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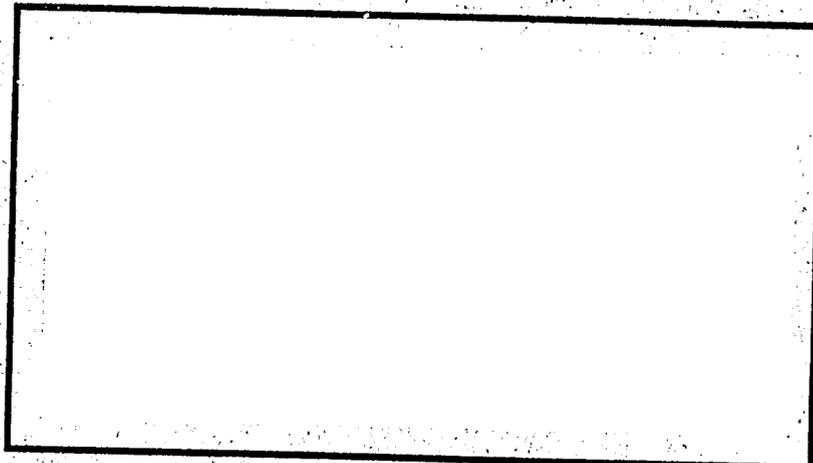
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OPERATIONAL RESEARCH
FOR FAMILY PLANNING PROGRAMS
WITH COLUMBIA UNIVERSITY'S
CENTER FOR POPULATION AND FAMILY HEALTH

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EXECUTIVE SUMMARY

A. SCOPE OF WORK

AID's four-year contract with the Center for Population and Family Health (CPFH) (AID/pha-C-1107) is scheduled to terminate June 30, 1979 and required an assessment of the achievement of objectives.* Chai Bin Park, M.D., Roger Rochat, M.D., and Gaines Turner, BS., were briefed by AID/W staff December 1, spent five days (December 4-8) at Columbia University, one day (December 11) drafting a preliminary report at APHA and one day (December 12) presenting the preliminary report to AID/W staff. This is the first report of our findings.

B. MAJOR FINDINGS AND RECOMMENDATIONS

1. The AID contract with CPFH is broad, but our assessment is that CPFH has met or exceeded all conditions of the contract in a completely satisfactory manner. However, PL 95-224 and OMB's regulations (Federal Register 43(161):368600-36865, 1978) imply that the contract mechanism is inappropriate for further assistance to CPFH. We recommend that further assistance be provided through a 3-5 year grant funded annually in advance.
2. Changes in CPFH staffing during this contract have been, in general, consistent with the objectives of the AID contract. Responsibilities for specific tasks within the organization have been systematically and periodically conducted in the past. Such evaluations would be facilitated by: 1) personnel job descriptions; 2) explicit identification of staff responsibilities; 3) criteria for performance evaluation; and 4) centralized personnel files.
3. AID currently provides about 50% of the CPFH annual budget. We feel that no organization should receive substantially more than 50% of its funding from a source outside its parent structure--or it will run the risk of losing its own managerial control and its ability to make scientific decisions which are not influenced by the donor agency.
4. Over the past four years CPFH has clearly increased its predominant capability to assist other countries through professionally talented, multilingual, multidisciplinary staff who are highly motivated and sensitive to host materials. However, CPFH has no career epidemiologist and only one half-time health statistician. An increase in these quantitative skills would be useful in designing, conducting, and analyzing evaluative data on family planning activities in developing countries.
5. Numerous scientific papers have been published and reports to AID have, in general, been timely. However, semi-annual reports to AID are lengthier than the 15 pages required by contract and do not succinctly present contractually-required substantive information. We suggest that shorter, more succinct and substantive reports might improve communications between CPFH and AID. We anticipate that stabilization of CPFH organization should lead to increased productivity and improved quality of reports.

*The complete scope of work for their evaluation is attached to the report.

6. During the past three years operations research projects have been initiated in Asia (Bangladesh, Thailand), Latin America (Mexico, Guatemala, Haiti, Peru, Brazil), and Africa (Nigeria, Sudan). Operations research protocols were difficult to identify and were more "operational" than "research." Three projects were proposed but withdrawn (Bangladesh, Philippines, Columbia). Reasons for withdrawal included recognition that other international advisory groups were already performing adequately and disagreement of two senior local officials on visit protocol. We recommend that CPFH continue their present activities in initiating and evaluating innovative contraceptive distribution systems. We recommend that CPFH identify explicitly (in writing) its operational research protocols and subject them to critical review internally.

7. AID-contract supported resident advisors have been assigned to Ministries of Health in two countries: Thailand and Haiti. Financial support for these resident advisors is greater than support for U.S. based short-term overseas advisors. However, we assessed both advisors to be making important contributions which could not have been made by short-term advisors or host country nationals. We do feel, however, that commensurate financial support could be used to recruit, hire, train, and support host country nationals and that this alternative should be given consideration in Thailand.

8. The CPFH library performs a number of unique roles, but AID has supported it chiefly because of its contribution to POPINFORM. We recognize the importance of information retrieval in program evaluation and operations research, but recommend that POPINFORM be independently evaluated to identify potential users and user satisfaction. We recommend continued support of POPINFORM as an important contribution to the development of POPLINE.

9. The most important evaluation - the evaluation of the impact of CPFH's activities on fertility and health - cannot be readily conducted at this time because: a) many of the programs and research activities have only recently started; b) the effect of these activities cannot be readily distinguished from the effects of many concurrent activities; and c) this evaluation team had limited time and resources. However, our site visit to Haiti, our discussion of Tony Bennett's advisory work in Thailand and information obtained about CPFH's work in Latin America led us to conclude that the activities being undertaken should contribute to lower fertility and improved health. We do recommend periodic re-evaluation and documentation of further evidence of impact.

I. INTRODUCTION

AID's four-year contract with the Center for Population and Family Health (CPFH) (AID/pha-C-1107) is scheduled to terminate June 20, 1979 and required an assessment of the achievement of objectives.* Chai Bin Park, M.D., Roger Rochat, M.D., and Gaines Turner, B.S., were briefed by AID/W staff December 1, spent five days (December 4-8) at Columbia University, one day (December 11) drafting a preliminary report at APHA and one day (December 12) presenting the preliminary report to AID/W staff. This is the first report of our findings.

II. CONTRACT WITH AID

A. Work Scope

The work scope is broad and does not specify explicit objectives against which performance can be readily compared. Activities and achievements may be described and subjectively evaluated according to the experience of the evaluation team.

Basically the contract calls for the Center to render technical assistance to and conduct operational research for developing-world government, quasi-government, and non-government organizations on a broad range of activities related to population and family planning but primarily on contraceptive distribution programs. See Exhibit D for a listing of projects completed or ongoing during the 15-month period ending September 30, 1978. All of the Center's projects were concerned with specific LDC problems. The contract specified that a minimum of 200 person-days should be spent overseas. In the last 15 months, the staff spent almost 5 person-years overseas, of which 4½ were funded from AID/pha-C-1107.

The contract requires emphasis on activities in Latin America. Of the 28 projects of the Center, 16 or almost 60% are in Latin America.

Amendment to the original contract calls for basing a public health physician/administrator in Bangladesh, and advisors in Thailand, Haiti, and Colombia.

The Center developed the project for Bangladesh and presented it to the Minister of Population and Family Planning for approval. The Minister refused to permit the Center to go ahead with the project because, in his opinion, proper protocol had not been observed during visits of Center personnel to Bangladesh. While it is imperative that the personnel of United States organizations observe protocols of the local culture when overseas, the alleged failure of the Center personnel could have been avoided only by prior knowledge of the Minister's affiliation with professional organizations. Briefing USAID missions personnel on TDY objectives and activities and obtaining pertinent information from USAID missions should prevent most breaches of protocol, but specialized intelligence type activity seems inappropriate for an organization such as the Center. No further action has been or can be taken on the Bangladesh project as originally conceived.

*The complete scope of work for this evaluation is attached to this report.

A regional representative (Torres) was based in Columbia with Maternal and Child Health August 1976 - December 1977 and provided general technical assistance, especially in training activities and in assisting with AID funded Population Council CBD activities.

In both Thailand and Haiti projects were started, and representatives of the Center are based in Bangkok and in Port-au-Prince.

It is the conclusion of the Team that:

1. The Center has satisfactorily met the conditions of the contract.
2. The Center should continue to assess its technical assistance role in light of what other international agencies are doing.

B. Form of Agreement with AID

Since AID/pha-C-1107 was executed, Congress has changed the law prescribing types of agreements between the U.S. Government and others. The Office of Management and Budget, which is responsible for regulations for implementation of the new law, has promulgated the appropriate regulations and AID has updated its instructions accordingly. Government support to the Center is to assist in the provision of services to organizations in developing countries, not to purchase goods or services for the U.S. Government.

It is the conclusion of the Team that a grant to the Center would be a more appropriate form of agreement with the Center.

C. Funding Cycles

The Center is part of Columbia University and must operate under the policies of that organization. Funding under AID/pha-C-1107 has been provided at irregular intervals and for as little as three months at a time. University administrators are reluctant to permit the Center to make commitments to staff (which by University policy must be for at least one year at a time) without contingency plans. This absorbs energies of the Center in non-productive work.

It is the conclusion of the Team that funding for the Center should continue to be provided by AID but via a grant for three to five years with annual funding made available in June of each year. This will coincide with the fiscal year of the University and permit longer range planning and improved efficiency.

III. OBJECTIVES OF THE CENTER FOR POPULATION AND FAMILY HEALTH

The objectives of the Center for Population and Family Health (CPFH)¹ are:

1. To help developing countries create, implement, manage, and evaluate new approaches to the delivery of family planning in maternal, child, and family health services for low-income groups in rural and urban areas. On a broader scale, to help increase understanding of the complexity of population, health, and other development problems, and to contribute to policy formulation.
2. To develop a workable, high-quality program of reproduction and sexual health care for women in the obstetrical and gynecological clinics of the Columbia-Presbyterian Medical Center with an initial focus on adolescents, a particularly high-risk group. More specifically, to make this program a community responsive one, which emphasizes the social and emotional aspects of health care, as well as the physical, and which provides education and counseling services both in the clinics and in the community.
3. To generate and maintain a broad and general program of research devoted to the problems of adolescent sexuality, pregnancy, and contraceptive practice with an emphasis related to the delivery of services to this group.
4. To provide courses leading to master's and doctoral degrees in Population and Family Health for students in the School of Public Health and to introduce the social and preventive aspects of these fields to students from the other health science and faculties.

¹Rosenfield, Allan, 1977-78 Annual Report, Center for Population and Family Health, College of Physicians and Surgeons, Columbia University

IV. SOURCES OF FUNDS

During the fiscal year 1978, CPFH received funds from the following sources in the amounts shown:

<u>Donor</u>	<u>Amount</u>	<u>Percent of Total</u>
Agency for International Development	\$666,567	45.7
Health, Education, and Welfare	261,982	17.9
Rockefeller Foundation	150,755	10.3
Clinic Fees	99,956	6.8
Mellon Foundation	64,895	4.4
Pan American Health Organization	41,651	2.9
National Institutes of Health	36,353	2.5
Population Crisis Committee	29,572	2.0
Ford Foundation	22,088	1.5
General Services Foundation	21,901	1.5
Commonwealth Fund	21,246	1.5
School of Public Health	20,057 ¹	1.4
Population Council - ICARP	12,947	0.9
Obstetrics/Gynecology Department	<u>9,680</u>	<u>0.7</u>
CPFH Direct Costs	\$1,459,650	100.0
Columbia University Overhead	<u>321,193</u>	
Total CPFH Costs	\$1,780,843	
AID for Specific Research		
Subcontracts	<u>550,000</u>	
Total:	<u>\$2,330,843</u>	

¹This has been increased to \$60,000 for fiscal year 1979.

V. AREAS OF EXPENDITURES

During fiscal year 1978, funds were expended as follows:

<u>Objective</u>	<u>FY 78 - Amount</u>	<u>Percent of Total</u>
International Research and Technical Assistance	\$ 645,886	36.3
Community Oriented Reproductive Health Services	387,116	21.7
Social Science Research	177,767	10.0
Teaching	117,223	6.6
Administration	<u>131,658</u>	<u>7.4</u>
CPFH Direct Costs	\$1,459,650	82.0
Columbia University Overhead	<u>321,193</u>	<u>18.0</u>
Total CPHH Costs	\$1,780,843	100.0
AID Funded LDC Research Subcontracts	<u>550,000</u>	
Grand Total	\$2,330,843	

VI. CENTER FOR POPULATION AND FAMILY HEALTH ORGANIZATION

A. Exhibit A is an abridged chart of the organization of Columbia University showing the management structure and other major relationships affecting the Center.

1. The Center for Population and Family Health is a relatively independent organizational unit. It is responsible to 3 organizational units of Columbia University.

2. The Center is a division of the School of Public Health, which is a department of the College of Physicians and Surgeons. Each member of the Center staff with an academic appointment is required to teach one course per academic year. The Center has the second largest student contact of the divisions of the School of Public Health. University support of the Center's teaching program is increasing and in fiscal year 1979 will be about one-half the cost.

3. For managing the outpatient clinics of the Department of Gynecology and Obstetrics of the College of Physicians and Surgeons, CPFH is responsible to that Department Head.

4. For its other activities, the Center is responsible to the Director of the Institute for the Study of Human Reproduction. The Director of this Institute is the Head of the Department of Obstetrics and Gynecology.

5. Negotiation of the terms and conditions of contracts and grants with the Agency for International Development and administration of these is the responsibility of the Office of Projects and Grants under the Vice President for Fiscal Management. For either contracts or grants, this function is handled by the Grants and Contracts Office of the College of Physicians and Surgeons. The support of the Center by both of these offices is entirely satisfactory.

6. All accounting functions of the University are the responsibility of the Office of the Controller. Support by this office has been and is weak for undetermined reasons. Financial reports are produced too long after the end of the monthly accounting periods to be useful as a management tool. The report for the month of October was received by the Center while the Team was at the Center for this assessment and this is an improvement over the past when reports were received months late. The only solution to the problem is for the Center to maintain a simple set of books for management information purposes. This is being done.

B. Exhibit B outlines the structure of the organization for management of the Center. The management of the Center is less structured

than the Exhibit indicates. To the extent practicable, the Center is operated as a collegium. Position descriptions have been written only for members of the administration and support staff as required by University regulations. "Project Monitors" have responsibility for managing individual project. The responsibilities and authority of monitors are loosely defined orally and "Project Monitors" had different understandings of the tasks assigned to them. This "Project Monitor" arrangement is only loosely connected with the chart in Exhibit B. Due to staff development and recent shifts in responsibilities, project monitorship is not yet consistent with usual organizational hierarchical structure. For example, the Assistant Director for International Activities is responsible for coordinating all international work, but project monitorship of five projects was assigned to the Assistant Director for Operations, a position with no responsibility to the Assistant Director for International Activities.

The Work Scope of the instructions given the Team states "this implies a level of practical organizational skill and internal management sufficient to provide a model for LDC's." The staffing requirements, objectives, and management characteristics of the Center differ greatly; however, from those of LDC population/family planning programs. For example, in no LDC service delivery organization do over half of the personnel have PhD degrees plus research experience.

The Center is part of a University where management has traditionally followed the collegium style. Other organizational units of Columbia (except Administration) follow this style. While the collegium is often considered less efficient than formally structured organizations, it is also true that formally structured organizations are not necessarily efficient. A modified collegium appears appropriate for the Center. However, the collegium would not be appropriate for LDC service delivery organizations.

In building the Center staff, emphasis has been appropriately placed on scientific rather than management ability. From AID's viewpoint, the primary purpose of the Center is technical assistance to LDC organizations, not training at the Center. Management of the Center is an internal efficiency issue. The Center has not defined or adopted an explicit internal evaluation-management audit system for its own operations.

Recommendations

1. Position descriptions should be prepared for each member of the Scientific Staff defining for each position the general functions, authority delegated, the specific duties and responsibilities, the minimum education and experience required for an incumbent and the criteria to be used for performance evaluation. In preparing these position descriptions, care should be taken that responsibility for all tasks which must be performed by the Center are assigned to a position and that responsibilities and authority of individuals do not overlap.
2. After the position descriptions have been prepared, the organizational structure should be re-examined to ascertain that the structure and the assignment of responsibilities and authority are compatible and that the

span of control of managers follows sound management principles.

3. Work plans or research protocols should be prepared by each Project Monitor when a project is planned. These work plans should include the criteria to be used to evaluate the conduct of the project. The evaluation should not be designed to evaluate individuals, but rather to evaluate the performance of the Center in the conduct of the project. Technical assistance projects usually change in character as the work progresses. Provision should be included in the system for updating work plans as the project progresses. The senior management staff should review progress on all projects against the work plans at least every three months to assess the performance of the Center, making changes as indicated. Changes in research protocols should be documented in writing and made available for annual review with AID Project Officer.

4. AID should not attempt to use the Center as a model for LDC service delivery organizations to follow.

VII. STAFFING

A. Scientific

As soon as data collection on the scientific staff was begun, we realized that most of the staff had recently joined the Center. We learned that the Center had shifted its focus from preparing evaluation manuals to operational field work evaluation. All but three of the international staff were hired during this transition. For this reason an analysis of the staff before fiscal year 1978 does not contribute to an assessment of the capability of the present staff. Accordingly, we collected data on those individuals who have been on the staff for any part of the 15-month period ending September 30, 1978. Exhibit C shows the pertinent data. It is important to note that the use of consultants by the Center is severely restricted by University regulations. Rather than use consultants, the Center uses part-time employees. This achieves the same purpose but tends to distort an analysis of staff.

The Director does not plan substantial further increases in number of staff. All members of the Scientific Staff with academic appointments teach one course each academic year. An analysis of the data in Exhibit C shows that of the 41 staff members, 29 are full-time. The part-time staff is equivalent to an additional 4.9 full-time employees. Only one full-time staff member resigned during the 15-month period. Seventeen members of the staff have PhD or MD degrees, and twenty have master's level degrees. Six members of the staff are physicians but none has a private practice.

Analysis of personnel time for the past 15 months shows that an average of 33.6 person-years (PY) was supported by CPFH. Of this the largest units were the International Activities Unit (11.85 PY), Women's Reproductive Health Care (7.25 PY), adolescent Social Science Research Unit (6.00 PY), and Library (3.0 PY). The Operations Unit and Statistical Unit consisted of 1 PY each, and 2.5 person-years (7.9%) consisted of graduate Research Assistants.

All members of the staff have English language capability. More than 10 have French or Spanish, 4 have Thai, 3 have German, 3 have Portuguese, 2 have Farsi, 2 have Italian, and 2 have Hindi. In addition, at least one staff member has knowledge of Hebrew, Yiddish, Marathi, Kannadu, Tamil, and Bantu. We did not evaluate linguistic skills in any languages.

During the 15-month period analyzed, a total of 14.5 person-years of professional time was charged to the contract. Five person-years were spent outside the United States, of which four and one-half were charged to the AID/pha-C-1107. Eighteen members of the staff have published since joining the Center. This is an impressive record of scholarly contributions. An analysis of publications by members of the staff appears later in this report.

Exhibit D shows the recent assignment of staff members as Project Monitors for 21 AID funded projects completed or ongoing during the 15-month period analyzed. These projects are discussed elsewhere in this report. The numbers of the projects assigned per Monitor are: Torres (8), Isaacs (5), Gorosh (3), Elkins (1), Watson (1), Revson (1), Rosenfield (1), and Speert (1). However, 3 of Torres' projects are completed and were related to Columbia; 4 are new projects related to Peru; and 1 relates to Mexico.

It was noted under "ORGANIZATION" that position descriptions have not been prepared for the Scientific Staff. In addition, systematic periodic evaluation of members of the staff has not been conducted in the past.

The staff members of CPFH work interchangeably among the four different program areas, i.e., international research and technical assistance, community-oriented reproductive health services for women, adolescent social science research, and teaching. Activities and responsibilities of the Center under this contract fall in the program area, international research and technical assistance. Out of a total of 41 professional staff members, 17 (41%) are engaged in international activities in varying degrees. In our opinion, the arrangement of working in several program areas by the same person is a standard practice in a university setting and is a healthy situation. It serves to attract talented professionals and students with multiple program interests and the program interests are complementary. Thus, the problem of adolescent fertility is important to other countries than the United States.

While this kind of working pattern should be continued, over-commitment of international staff members to other program areas would certainly dilute the responsibilities under the contract. The team has noticed, however, that the involvement of the international staff in domestic services and research is all but minimal. Although responsibilities in international activities and teaching are shared quite frequently by the same person, the teaching load is by no means heavy. No person in instructional category teaches any more than one course per year. (It may be recalled that many state universities nowadays require a minimum teaching load of two courses per semester.) In case of staff members in research category, they have no scheduled courses to teach except for tutorial services for students.

Teaching responsibilities of the Center may become problematic, however. There is a strong likelihood that the Center will be restructured to form the Division of International Health and Population Studies of the School of Public Health. If this occurs, they will certainly offer several new courses, such as international health administration. The Center is already providing 22 courses. Over the years, the student body has been growing. While they have a total of 75 graduates in the past 5 years, this year 32 MPH students were admitted. With the addition of the international health areas, characteristics of the student body will probably change. Adjunct staff members will probably be used to supplement current staff.

Although the teaching responsibilities of the Center are increasing, financial support of the university is extremely limited. During 1977-78, the input of the School to the Center was only 1.4% of the total direct cost of the Center. (The AID input constituted about 46%, excluding overseas subcontracts and indirect costs.) During the same period of time, the Center spent \$117,000 for teaching but the School provided only \$20,000. Although the School input has increased considerably this year, the amount is still less than 5% of the total Center budget. The Acting Dean wished the Center to be involved in "more teaching with less money."

The Director is the only tenured faculty member in the Center. They plan to have 3 tenured positions in the near future. Unless a larger commitment of the School/University to the Center becomes apparent, expansion in the teaching area can result in weakening the responsibilities under the contract.

B. Administrative

The Administrative Staff consists of Dee Bloomstedt, Business Manager; Barbara Graves, Administrative Assistant; John Raminex, Accountant; Alice Capozzi, Accountant/Secretary; and Pi Yu Ting, Computer Programmer. The Business Manager supervises this staff and is responsible to the Assistant Director of Operations. The Business Manager is new to the Center (August 28, 1978), but has been with the University for a number of years. Because the Center must operate under the University bureaucracy, the Business Manager's background is a major strength in the staff. The Administrative Staff appears appropriate for the organizational environment in which the Center operates.

The Accountant, Accountant/Secretary, and the Computer Programmer are members of the Supporting Staff Association (SSA), an employee's labor union. Responsibility for union negotiations rests with the University Administration.

Sixty percent of the cost of the Administrative Staff is charged to AID/pha-C-1107.

C. Support

The Support Staff consists of 12 secretaries and 1 messenger/clerk. The secretaries' names are: Dorris Delia, Margaret de Marrais, Sally Aammer, Adelaide Hirsheimer, Teresa Leng, Alina Martin, Carol Nev, Sydney Spero,

Irene Steger, Annet Topilow, Nancy Ortiz, and Sara Samuels. The messenger/clerk is Wayne Horace.

All members of the Support Staff are members of the SSA. The ratio of scientific staff (33.6 py) to secretaries (12 PY) is 2.8. Forty-six percent of the cost of the Support Staff is charged to AID/pha-C-1107.

The Center must comply with the University system for accounting for professional and support time charged to each funding source. This requires certification in advance of the percentage of effort which will be expended by each staff member on work sponsored by each donor. No record is maintained of effort actually expended. This discrepancy has been noted by the Defense Contract Audit Agency (the cognizant Government Audit Agency for Columbia University) and the University is moving to correct this discrepancy. Although the revised system is scheduled for implementation in January, no information was available on the system during the visit by the Team.

1. The Scientific Staff is appropriate in qualifications, numbers expertise, and experience to conduct the work specified in AID/pha-C-1107 in any part of the developing world open to AID funding.
2. The Scientific Staff is significantly contributing to the body of knowledge on Operations Research.
3. The Administrative Staff is appropriate in qualifications and numbers for the needs of the Center.
4. An administrative assistant to the Director should be added to the Support Staff to relieve the Director of routine administrative details and to provide support.
5. A copy editor-writer should be added to the staff to relieve the Scientific Staff of editorial work and to assist in report writing.
6. Acquisition of text processing equipment with the capability of editing and correction using CRT should be considered to improve the output and efficiency of the Support Staff.
7. A system for recording effort expended for each final cost objective should be implemented immediately whether or not the University-wide system is operational.
8. Complete personnel files on all members of the staff, especially the Scientific Staff, should be maintained in the Office of the Director. These should include files for those who have left the staff during the last two years.
9. An annual evaluation of the performance of each staff member should be made using the criteria in the job description. This evaluation should be discussed with the staff member. The evaluation and the results of the discussion should be kept in the staff member's permanent file.

VIII. REPORTING

AID staff complained during the AID briefing about the quality of the semi-annual CPFH reports. CPFH supplied us with copies of the last six reports. These reports were reviewed for both content and for compliance with the reporting requirements of AID/pha-C-1107. The reporting requirements of AID/pha-C-1107 have not been followed either in format or content. AID personnel did not appear to be any more aware of this discrepancy than were the personnel of the Center. If followed, the reporting requirements of AID/pha-C-1107 would provide more meaningful information for the assessment of performance than that currently available. Reports contain extensive justification of what has been done (or not done) rather than reporting succinctly what has been achieved and what is planned for the next six months.

Before we arrived at the Center, CPFH staff expended a major effort to pull together pertinent documents for each country and to write an overview of activities in that country. These overviews were very useful to us in the evaluation process. However, we still had difficulty identifying specific projects and the data on these projects.

Recommendations

1. AID should insist that CPFH follow the reporting instructions in AID/pha-C-1107. CPFH should attach overviews or precis for each project as appendices to its reports. Such a precis might consist of the title of the project, the first work of which would be the name of the country, identification of the organization to whom the Center is giving assistance, the date project work began, the actual or estimated cost of the work of the Center (but not financial assistance to the organization assisted), the target population (size and type), and a statement of the work involved.
2. The Administrative Assistant to the Director should maintain a file for each project in which copies of all submissions to the Project Monitor and any responses concerning or affecting the project, an up-to-date copy of the work plan, copies of precis submitted to AID trip reports, and other data concerning the project would be kept.

IX. COMMUNICATIONS

As the staff of the Center has grown, so have communications problems. The staff has now reached the size where considerable effort must be expended to disseminate information. The temporary absence of members of the staff on short-term overseas assignments complicates the problem. The Director has recognized this problem and has taken steps to correct the situation. Weekly meetings of the Assistant Directors and monthly staff meetings are held.

An additional problem is also present--communications with AID. AID/W staff complained that instructions to one person are not communicated to all appropriate CPFH staff. Investigation revealed that the problem exists with oral communications, particularly instructions communicated by telephone.

Recommendations

1. The weekly meetings of the Assistant Directors should be continued. When an Assistant Director cannot attend, some person on his staff should be designated to attend in his stead. Minutes should be kept of each meeting and copies distributed to the staff the day after the meeting.
2. The monthly general staff meetings that have been started should be continued.
3. AID/W should followup oral instructions to CPFH with letters. Copies should be sent to all relevant staff members.

X. OPERATIONS RESEARCH

Major emphasis has been placed on the development of operational research projects in developing countries. They include: Brazil, Guatemala, Mexico, Peru, Haiti, and Columbia in the Americas; Thailand and Bangladesh in Asia; and Nigeria and Sudan in Africa. CPFH operational research projects are of two different types, although they are conducted, in general, jointly. More often conducted by the Center is the type introducing innovative delivery systems of family planning services through community-based distribution of contraceptives. The other type of research involves assessing the use of nonmedical or paramedical personnel for providing family planning services in developing countries.

Projects in some countries (Columbia, Mexico, and Peru) have already been completed. Two projects in Columbia were for the evaluation of use of paramedical personnel and community-based distribution through surveys. Another project in Columbia involved training distributors. The results of the first survey study were published in Studies in Family Planning in 1978. The High Risk Study, conducted with the collaboration of IMPROMI of Peru, was also an analysis for 47,600 births occurring in the period June 1976 to May 1977. The first result was presented at the Inter-American Congress of OB/GYN and a number of additional publication/presentations are expected to follow. It is believed that the study has contributed to help build up a clinical family planning program for high risk pregnancies and change the general climate toward family planning in the health authority. A small CBD project in Mexico (San Pablo) was terminated somewhat prematurely. However, it evolved into a new, larger project in October 1977. This San Pablo project was successful in increasing contraceptive prevalence but the comparatively high salaries of distributors prevented the model from being replicated as designed. Changes in administration also called for a new operational research project on CBD.

Currently there are nine operational research projects in seven countries. But all of these projects are relatively new developments, the oldest being initiated in July 1977 (FECOAR of Guatemala). Five projects have field operations. They are: New Strategies of Mexico, IMPROMI of Peru, Cotton Growers of Guatemala, Household Distribution of Haiti, and the Feasibility Study of Bangladesh. (The last was not under contract.) Projects in Peru (Ica), Brazil (BENFAM, CPAIMC), Nigeria, and Sudan are still in planning stages. Thus it is apparent that development of operational projects is slow. This slowness

has two main reasons. The first is the false start of maneuvering in the early days of the Center. They concentrated their efforts in countries like Columbia, Ecuador, Haiti, Philippines, and Bangladesh. Unfortunately, projects did not materialize in these areas for various reasons. The second is the political climate in Latin America. Because family planning is a controversial issue and administrative changes occur frequently, the project negotiation is a slow process with unexpected haltings and stumbling. In spite of the slowness, the Team is pleased to note recent developments, especially projects of large scale. It may be particularly worthy to mention that the Center contributed to a major breakthrough in Peru, which has until recently provided very little family planning services.

Since most of the projects are so new, it is difficult to assess their achievements in terms of acceptance and prevalence of family planning use, or the impact on the attitude of health authorities and population policy formulation. However, it should be mentioned that the Guatemala projects, which are among the oldest developed by the Center, seem to have changed considerably the local climate, in both public and private sectors, towards family planning. It is expected that replication and extension of CBD will be initiated locally. For instance, Anna Cafe, which has about 400,000 workers and their families, is to copy the Center projects by mid-1979. Probably, many projects developed by the Center will create similar impact.

Although achievement and impact of the projects are not currently measurable, the Center's endeavor in developing operational research projects possesses several important points. In the first place, in many countries where the Center is operating, there are no national programs which cover the entire country. Accordingly, service delivery methods brought by the Center's involvement do not have any competing or existing methods in the host country. There is a strong possibility that the methods of the project will become the methods to be used after the field operation of the project is ended. Furthermore, their target population of a project is progressively becoming larger. Mexico's New Strategies began to provide services for 700,000 people, later extending to an additional 780,000; Peru's ICA project for more than 600,000, and Brazil's BENFAM for 4-5 million people.

Large-scale projects implemented in a "virgin land" of family planning by the country's largest provider of service, as frequently are the collaborative agencies of the Center, are no longer experimental operations research activities. They are programs themselves. Since the project offers the method of family planning service, there is no other method to replace and there is no alternative method to compare the efficiency and effectiveness. That the government has signed for the implementation of CBD projects is a big step forward in such countries. By signing, they have agreed to provide community-based distribution through nonmedical personnel.

Over the years, the Center has developed new methodologies in operational research (see Appendix A). However, unlike the predecessor organization, the Center now focuses on carrying out actual operational research projects rather than methodological studies. Among their varied activities in methodology development, it appears that more emphasis has been placed on evaluation techniques than on training or operations. The evaluation methods developed by the Center

are primarily for analyzing data of large or national aggregates. It is desired that such methods be developed for rapid feedback of program operation in the local units.

XI. METHODOLOGICAL ACTIVITIES

The staff of the Center for Population and Family Health are engaged in program activities in four areas - (1) international research and technical assistance, (2) community-oriented reproductive health services for women, (3) adolescent social science research, and (4) teaching - and library and statistical support services. In each of these areas Center staff are involved in the development and application of methodologies for program planning and implementation, for research and evaluation, and for teaching and information dissemination.

Because the central focus of the International program is operational research to overcome obstacles to service programs, Center staff are engaged in a wide range of methodological activities, from in-house development of manuals describing new evaluation methodologies, to the less formal but more typical assistance in the adaptation of innovative systems and methodologies to particular country settings. An illustrative list of recent methodological activities follows.

1. Assessment of Changes in Birth Intervals

(adaptation of Life Table Methods to birth interval data to include open intervals)

- developed CPFH 1977-78, John Ross & S. Madhavan

applications - Model near completion. Used on Korea 1971 national survey data and on Hutterite data, and intended for possible extension to model form to cover a range of cultures and time periods.

2. Indicators of Program Performance

(Guidelines for the development of program information systems utilizing data from service statistics)

- developed CPFH Gorosh, Wishik, Revson

application: used in Haiti

Reference: Technical Workshop Report:

Indicators and Service Statistics Systems for the Evaluation of MCH and Family Planning Programs, Washington, D.C., PAHO, 1977.

3. Evaluation of CBD Programs
 (Combining simplified methodology for evaluating patterns of contraceptive use with more traditional studies of continuation rates)
 - developed in Brazil, BEMFAM staff and CPFH staff, 1976
 applications Brazil
 Reference: Martin Gorosh, Samuel Wishik, Walter Rodrigues, and Jose Maria Arruda, "Evaluating Community-Based Distribution (CBD) Programs," presented APHA, October 1976.

4. Critical Review of Methods Relating Acceptance to Births Averted
 (Review of 14 national plans)
 - developed in CPFH for IUSSP Committee on Demographic Effects of Family Planning Programs, John Ross.
 application: Became part of IUSSP's major volume on measuring effects of national family planning programs.
 Reference: J. Ross, "Acceptor Targets," in C. Chandrasekavan and A. Hermalin (eds.), Measuring the Effect of Family Planning Programs on Fertility, Ordina Editions, 1975.

5. Initial Household Distribution/Commercial Resupply
 (Methodology to bridge the household and commercial distribution systems)
 - developed in Bangladesh, 1977, H. Elkins (CPFH), A. Samad (ISRT, Bangladesh), R. Ali (Betopi advertising, Bangladesh).
 applications - currently underway in two rural areas of Bangladesh

6. Standard Couple Years of Protection (SCYP)
 (Refinement of the Couple Years of Protection methodology)
 - developed at CPFH, 1977, Martin Gorosh and David Wolfers.
 Reference: Martin Gorosh and David Wolfers, "Standard Couple Years of Protection. A Methodology for Program Assessment." Manual #10, N.Y. Center for Population and Family Health, Columbia University, 1977.

7. Simulation Investigation: Causes of Declines in Acceptor's Ages
 - developed at CPFH and Seminar at East/West Population Institute, with

data from 25 countries. Used for training in Hawaii workshop.
Manuscript in progress, John Ross

8. Selective Supervision of Local Service Units in Family Planning Programs

(application of "management by exception" principle to supervision of family planning program units) 1975-1976

Reference: Samuel Wishik and Prem Talwar, "Guidelines for Selective Supervision of Local Service Units in Family Planning Programs," Manual #9, New York, CPFH, Columbia University, 1976.

9. Exercises for Teaching Family Planning Management and Evaluation Skills

Programmed instruction materials in the following areas:

- a. Demographic Rates and Concepts
- b. Dryfoos-Polgar Varkey Formula
- c. Risk Factor Analysis
- d. Target Setting
- e. Caseload Forecasting
- f. Service Statistics
- g. Contraceptive Supplies
- h. Manpower Planning
- i. Couple Years of Protection
- j. Cost-Effectiveness

Materials developed in CPFH, Downstate Medical Center (N.Y.) used in WHO workshops in Thailand and Tanzania, and in training programs in France, Kenya and Nicaragua. Paper presented at APHA, 1978. Helbig, Gorosh, Revson.

10. Diagnosis of Nutritional Needs and Design for Intervention Programs

(Conceptual framework for evaluation of nutrition problems and intervention strategies)

Solimano and E. Kellner, "Some Perspectives on Mass Feeding Programs," paper presented at Plenary Session: Mass Feeding Programs, XI, International Nutrition Congress, Brazil, August 1978.

11. Estimation of Pregnancies Averted
(an adaptation of births averted methodology to express family planning program performance in terms of pregnancy and high-risk events--abortions, still births, infant deaths--averted)
- developed in 1978 by CPAIMC staff Leslie Scofield and Karen Johnson, and CPFH staff, Ross and Gorosh.
 - to date, methodology applied in CPAIMC urban MCH/family planning demonstration project.
- Reference: methodology not yet published. see Gorosh and Ross trip reports 1978 Brazil and quarterly and semi-annual reports of CPAIMC.
12. Methodology for Census Evaluation
(step-wise scheme for assessing census processes including cartography, publicity, organization fieldwork, data processing and data evaluation)
- developed in 1978 at CPFH for UN Population Division, Krishna Roy.
 - to be used in 1980 census series by UN
- Reference: quotations procedures for census evaluation 1980 Manuscript UN Population Division 1978: Regional Seminar Proceedings to be included in final document.
13. Determination of Factors Causing High-Risk to Mothers and Babies
(sample survey of 47,000 women delivering in 33 hospitals in Peru with information on socioeconomic demographic and cultural factors, history of complications and current pregnancy and delivery data)
- survey carried out June 1976 through May 1977, analysis 1977-1978, Dr. Kanashero of INPROMI and Dr. Krishna Roy.
 - methodology being adapted as a risk-screening tool for personnel at three levels: a) hospital, b) health center, and c) health post.
- Reference: panel on high risk, Fifth Interamerican Obstetrics and Gynecology Congress, Lima, Peru, October 1978 (to be published in the Proceedings of Congress).
14. Free-Screening Tool for Community Surveys of Contraceptive Use
(technique for initial screening of respondents in survey of general fertile age of population with longer interview used

only for contraceptive users and a randomly selected sample of non-users. This methodology was developed for increasing the efficiency of surveys of populations for purposes of measuring contraceptive use effectiveness, sources of service, etc. where there is a low level of contraceptive use prevalence in the general population.

- developed in use successfully by the Institute of Statistical and Research Training (ISRT), Dacca University, 1977 for use in the assessment of the Bangladesh Contraceptive Social Marketing Program: Dr. Abdus Samad, and Professor Obadulla of ISRT, Dacca University, and Dr. Henry Elkins, CPFH.

Methodology included in plans for additional surveys

Reference: M. Obadulla, Abdus Samad, and Henry Elkins, "Assessment of the Bangladesh Contraceptive Social Marketing Project Methodology and Basic Data," Dacca Bangladesh: Institute of Statistical Research and Training, University of Dacca, 1978.

15. Mathematical Models to Estimate Incidence of Illegal Abortion

(field validation and application of a model for studying the incidence of illegal abortion in Africa and 20 Latin American countries)

- model developed in 1976 at CDC, Atlanta. Field validation 1977-78 in Africa sponsored by IPPF Africa Regional Office, and in Latin America 1978 sponsored by UNFPA.
- CPFH Dr. Tegualda Monreal
- model and field validation to be published following field testing.

16. Methodologies for Assessing Cultural Factors in Reproductive and Contraceptive Behavior and for Improving Cultural Acceptability Programs

(series of instruments and protocols developed in the following areas:

- a. Instrument for assessment of cultural acceptance of family planning program components.
- b. Identification of traditional practitioners and community agents.
- c. A methodology for assessing concepts and knowledge of the human body reproduction and contraception.
- d. Instrument for monitoring women's perceptions of bleeding patterns.

- e. Interview questionnaire for collection of base line data for program planning.
- f. Elaboration of attributes of contraceptive methods.
- g. Instrument for recording service statistics information for illiterate distributors.
- h. Community diagnosis instruments for determining needs and resources for program design.

Developed 1975 to 1978 CPFH and field testing in Mexico, Michele Shedlin, community diagnosis instrument with Marie Carmen Lenero.

Research design implemented in San Pablo project; methodology used by World Health Organization, Planned Parenthood-Los Angeles, University of Texas Health Science Center at San Antonio, and Carolina Population Center at Chapel Hill.

References: Michele Shedlin, Cultural Factors Relevant to the Design and Implementation of a Community-Based Family Planning Program, Report presented to the Mexican Ministry of Health (DGAMMI), USAID, and CPFH, 1975; Michele Shedlin, Traditional Body Concepts and their Implications for the Acceptability of Modern Contraceptive Methods, paper presented at the symposium, Body Concepts and Implications for Health Planning, American Anthropological Association Meeting, Houston, Texas, November 1977; and Michele Shedlin, Cultural Factors Affecting the Acceptability of Community-Based Distribution: A Mexican Demonstration Project, paper presented at the World Health Organization's symposium, Acceptability Research in Family Planning, 48th Annual Meeting of the Society for Applied Anthropology, Merida, Mexico, April 1978

17. Guidelines for Systematic Course Development for MCH/Family Planning Personnel: Training for Trainers

(programmed instruction manual for development of training courses for trainers of family planning personnel)

- developed 1978 CPFH, Walter Torres, internal document nearing completion.

18. Methodology for Development of Training Programs in MCH/FP

(norms for training in MCH/FP, selection of program objectives, check list of questions, evaluation of training programs, follow-up of trainees)

- developed 1977-78 in Mexico and Peru with training divisions; Ministry of Health, Walter Torres.
- used at national level by governments of Mexico and Peru.

XII. LIBRARY ACTIVITIES

A. Summary

Between January 1976 and November 1978, the CPFH Library acquired 743 monographs, indexed 2,990 documents for POPINFORM, conducted 455 computer searches, and responded to 5,112 requests for information. Over 4,300 items were loaned to users and 217 items were borrowed through inter-library loans for CPFH library users (see Exhibits E, F). Over half of the library's resources are devoted to POPINFORM, which is slowly acquiring increasing popularity as a resource. The usefulness of POPINFORM requires evaluation independent of this Team's scope of work.

B. Program

The CPFH Library Unit was developed predominantly with AID funds to collect and disseminate information on family planning program development and evaluation and on operations research. It is a major contributor to the international POPINFORM data base and provides the only on-line access to POPINFORM in New York City. It has been active in the development of APLIC and its staff have participated in population workshops in Central America and Asia. The three librarians have M.S. degrees; each has authored several publications.

To what extent has this Library Unit developed an information base in the family planning field? It presently has about 2,000 books (filed alphabetically by author) and 8,500 documents. About 750 monographs were acquired in the years 1976-78 and the Library currently subscribes to over 100 journals, 85 of which are indexed for POPINFORM input.

Since January 1976, the Library has indexed 2,990 documents for POPINFORM and is currently indexing 93 articles per month, or 4-5 per day. It currently indexes 85 journals, of which only 18 are fully indexed independently by the National Library of Medicine. About 25-30% of documents indexed by Columbia are unpublished reports, convention papers, government and UN reports, questionnaire forms, and technical manuals. The Library indexes papers from ESCAP and virtually all national population and family meetings in the United States. All indexed material is proofread by Columbia after key-punching and before the material is placed in computer storage.

Through September 1978, indexing was performed using only keywords from updated versions of Speert and Wishik's Fertility Modification Thesaurus With Focus on Evaluation of Family Planning Programs (Columbia University, 1973). Beginning October 1978, input was expanded to include abstracting of articles on health sciences research.

The Speert and Wishik Thesaurus (1973) is being revised for a second edition. The first edition--the first thesaurus in this field--was used as the basis for indexing systems at the Carolina Population Center and at the BKKBN in Indonesia.

To what extent has POPINFORM access by Columbia been used for information searches? During the past 3 years (1976-1978), 455 searches have been conducted. During 1978, an average of 19.2 searches were conducted each month, or an average of one each workday. This team has not attempted to evaluate the usefulness of POPINFORM searches which might more appropriately be considered in evaluations of POPINFORM. At present, all search requests are conducted without charge. About 16% of search requests are from international organizations, 17% from other countries, and about 48% from Columbia and CFPH. In addition, the Library responds to about 178 information requests per month, or 9 per workday. About 23% of requests are by telephone and 77% by Library visitors. About 1,400 items are checked out each year, or 6 per workday, and 5-6 inter-library loans are requested each month.

The Library is staffed by well-trained professional librarians who are well motivated in their work. They are contributing to the development of an important data base, POPINFORM, which will undoubtedly gain much greater use when it becomes POPLINE (Exhibit G).

Recommendation

That half of Columbia's on-line searches are initiated within Columbia University suggests the potential demand from other universities, especially those with training programs relating to population and family planning. The usefulness of POPINFORM printouts to the requests should be evaluated.

EXHIBITS

EXHIBIT A:

ABRIDGED ORGANIZATION FOR MANAGEMENT
COLUMBIA UNIVERSITY

**Abridged Organization for Management
Columbia University**

EXHIBIT A

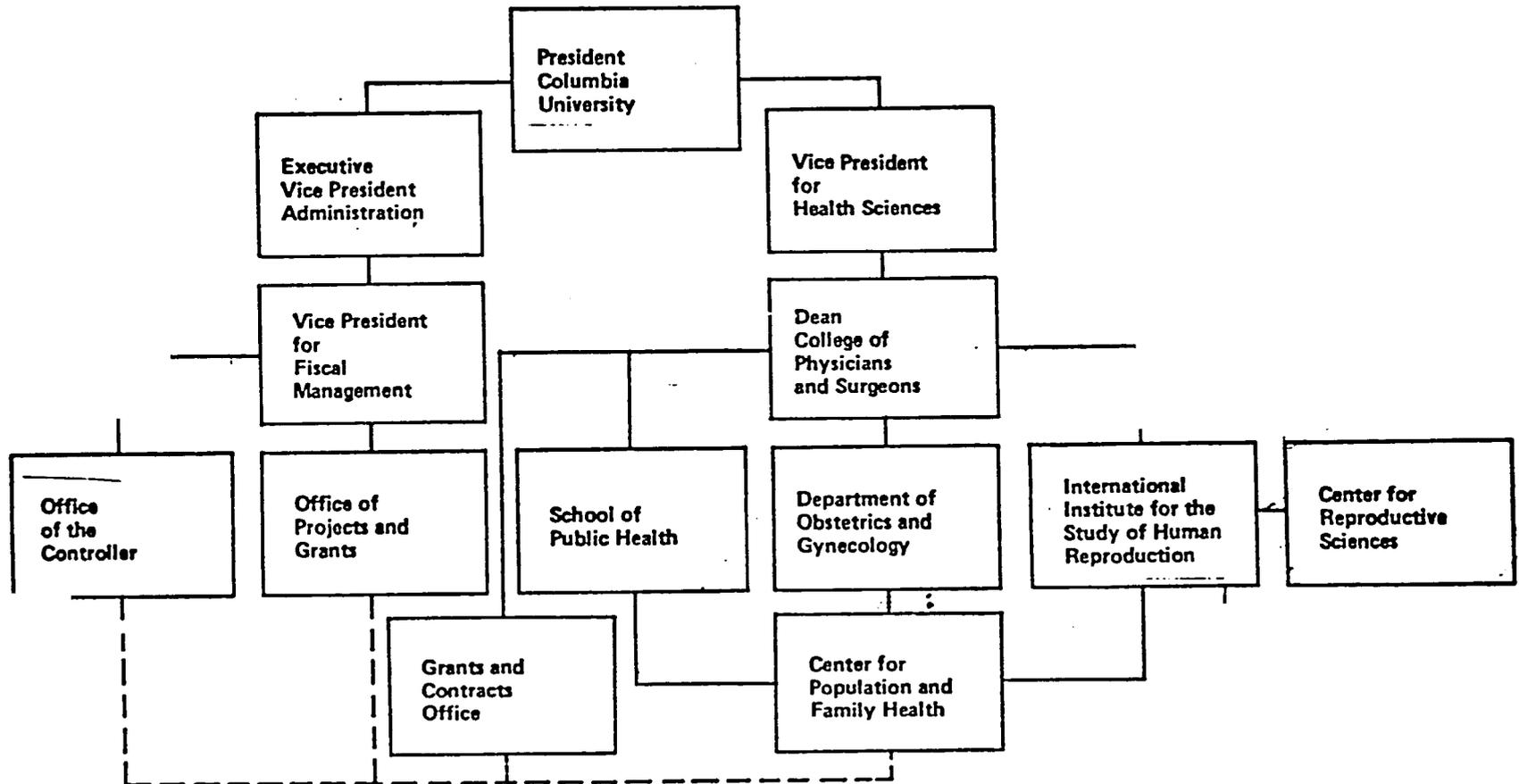


EXHIBIT B:

ORGANIZATION FOR MANAGEMENT:
CENTER FOR POPULATION AND FAMILY HEALTH .

**Organization for Management
Center for Population and Family Health**

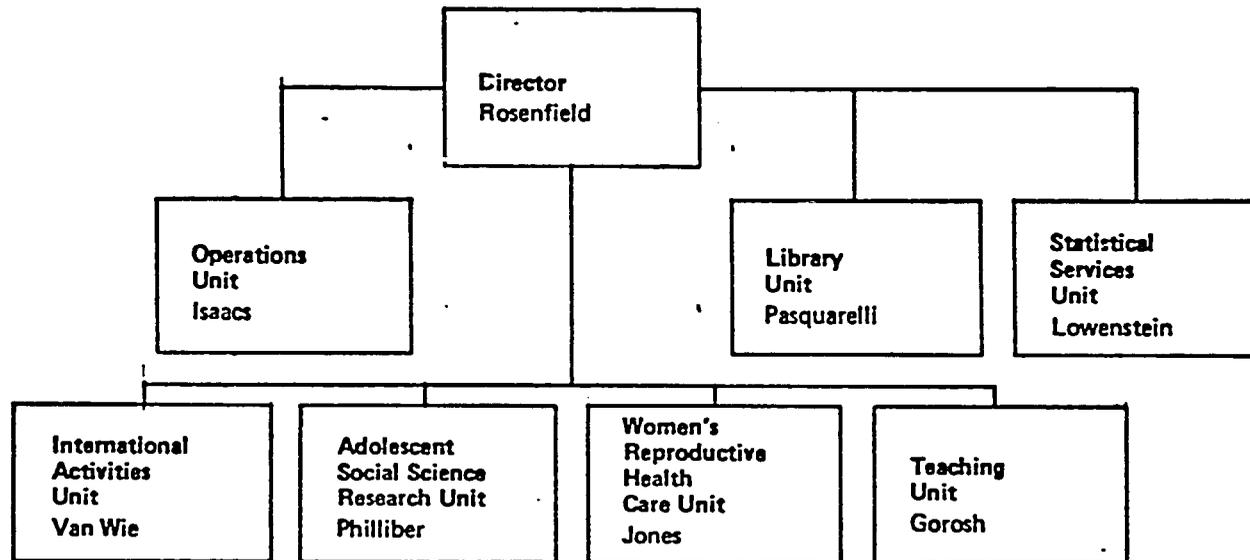


EXHIBIT C:
CENTER FOR POPULATION AND FAMILY HEALTH - SCIENTIFIC STAFF

Exhibit C
 CENTER FOR POPULATION AND FAMILY HEALTH
 SCIENTIFIC STAFF

<u>Senior Staff</u>	<u>Date Joined CPFH</u>	<u>Highest Degree</u>	<u>Specialty</u>	<u>Language Ability</u>	<u>Person Months AID/ pha-C-1107</u>	<u>Percent of Time at CPFH</u>	<u>Technical Assistance Assignments</u>	<u>Countries Visited</u>	<u>Days In Country</u>	<u>Publi- cations Prior To Joining CPFH</u>	<u>Publi- cations Since Joining CPFH</u>	<u>Academic Appoint- ment</u>
<u>Director</u>												
Allan Rosenfield	07-01-75	MD	OB/GYN Thai Public Health	English Thai	4.1	FT	All	AID Indonesia 7 Thailand 3 Bangladesh Mexico	13 (1) 1 (1) 4 (1) 3	33	12	Yes
<u>International Activities Unit</u>												
<u>Resident Advisors "overseas"</u>												
Anthony Bennet	06/10/76	MPH	FP Eval	Thai French English	15	FT	TA Eval Unit National FP Program	Thailand	15 months	0	0	
James Forealt	04-01-78	MPH	FP Program Evaluation	English French	0	FT	0	Korea	6 mos	0	1	
Robert Rosenberg	08-01-77	Ph.D.	Sociology Demography	English Thai French	15	FT	Haiti-Community Contraceptive Distribution	Haiti	15 mos	0	0	
<u>CPFH - based staff</u>												
Nicholas Cunningham	01-01-78	M.D., Dr. P.H.	Pediatrics	English French German	0	10%	Nigeria-Village Based MCH/FP Services	Nigeria	8 days(1)	12 (2)	0	Yes
Henry Elkins	12-15-76	Ph.D.	FP Program Evaluation	English Spanish French German	7.5	FT	Mexico- New Strag. Sao Pablo G.T. Bangladesh-Commercial Distribution Thailand-Evaluation of National FP Program	Mexico Bangladesh Thailand	46 16 24	3	3	
Joanne E. Bevson	07-01-75	MPH	FP Program Management Training	English French Spanish	10.2	FT	Haiti-Project Evalu- ation Nigeria-Village Based Contraceptive Dist.	Haiti (1) Nigeria	21 8	4	2	

EXHIBIT C

BEST AVAILABLE COPY

<u>Senior Staff</u>	<u>Date Joined CPFH</u>	<u>Highest Degree</u>	<u>Specialty</u>	<u>Language Ability</u>	<u>Person Months AID/ pha-C-1107</u>	<u>Percent Of Time at CPFH</u>	<u>Technical Assistance Assignments</u>	<u>Countries Visited</u>	<u>Days In Country</u>	<u>Publi- cations Prior To Joining CPFH</u>	<u>Publi- cations Since Joining CPFH</u>	<u>Academic Appoint- ment</u>
John A. Ross	12-10-75	Ph.D.	Sociology Demography Evaluation	English	4.0	FT	Brazil-Bem Fam -CPA/INC Philippines-Adolescent Program	Brazil Indonesia Philippines Korea Thailand	10 21 (1) 22 3 (1) 3 (1)	24	8	Yes
Krishna Ray	09-01-76	Ph.D.	Economics Demography	English Spanish Hindi Marathi Kannada Tamil	11.1	FT	Peru-High Risk Pregnancy INPROMI Guatemala-APROPAM Prog. Evaluation	Peru Guatemala	51 10	19	5	Yes
Michele Goldzieher Shedlin	09-01-75	MA	Medical Anthropo- logist	English Spanish	9	FT	Mexico-San Pablo -New Strategies -General Tech Asst	Mexico	236			
Giorgio R. Solimano	09-01-78	MD	Pediatrics Munition	English Spanish Italian	0.8	50%	None	None		34	0	Yes
Walter Torres	06-01-76	MD	Public Health Training	English Spanish	10.1	FT	Colombia-Ministry of Health - Profamilia Peru-Training -CBD Project Mexico-San Pablo New Strategies General Tech Asst	Mexico Peru Brazil Colombia	53 26 15 7			
Illias Van la	09-01-78	Dr. P.H.	FP Program Management Evaluation	English Bantu	0.8	FT	Peru-Village Based Contraceptive Distribution	Peru	5 days	7	0	Yes
Walter Watson	01-16-78	Ph.D.	Sociology Demogra- pher Evaluation	English	6.3	FT	Nigeria-Village Based Contraceptive Sudan-Village Based Contraceptive Distribution	Nigeria Sudan Trinidad	7 6 10	53	2	
Margaret McEvoy	10-01-77	Ph.D. MPH	FP Program Develop- ment Management	English Spanish French	3.5	25%	Guatemala-FFCCAR	Guatemala -Cotton	50	2	0	

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Senior Staff	Date Joined CFFH	Highest Degree	Specialty	Language Ability	Person Months AIC/pha-C-1107	Percent of Time at CFFH	Technical Assistance Assignments	Countries Visited	Days In Country	Publications Prior To Joining CFFH	Publications Since Joining CFFH	Academic Appointment
Tequalda Monreal	06-01-78	MD, MPH	Epidemiology/ Public Health	English Spanish French Portuguese	2.2	FT	Peru-INPROM Pilot Project	Peru	12 (3)	29	1	
Jeanne Stillman	10-27-77 03-19-78	MPH	FP Program Development	English French Spanish	2.5	80%	None	None				
Jacqueline Forrest	10-01-76 (H) 12-31-77	Ph.D.	Demography	English	1.0	15%	None	None				
Olivia Nordberg	03-01-77 (H) 11-30-77	Ph.D.	Demography	English	1.5	15%	None	None				
<u>Graduate Research Assistants</u>												
Mariame Lorenzelli	09-11-75	M.S.W.	Socio-Medical Sciences/ Medical Anthropologist	English French	2	50%	None	None				
Vera Plaskon	01-01-77	R.N., MA	Population & Family Health	English Farsi	2	50%	None	None				
<u>Womens Reproductive Health Care Unit</u>												
Katherine Blount-Skeet	07-01-77	CNM	Midwifery	English	0	FT	None	0	0	0	0	
Senior Staff	Date Joined CFFH	Highest Degree	Specialty	Language Ability	Person Months AIC/pha-C-1107	Percent of Time at CFFH	Technical Assistance Assignments	Countries Visited	Days In Country	Publications Prior To Joining CFFH	Publications Since Joining CFFH	Academic Appointment
Toya Copeland	04-01-78	MA	Community Education	English	0	FT	None	0	0	0	0	
Landis K. Crockett	10-15-77	M.D., MPH	Clinician	English	0	FT	None	0	0	0	0	
Mary M. Grayson	08-01-78	RN, MS	Community Health Education	English	0	FT	None	None		0	0	

<u>Senior Staff</u>	<u>Date Joined CPFH</u>	<u>Highest Degree</u>	<u>Specialty</u>	<u>Language Ability</u>	<u>Person Months AID/ pna-C-1107</u>	<u>Percent of Time at CPFH</u>	<u>Technical Assistance Assignments</u>	<u>Countries Visited</u>	<u>Days In Country</u>	<u>Publi- cation Prior to Joining CPFH</u>	<u>Publi- cation Since Joining CPFH</u>	<u>Academic Appoint- ment</u>
Gloria Green- Callender	07-01-76	CMW, MS	Midwifery	English	0	FT	None	None		0	0	
Judith Jones	10-18-76	B.A.	FP Program Management	English French	0	FT	Mexico-Adolescent Program	Mexico	5	1	0	
Nancy Folger	03-01-77 (H) 07-07-78	BA	Public Relations	English	1.5	25%	None	None				
Priscilla Jenks	10-11-77 (H) 12-22-78	MPH	FP Program Manage- ment	English	0	FT	None	None				
<u>Adolescent Social Science Research Unit</u>												
<u>Senior Staff</u>												
Christina Brinkley Carter	10-01-77	Ph.D.	Sociology/ Demography	English	0	FT	None	0	0	0	2	Yes
Katherine F. Darabi	07-01-75	MA, MS	Education	English Spanish Farsi Portuguese Italian	1.6	FT	Mexico-Adolescent Sexuality Juarez	Mexico	7 days(3)	1	7	
Susan Gustaf Philliber	08-01-77	Ph.D.	Sociology	English Spanish	0	FT	None	None		20	8	Yes
Pearla Brockner Rothenberg	09-01-77	Ph.D.	Medical Sociology	English	0	FT	None	None		0	2	Yes
Lenore Stearn	05-03-71 (H)	BA	Research Assistant	English	0	50%	None	None				
<u>Graduate Research Assistants</u>												
Ellen Cole	06-01-78	BS, MCM	Socio- Medical Science	English	0.5	50%	None	None				
Barbara	06-01-78	B.S.	Socio- Medical Science	English	2	50%	None	None				

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<u>Graduate Research Assistants</u>	<u>Date Joined CPFH</u>	<u>Highest Degree</u>	<u>Specialty</u>	<u>Language Ability</u>	<u>Person Months AID/pha-C-1107</u>	<u>Percent of Time at CPFH</u>	<u>Technical Assistance Assignments</u>	<u>Countries Visited</u>	<u>Days In Country</u>				
Nancy Sloan	09-01-78	MPH	Population & Family Health-Nutrition & Program Development	English Spanish	0	50%	None	None					
<u>Teaching Unit</u>													
<u>Senior Staff</u>													
Martin Gorosh	07-01-75	Dr. P.H.	FP Program Evaluation	English French Portuguese Hebrew Yiddish	7.2	FT	Brazil-BDFAM -CPADMC	Brazil Mexico	46 2	2	5	Yes	
Carol Valentine	02-01-77 (H) 06-30-78	MPH	FP Program Development	English French	0.8	FT	None	None					
Elizabeth Kellner	01-01-78	M.P.H.	Population & Family Health	English	2	50%	None	None					
<u>Operations Unit</u>													
<u>Senior Staff</u>													
Stephen Isaacs	06-01-76	J.D.	FP Program Development	English Spanish French Thai	8.1	FT	Mexico-New Strategies G.T. Prog Budgeting Guatemala-APROFAM CBD Peru-Village Based FP Project	Mexico Guatemala Peru	26 15 10	5	8	Yes	
<u>Statistical Unit</u>													
<u>Senior Staff</u>													
Margina Lowenstein	07-01-75	MA	Statistician	English	0	FT	None	None	0	17	9		
<u>Library</u>													
<u>Senior Staff</u>													
Susan Pasquariella	07-01-75	MS	Library Science	English	12	FT	None	None		3	2		
Kathryn Speert	07-01-75	MS	Library Science	English	7.5	50%	None	None		5	4		
Judith Wilkinson	07-01-75	MS	Library Science	English	12.5	FT	None	None		1	3		
Ruth Detiner	01-01-76	BS	Library Science	English German	7.5	50%	None	None					

EXHIBIT D:
AID FUNDED PROJECT MONITOR ASSIGNMENTS

Exhibit D

AID FUNDED PROJECT MONITOR ASSIGNMENTS

<u>COUNTRY AND PROJECT TITLE</u>	<u>PROJECT MONITOR</u>
Bangladesh General Technical Assistance	Elkins
Brazil Community Based Distribution	Gorosh
MCH/FP Services in an Urban Slum	Gorosh
Hospital Based Family Planning	
Services	Gorosh
Colombia Paramedical Distribution	Torres
IUD Insertion by Auxilliary Midwives	Torres
General Technical Assistance	Torres
Guatemala Community Based Distribution for	
Agricultural Cooperative Members	Isaacs
Community Based Distribution for	
Migrant Cotton Workers	Isaacs
General Technical Assistance	Isaacs
Haiti Household Distribution in Rural Haiti	Revson
Mexico Community Based Family Planning in	
San Pablo Autopan	Isaacs
New Strategies	Torres
General Technical Assistance	Isaacs
Peru Family Planning Training INPROMI	Torres
Mid South Health Region MCH/FP Services	Torres
Village Based Delivery of FP Services	
by Community Agents	Torres
High Risk Study IMPROMI	Torres
Nigeria Community Board Distribution of Low	
Cost FP/MCH Services in Rural Area	Watson
Thailand General Technical Assistance	Rosenfield
InterRegional Library Information Program	Speert

EXHIBIT E:
MANUAL AND COMPUTERIZED LITERATURE SEARCHES
BY YEAR, BY GEOGRAPHIC AREA OF REQUEST

Exhibit E

Manual and Computerized Literature Searches by Year, by Geographic Area of Request,
Center for Population and Family Health, Columbia University, New York, 1972-November 1978

	<u>Year</u>						Jan.-Nov. '78
	1972	'73	'74	'75	'76	'77	
CPFH Staff	8	31	59	73	64	32	73
Other Columbia	-	-	1	3	14	25	20
Other U.S.	-	3	7	11	19	18	55
International Organizations	-	1	8	12	38	11	26
Other Countries	7	1	5	20	4	17	59
TOTAL	15	36	80	119	139	103	233

EXHIBIT F:
LIBRARY STATISTICS

Exhibit F

Library Statistics, Center for Population and Family Health,
Columbia University Jan. 1976-Nov. 1978

	1976		1977		1978	
	Jan.- June	July- Dec.	Jan.- June	July- Dec.	Jan.- June	July- Nov.
<u>Acquisitions</u>						
Total Monographs	42	169	173	129	125	105
Single Copies			107	96	94	70
Duplicates					27	35
Gifts (Journals & Monographs)			40	138	153	202
No. Newsletters & Journal Issues					490	425
<u>Deletion</u>						
					27	33
<u>Indexing for POPINFORM</u>						
Documents	329	299	517	819	608	418
<u>Reference</u>						
Computer Searches	47	94	61	42	120	91
Reference & Info Requests	699	756	884	817	1088	863
Library Visitors	585	638	759	669	836	668
Telephone Requests	114	118	125	148	252	200
<u>Circulation</u>						
Items Charged Out	726	680	884	645	672	694
Interlibrary Loans Processed	42	41	36	39	37	22

EXHIBIT G:
COMPARISON OF CPFH JOURNAL SUBSCRIPTIONS
INDEXED FOR POPINFORM AND
LIST OF JOURNAL TITLES INDEXED FOR MEDLINE

Exhibit G

Comparison of CPFH Journal Subscriptions Indexed for POPINFORM
and List of Journal Titles Indexed for MEDLINE by the
National Library of Medicine, Center for Population and Family Health,
Columbia University
December 1978

<u>JOURNAL TITLE</u>	<u>CPFH/ POPINFORM</u>	<u>NLM/ MEDLINE</u>
1) Advances in Planned Parenthood	x	
2) Africa-Link	x	
3) African Population Newsletter	x	
4) Agenda	x	
5) American Journal of Obstetrics and Gynecology	x	x
6) American Journal of Public Health	x	x
7) American Sociological Review	x	selective
8) American Sociologist	x	
9) Asian and Pacific Census Newsletter	x	
10) Asian Population Programme News	x	
11) Boletín Asociacion Chilena de Proteccion de la Familia	x	
12) British Medical Journal	x	x
13) Les Carnets de l'Enfance/Assignment Children	x	
14) CICRED Bulletin	x	
15) Contemporary OB/GYN	x	
16) Contemporary Sociology	x	
17) Contraception	x	
18) Current Population Reports	x	
19) Demography	x	x
20) Draper World Population Fund Report	x	
21) Economic Development and Cultural Change	x	
22) Evaluation Quarterly	x	
23) Family Planning Perspectives	x	x
24) Family Planning/Population Reporter	x	
25) Family Planning Resume	x	
26) Fieldstaff Reports (Series on World Population Problems)	x	
27) Focus: Technical Cooperation	x	
28) Forum for Family Planners in Latin America and the Caribbean	x	
29) Harvard Business Review	x	
30) Hastings Center Report	x	x
31) Health Care Management Review	x	
32) Health Education Bulletin	x	
33) Interchange	x	
34) Intercom	x	
35) International Family Planning Perspectives and Digest	x	

<u>JOURNAL TITLE</u>	<u>CPFH/ POPINFORM</u>	<u>NLM/ MEDLINE</u>
36) International Planned Parenthood Federation . . . Law File	x	
37) IPPF Medical Bulletin	x	
38) IPPF News	x	
39) Journal of Biosocial Science	x	x
40) Journal of Continuing Education in Obstetrics and Gynecology	x	
41) Journal of Family Welfare	x	
42) Journal of Health Politics, Policy and Law	x	x
43) Journal of Marriage and the Family	x	
44) Journal of Population	x	
45) Journal of the American Medical Association	x	x
46) Journal of the American Statistical Association	x	
47) Journal of Youth and Adolescence	x	
48) Lancet	x	x
49) Medical World News	x	
50) Milbank Memorial Fund Quarterly	x	x
51) New England Journal of Medicine	x	x
52) Obstetrics and Gynecology	x	x
53) People	x	
54) Pop Cen News Letter	x	
55) Population (PCC)	x	
56) Population (France)	x	
57) Population and Development Review	x	
58) Population Bulletin	x	
59) Population Centre Bangalore Newsletter	x	
60) Population et Societes	x	
61) Population Index	x	
62) Population Management Feedback	x	
63) Population Studies	x	
64) Populi	x	
65) PRB Report	x	
66) Public Administration Review	x	
67) Public Health Reports	x	x
68) Reporter on Human Reproduction and the Law	x	
69) Research in Reproduction	x	
70) Revista del Desarrollo Internacional/ International Development Review	x	
71) Science	x	x
72) Social Biology	x	x
73) Social Forces	x	
74) Social Science and Medicine	x	x
75) Sociology of Education	x	
76) Studies in Family Planning	x	x
77) Training and Development Journal	x	
78) Unesco Bulletin for Libraries	x	

<u>JOURNAL TITLE</u>	<u>CPFH/ POPINFORM</u>	<u>NLM/ MEDLINE</u>
79) UNFPA Newsletter		
80) World Education Reports	x	
81) World Fertility Survey Basic Documentation	x	
82) World Fertility Survey Occasional Papers	x	
83) World Fertility Survey Scientific Reports	x	
84) World Fertility Survey Summary of Findings	x	
85) World Fertility Survey Technical Bulletins	x	
TOTAL	85	19

APPENDIX A:

CPFH PROJECTS UNDER AID CONTRACT

Appendix A

CPFH Projects Under AID Contract
(Summarized for Evaluation Team by CPFH Staff, December 15, 1978)

A. Community Based Distribution and Paramedical Projects

<u>Country/Project Title/ Organization/Duration/ Funding</u>	<u>Project Description</u>	<u>Target Population</u>	<u>Contraceptive Methods</u>	<u>Evaluation Mechanisms</u>	<u>Results (or Status)</u>	<u>Remarks</u>
1. Brazil/Community- Based Distribution/ BENFAM/11/78-12/80/(1)	To increase contraceptive prevalence, all methods will be added to existing pill programs in 5 states; age an all method program from the start will be initiated in a 6th state (together with parasite control); a social marketing program will be tested in a 7th state. All innovative program will be evaluated, and BENFAM's evaluation activities will be strengthened.	5,000,000 women of reproductive age	Pill, condom, IUD, diaphragm, jelly, Esko foam, foam tablets. Only pill, condom, foam in social marketing experience.	Redesigned service statistics. In addition, in Piaui State, preprogram and impact surveys.	Planning underway; evaluation designs being worked out; services to begin early 1979.	Brazil is by far the largest country in the world without a well developed system of national family planning services. Despite great wealth in some quarters, much of the population is poverty stricken. The need and potential for programmatic expansion are clear.
2. Brazil/MCH/FP Services in an Urban Slum Area/CPA/MC/ 2 years/(2)	Evaluation of new UNFPA funded program to strengthen hospital, clinic, satellite units, and home services program.	100,000 population	IUD, pill, condom, foam; sterilization?	Service statistics; possibly surveys.	Program development beginning.	
3. Brazil/Hospital Based Family Planning Services/CPA/MC/2 years/ (3)	Development of hospital postpartum program (relatively new in Brazil) including use of paramedical personnel	50,000 Women	IUD, pill, condom, foam; sterilization?	Service statistics; possibly surveys.	Program development beginning.	Since Brazil is 60% urban & a high proportion of urban women deliver in hospital, the potential for replication is great.

(1) Project funding estimated at \$500,000 in future years.

(2) UNFPA funding of \$1.5 million.

(3) FPLA funding to be sought.

(continued)

(continued)

<u>Country/Project Title/ Organization/Duration/ Funding</u>	<u>Project Description</u>	<u>Target Population</u>	<u>Contraceptive Methods</u>	<u>Evaluation Mechanisms</u>	<u>Results (or Status)</u>	<u>Remarks</u>
4. Colombia/Paramedical Distribution/PROFAMILIA/ --/53,500	Assistance to PROFAMILIA paramedical personnel experiments.	1,532 Acceptors	IUD, pill, steriliz- ation	Doctor-nurse comparisons	Nurses reluctant to insert IUD, fearing pregnancy. Used pills & recommended steriliza- tion more. Nurses & MDs had comparable IUD continuation.	
5. Colombia/IUD Inser- tion by Auxilliary Mid- wives/PROFAMILIA/--/ \$7,300	Assistance to PROFAMILIA paramedical personnel experiment.	c.1000 Acceptors	IUD	Doctor-auxilliary nurse comparisons	Analysis underway.	
6. Guatemala/Community Based Distribution for Agricultural Cooperative Members/APROFAM, FECCOAR/ 7/77-6/79/553,000(4)	Establishment of 200 community distribution outlets.	13,000 FECCOAR members plus their families	Pill, condom	Service statistics, evaluation survey.	Services underway; survey in early 1979.	
7. Guatemala/Community Based Distribution for Migrant Cotton Workers/ AFROFAM/6/78-6/79/ \$25,000	Establishment of community distribution outlets in all 18 cotton plantations	33,000 migrant cotton pickers	Pill, condom	Service statistics, evaluation survey.	Services underway; survey in November 1979 during next harvest period.	Contraceptive distri- bution to a migrant worker population (together with deri- vative FPIA financed CSD projects for migrant coffee and sugar laborers) is almost unique in Latin America, indeed in the world, and may have wide application as a model.

(4) Covers FECCOAR through 12/31/78. An additional \$29,000 to be provided for 1/1/79-6/30/79.

(continued)

(continued)

<u>Country/Project Title/ Organization/Duration/ Funding</u>	<u>Project Description</u>	<u>Target Population</u>	<u>Contraceptive Methods</u>	<u>Evaluation Mechanisms</u>	<u>Results (or Status)</u>	<u>Results</u>
8. Haiti/Household Distribution in Rural Haiti/Division of Family Hygiene, MCH/4/78-6/81/ \$11,000(5)	Planning, implementation, evaluation of household distribution of contra- ceptives and simple medicaments in rural areas.	6,000 population in 18 villages	Pill, condom, foam	Service statistics, base-line survey, community surveys every 4 months; compare male and female distributors; compare contracep- tives alone, and contraceptives with medicaments.	In area 1, contracep- tive prevalence rose from 3 to 27% in one village, from 5 to 15% in another.	Much broader expan- sion of the project under consideration.
9. Mexico/Community Based Family Planning in San Pablo Autopan/ Autonomous Univ. of State of Mexico, MCH/ 5/76-10/77/\$18,000	Use traditional practi- tioners and health promoters to deliver family planning services at village level.	Town of 8,000 population	Pill, condom, IUD	Service statistics, post-project survey	Dramatic increase in contraceptive pre- valence	Project not totally replicable due to high cost. Some key elements incorporated into New Strategies Program which evolved out of this project.
10. Mexico/New Strategies/DGAMHFF/ 9/77-4/81/\$1,800,000	Use of community agents to deliver FP/MCH services in rural areas of 4 states and urban slums in Mexico City. Test of various modes of distributor compensation.	Total pop- ulation of 1,200,000	Pill, condom, IUD referral	Service statistics, baseline census, surveys at 18 and 36 months.	Baseline census underway.	
11. Peru/Mid-South Health Region MCH-FF Services/INMDSI, Mid-South (Ica) Health Region/1/79- 5/82/\$1.7 million	1,700 community agents will provide simple health and family planning services in the villages.	600,000 population	Pill, condom, IUD referral	Baseline census, service statistics, simple surveys at 18 months and end of project.	Active planning and project pre- paration underway.	This is an important project in a major Latin American country which until recently has been hostile to family planning. The project developed model may be extended to other health regions or nationally.

(5) \$150,000 of project costs have been assumed by local AID Mission.

(continued)

(continued)

<u>Country/Project Title/ Organization/Duration/ Funding</u>	<u>Project Description</u>	<u>Target Population</u>	<u>Contraceptive Methods</u>	<u>Evaluation Mechanisms</u>	<u>Results (or Status)</u>	<u>Remarks</u>
12. Peru/Village-Based Delivery of FP Services by Community Agents/ INPROMI, Arequipa Health Region/7/76-6/79/ (6)	Community agents (promoters) provide simple health (and, beginning in 1979, family planning) services to their neighbors.	9,000 in 4 villages near Chivay plus an additional population in the Chorrillos marginal area near Lima.	Pill, condom, IUD referral	Service statistics.	Chivay project underway and Chorrillos project being designed on basis of Chivay model.	
13. Peru/High Risk Study/INPROMI/11/77- 10/78/(7)	Determination of the relative importance of age, parity, and other socio-demographic characteristics and pathological conditions in reproductive risks to mothers and infants.	47,000 women delivering in 33 hospitals 6/76-5/77	--	Hospital records, multiple & partial correlation analysis.	Completed 9/78. Women can now be classified as to degree of reproductive risk at each stage of pregnancy.	Since reproductive risks are quite high in the Peruvian setting, the study makes a strong case, in effect, for a more liberal FP policy on health grounds; high risk women are now eligible for MCH and FP services in public hospitals.
14. Nigeria/Community Based Distribution of Low Cost FP and MCH Services in Rural Nigeria/Univ. of Ibadan (Dept. OB/GYN)/ 1/79-12/80/(8)	Traditional birth attendants and other village agents will deliver FP and MCH services in their villages after training by government midwives.	30,000 population (est.) in 40 villages	Pill, condom, foam; IUD & DMPA referral	Service statistics, baseline & post- surveys.	Project proposal submitted, early approval expected. Project expected to begin early 1979.	There has been no previous integrated community-based FP and health project of this type in Sub-Saharan Africa; others may follow if this one succeeds.

(6) USAID/Peru funding (\$20,000)

(7) Bilateral funding from AID/Peru to INPROMI

(8) Projected funding estimated at \$109,762 in future years

(continued)

(continued)

Country/Project Title/
Organization/Duration/
Funding

Project Description

Target
Population

Contraceptive
Methods

Evaluation
Mechanisms

Results
(or Status)

Remarks

15. Sudan/Village
Based Delivery of
Family Health & FP
Services/Univ. of
Khartoum, MOH, MSA/
1979-1981 (exact
dates as yet
uncertain)/(9)

Paramedical personnel
will be reoriented to
deliver low-cost FP
and basic health
services at village
level.

100,000
population
in 50
villages

Pill; IUD referral

Service statistics,
before and after
prevalence/status
surveys.

Under development;
project proposal
expected early
1979.

(9) To be determined

APPENDIX B:

GENERAL TECHNICAL ASSISTANCE

Appendix B
Tony Bennett-Thailand *Department of State*

UNCLASSIFIED

OUTGOING *11-1*
TELEGRAM

PALE 01 STATE 322560
ORIGIN AID-52

8896

STATE 322560

INFO OCT-81 OCT-89 /062 R

RESPONSIBILITY TO ARRANGE INTERVIEWS. AID/W WELCOMES USAID
SUGGESTIONS ABOUT PRIORITIES FOR VISITS AND LOGISTIC
INITIAL BRIEFING IF POSSIBLE.

DRAFTED BY DS/PCF/R CHERRITT:YN
APPROVED BY DS/POD/R RAVENHOLT
DS/POF/R OUGILLESPIE
DS/POF/R SIA RAYTON (DRAFT)
ASIA/ST/AFM OSKINDING (DRAFT)
ASIA/ST RAYOR (PHONE)
DS/PO WALLI (DRAFT)
DS/PC/LA:DOENMAN (DRAFT)
LA CAR-JLOCKHARD (INFO)
LAC DR-MBRACKETT (INFO)
DESIRED DISTRIBUTION
48 ACTION POP CMON 2 4 8 INFO PPC ASIA G LA 11 AA/OS 8;SIA 4 CNST
CIS DGB DS/NEA DS/OP CA CDC OB 52P
-----118761 2303482 /15

7. REGRET SECRET NOTICE AND THAT INTENSIVE REVIEWS IN
WASHINGTON AND NEW YORK WERE INSUFFICIENT FOR EVALUATION
PURPOSES, BUT AGREE THAT FINAL REPORT SHOULD REFLECT SOUND
FIELD EVALUATION. REQUEST USAID COMMENTS AND CONCURRENCE.
CHRISTOPHER

P 230159Z DEC 78
FM SECSTATE WASHDC
TO AMEMBASSY BANGKOK PRIORITY
AMBASSY PORT AU PRINCE PRIORITY

UNCLAS STATE 322560

AIDAC

E.O. 117085 N/A

TAGS:

SUBJECT: POPULATION: INTENSIVE EVALUATION OF CENTRAL
CONTRACT WITH COLUMBIA UNIVERSITY

1. PER SCHEDULE, AID/W CENTRALLY FUNDED CONTRACT WITH
COLUMBIA UNIVERSITY (AID/PMA-C-1107) WILL EXPIRE JUNE 30,
1979. IN PREPARATION FOR SUCCESSOR CONTRACT OR GRANT FOR
CONTINUATION OF SIMILAR SERVICES AND ASSISTANCE, AN INTEN-
SIVE TEAM EVALUATION OF THE CONTRACT WAS INITIATED IN EARLY
DECEMBER. TEAM CONSISTED OF DR. ROGER ROCHAT (CDC), CHAI-
BIN PARK (U-M CENTER), AND GAINES TURNER (IHPP). AID/W
DEBRIEFING VERY FAVORABLE.
2. TEAM AND DS/PROGRAM OFFICE FELT STRONGLY THAT FIELD
EVALUATION WAS INDISPENSIBLE BEFORE FINAL REPORT, AND THAT
VISITS TO RESIDENT ADVISORS WERE MOST IMPORTANT. REGU-
LATION REQUESTED VISITS TO THAILAND AND HAITI.
3. PROPOSED TIMES FOR EACH: ESTIMATED THREE DAYS BETWEEN
JANUARY 12 AND 20, 1979.
4. PROPOSED VISITORS: THAILAND, CHAI-BIN PARK; HAITI,
ROCHAT OR TURNER.
5. THE EVALUATION SCOPE OF WORK FOLLOWED BY PCOM
ACCOMPANIED BY FIRST DRAFT OF EVALUATION FINDINGS BASED
UPON NEW YORK SEGMENT, AND BIGDATA ON PROPOSED EVALUATORS.
MAIN RESPONSIBILITY OF EVALUATOR WILL BE TO ASSESS THE
VALUE OF THE COLUMBIA UNIV. ASSISTANCE TO THE HOST COUNTRY
AND TO THE USAID TO COMPARE THEIR PERFORMANCE WITH THAT
OF OTHER FOREIGN ADVISORS. THEY WILL ALSO NEED TO ASSESS
THE QUALITY OF THE SUPPORT AND ADVISORS RECEIVE FROM THE
NEW YORK CENTRAL OFFICE.
6. IT IS EXPECTED THAT THE EVALUATORS WILL BE MINIMALLY
RESPONSIBLE FOR CONTACTING (1) THE COLUMBIA UNIV ADVISOR,
(2) THE COORDINATE USAID OFFICIALS, AND (3) THE THREE OF
FOUR HOST COUNTRY OFFICIALS WITH WHOM THE ADVISOR WORKS
MOST CLOSELY. WE UNDERSTAND THAT COLUMBIA UNIVERSITY WILL
NOTIFY THE ADVISORS OF PROPOSED VISITS AND OF THEIR

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Department of State

INCOMING
TELEGRAM
6597

1:amf/-2

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PAGE 01
ACTION AID-31

BANGKO 38228 2920172

Act. 2

INFO OCT-01 EA-12 OES-09 /053 W -----041057 2920372 /43

Pop

P-291225Z DEC 78
FM AMEMBASSY BANGKOK
TO SECSTATE WASHDC PRIORITY 7145

12/10

UNCLAS BANGKOK 38228

AIDAC

12/10-2

EO 12065: NA
SUBJ: POPULATION: -EVALUATION OF COLUMBIA UNIVERSITY
CONTRACT

FOR DS/POP

REF STATE 322560

12/10

1. WHILE WE RECOGNIZE THE IMPORTANCE OF A FIELD
EVALUATION OF THE SERVICES PERFORMED BY THE COLUMBIA
UNIVERSITY ADVISOR, WE SUGGEST THAT AID/W CONSIDER A
FAR LESS COSTLY AND PERHAPS EQUALLY EFFECTIVE MEANS OF
DOING THIS. RATHER THAN AID/W FINANCING A THREE-DAY
JAUNT HALFWAY AROUND THE WORLD, USAID WOULD BE
DELIGHTED TO EVALUATE THE EFFECTIVENESS OF THE ONE
CONTRACT ADVISOR.

12/10

12/10

DS/POP

DSB

WADS

CMGT

OP

12/10

APC

2. IT IS OUR MODEST JUDGMENT THAT WE HAVE THE CAPABILITY
TO ATTAIN AN ACCURATE ASSESSMENT FROM THE MOPH ON THE
VALUE OF MR. BENNETT'S SERVICES AND COMPARE HIS TASKS
AND PERFORMANCE WITH THAT OF OTHER FOREIGN ADVISORS.
WE WILL ALSO PROVIDE AN ASSESSMENT OF THE VALUE OF HIS
ADVISORY SERVICES TO USAID. SINCE THERE IS ONLY ONE
ADVISOR HERE UNDER THE COLUMBIA UNIVERSITY CONTRACT,
THERE SHOULD BE LITTLE DIFFICULTY IN DETERMINING THE
QUALITY OF SUPPORT THE ADVISOR RECEIVES FROM THE
CENTRAL OFFICE. FINALLY, THE ADVISOR HAS BEEN WORKING
MOST CLOSELY WITH MECHAI VIRAVAIIDYA, DIRECTOR OF
COMMUNITY BASED FAMILY PLANNING SERVICES (CBFPS), WHO
WILL BE AT COLUMBIA UNIVERSITY BETWEEN JANUARY 10-15
AND IN DS/POP BETWEEN JANUARY 16 AND 20. THEREFORE,
AID/W COULD SEEK MECHAI'S VIEWS DURING HIS VISIT THERE.
THIS ASSESSMENT WOULD BE CONDUCTED AFTER RECEIPT OF THE
EVALUATION SCOPE OF WORK AND IN CONFORMITY WITH ITS
REQUIREMENTS.

EDC

DMB

MBH

x22

3. PLEASE ADVISE IF THIS TIME AND COST SAVING ALTERNATIVE
IS ACCEPTABLE AND IF NOT, WHY NOT.
ABRAMOWITZ

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<u>Country</u>	<u>Project Title</u>	<u>Organization</u>	<u>Project Description</u>	<u>Duration</u>	<u>Project Funding</u>	<u>Results (or Status)</u>
1. Columbia	General Technical Assistance	Ministry of Health	Assistance with development of (1) training course for MDs, (2) personnel norms, (3) procedures manual for family planning promoters	8/76-11/77		2 training courses designed and administered to 30 MDs; personnel norms approved and being used; draft of procedures manual delivered to MCH.
2. Guatemala	General Technical Assistance	APROFAM	Assistance with all APROFAM CED projects and with evaluation, training and general organizational problems amidst extremely rapid expansion.	5/77 to date		2300 workers in 19 different APROFAM programs are to be trained. CED unit reorganized. Management, training, service statistics improved.
3. Mexico	General Technical Assistance	DGAMNIPF: Coordinación	Assistance to 1) DGAMNIPF on training, evaluation, management, and cultural aspects of project development, 2) Coordinación on evaluation	7/75 to date		Training manuals developed; Improvement in evaluation and management skills.

<u>Country</u>	<u>Project Title</u>	<u>Organization</u>	<u>Project Description</u>	<u>Duration</u>	<u>Project Funding</u>	<u>Results (or Status)</u>
4. Peru	Family Planning Training	INPROMI	Dr. Walter Torres has assisted in the design and execution of training for nurses, midwives, and evaluation staff. Dr. Krishna Roy has also assisted in Peruvian training.	3/78		91 nurses & midwives trained in family planning; 25 evaluators trained
5. Bangladesh	General Technical Assistance	Dacca Univ. Institute of Statistics & Research Training; Ministry of Health & Population Control; Bangladesh Social Marketing Program.	Drs. Elkins, Rosenfield, Van Wie and other CPFH staff are assisting several agencies in the development and evaluation of a variety of experimental projects	1/77 to date	a)	Several projects are underway and a model than a level family planning and simple health care project is under discussion.
6. Thailand	General Technical Assistance	Research & Evaluation Unit (Nat'l Family Planning Program); School of Public Health, Mahidol Univ; Community Based Family Planning Services; UNFPA; PCC	Anthony Bennett provides a broad range of resident advisory services to the Thai agencies, backstopped by Rosenfield and other CPFH staff.	7/76 to date		Bennett's 2 year assignment extended to 4 years at request of NFFP.

a) Project funding from ICARP (AID and other), UNFPA, Govt. of Bangladesh, Bangladesh Contraceptive Social Marketing Program

<u>Project Title</u>	<u>Organization</u>	<u>Project Description</u>	<u>Duration</u>	<u>Project Funding</u>	<u>Results (or Status)</u>	<u>Remarks</u>
7. Library Information Program	CPFH	The CPHH Library acquires, indexes, contributes to POPINFORM, and answers search requests for fertility control materials with emphasis on family planning program development & evaluation, and operational research methodology, and, as of 10/1/78, health materials relevant to integrated health and family planning projects. Library staff abstract all these materials for POPINFORM.	1969 to date		Literature searches increased from 15 in 1972 to 233 in 1978 (through 11/28). Library has 2,000 books, 100 subscriptions, and 8500 published & unpublished documents.	Bibliographic work at the CPHH library feeds into the publication of the <u>Population Reports Series</u> . When POPINFORM is integrated into MEDLINE, the data base will assume greater importance for searches worldwide.

APPENDIX C:

UNCLASSIFIED TELEGRAMS

APPENDIX C

A UNCLASSIFIED

DS/POP/R:GMERRITT:GBC
01/05/79 59686
DS/POP:RTRAVENHOLT

DS/POP/R:DGGILLESPIE
ASIA/TR:SSINDING {DRAFT}

DS/POP/ASIA:RLAYTON {DRAFT}
ASIA/PT:RTAYLOR {INFO}

PRIORITY BANGKOK

AIDAC

E.O. 11652: N/A

TAGS:

SUBJECT: POPULATION: CBFPS/FPFH EVALUATION

REF: A - BANGKOK 37295; B - BANGKOK 37300;
C - STATE 309162; D - STATE 322560; E - BANGKOK 38228.

1. PER REFTTEL A, PARA 1, WE UNDERSTAND THAT KHUN MECHAI NOW IN RECEIPT OF OFFICIAL INVITATION FROM CPFH AT COLUMBIA UNIVERSITY: RE PARA 2, PLEASE KNOW THAT AID/DS/HEA WILL HAVE AT LEAST ONE REPRESENTATIVE IN MOST OR ALL DISCUSSIONS WITH MECHAI: EXPECTED DATES OF VISIT TO AID/W: 12/17 THROUGH 12/19; PER PARA 3, WE ARE IN RECEIPT OF AND HAVE DISTRIBUTED COPIES OF MAHIDOL BASELINE SURVEY DESCRIPTIONS.

2. PER REFTTEL B, PARA I.1, PROPOSED DATES AND SCHEDULE ACCEPTED, INCLUDING EXTENSION AS NECESSARY.

PARA I.2, WE ARE IN COMPLETE ACCORD WITH THE MORE MODEST AND REALISTIC STATEMENT OF EVALUATION PURPOSES AS PROPOSED IN REFTTEL AND GLADLY PROPOSE REVISION PER SUGGESTED LANGUAGE IN REFTTEL B, AS FOLLOWS: "PURPOSE: A) TO REVIEW PERFORMANCE OF CBFPS AND MAHIDOL TOWARDS ACHIEVEMENT OF PROGRAMMATIC AND OF RESEARCH OBJECTIVES OF INVESTIGATION--SPECIFICALLY FOCUSING UPON

UNCLASSIFIED

RTR
GMC
DGG

DETERMINING WHICH, IF ANY, OF THE FOUR EXPERIMENTAL MODELS SHOULD BE CONTINUED WITH OR WITHOUT MODIFICATIONS, AND B) POSSIBLY PROVIDE SUGGESTIONS, CIRCUMSCRIBED WITHIN VARIOUS EVENTUALITIES, OF THE CONTINUING ROLE OF THE CBFPS IN ASSISTING THE RTG TO EXPAND HEALTH/FAMILY PLANNING DELIVERY SYSTEMS AND SERVICES." THIS SEEMS TO COVER BASIC SUGGESTION IN REFTEL B.

PARA I.3, COMPLETE ACCORD IN PRINCIPLE WITH PROPOSED SITES AND TEAM COMPOSITION FOR VISITS. SUGGEST ONE OR BOTH OF THE USAID OFFICIALS MIGHT WISH TO PARTICIPATE IN THE FIELD SITE VISITS.

PARA I.4A, REGARDING AVAILABILITY AND FURTHER SPECIFICATION OF THE DATA WHICH COULD BE USEFUL IN COMPARING COST-EFFECTIVENESS OF THE CBFPS/FPFH MODULES WITH OTHER EXPERIENCES, WE APPRECIATE THE MISSION'S INFORMATION. WE NOW ASSUME THAT NO USEFUL DATA WILL BE AVAILABLE FROM THE WORLD BANK ACTIVITY. RE "1977 MOPH/NFPP FREE SERVICES EXPERIMENT" WE KNOW ONLY THAT THIS WAS STATED TO HAVE BEEN KEY TO FORMULATION OF THE CURRENT FREE SERVICES POLICY FOR OCS. WE HAVE FEW FURTHER DETAILS AND THOUGHT THAT USAID MIGHT HAVE ACCESS TO MORE DETAILED DESCRIPTION, INCLUDING COSTS AND IMPACT. IF SUCH DATA ARE NOT AVAILABLE, THEN THE QUANTITATIVE COMPARISON EXERCISES ARE ACCORDINGLY REDUCED. RE LAMPANG DATA, WE ARE CONSULTING FURTHER WITH COLLEAGUES IN DS/HEA AND WILL RELAY SPECIFIC REQUESTS ASAP.

PARA I.4B, LACK OF SUFFICIENT CLARITY IN ORIGINAL CABLE. REFERENCE IS MADE HERE SIMPLY TO THE RELIABILITY AND VALIDITY ESTIMATES WHICH MUST BE MADE OF THE CBFPS/FPFH DATA PER SE. NO REF TO STANDARDIZATION OF OTHER DATA SOURCES.

PARA I.4F, RE RTG OC CHARGE POLICY: IF IT IS THE JUDGMENT OF THE USAID THAT THIS EVALUATION NOT CONCERN ITSELF WITH ANALYSIS, CONJECTURE, AND SUGGESTIONS REGARDING THE OVERALL EFFECTS UPON THE PRIVATE SECTOR, CBFPS ACTIVITIES OF THE RTG POLICY OF FREE OC DISTRIBUTION, OR THE POSSIBLE IMPROVEMENTS IN PUBLIC SECTOR COST-EFFECTIVENESS OF A SYSTEM OF CHARGES, THEN THIS PROPOSED FEATURE OF THE EVALUATION EXERCISE SHOULD BE DELETED (ITEM 4F).

3. IS USAID IN RECEIPT OF POUCHED COPIES OF ORIGINAL CBFPS EVALUATION SCOPE OF WORK AND DOCUMENTS?

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3

PER REF C, WE REQUEST USAID CONCURRENCE IN PROPOSED AID/W TEAM MEMBERSHIP ASAP, OR RATIONALE FOR NON-CONCURRENCE.

4. PER REFTELS D & E, RE COLUMBIA UNIVERSITY, RESIDENT ADVISER EVALUATION, PLEASE KNOW THAT DS/PO IS IN FULL ACCORD WITH VIEWS EXPRESSED IN REF E. FURTHER, APHA AND DS/PO EVALUATION OFFICES WERE PERSUADED BY GENEROUS OFFER AND PERSPICACIOUS LOGIC IN REFTEL. CABLE WILL BE SENT BY DS/PO WITH COLLABORATION OF APHA OFFICER AND EVALUATION TEAM. ALSO FOREGOING EXPECT TO MEET WITH KHUN MECHAI 1500 HRS. JANUARY 17 FOR INTERVIEW RE COLUMBIA U. AND BENNETT.
YY

UNCLASSIFIED

APPENDIX D:

COMMUNITY-BASED FAMILY PLANNING SERVICES

Appendix D
Tony Bennett--Thailand

COMMUNITY-BASED FAMILY PLANNING SERVICES

8 SURIWONGWIT BOI 12, BANGKOK 11 TEL. 231-0409, 231-0402 CABLE: COMBAT

CBFPS /1979

January 7, 1979

Allan Rosenfield, M.D.
Director
College of Physicians & Surgeons
of Columbia University
Centre for Population and Family Health
60 Haven Avenue
New York, N.Y. 10032

U.S.A.

Dear Allan:

Re: Mr. Tony Bennett

In keeping with our understanding when Tony Bennett began helping CBFPS on a part-time basis, I am sending a brief assessment of this contribution and performance. We have been most satisfied with him since he began acting as an informal liason between CBFPS and the NEPP soon after his position with the MOPH.

His inside placement with the Research and Evaluation Unit enables useful coordination and exchange of information on various projects and activities. During his first 1 1/2 years he developed a close working relationship with the staff in our Monitoring and Research Unit.

During the middle of his second year CBFPS decided to request a more formal contribution from him in the form of documentation and development of research activities. Through his participation at CBFPS 1 1/2 days each week, Tony helps to conclude and write up research project reports, helps translate completed reports, and conducts a service statistics evaluation exercise of the Family Planning Health and Hygiene Project. He also assists me in the formulation of new project ideas and is involved in informal discussions of directions that CBFPS will take in the coming months.

Tony Bennett's strength lies in his location and the respect for him within the MOPH. While the CBFPS relationship with the MOPH is solid and supportive, his interaction helps translate discussions of cooperation and collaboration into real activity.

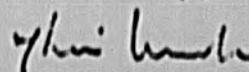
List of Activities Related to CBFPS

- Research design and sample selection for evaluation of 80 district project
- Conducted field review and assessment of CBFPS operations in Chiang Rai, with report
- Assistance in draft report of the second round of Impact Survey
- Coordination with the MOPH in evaluation of the Mahasarakam intensive vasectomy project
- Translation of the report of the Mahasarakam Project
- Translation of the project to test the factors associated with defective condoms
- Translation of the Parasite Control Project progress report
- Drafting research proposals for submission to donor groups (PIACT)
- Compilation of English language resume of the CBFPS organization and activities
- Assistance in the development of a curriculum for the Training Centre
- Development and implementation of cost-effectiveness evaluation of 80 district project.

I am most grateful for your kind consideration in allowing Tony to spend time with us and I hope you will permit him to continue in his present function.

With much appreciation,

Yours sincerely,



Mechai Viravaldya
Director

MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE)

DATE:

PSB 2/14/79

FROM : Deputy Director, Family Planning Evaluation Division (FPED) *PR*
Bureau of Epidemiology

SUBJECT: Resource Support Services Report: Haiti, January 21-25, 1979

- I. PLACES, DATES, AND PURPOSE OF TRAVEL, AND CHIEF CONTACTS
- II. RESULTS AND COMMENTS
 - A. Background
 - B. Project Design
 - C. Status
 - D. Impressions on Value of Resident Advisor

I. PLACES, DATES, AND PURPOSE OF TRAVEL, AND CHIEF CONTACTS

Haiti, January 21-25, 1979, to conduct a site visit of Columbia University's project "Operations Research and Household Delivery" supported by Contract AID/PNA-C-1107 with local Mission support through Project No. 932-0632.

Division of Family Hygiene, Ministry of Public Health
Ary Borden, M.D., Chief, Division of Family Hygiene (DFH)
Adeline Verly, M.D., MPH, Assistant Chief, DFH
Robert Hanenberg, Ph.D., Technical Advisor, Research Section, DFH
Wilner Pierre-Francois, Coordinator, Household Contraceptive
Distribution Project
Jules Moleon, Chief, Research Section
Kercy Jacob, Research Section

AID/Port-au-Prince
Willard (Bill) Boynton, M.D., Public Health Officer
Win McKeithen, III, Population Officer

Others
Sam Wisnik, M.D., APHA Consultant
Noreen Jewel, APHA Consultant

II. RESULTS AND COMMENTS

A. Background

Columbia University's consultation in family planning and maternal and child health to the Division of Family Hygiene began in 1966 with a consultation from Dr. Sam Wisnik. About 1976, Dr. Gary Merritt, AID/W, Dr. Martin Goronch, Center for Population and Family Health, (CPFH), and JoAnn Revnon (CPFH) collaboratively designed a household

distribution project for Haiti which was intended to test the effectiveness of distributing contraceptives under 3 different strategies. The first comparison was to determine the relative effectiveness of distributing contraceptives alone versus contraceptives and simple medicaments (anti-parasitic, anti-dehydration, vitamins, aspirin, etc.). The second was to determine the relative effectiveness of having medical facilities as resupply points (clinic or mobile unit) versus local depots (individual or pharmacy) and the third was to determine the difference in cost per acceptor and per couple-year of protection in a clinic facility versus household distribution combined with development of community pharmacies and depots. Three areas of rural Haiti were selected for study. Each household in each area was to be visited and contraceptives (oral or foam) to be offered to all eligible women and condoms to all eligible men. Eligible was defined as a sexually active adult. A checklist was to be used to exclude sexually active women who were pregnant, less than 3 months postpartum if breastfeeding, and women who had health contraindications.

At the time this study was designed, contraceptives were distributed only through physician-based clinics and both fertility levels and methods of fertility control in Haiti were poorly defined. The primary focus of the Division of Family Health was on integrated maternal and child health and family planning program built upon medical and clinical infrastructures and indigenous practitioners (Agents de Santé). The full details of the project "Operations, Research, and Household Delivery" are described in agreement 78-8 of Project No. 932-0632 between AID and CPFH and the Department of Public Health and Population of the Republic of Haiti. It includes the establishment of community-based pharmacies and a timetable for the research.

Perhaps the biggest single change in research strategy, which has occurred during the project, has been the deletion of simple medicaments from the strategies. The medicines were to be made available by AID/W but in fact were never made available. However, Mr. McKeithen (AID/Port-au-Prince) states that AID was primarily interested in the impact of household distribution of contraceptives and requested that Columbia continue the research effort to evaluate the effect of distributing contraceptives door to door.

Robert Hanenberg, Ph.D., was assigned to the Division of Family Hygiene by CPFH in September 1977, following one month intensive training in the French language. During my three days in Haiti I visited the Division of Family Hygiene to discuss the status of the research project and their impression of the effectiveness of Dr. Hanenberg as a technical advisor. Since Dr. Hanenberg plans to resign his post March 30, 1979, I also inquired about management of the project following his departure.

B. Project Design

The study consists of 2,000 households in 5-6 villages in each of 3 areas. In each village 400 households are selected contiguously beginning with the headman's house and, therefore, are non-representative of the villages from which they are chosen. A single distributor with minimal literacy ability is chosen from each village. Contraceptives are distributed during a 4-month time period by the distributors, and a survey is conducted in the household as the contraceptives are distributed. Thus, each area has 3 rounds of prevalence surveys.

C. Status

Area 1, Fond Parisien, had had prior MCH and Family Planning activity and had had a family planning clinic. Household distribution was begun in January 1978, and the third round was conducted between September and December 1978. Illustrative preliminary results of rounds 1, 2, and 3 are shown in Table 1 and for rounds 1 and 2 in Tables 2, 5, 6, 9, and 10.* Table 1 shows that there was a slightly greater than 3-fold increase in the use of modern contraceptives between the baseline survey (round 1) and the second survey (round 2). There was little change in contraceptive prevalence between round 2 and 3 except for a decline in prevalence in village number 3. Table 2 shows that condoms and pills each showed about the same level of increase between rounds 1 and 2. The increase in contraceptive prevalence was fairly evenly distributed between ages 20 and 44 (Table 5) and among women with different family sizes (Table 6). During round 1, the baseline survey, 8.6% of the women were pregnant, 17.2% breastfeeding, and 74.2% were neither pregnant nor breastfeeding (Table 9). The proportions were approximately the same in round 2. The proportion of breastfeeding women using modern contraceptives increased from 8% to 33% between rounds 1 and 2. The proportion of women neither pregnant nor breastfeeding who were using modern contraceptives increased from 3% to 11% (the latter figures are not shown in Table 9, but can be easily calculated from the data shown).

Tables 10 and 11 demonstrate illustratively how one can examine transitions between states of pregnancy, breastfeeding, and use of modern contraceptives in longitudinal studies such as this one.

When round 3 is complete for Fond Parisien, it is intended that the distributors will continue to provide supplies as part of a commercial distribution system. The cost of the supplies to the distributor will be 5¢ (U.S.) for 4 cycles of pills or 75 condoms and 10¢ for 1 tube of cream. The planned retail price will be 20¢ per cycle or per 8 condoms and 40¢ per 1 tube of cream.

The second area for examining the effectiveness of contraceptive distribution is San Marc. Round 1 was conducted September-December 1978 and round 2 is being conducted (January-April 1979). I visited San Marc

*Tables are not numbered sequentially because they correspond to tables prepared by R. Hanenberg with same numbers.

with Dr. Hanenberg and Mr. Pierre-Francoise to observe their careful review of distributors' reports. The third area is Leogane which I visited to observe a training session (11 female and 1 male recruits for 5 distributors' jobs).

D. Impressions on Value of Resident Advisor

During his 15 months in Haiti, Dr. Hanenberg has designed forms for the field research, assisted with supervision, and most importantly in verification of results of the research project, has provided formal teaching to the Research Division in demography, statistics, and data processing (and feels they should have teaching in questionnaire design and data analysis). He prepared a list of special tabulations which would be of particular policy interests and which could be derived from the Haiti fertility survey. Dr. Hanenberg presented this at a WFS conference in Port-au-Prince October 25, 1978. He computed the number of current users of contraceptives from the preliminary data of the World Fertility Survey and submitted that report to USAID/OP August 7, 1978. He prepared a multi-country comparison of fertility survey data for Dr. Verly. He and Jean Kerby Jacob prepared a report in French on continuation rates of family planning acceptors (published in French July 1978 with an English abstract). Finally, Jim Allman, Robert Hanenberg, and Pierre Paisible co-authored a paper "Results of the World Fertility Survey Pretest in Petit Goave" (a report to the Canadian funding agency in French in 1978).

Dr. Bordes and Dr. Verly each reported they were pleased with Dr. Hanenberg's work and that they were anxious to have his position replaced. The chief value of refilling his position was that he improved the quality of data and was the only professional capable of demographic analysis of the data. Finally, his role in professional development of staff was valued.

I identified 3 ways in which this assignment could be improved. The value of technically trained persons, such as Dr. Hanenberg, would be markedly enhanced by receiving adequate logistics support from AID Missions. The Resident Advisor received inadequate support from the AID Mission because Mission policy does not provide for the same services for staff and contract persons. For example, Dr. Hanenberg estimated that he spent 2 of his first 12 months "processing papers;" he waited 6 months to get his car through customs. He is required to obtain various government papers (e.g., for car) periodically, and each paper consumes about one day.

Second, Dr. Hanenberg entered his assignment with limited experience in research in fertility and fertility control subject matter. His demographic training, high motivation to obtain good quality data,

and perseverance have led to good results. However, with a broader background in fertility control methods and research, he might have explored additional projects such as abortion epidemiology. Dr. Verly indicated that induced abortion occurs moderately frequently in urban areas and that in at least one government hospital 50% of medical beds were often filled with women with complications from induced abortion. She expressed an interest in studying the subject further. I also believe Dr. Hanenberg's work is of sufficient quality that he should be encouraged to submit both the study of family planning continuation rates as well as his analysis of the Fond Parisien rounds 1, 2, and 3 analysis for publication.

Finally, I think it is unfortunate that Dr. Hanenberg is leaving at this particular point in the research study. He had invested a good deal of effort in developing a project, he has been received very favorably by the Haitians with whom he works (in contrast to the last advisor who was requested to leave because of incompatibility). And, he understands the study design and data collection problems well enough to draw appropriate inferences from the data.

Win McKeithen, USAID, characterized Dr. Hanenberg as having conducted a "superb job," in part, because he was "low key" and competent. "People came to him for advice." He was "very active in the field." The 3 most important outcomes of his activities were: 1) For the first time in Haiti, pills were distributed by non-physicians using a checklist; 2) women were demonstrated to be better than males in distributing contraceptives, and 3) the prevalence of contraception in the baseline survey at Fond Parisien varied inversely with the distance from the distribution site.

I would recommend continuing to assign a Resident Advisor for the duration of the household distribution research project. The chief skills required for a replacement would include "problem-solving ability," technical demographic skills, writing skills, language skills (French and possibly Creole), a high level of motivation, and a good sense of humor in frustrating situations. He should be able to assist in applying the findings of operational research on a larger scale within the national program.


Roger W. Rochat, M.D.

PRELIMINARY RESULTS
DO NOT QUOTE

Table 1

PERCENT OF WOMEN AGE 15-49 IN 1,600 HOUSEHOLDS USING A MODERN METHOD OF CONTRACEPTION:
FOND PARISIEN, HAITI, HOUSEHOLD DISTRIBUTION PROJECT, ROUNDS I, II, AND III, 1978

<u>Village</u>	<u>Sex of Distributor</u>	<u>Round I (Jan-April)</u>		<u>Round II (May-Aug)</u>		<u>Round III (Sept-Dec)</u>	
		<u>No. Women</u>	<u>% Contracepting</u>	<u>No. Women</u>	<u>% Contracepting</u>	<u>No. Women</u>	<u>% Contracepting</u>
1. Fond Parisien	Male	536	6.2	542	11.4	--	11.2
2. Ganthier	Female	466	4.7	475	15.1	--	15.2
3. Galette Chabon	Female	448	2.9	405	27.4	--	16.8
4. Beauge	Male	--	1.2	--	2.8	--	3.0
5. (Dropped) ¹	Male	--	--	--	--	--	--
Overall			3.9		13.9		

¹Data from village 5 not included in analysis because distributor reported incorrect information.

Table 2

PERCENT OF WOMEN AGES 15-49 USING VARIOUS KINDS OF CONTRACEPTIVES,
BY METHOD: FOND PARISIEN, HAITI, ROUNDS I AND II (1978)

<u>Method</u>	<u>Round I</u>	<u>Round II</u>	<u>Absolute Percent Increase</u>	<u>Relative Percent Increase</u>
ALL METHODS	3.9	13.9	10.0	256
Pills	2.2	6.0	3.8	173
Condoms	0.4	4.5	4.1	1025
Foam	0.2	2.8	2.6	1300
IUDs	1.1	0.6	-0.5	- 45

NOTE: The absolute percent increase is the difference between the third and second columns. The relative percent increase is the quotient of the fourth and second columns times 100.

Table 5

PERCENTAGE OF WOMEN USING MODERN CONTRACEPTIVES,
BY AGE: FOND PARISIEN, HAITI, ROUNDS I AND II (1978)

<u>Age</u>	<u>Round I</u>	<u>Round II</u>	<u>Absolute Percent Increase</u>	<u>Relative Percent Increase</u>
TOTAL	3.9	13.9	10.0	256
15-19	0.0	2.0	2.0	*
20-24	3.0	15.2	12.2	407
25-29	7.6	23.1	15.5	204
30-34	6.9	20.2	13.3	193
35-39	5.1	23.4	18.3	359
40-44	1.6	14.2	12.6	788
45-49	5.2	5.7	0.5	10

NOTE: The absolute percent increase is the difference between the third and second columns. The relative percent increase is the quotient of the fourth and second columns times 100. The relative percent increase is not defined when an entry in the second column is zero.

Table 6

PERCENTAGES OF WOMEN AGES 15-49 USING MODERN CONTRACEPTIVES, BY NUMBER
OF LIVING CHILDREN: FOND PARISIEN, HAITI, ROUNDS I AND II (1978)

<u>Number of Living Children</u>	<u>Round I</u>	<u>Round II</u>	<u>Absolute Percent Increase</u>	<u>Relative Percent Increase</u>
TOTAL	3.9	13.9	10.0	256
No Children	0.0	3.5	3.5	*
1 child	1.7	16.7	15.0	882
2 children	4.2	16.3	12.1	288
3 children	10.4	22.3	11.9	114
4 children	5.7	21.1	15.4	270
5 children	9.6	24.8	15.2	158
6 children or more	7.4	24.4	17.0	229

NOTE: See the note on Table 5

Table 9

PERCENT DISTRIBUTION OF WOMEN BY RISK OF BECOMING PREGNANT
AND FOR THOSE AT RISK OF BECOMING PREGNANT BY USE OR NON-USE OF MODERN CONTRACEPTIVES:
HOUSEHOLD CONTRACEPTIVE DISTRIBUTION PROJECT, FOND PARISIEN, HAITI, 1978

	Round I (Baseline)	Round II
Already Pregnant	8.6	7.5
Breastfeeding	17.2	17.1
Using Modern Contraception	1.4	5.6
Not Using Modern Contraception	15.8	11.5
Neither Pregnant Nor Breastfeeding	74.2	75.4
Using Modern Contraception	2.5	8.3
Not Using Modern Contraception	71.7	67.1

Table 10

TRANSITIONS OF WOMEN AGES 15-49 TO AND FROM STATES OF PREGNANCY, BREASTFEEDING
AND USING MODERN CONTRACEPTIVES BETWEEN ROUNDS I AND II: FOND PARISIEN, HAITI (1978)

Round I	Round II					
	User		Non-user			
	Not Breast- feeding	Breast- feeding	Pregnant	Breast- feeding	Other	TOTAL
User						
Not breastfeeding	1.1	0.0	0.4	0.0	1.0	2.5
Breastfeeding	0.3	0.8	0.1	0.1	0.1	1.4
Non-user						
Pregnant	0.2	0.5	2.8	3.1	1.8	8.4
Breastfeeding	1.6	3.4	0.8	6.2	3.2	15.2
Other	4.9	0.8	3.1	1.4	62.5	72.7
TOTAL	8.1	5.5	7.2	10.8	68.6	100.0

NOTE: This table excludes 57 women who were not in the survey area during both rounds. Thus, the bases of the percentages differ from the bases of the percentages in Tables 1, 2, 5, 6, 7, and 9. The sum of the frequencies in the table is 100.0 percent.

Table 11

FREQUENCIES IN THE CELLS OF TABLE 10

Round I	Round II					TOTAL
	User		Non-user			
	Not Breast-feeding	Breast-feeding	Pregnant	Breast-feeding	Other	
User						
Not breastfeeding	21	0	7	0	19	45
Breastfeeding	6	15	1	1	2	25
Non-user						
Pregnant	3	9	54	60	35	161
Breastfeeding	30	65	16	119	64	294
Other	94	15	59	27	1205	1400
TOTAL	154	104	137	207	1325	1927

UNITED STATES GOVERNMENT

Memorandum

TO : DS/PO, Robert Meehan

DATE: November 21, 1978

FROM : DS/POP/R, Gary Merritt

SUBJECT: Scope of Work for Team Evaluation (Columbia University contract).

- A. Project Title/Number: Operations Research for Family Planning Programs (PROP [PP] 932-0855)
- B. Contractor: Center for Population and Family Health, Columbia University (AID/pha-C-1107)
- C. Purpose/rationale for team evaluation: This contract has been closely monitored since it began in July, 1975, but has not yet been the subject of an intensive team evaluation. Both the PROP (Project Paper) and the Contract terminate on June 30, 1979. An intensive team evaluation was scheduled for December, 1978, to:
(1) perform standard assessment of the Contractor's progress toward completion of the Contract objectives, and (2) provide assistance to AID/DS in preparation of its specifications for a successor Project and Contract. Therefore, the chief aims of this evaluation are to: (1) assess both the quality and the quantity of outputs during the past 41 months, and (2) make specific recommendations for the improvement of contractor activities (for example, in management, staffing, information dissemination, and regional focus). To accomplish this all available technical staff should be interviewed and files of all major project activities reviewed; administrative staff should be interviewed and the contract implementation and personnel system reviewed.

These aims are directly related to the intent of DS/POP to continue with a centrally-funded contract to provide interdisciplinary technical assistance in operational research for family planning programs; this evaluation should assist AID/DS in modifying the pending Scope of Work.

- D. Composition of Team: The evaluation team should consist of persons whose professional skills roughly correspond to the range of skills and organizations tasks encompassed by the Contract. This should include specifically: (a) epidemiology, obstetrics/gynecology, or pediatrics--due to the considerable programmatic emphasis upon public health, (b) sociology, anthropology, or related social science--due to the heavy emphasis upon implementation of community-based family



planning and the need for quantitative evaluation skills, and (c) federal (AID) contract/grant administration and financial management--due to the presence within the Contract of multiple sub-contract activities and coordination with many portions of the AID. All members should have had experience in management of family planning programs in developing countries and some experience in operations research. We propose the following membership: (1) team leader, Roger Rochat, M.D., Epidemiologist, Chief, Family Planning Evaluation Branch of the Center for Disease Control (Atlanta, Ga.); (2) Chai-Bin Park, Ph.D., Professor of Public Health (University of Hawaii) and Research Associate (East-West Population Institute); and (3) Gaines Turner, Associate Director/Administrator, International Fertility Research Program (Chapel Hill, N.C.). Rochat, Park, and Turner are especially well-qualified for this task, representing between them the range of skills required for the evaluation. All three will participate in the preparation of the report, with Rochat having principal responsibility.

- E. Other Observers: Representatives of DS/PO or DS/RES as desired.
- F. Dates and Places of Evaluation: The evaluation requires approximately one day initial briefing in the offices of AID/DS/POP, a minimum of five days site visiting in the Contractor's offices in New York, and one day for debriefing in Washington. Suggested dates are as follows:
- Briefing--December 1
 - Site visit--December 4-8
 - Debriefing--December 11
 - Writing--December 12-15
- G. Cost Analysis: To be determined by APHA (note: Dr. Rochat, as an employee of the U. S. Government will not be paid consultant fees, only travel and per diem).
- H. Project Background: As above, the subject Contract began in July, 1975. Between 1969 and 1975, AID had four Task Orders for family planning program evaluation and extensive library activities (collecting, indexing, filing and retrieval of family planning materials), with what was called the Institute for the Study of Human Reproduction of Columbia University (key person: Samuel Wishik, M.D.). In early 1975, the Task Orders were completed, a new director was employed, the present Center was organized, and most of the staff was changed. Though some activities and staff carried over (mainly in library activities), we are concerned in this evaluation only with the present contract. A brief history of funding follows:

FY year	Project (932-0855)		Contract (AID/pha-C-1107)
	proposed	actual	
1975	250	220	220
1976	650	650	(1st) 300 (2nd) 350
TQ	-	150	150
1977	870	650	650
1978	900	900	900
	-	900	900
1979	<u>900</u>	<u>-</u>	<u>-</u>
Totals	3,570	3,470	3,470

During the first two years of the Contract, funding was provided in approximately six-month increments. Starting in 1977, (as a result of a DS/POP review of progress-to-date), it was determined that the activities were in good accord with expectations, and funding increments for twelve month periods began. Recently, due to an acceleration of the rate of activities, the \$900,000 authorized in the PROP for FY 79 was actually put into the Contract in late FY 78 in order to permit the Contractor to go forward with sub-contract activities.

The Contract Statement of Work states ("Specific Tasks") (1): "The contractor shall develop, implement, and provide technical support to operational research projects focusing on specific problems in LDCs. A worldwide scope shall be maintained; however,...the major part of these efforts will be directed toward Latin American Countries...the contractor will collaborate closely with host country officials and research colleagues.... In addition to carrying out research projects, the contractor will provide consultative support for research at the operational level in LDCs", and (2) "...The staff shall travel overseas as necessary to develop new projects or implement previously designed operational research protocols. The contractor shall respond to requests from LDCs or AID/W for consultations and to conduct operational research for specific problems." (see pp. 2-3, Contract).

The contract (page 4, I.B.4) provides an illustrative list of sub-project operational research protocols which had already been approved by AID/PHA/POP (a through i) in 1975. In subsequent Contract Amendments, specific description was made of newer sub-project activities. The Contract Amendment in 1977 permitted the deployment of three Center Regional Representatives referred to as Resident Advisors (located in Thailand, Haiti, and Colombia).

Part of the Contract Scope of Work includes developing and updating a thesaurus of fertility control and maintaining an extensive, computer indexed library of materials (published and unpublished) in the field of family planning evaluation and operations research. It is estimated that perhaps \$500,000 has gone into the creation, maintenance, and growth of this information retrieval system over the period since its inception in 1972.

The Center for Population and Family Health at Columbia University was originally awarded this contract on the basis of sole source, predominant capabilities. This judgement, in turn, was based upon (1) what POP believed to be a unique multidisciplinary, multilingual staff composition; (2) the extensive experience of this group in family planning program evaluation and operations research in Asia, Latin America, and Africa; (3) impressive output of widely read publications of family planning programs and research; and (4) demonstrated prior responsiveness to the needs of AID/W and many USAIDs abroad. The Center presented a combination of effective collaboration with AID and practical scientific output.

- I. Measurement of Progress to Date: The preceding section was intended to provide succinct background in terms of which progress is to be measured. This Contract has been continuously monitored within the Research Division of the Office of Population by myself since July, 1975. Written and telephonic communications between the Center and the POP/R are virtually daily occurrences. Site visits to New York to work of specific studies or projects have occurred about twice a year; visits by various members of the Center Staff to Washington occur about five or six times each year. In LDCs, our offices have worked together closely (though almost never on trips together) in Mexico, Peru, Haiti, Guatemala, Nigeria, and Thailand. The files in POP/R and at the Center are replete with the records of most of these activities; these records constitute perhaps the most substantive measure (or verification) of the relations between Contract goals, inputs, and outputs.

- J. Problems and Issues: We have no special problems to which the Team's attention must be drawn. However, we hope the Team will concern itself with at least the following issues:
 1. The PROP (PP) and the resultant Contract are written with rather general language in the Scope of Work (for example, see "H" above).

This has permitted flexibility in the provision of support for studies and demonstration projects in LDCs. Such general language, however, is not in accord with recent AID guidelines for preparing and approving Project Papers and Contracts. Would the goals of this Contract likely have been better met with more specification in the Scope of Work? Should a successor contract contain more specification? Should a successor be based upon a grant or a contract?

2. The multidisciplinary and multilingual background of the staff was important to the original sole source selection of the Center. Nearly all staff have responsibilities outside this Contract; most are also teaching and/or working on domestic (New York City) projects. Does this pattern continue to suit the overall needs of this Contract? Is the existing pattern of professional skills most appropriate to current responsibilities of the Center under this Contract? Are all the staff appropriately deployed by skills?

3. Under this Contract the Center is to provide technical assistance to LDCs in overcoming operational impediments to the delivery of family planning services. This implies a level of practical organizational skill and internal management sufficient to provide a model to the LDCs. The Team should review the management of this Contract by interviewing both administrative and technical personnel in the University and reviewing the system of Contract implementation (including sub-contracts management, communication with AID/W and USAIDS).

The Team might impart some recommendations to AID and to the Center/Columbia University for further improvement in the cost-effectiveness of overall contract management (i.e., changes at AID, or the Center, or both).

4. The Team should consider the reporting performance of Center.

5. The Team should consider the utility of the library component of this Contract and provide recommendations regarding its continuation.

6. Have AID funding levels, and Technical and Contract Office support been adequate to achieve the intended outputs of the Contract?

7. Finally, and most important, the Team should consider whether the technical assistance and sub-contract support to LDCs has been effective in improving official or private sector family planning policies and programs. Is there sufficient evidence that assistance through this Contract has been useful to recipient countries? Have the outputs in the PROP (PP) Log Frame Matrix been adequately addressed?

K. Reference Documents: At the time of initial briefing (see Section F). All team members will have copies of the following:

1. PROP (Project Paper)
2. Contract AID/pha-C-1107
3. Progress Reports and expenditure (6 semi-annual)
4. Memo of Non-Competitive Procurement Review Board (6/8/78)

Subsequent to this briefing, the entire file in DS/POP/R will be available to each Team member as needed. POP/R will provide copies of whatever further materials are sought.

L. Evaluation Agenda: The agenda will begin with a half day briefing on Friday, December 1 at 10:00 in my office (Room 311 RPE). Following this briefing I propose the Team meet with other members of DS/POP and read the documents. I will be available in my office, with access to the files and (small) xerox machine on Saturday. On Sunday afternoon the Team should gather in New York to commence the site visit. They should return to Washington on Sunday, December 10, and provide debriefing on Monday, December 11 (9:00 a.m.). In New York, it is proposed that members of the Team meet with key representatives of other major family planning organizations to inquire about their collaborative arrangements with the Center (e.g., UNFPA and IPPF).