
 Total Yng Adult PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amnt TM	Comments/Technical Assistance
		Year One FY 90		Year Two FY 91						

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

YNG ADULT

	New		Edu & Svcs for Yng Adults in S. Lima	CAM	40 JB CIF CEA	9/89. Grantee: Hospital Maria Auxiliadora. 12 mos. With Peru Mujer.
	006-4		Ica: Integ FP & Educ Svcs	CAM	0 JB CEA CIF	Ongoing. Renewed 3/89. 24 mos. APRODEBIFAM. Other= health con 5 mos ext 2/91. 75%.
	018-1		Training & Evaluation in Repro. Health	CAM	0 JB CIF CEA	End 8/31/89. \$51K. 26 mos.

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Asia Region

FY 90 Country Strategies

Pakistan

Indonesia

ASIA REGION

a. Pakistan (High Priority)

DEMOGRAPHIC INDICATORS, PAKISTAN

Total Population (millions):	110.4	Annual Growth Rate (%):	2.9
Population Under 15 Years (%):	43	Total Fertility Rate:	6.5
Modern Method Contraceptive Prevalence (%):	7		

Major Issues

- Pakistan's family planning program is in the "pre-emergent" phase and is becoming stronger as a result of the political environment of the country, and the growing interest on the part of the government in reducing population growth.
- Provider training, greater investment in family planning infrastructure, and outreach efforts are required to generate and respond to the growing demand.
- Innovative and culturally-sensitive approaches to family planning are required to reduce male and religious opposition to contraceptive use.
- NGO involvement in service delivery has increased access to services for remote populations. The NGO sector requires technical and financial assistance to strengthen their capacity to respond to the unmet need.

Achievements, FY 86-89

- Pathfinder and the NGO Coordinating Council (NGOCC) have maintained a strong collaborative relationship that has served to foster the increased capacity of local NGOs to provide family planning services.
- Pathfinder has pioneered a successful CBD model in northern Pakistan.
- Two Pathfinder-supported training handbooks for fieldworkers and program managers have responded to the growing need for training materials in Urdu and English.

- Pathfinder pioneered two of Pakistan's first initiatives to increase male-involvement in contraceptive decision-making.

Country Strategies for FY 90

- *Pathfinder will support innovative strategies to involve men, private practitioners, and traditional birth attendants (TBAs) in the delivery of services to under-served populations in urban and rural areas.*

Pathfinder will continue to support ongoing male-involvement projects in Mardan (Northwest Frontier Province) and Gilgit (Northern Territories). The Mardan project has grown by increasing the number of male community workers and by adding five female community workers to the previously all-male teams. In Peshawar, the private practitioners project now includes 23 male and female physicians and plans expansion to Mardan and Swabi. Pathfinder will also support an initiative in Faisalabad to train TBAs to function as family planning motivators, referral agents, and distributors of non-clinical contraceptive methods.

- *Pathfinder will support training and the distribution of training materials to upgrade the quality of contraceptive services and information.*

In addition to staff trained through support of service delivery projects, in FY 90 Pathfinder will support a training-of-trainers project for nurse/nurse midwife tutors and support U.S.-based management training for two program managers from Pathfinder-supported projects. A project to update, revise, and develop training and reference materials is also planned. The Urdu/English-language *Family Planning Handbook for Field Workers* will be updated and distributed. Another practical handbook on project development and implementation for family planning managers will also be reprinted and distributed to respond to the unmet demand for reference material.

- *Pathfinder will support activities to strengthen the program and financial management capacity of local, family planning NGOs.*

In close collaboration with the NGOCC, Pathfinder will sponsor workshops for program managers and supervisors in such areas as project development and implementation, evaluation, reporting systems, and medical standards and guidelines for contraceptive service delivery.

Given the possibility of add-on funds from USAID/Pakistan, Pathfinder's contribution will evolve from pioneer to builder of strong family planning institutions in Pakistan.

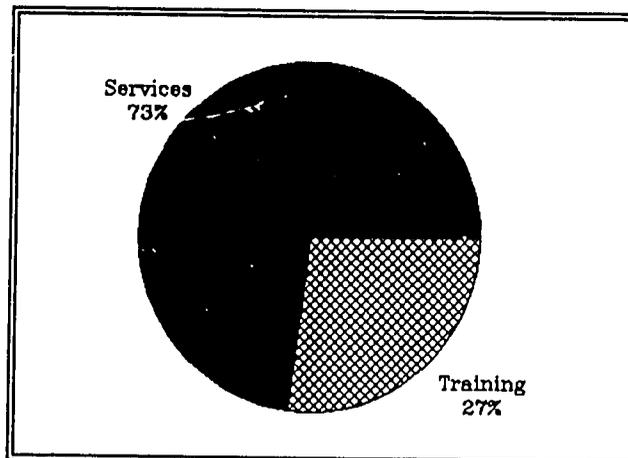
Portfolio Characteristics and Expected Outputs

PAKISTAN PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	7
Number of Projects (Renew and New/Total)	3/9
Median Size of Projects (\$ in 000s)	37
Average Size of Projects (\$ in 000s)	54
Size Range of Projects (\$ in 000s)	11 - 217
Average Duration of Projects (months)	19
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	60,715
New Users	27,597
Persons Trained	2,586
Contribution to Prevalence (%)	0.22

Funding Summary by Project Type in FY 90

PAKISTAN ALLOCATIONS OF CAW FUNDS BY PROJECT TYPE FY 90



b. **Indonesia (Medium Priority)**

DEMOGRAPHIC INDICATORS, INDONESIA

Total Population (millions):	184.6	Annual Growth Rate (%):	2.0
Population Under 15 Years (%):	39	Total Fertility Rate:	3.5
Modern Method Contraceptive Prevalence (%):	44		

Major Issues

- Indonesia's family planning program is at the level of "consolidation". The family planning program is considered one of the most successful in the world in spite of the absence of a formal population policy.
- While national contraceptive prevalence is high, use in some rural regions remains low. Demand generation and CBD activities should be emphasized.
- Improved counseling and a wide range of contraceptive options are needed in the program to increase continuation rates and accommodate the needs of method switchers.
- Programs aimed to increase the age of marriage and childbearing should be emphasized for the large young population.

Achievements, FY 86-89

- Pathfinder has worked for 22 years in Indonesia and has contributed to increased acceptance and use of family planning through support of challenging and innovative programs.
- The floating family planning clinic, a Pathfinder innovation, has been replicated throughout the country. Over 35 boats now provide services to an estimated 200 communities living along the numerous waterways of the archipelago.
- Pathfinder support of management training and service delivery with women's groups has resulted in stronger, more capable, local institutions operated by and for women.
- Pathfinder's support of initiatives to reconcile Islam and family planning have resulted in greater acceptance of family planning by religious leaders and followers.

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Country Strategies for FY 90

The "pathfinding" heritage of the organization is best represented by the achievements in Indonesia. Pathfinder has responded quickly and courageously, amassing the appropriate combination of organizations, funding, and timing. Pathfinder's work has complemented the efforts of the BKKBN by identifying special needs not met by the national program.

- *Pathfinder will support innovative activities to reach under-served populations with low contraceptive use in remote areas.*

Through FY 91, Pathfinder will continue support of two ongoing floating clinic projects. A manual describing the floating clinic model and program requirements for its replication has been prepared and will be ready for distribution in January 1990.

- *Pathfinder will support activities to increase the level of family planning acceptance among Islamic groups.*

A project to train religious leaders in family planning will continue during FY 90. This project is one of several Pathfinder initiatives to increase acceptance of family planning issues and reconcile it with the tenets of Islam.

- *Pathfinder will support family life education (FLE) activities to provide young adults with accurate and appropriate information on fertility and reproduction.*

The Indonesian Population and Environment Education Association will receive support to initiate an FLE project during FY 90.

Pathfinder will also support a new project during the phase-out period to conduct three AIDS workshops. No currently committed, ongoing projects will be renewed. Pathfinder will concentrate its efforts on technical assistance to ongoing projects and documenting experiences and lessons learned.

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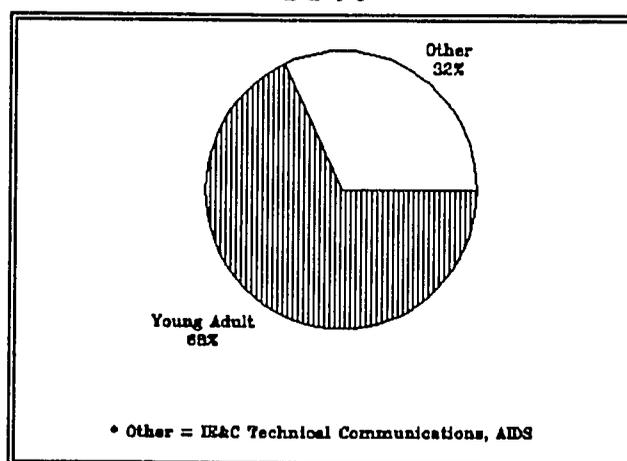
Portfolio Characteristics and Expected Outputs

INDONESIA PORTFOLIO CHARACTERISTICS AND EXPECTED OUTPUTS FY 90

<u>Portfolio Characteristics</u>	
Number of Grantees	6
Number of Projects (Renew and New/Total)	2/10
Median Size of Projects (\$ in 000s)	22
Average Size of Projects (\$ in 000s)	34
Size Range of Projects (\$ in 000s)	7 - 101
Average Duration of Projects (months)	21.4
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	500
New Users	605
Persons Trained	694
Contribution to Prevalence (%)	0

Funding Summary by Project Type in FY 90

INDONESIA ALLOCATIONS OF CAW FUNDS BY PROJECT TYPE FY 90



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Asia
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Indonesia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$110
 TOTAL PF: \$40

Total Other AID: \$0
 Total Other CAW: \$35
 Total Other PF: \$40

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other					
** OTHER														
† Tech. Com.	To promote replication of floating clinics									040-1	Floating Clinic Manual	CAM	0 DS KE	24 mos. 13k. End: 9/30/89.
† Subsubtotal †														
† IE&C	To secure the right to family planning									New	Population Law	PF	40 DS KE	8/89.
† Subsubtotal †														
† AIDS	To take preventive action before AIDS becomes widespread									New	AIDS Awareness Follow-up	CAM	35 DS KE	11/89. Indo Public Health Assoc. 24 mos.
† Subsubtotal †														
† IE&C										052-1	Orientation Seminar for Religious Leaders on FP	CAM	0 DS KE	6 mos. \$30K.

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Asia
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Indonesia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$110
 TOTAL PF: \$40

Total Services AID: \$0
 Total Services CAW: \$0
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

	New	CYP	Num	Other	New	CYP	Num	Other
	Users		Trnd		Users		Trnd	

SERVICES

To make services more available in hard-to-reach areas

To provide floating clinics to serve people living in islands and around lakes

046-1	Floating Clinic: Riau	CAW	0 DS KE	10/88. 2 years. BKKBN. On-going. 32 mos. 18k.
047-1	Floating Clinic: Lake Poso	CAW	0 DS KE	11/88 - 1/91. 27 mos. BKKBN. 15k.
042-1	1ma Urban Women's Clinic	CAW	0 DS KE	Indonesian midwives. 24 mos. \$26k.
043-1	FP Floating Clinic W. Kali-Mantam III	CAW	0 DS KE	BKKBN. 15 mos. \$17k.
032-1	FPHA Urban FP Clinics	CAW	0 DS KE	End 7/31/89. 26 mos. \$101k.

Asia
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Indonesia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$110
 TOTAL PF: \$40

Total Training AID: \$0
 Total Training CAW: \$0
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Aamt TM	Comments/Technical Assistance	
		Year One		Year Two							
		FY 90		FY 9i							
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other				
88 TRAINING To increase private sector participation through training	To train Koran Reading Group Leaders in family planning						038-2	Zawrodj Refresher Training	CAW	0 DS KE	Zawrodj Foundation. 2/89 - 1/90. 12 mos. 7k.

Asia
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Indonesia
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$110
 TOTAL PF: \$40

Total Yng Adult AID: \$0
 Total Yng Adult CAM: \$75
 Total Yng Adult PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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YNG ADULT

To affect attitudes before young people become sexually active

To educate young people about sexuality & FP before they are married

New	Family Life Education Project	CAM	75 DS KE	11/89. Indo Pop & Environ Assoc. 24 mos.
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To find out current attitudes and practice among young people

015-1	Adolescent Survey: Bali & Java	PF	0 DS KE	On-going.
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Asia
Summary Long Term Objectives
Annual Work Plan
 FY 1990

Country: Pakistan
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$130
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAW: \$83
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90	FY 91			FY 90	FY 91							
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other							
## SERVICES To provide FPS through NGOs to increase availability of fp in underserved areas To translate, print and update FP Fieldworker Handbook & Manual on Project Dev To extend fp svcs through CBD To provide fp svcs in isolated, underserved areas To have fp svcs available from physicians in private practice To elicit male support for FP	To provide FP svcs in urban Faislabad with TBAs								New	FP through TBAs - Faislabad	CAW	50 IK KE PRG	Grantee: Maternity & Child Welfare Soc. 18 months. Begin 12/89.	
									New	Publications	CAW	33 IK KE CIF	Grantee: Pathfinder. 10/89. 12 months.	
									011-1	FP through GP, Lahore	CAW	0 IK KE CIF	12 mos. \$12k. 10/88-9/89.	
									014-1	CBD Gilgit and Lahore	CAW	0 IK KE	Renewal FY91. FPAP. 1/89 - 12/90. 24 mos. 217k + amendment.	
									008-2	CBD Darsanno Channo	CAW	0 IK KE	Renewal FY91. 5/89 - 4/91. 24 mos. 18k.	
									001-3	FP with Community Involvement	CAW	0 IK KE	12/88 - 12/89. 12 mos. 11k.	
									010-2	FP through Private Practitioners- Peshawar	CAW	0 IK KE	Renewal FY91. 8/89 - 7/91. 24 mos. 47k.	
									009-2	FP with Male Involvement- Mardan	CAW	0 IK KE	Renewal FY91. 5/89 - 4/91. 24 mos. 89k.	

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Asia
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Pakistan
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$150
 TOTAL PF: \$0

Total Training AID: \$0
 Total Training CAM: \$67
 Total Training PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs								PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One				Year Two								
		FY 90				FY 91								
		New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other					
** TRAINING To increase the number of FP providers	To support training of 80 trainers in nursing									New	Training Nursing Tutors in FP	CAM	27 IK KE PRG	Grantee: Pakistan Nurses Foundation (NWFP). 18 months. 12/89. Renewal FY91.
	To train 2 key FP in management									Amd	Amendments for Travel and Training	CAM	40 IK KE PRG	Amendment to 014, 00B. 12 months. Grantee: Suleiman and Ashraf. 4/90. Deob from 013=40K

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Near East Region

FY 90 Country Strategies

Turkey

Egypt

Yemen

Jordan

NEAR EAST REGION

a. Turkey (High Priority)

DEMOGRAPHIC INDICATORS, TURKEY

Total Population (millions):	55.4	Annual Growth Rate (%):	2.2
Population Under 15 Years (%):	37	Total Fertility Rate:	3.7
Modern Method Contraceptive Prevalence (%):	24		

Major Issues

- The family planning program in Turkey is in the "growth" phase.
- Continued reliance on less effective methods is a challenge for the program. In 1983, 30 percent of women at risk of pregnancy were using withdrawal as their primary method of preventing pregnancy.
- Efforts to improve provider competence, counseling skills, and program management are necessary to meet the growing demand for services, and to encourage current users towards more effective reversible and permanent methods.

Achievements, FY 86-89

- Pathfinder support of the Midwifery School Family Planning Curriculum Project has resulted in the training of 5,000 additional family planning providers in Turkey.
- Pathfinder has made a significant contribution to strengthening the private sector delivery of contraceptive services. Three private sector organizations have benefitted from Pathfinder's support and technical assistance, and are currently active in service delivery.
- Pathfinder's support of work-based contraceptive services and information has resulted in the delivery of family planning services in over 21 work sites.

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Country Strategies for FY 90

- *Pathfinder will support innovative activities to reach under-served populations with low contraceptive use in urban and rural areas.*

Pathfinder will commit CAW funds to two new projects and one renewal service delivery project in Turkey during FY 90. CBD and clinic-based strategies will be used to provide services to hard-to-reach populations in the central and eastern regions of the country, and to communities where acceptance of family planning is low. A VSC project at the Ankara Social Security Hospital will also continue to receive support.

- *Pathfinder will support activities to upgrade the quality of contraceptive services and to increase access.*

Support for training in contraceptive technology for health providers directly enhances the quality of service delivery and the management of programs to ensure client satisfaction. Pathfinder supports two ongoing projects to train health providers and trainers at the Ministry of Health. Members of the labor organization TESK will receive training in family planning service delivery through one new and one ongoing project.

- *Pathfinder will support activities to increase the financial and family planning program sustainability of local organizations.*

Cost-recovery schemes to increase financial sustainability are an important component of the Integrated Family Planning/Maternal and Child Health Project with the TFHPF in Istanbul.

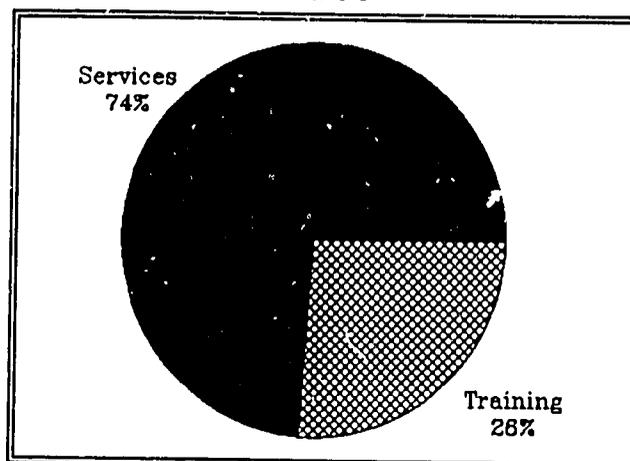
Portfolio Characteristics and Expected Outputs

**TURKEY PORTFOLIO CHARACTERISTICS
AND EXPECTED OUTPUTS
FY 90**

<u>Portfolio Characteristics</u>	
Number of Grantees	9
Number of Projects (Renew and New/Total)	5/15
Median Size of Projects (\$ in 000s)	112
Average Size of Projects (\$ in 000s)	106
Size Range of Projects (\$ in 000s)	15 - 225
Average Duration of Projects (months)	20
<u>Expected Outputs FY 90-91</u>	
CYPs Distributed	25,000
New Users	13,890
Persons Trained	18,050
Contribution to Prevalence (%)	0.13

Funding Summary by Project Type in FY 90

**TURKEY ALLOCATIONS OF CAW FUNDS
BY PROJECT TYPE
FY 90**



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b. **Egypt Add-on (High Priority)**

DEMOGRAPHIC INDICATORS, EGYPT

Total Population (millions):	54.8	Annual Growth Rate (%):	2.8
Population Under 15 Years (%):	37	Total Fertility Rate:	5.3
Modern Method Contraceptive Prevalence (%):	29		

With add-on funds to the CAW, and in collaboration with Ernest Petrich Associates, Pathfinder is providing technical assistance to the Egyptian Ministry of Health to carry out the activities of the System Development Project. Technical assistance will include training for master trainers, supervisors, providers, and managers; developing management systems and written procedures; and developing skills in project design, implementation, evaluation, and information systems. In FY 90, Pathfinder will spend an estimated \$416,719 in Egypt.

In a separate add-on agreement with the Mission, Pathfinder is collaborating with the Margaret Sanger Center to provide technical assistance over a four-year period to the Clinical Services Improvement (CSI) Project. The goal of the CSI project is to reduce Egypt's fertility rate by increasing the number of family planning users served through the clinics of the Egyptian Family Planning Association. To achieve this goal, the project is introducing modern management systems and establishing 258 new and/or upgraded clinics throughout Egypt. By the end of the project, 18 primary centers, 120 full-time subcenters, and 120 part-time subcenters will be established; an effective community outreach strategy will be active; and a fee-for-service mechanism will be in place. It is estimated that approximately 1.7 million new acceptors of contraceptive methods will be reached by this project. An estimated \$423,602 will be spent on the CSI project during FY 90.

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c. **Yemen Add-on (Medium Priority)**

DEMOGRAPHIC INDICATORS, YEMEN

Total Population (millions):	6.9	Annual Growth Rate (%):	3.5
Population Under 15 Years (%):	49	Total Fertility Rate:	7.7
Modern Method Contraceptive Prevalence (%):	1		

Pathfinder is providing technical assistance through a project advisor and Pathfinder staff to the Midwifery Training Program of the Health Manpower Institute (HMI) in Hodeidah. The Midwifery Training Program is a three-year program, with a total of 25 midwife trainees (13 first year and 12 second year students). The purpose of this project is to strengthen the HMI's institutional capacity to provide high-quality family planning/maternal child health training. Ten HMI midwifery tutors are participating in a series of workshops for curriculum development and revision, development of teaching modules, as well as training workshops to develop theoretical and practical skills in new teaching methodologies and outreach approaches. The revised curriculum and training approach will be used in the HMIs in Sana'a, Taiz and Ibb. In addition to the emphasis on contraceptive technology, service delivery, and counseling, providers will receive training in the referral process. This program will continue in FY 90 using approximately \$165,000 in add-on monies.

d. **Jordan Add-on (Medium Priority)**

DEMOGRAPHIC INDICATORS, JORDAN

Total Population (millions):	4.0	Annual Growth Rate (%):	3.5
Population Under 15 Years (%):	46.0	Total Fertility Rate:	6.2
Modern Method Contraceptive Prevalence (%):	21		

The Pathfinder Fund was recently awarded an add-on to the CAW to provide technical assistance to the Jordan Association for Family Planning and Protection (JAFPP). In collaboration with the Margaret Sanger Center, Pathfinder will provide short-term technical assistance to increase access, improve the quality of family planning services, strengthen the management structure of the JAFPP, and develop a plan for financial self-sufficiency.

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Pathfinder enters this project in the third year of a five-year period. Activities to support clinical services include design and delivery of in-service training courses for clinic staff; technical monitoring of the quality of service delivery; and assistance in design and implementation of a feasibility study for clinic expansion and alternate service strategies. These efforts will assist the JAFPP to reach its service delivery goal of a 10 percent increase in client volume per year per clinic. Management interventions include management training courses for members of the national management team and strategic planning. In order to achieve financial sustainability, the JAFPP will explore cost-recovery schemes and seek funding from local resources. Pathfinder will spend an estimated \$228,000 in FY 90 on this project.

Middle East
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Turkey
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$437
 TOTAL PF: \$0

Total Services AID: \$0
 Total Services CAM: \$325
 Total Services PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other			

SERVICES

To provide fp educ & svcs
 in the central & eastern
 regions of Turkey

To provide fp services
 where resistance to fp
 has been identified

021-1	TFHPH: Integ FP/MCH Income Gen Clinic: Istanbul	CAM	0	TGK PRG PH	Ongoing. 6/88 - 5/90. Grantee: TFHPH. 24mos. 171k.
022-1	Voluntary BSC Svcs at Ankara Soc Sec Hospital	CAM	0	TGK PRG PH	Ongoing. Grantee: Ank Soc Sec Hospital. 5/89 - 4/91. 24 mos. 95k.
027-1	CBD FP Services in Izmir	CAM	0	TGK PRG PH	Ongoing. Grantee:HRDF. 3/89 - 2/91. 24 mos. 131k.
New	FP Educ & Services in Central & Eastern Turkey	CAM	225	TGK PRG PH	Grantee: Human Resource Development Foundation. 18 mos.
New	FP Educ & Services in Resistant Communities	CAM	100	TGK PRG PH	Grantee: Human Resource Development Foundation 18 mos.
025-1	Women's Foundation CBD Program	CAM	0	TGK PRG PH	Ongoing. FARM. 12/88 - 11/90. 24 mos. 142k.

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Middle East
Summary Long Term Objectives
Annual Work Plan
FY 1990

Country: Turkey
Date: 09/27/89

TOTAL AID: \$0
TOTAL CAW: \$437
TOTAL PF: \$0

Total Training AID: \$0
Total Training CAW: \$112
Total Training PF: \$0

Long Term Objectives 1985-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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TRAINING

019-1	TESK Members in Konya and Eskisehir	CAM	0 T6K PR6 PH	Ongoing. Grantee: TESK. 12/88 - 1/90. 24 mos. 113k.
019-2	TESK Members in Konya and Eskisehir	CAM	112 T6K PR6 PH	Renewal. 18 mos. Grantee: TESK. 2/90
028-1	Contr. Tech Update Workshop for MDH Trainers	CAM	0 T6K PR6 PH	Ongoing. Grantee: 3/89 - 11/89. 8 mos. 15k.
030-1	Trng of Medical Personnel in Contra. Tech	CAM	0 T6K PR6 PH	Ongoing. Grantee: PF/Turkey. 8/89 - 9/91. 25 mos. 181k.

1/27

Middle East
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Turkey
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAM: \$437
 TOTAL PF: \$0

Total Inst Dvpt AID: \$0
 Total Inst Dvpt CAM: \$0
 Total Inst Dvpt PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						
		New Users	CYP Trnd	Num Other	New Users	CYP Trnd	Num Other			

** INST DVPT
 To provide institutional
 development support to
 the TFHFF

011-2 Extension of Core
 Support for TFHFF CAM 0 T6K
 PRG Ongoing. Grantee: TFHFF.
 PH 3/88 - 2/90. 24 mos. 150k.

1989

Middle East
 Summary Long Term Objectives
 Annual Work Plan
 FY 1990

Country: Turkey
 Date: 09/27/89

TOTAL AID: \$0
 TOTAL CAW: \$437
 TOTAL PF: \$0

Total Other AID: \$0
 Total Other CAW: \$0
 Total Other PF: \$0

Long Term Objectives 1986-1990	Short Term Objectives FY 90	Projected Outputs				PIN	Project Name	Source Fund	Amt TM	Comments/Technical Assistance
		Year One		Year Two						
		FY 90		FY 91						

New Users	CYP	Num Trnd	Other	New Users	CYP	Num Trnd	Other
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OTHER

IE&C

005-3	Printing & Distrib of Booklets for Newlyweds	CAN	0 TGK PRG PH	Ongoing. Grantee: CHFT. 4/89 - 3/90. 12 mos. 32k.
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023-1	FP Info in Six Workplaces	CAN	0 TGK PRG PH	Ongoing. Grantee: TFHPF. 3/89 - 2/91. 24 mos. 38k.
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Subsubtotal

Evaluation

014-2	Impact of Comp FP/MCH Prog in Squatter Area	CAN	0 TGK PRG PH	Ongoing. Grantee: ICH. 7/89 - 6/91. 24 mos. 41k.
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029-1	Survey of Fert Behavior/Contra use in Wom. 6 provinces	CAN	0 TGK PH	6/89 - 11/89. 6 mos. 43k. Grantee: FARM.
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