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EVALUATION REPORT
UNIVERSITY SERVICES AGREEMENTS
WITH
JOHNS HOPKINS UNIVERSITY AND
THE UNIVERSITY OF NORTH CAROLINA

A Report Prepared By:

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I. INTRODUCTION

A. BACKGROUND

Since 1971, the Agency for International Development (AID) has maintained University Services Agreements (USAs) with Johns Hopkins University, the University of North Carolina and the University of Michigan, for the purpose of developing institutional capabilities in support of population activities at these universities. The USA mechanism was evaluated in November of 1974, and the historical development and pertinent evaluative findings of that evaluation are discussed in Section II of this report.

During Fiscal Year 1976, the Agency renewed its agreement with two of the above institutions for a period not to exceed November 30, 1978 for Johns Hopkins University, and June 30, 1978 for the University of North Carolina, but with altered priorities. The renewal was based on the continuing need for a capacity to obtain solutions to specific short-term problems that arise in less developed country population family planning programs. *"The rapid expansion of many LDC programs has precipitated new operational problems. The effectiveness of many LDC programs is held back by an inability to solve problems that interfere with the planned integration of family planning/health programs and effective delivery of family planning health services."*

The current evaluation, initiated on February 14, 1977, covers the activities of the USAs from the date of the last evaluation. The decision was made by AID not to include the University of Michigan in this evaluation since that project is to be terminated on June 30, 1977.

In addition to satisfying grant requirements, the evaluation was designed to assist the universities and their sub-project investigators in identifying the strengths and weaknesses of their various programs so that they may benefit from past experiences and adjust to new needs. The evaluation may also assist USAID Missions, LDCs, and the institutions involved in project development during the final year of these agreements. When appropriate, the evaluation team followed the Project Evaluation Guidelines (AID Document No. 10261) in developing a common methodology for the conduct of the evaluation

A number of points which AID considers important to the evaluation were spelled out in a memorandum from the Project Monitor (Appendix A). These points were further clarified in discussion with appropriate AID/W personnel and discussions with the project and sub-project monitors.

In order to facilitate greater coverage for the evaluation, team members individually visited overseas sub-projects. Individual sub-project reports concerning LDC projects have been prepared by team members. Each evaluator used a common set of procedures and methods in his evaluation of sub-projects. The team met with Johns Hopkins University and University of North Carolina personnel at several levels. They consulted with the AID Project Monitors, appropriate Division Chiefs and former administrators of this program. They had free access to all AID and contractor files, documents, grants, sub-grants, and field trip reports. They investigated the grantees' managerial, administrative and sub-project evaluative procedures.

There were a total of 20 LDC based and 11 non-country specific, or USA based, sub-projects in operation during the period covered by this evaluation. The evaluation team made on-site evaluation of 12 of the LDC based sub-projects in seven countries and reviewed six of the 11 non-country and USA based sub-projects.

The team was instructed by the AID Project Monitor not to review any of the three African sub-projects. Access to in-country review of the three Colombian sub-projects was denied by USAID/Colombia and the team was unable to review the two Iranian sub-projects because of time limitations. The team also reviewed two projects under development and at least one project that had been in the planning stage and was abandoned.

This evaluation was a review and appraisal of the extent to which two universities have been able to achieve the objectives outlined in the PROPs, and cited above. The evaluation was not a financial audit, though the team was charged with scrutinizing effective management of funds.

The results of the evaluation are reported here in several sections. The first section discusses a set of general findings and recommendations not specific to any one project, sub-project or country. Section two discusses USA development to date; section three, compliance framework; and section four, project management. Reports on sub-project site visits appear as an Annex to this report. Since all of the sub-projects, except for Mexico, are in their final phase, recommendations were reserved for problems or solutions having immediate bearing.

Generally, the Johns Hopkins University and the University of North Carolina have advanced from the initial institutional capability building base to a level of providing support for problem solving activities.

Many of the recommendations offered represent less a reflection of past or present shortcomings than an indication of future directions or emphasis which the prime contractors and AID should consider in order to respond to the challenge of obtaining solutions to specific short-term problems that arise in LDC population/family planning programs.

B. SUMMARY OF FINDINGS

1. USAs promote the objectives of AID by strengthening LDC population/family planning efforts through problem solving research, development of indigenous research capability, and provide support for the formulation of LDC government policies that improve population/family planning efforts.

2. USAs have been an effective tool for enlisting both the private sector and non-population/family planning personnel in the collaborating country's government into the program development efforts.

3. USAs have increased scientific and public attention to the problem of rapid population growth in the LDCs.

4. LDC institutions, with few exceptions, are willing to cooperate with USA institutions in the planning and execution of sub-projects.

5. USAID Mission personnel need to be advised more precisely on the resources available through USA institutions and the procedure for obtaining these services.

6. USAs are effectively contributing to AID's objectives by developing and testing:

- a) bio-medical techniques of fertility regulation;
- b) demographic data and measurement techniques;
- c) techniques of analyzing economic and social variables; and
- d) improved systems of delivering family planning services.

7. USA institutions have been in basic compliance with terms of the USA agreement.

8. USA institutions have the resources and capabilities to provide services under the USA agreement.

9. The amount of funds available for core operations limits the ability of the USA institution to monitor a progressively increasing number of sub-projects, while continuing to provide support for an administrative staff and travel and development funds for new sub-projects.

10. The reporting procedure for core and sub-project activities should be reinforced to insure the dissemination of information in a timely and organized fashion.

11. USA institutions, consistent with contract requirements, augment a broad range of teaching, research and consultive service.

12. The USA sub-project mechanism tends to receive greater acceptance in an LDC in which there is not an USAID Mission than in an LDC where Mission funds are available for project development.

13. More adequate development of sub-projects could take place if a clearly defined list of country and project priorities were regularly transmitted to the USA Directors.

14. The prohibition on institution building projects needs to be modified to permit institution building in LDCs where the capabilities for research and service projects are severely limited.

15. The fact that the LDC institutions receive no overhead grants has become a source of dissatisfaction among some LDC project administrators and institutions.

16. Most sub-projects reviewed evidenced 35 percent collaborator contributions to the sub-project. (This is an approximation since no fiscal audit was conducted.)

17. Policy regarding the 35 percent LDC contribution to USA sub-projects needs clarification. Is the contribution based on total project funding or in-country allocation.

C. SUMMARY OF RECOMMENDATIONS

- IMPROVEMENTS IN CURRENT CONTRACT EFFORTS

1. Core staff should be held responsible for ascertaining technical competence of sub-project personnel and for determining project monitoring and time frame compliance.

2. Contractual requirements; i.e., reporting deadlines, time sequence, etc., should be strictly observed.

3. Adequate collaborating institution leadership and institutional support should be assured prior to sub-project approval.

4. Core staff should be required to perform annual evaluations of sub-projects with copies of the evaluation report forwarded to AID/W.

5. AID/W should review relevance of log frame requirements in light of inadequate utilization by AID/W, sub-project personnel, and Core staff.

6. Extensions beyond contract time should be severely curtailed and granted only in cases of uncontrollable delays. AID/W should be informed when these delays occur rather than waiting for the end of the project.

7. Copies of basic USA grant documents and PIO/T's should be provided USAID Mission staff in countries where new sub-projects are launched. Missions should also receive informational copies of major correspondence relating to the project and a completion report.

8. A brief synopsis of USA sub-project results and new findings affecting population/family planning delivery system improvements should be disseminated to the Population Officers to assure maximum benefits from research.

9. The primary focus of USA sub-projects should continue to be problem solving research aimed at improvement of delivery systems and patient management improvements.

10. Attention should be directed to the development of regional and multinational projects with a single data collection mechanism from multiple information sources.

11. AID/W should clarify the intent of the 35 percent collaborator contribution as to whether it is based on the total sub-project allocation or in-country allocation.

- RECOMMENDATIONS CONCERNING FUTURE USE OF USA MECHANISM BEYOND THE LIFE OF THE CONTRACT

1. AID/W should continue to support the basic concept of maintaining University based population competence through the USA mechanism.
2. Renewal of the grants, however, should be for multiple year periods in order to attract qualified personnel and to provide program continuity.
3. In extending the USA grants, consideration should be given to expected AID outputs and to general economic inflation.
4. Negotiations on grants and sub-projects should include greater concern for the proportion of the grant devoted to direct costs and overhead.
5. AID/W should assist USA institutions in the maintenance of resource capabilities to provide program related research and technical consultation services.
6. Core staff should have at least one full-time administrator to assure effective program implementation.
7. Consideration should be given to designating USA institutions for specific utilization in non-AID Mission countries; such as those emerging, those where there is no Mission because of political reasons, or recently graduated LDCs.
8. The development of regional and multinational projects should be established as a priority activity by USA institutions.
9. Sub-project funding ceilings should not include an amount for overhead. The appropriate negotiated overhead rate (recognized by HEW and DOD) be added after the sub-project is approved. (A similar system is now utilized by Niñ.)

II. THE USA DEVELOPMENT AND POLICY APPROACH

A. 211(d) PROJECTS

Support to assist in the development and operation of Population Centers was initiated between 1966 and 1968 under 211(d) grants to the Johns Hopkins University, University of North Carolina, Chapel Hill, and the University of Michigan. The Population Centers were intended to serve as nuclei for research, training and advisory expertise in population/family planning matters. The 211(d) support was intended to defray partially the cost of developing and maintaining capabilities in the population/family planning areas. Initial grants were for a five-year period.

B. THE UNIVERSITY SERVICES AGREEMENT APPROACH

When 211(d) grants completed their funding cycle, they were replaced by a new mechanism, titled a University Services Agreement (USA). The new funding mechanism also involved a change in focus. Rather than the development of capabilities at the universities, the focus was shifted toward assistance to less developed countries (LDCs) in identification and action involving population questions. Funds were provided to the three universities in two categories:

1. Core funds, which were intended to support and strengthen campus-based expertise which could be called upon for advisory, consultive services, and support.

2. Sub-project funds which would be issued to support specific research projects that had been approved and sanctioned by the host institution, an LDC agency, AID/W, and the USAID Mission involved. Each sub-project was to be funded as a separate entity, apart from the core funds that were authorized for use by the university involved.

Activities required with core support involved the employment of a specified number of faculty and technical support personnel who would have responsibility in three areas: (1) management of the grant and sub-projects, (2) performance of teaching functions in support of population/family planning instruction for international students, and (3) response to AID requests for short-term consultation and assistance.

The development of sub-projects rests with the USA institutions in response to AID/W and LDC needs. Under the original USA grants, sub-projects were divided into

two types: Type I grants were provided for problem-solving activities and could be funded up to \$50,000 per year for up to three years. Type II grants involved institution building, and could be funded for up to five years for up to \$100,000 per year.

When new USA controls were negotiated, an AID/W policy decision was made to discontinue the distinction between Type I and Type II projects. Sub-projects designed to provide institution building capability were no longer invited, and the funding limitation for all projects was adjusted to a maximum of three years for up to \$75,000 per year. The historical perspective in the distinction in types and funding is presented in this report because a number of projects in the present evaluation were established prior to the funding change.

The preparation of sub-project grant requests require a procedure which has been briefly described as follows:

1. Isolate a problem for consideration and recommend the LDC in which the project was to be executed.
2. Obtain AID/W and USAID Mission approval for travel to the proposed site.
3. Define the problem in accordance with LDC priorities.
4. Describe the resources of the USA institution and the LDC that would be brought to bear on the problem.
5. Explain the rationale for selection of the project and the site.
6. Describe the project according to a prescribed format.
7. Coordinate the proposed project with the activities of other USA institutions.
8. Obtain USAID Mission or Embassy concurrence.
9. Submit the proposal for review by the USA institution and AID/W.
10. Engage in negotiations with LDC representative.
11. Provide all documentation to AID/W with a funding request.

Since 1971, a total of 51 USA sub-projects have been funded with budgets totaling about six million dollars.

Twenty-three of the sub-projects were operated through Johns Hopkins University, nineteen through the University of North Carolina, and nine through the University of Michigan. As shown in Table 1, twenty-eight of the projects were associated with an LDC, while seven were non-country specific, and 16 projects were based in the United States. Table 1. also shows the fluctuation which has occurred in sub-project funding.

T A B L E 1.

YEAR	TOTAL NUMBER OF PROJECTS	DISTRIBUTION			ALLOCATED
		LDC	NON-COUNTRY SPECIFIC	U.S.	
1971	17	7	4	6	\$1,618,353
1972	4	1	1	2	296,423
1973	18	14	1	3	3,083,189
1974	4	2	-	2	447,231
1975	3	1	1	1	202,089
1976	5	3	-	2	300,796
TOTAL	51	28	16	16	\$5,948,081

Although the format for sub-projects suggests that projects will be operated in conjunction with LDC agencies or institutions, nearly half of the projects have been US based. When a project is based at a USA institution, it is likely to involve the use of laboratory or computer equipment that is not available for short-term projects in an LDC.

The geographic distribution of sub-projects indicate that three projects were located in African LDCs, six in Latin America, with ten in East Asia and nine in West Asian countries.

The radical fluctuation, both in number and project funding, does not appear to be related directly to the presence or absence of field and laboratory problems that might fall within the sphere of USA sub-projects. There is some suggestion that the number of projects is more closely associated with the acceptability of projects offered for AID/W consideration which had been solicited

by AID/W or USAID. During the early years of USAs, initiative for the development of sub-projects rested, to great extent, on personnel at the USA institutions. Screening devices were established at the universities to render decisions on the merits of a project before the project was forwarded to AID/W for consideration. It became evident that the university screening and peer review mechanisms were not in complete harmony with AID/W interpretation. The proportion of projects that were not funded after they cleared screening and peer review resulted in a change in planning style. Rather than prepare a project proposal in detail before sending it to AID/W, contact was made with AID/W through USA Directors to determine whether or not a proposed project fit the priority schedule of AID/W.

Although concern is expressed for the importance of USA sub-projects fitting into a priority schedule, there appears to be no specific priority listing provided to the USAs. Similarly, priorities tend to change rapidly. While a USA faculty member is in the process of drafting a proposal, arranging for counterparts in an LDC, and coordinating the proposed project with other on-going research activities, the priority rating for the project may change and a negative response received on a project that had received initial sanction.

The inability to obtain approval on proposed projects appears to frustrate some USA personnel. However, it should be recognized that Core staff receive a portion of their salary from USA funds, and that part of the responsibility associated with this compensation is assistance and consultation in response to AID requests. Recommendations on proposed areas of research need can be interpreted as part of this responsibility.

The frustration of LDC personnel when funding for a project is not awarded appears to present more of a problem than the concern associated with USA institutions. Following procedures for the development of sub-projects, the USA representative will be in contact with personnel in the LDC during project development. This contact builds a degree of anticipation on the part of the LDC person, who is not likely to receive financial support for assistance provided during the development of a proposal.

The selection of LDC personnel who will be asked to support USA projects does not appear to follow a systematic recruitment procedure. An examination of LDC counterparts for projects that have been funded suggests that the LDC person is likely to have been an alumnus of the USA institution with which the sub-

project is associated. This observation need not receive a negative interpretation. The availability of personnel in LDCs with the capability to serve as associates on a project suggests that the training mechanism at USA institutions has been functional. In addition, an alumnus is more likely to have a degree of familiarity regarding campus-based resources that can be brought to bear on a project. Since USA sub-projects are, by design, of short duration, it is unlikely that personnel from an LDC could be trained and sent to the field in the brief time span available.

In the period following the 1974 project evaluation, a total of eight sub-projects were funded with a total budget of \$502,885. The eight sub-projects consisted of three domestic (US) projects, for a total of 43 percent of the budget, one non-country specific project for 10 percent of the budget, and four LDC projects for 47 percent of the budget.

III. COMPLIANCE FRAMEWORK

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>a. <u>The Purpose:</u> is to increase the abilities of LDC institutions to solve problems that impact on the effectiveness of P/FP programs and services delivery for the poor.</p>	<p>I STATEMENT OF PROJECT PURPOSE</p> <p>a. As a result of USA projects completed or about to be completed, especially in Turkey and Bangladesh, problem solving capabilities have been developed. Personnel in the Turkey project now enjoy positions of leadership in the General Directorate for Population Planning. The Bangladesh project has trained a solid core of researchers that will be utilized in other elements of the government, and other institutions.</p>	<p>a. The self-instructional modules supported by a UNC 75-3 evaluation are being prepared for nationwide use with a full-time Outreach Worker project involving 3-5,000 trainees. Training of research personnel in Pakistan (UNC 73-10) also provides a capability for problem solving.</p>
<p>a. LDC leaders in Population/Family Planning programs identified major problems and are setting priorities for their resolution;</p> <p>b. Development of indigenous capabilities for increasing the effectiveness of P/FP Health Programs is given highest priority</p>	<p>II ASSUMPTION ABOUT GOAL ACHIEVEMENT</p> <p>a. Major problems in population and family planning have been identified as a result of USAs and priority time-tables have been set for resolution. Examples include Bangladesh where a policy on injectables was urgently needed, and in the Turkish program where training and improved service delivery programs in rural areas have been set as priorities.</p> <p>b. In all projects visited or reviewed the staff involved were properly trained in their tasks and appeared capable of carrying on in their new</p>	<p>a. An Arab Countries Conference (UNC 73-9) was designed to identify problems and establish priorities. Included in the conference were representatives from Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, Yemen, Qatar, Saudi Arabia, Sudan, Oman, Syria, and Tunisia.</p> <p>b. The Colombian, Iranian and Pakistani experiences attest to the validity of this assumption. A similar goal to improve institutional capability</p>

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II ASSUMPTION ABOUT GOAL ACHIEVEMENT (cont'd.)		
<p>c. LDC linkages with appropriate U.S. institutions are favored for developing more effective P/FP programs and services</p>	<p>professional roles after the project is terminated. The location study in the Philippines represents a research thrust that may be coupled with other research findings to develop priorities for action. The project also draws upon local research capability.</p> <p>c. The fact that there are appropriate linkages in all projects attests to this assumption; however, greater efforts must be made in coordinating USA projects with government officials responsible for family planning programs, especially in the Bangladesh project.</p>	<p>provided the basis for UNC 73-2, both in terms of operations and management.</p> <p>c. The Epidemiological study in Taiwan (UNC 73-7) was activated because a USA faculty member was able to bring expertise from other countries to bear on an LDC problem. For all UNC projects there is a linkage development between an LDC and USA. The adolescent fertility study now being planned for the Philippines provides an example of linkage.</p>
III. CONDITIONS EXPECTED AT THE END OF PROJECT		
<p>a. LDC institutions are effectively contributing to solving P/FP problems that affect the poorest majorities.</p>	<p>a. In Bangladesh the research effort has instilled a desire for both bio-medical and program research and has developed a local resource for achieving this kind of effort. It has also resulted in improved patient services and patient management, especially in the Matlab (rural) project. The community based distribution program in Taiwan has achieved great success in making contraceptives easily available.</p>	<p>a. Completed projects have generally achieved the objective of problem solving. Focus on the poorest majorities is consistent.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p data-bbox="653 426 1597 455">III. CONDITIONS EXPECTED AT THE END OF PROJECT (cont'd.)</p> <p data-bbox="32 492 713 645">b. LDC institutions are planning implementing, and evaluating their own population and service delivery programs without continued donor assistance.</p> <p data-bbox="32 822 713 976">c. Demonstration, information, communication and service programs initiated by assisted LDC institutions are replicated and/or integrated in national FP/Health Programs.</p>	<p data-bbox="750 492 1418 786">b. The best example that can be cited is the Turkish program where from April 1, 1977, the General Directorate of Population planning will function without any foreign personnel assistance. There is every indication that this will be the case in all programs reviewed except for biomedical research projects.</p> <p data-bbox="750 827 1418 1083">c. Though the Bangladesh Fertility Research Project was privately conducted, the government is now prepared to launch a nation-wide Bangladesh Fertility Research Project and establish, with the family planning program, its own research institute.</p>	<p data-bbox="1461 500 2151 756">b. The self-instructional modules project (UNC 75-3) provides an excellent example of program organization and development after a project is completed. Modules are now being prepared for both domestic use, and for possible distribution to other ASCAN countries.</p> <p data-bbox="1461 830 1828 860">c. See note "b" above.</p>
<p data-bbox="32 1219 702 1343">a. Cooperative involvement in solving LDC problems will improve LDC capabilities to respond to P/FP needs in their own environment.</p>	<p data-bbox="761 1158 1397 1187">IV. ASSUMPTIONS FOR ACHIEVING PURPOSES</p> <p data-bbox="750 1224 1418 1414">a. As a result of making USA based consultant and technical services available, the capability to respond to PFP needs and problems within their own environment was improved in every project reviewed.</p>	<p data-bbox="1461 1232 2151 1422">a. Suggestions from LDC personnel indicate that cooperative actions have moved some LDC's to a stage where they consider themselves to have the capability for program development without additional support from a USA.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>b. Counterpart LDC institutions will appropriately use U.S. University resources to implement more effective P/FP activities for the poorest majorities.</p> <p>c. LDC's are committed to further develop, support and draw upon their own resources as institutional capabilities improve and donor assistance phases down.</p>	<p>IV. ASSUMPTIONS FOR ACHIEVING PURPOSES (cont'd.)</p> <p>b. Most projects visited had personnel that were trained at the U.S. universities and they were engaged in activities seeking to implement this objective.</p> <p>c. Good examples of achievement of this purpose are Turkey and Bangladesh.</p>	<p>b. Since UNC has provided a training base for LDC personnel, as well as a resource for research support, LDC personnel are familiar with UNC facilities and faculties. It is reported that communication frequently takes place at the consultation level as projects are developed.</p> <p>c. Taiwan provides an example of a project where the LDC had to proceed on its own following the loss of outside resources. However, the condition is not general. Most LDC's contacted have encountered serious balance of payment deficits and have not placed population at a priority level that will enable adequate resources channeling into the problem.</p>
<p><u>Kind of Outputs</u></p> <p>a. P/FP Programs assisted in priority LDC's.</p>	<p>V. PROJECT OUTPUTS</p> <p><u>Output Indicators</u></p> <p>a. On-going family planning research, technical and training data was shared with the LDC institutions. A greater effort must be made in keeping USAID and project monitors informed.</p>	<p>a. Priorities tend to change while projects are in operation. Not all projects are in LDC's with the highest need priority. Greater emphases should be placed upon the selection of LDC's in which projects are to be developed.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>b. Cooperative work (Sub-project) proposals developed with participating LDC institutions</p> <p>c. Collaborative problem-solving sub-projects implemented.</p>	<p>V. PROJECT OUTPUTS (cont'd.)</p> <p>b. During the evaluation period five sub-projects were developed. Three of these were developed with and within LDC institutions. These were designed to collaboratively develop more effective research (JHU TQI and JHU 76-1) and improve service delivery programs (JHU 76-3).</p> <p>c. See b above.</p>	<p>b. The number of sub-projects suggested by the contract has been achieved, and additional projects are being developed. No projects were funded during FY 76, while three were funded in FY 75. There appears to be a tendency to initiate projects that have a US base or are non-country specific. While UNC indicated that they have research personnel and contacts in LDC's where projects could be developed, action toward development of a project is not attempted until AID/W sanctions the activity as a priority.</p> <p>c. As indicated in Vb, only one project initiated by UNC during the past two years has been based in an LDC. There is continued activity on a number of projects that were developed earlier, in some cases extensions have been given to continue work on a project after the established termination date, and termination of projects does occur before work objectives have been achieved.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>a. Indigenous FP Health Services expanded and functionally improved.</p> <p>b. Indigenous research and training programs developed.</p>	<p style="text-align: center;">VI. THE LDC INSTITUTIONS</p> <p>a. During the evaluation period FP/Health services in all LDC visited were expanded by the cooperating institutions, and linkages were established with other FP/Health providers at both the local and regional level.</p> <p>b. The institutions that have been assisted are now producing trained manpower for planning, implementing and evaluating their own P/FP programs, except in the bio-medical research field.</p>	<p>a. In all countries visited, health services have been improved, although the rate of improvement may not be able to keep pace with inflation. When a project is conceived and tested, the goal is for nationwide implementation if benefits are evident. During the tenure of the project, conditions frequently change which make it impossible to expand and adopt new services. Examples are the loss of UN membership by Taiwan and the impact of energy costs noted for nearly all LDC's.</p> <p>b. Projects developed by indigenous personnel are frequently a "spin off" of a USA project. The self-instructional modules in the Philippines are an example of local agency development as a result of a successful project. While no site visit was conducted, reports indicate that an earlier project (UNC 72-1) in Thailand resulted in a much broader based research effort than was originally operated with USA support.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>VII.</p> <p>a. Exercise continued leadership within the Population Center and various schools and departments of the University to provide graduate teaching, advisory services and technical assistance commensurate with LDC and International P/FP needs.</p> <p>b. Continuously develop and improve its management and evaluation capabilities for implementing LDC sub-project activities.</p>	<p>BASIC ASSUMPTIONS ABOUT PRODUCTION OF OUTPUTS</p> <p>a. The Population Center has a diversified focus within the schools of the university. Almost 50% of the projects undertaken during this evaluation period were conducted by Principal Investigators within the School of Medicine. Most of the others in the School of Public Health and Hygiene.</p> <p>b. Perhaps because of transition in leadership, reduced funding, or lack of academic relevance, this Core project has fallen behind in contractual requirements. Annual sub-project evaluations are not made. Annual reports and other documentation, such as research protocols requested in two projects, are either not submitted or late.</p>	<p>a. The availability of USA personnel and the broad based organizational design, which includes a number of departments in various colleges, has afforded the opportunity to provide instruction and technical support to a wide constituency. Evidence is the range of research and training programs involving LDC countries or personnel. There is evidence of a commitment on the part of administrative leadership at the university, and legislative support is evident by the inclusion of CPC as a line item in the budget and the receipt of State support.</p> <p>b. While the capabilities for sub-project development are in evidence, action is not. The University does maintain a review process and has prepared reports and evaluations in accordance with the contract, but has not developed new LDC sub-projects. There is also some suggestion that projects are permitted to lag behind scheduled completion date and to request time extensions rather than to exert effort toward project completion. Some communication lags have developed in terms of completion reports and the dissemination of information on findings.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
VII. BASIC ASSUMPTIONS ABOUT PRODUCTION OF OUTPUTS (cont'd.)		
<p>c. Maintain and provide effective leadership for solving LDC P/FP problems and accelerating development of LDC institutions.</p> <p>d. Maintain professional linkages with LDC institutions following phase-out of AID assistance.</p>	<p>c. Though problems emerged in this regard in the review of the Bangladesh projects effective leadership has been provided in all other LDC collaborative projects.</p> <p>d. In the one project reviewed after project completion it was evident that JHU maintains excellent professional linkages with previous USA sub-project personnel.</p>	<p>c. See VII (a)</p> <p>d. The fact that many LDC personnel involved in USA sub-projects are alumni affords the opportunity for continued interaction following completion of projects. There is evidence to suggest that some of the relationships have continued for up to a decade, and involve assistance in obtaining new grants, funds for attendance at meetings to present research findings, and additional training.</p>
VIII. LDC INSTITUTIONS WILL:		
<p>a. Accept U.S. University collaboration for solving P/FP research, policy and service delivery problems;</p>	<p>a. Generally the LDC institutions visited welcomed U.S. University participation. Some criticism was voiced concerning the amount of money retained at the US institution, the non-payment of LDC institution overhead, and lack of relevance to country specific problems. Most serious charge in this evaluation was made in Bangladesh where it was</p>	<p>a. The acceptance of UNC personnel ranges from extremely positive to a matter of expediency. As the capabilities of LDC personnel improves, a reluctance to accept a secondary role increases and the desire to be Project Leader or PI increases. There is little evidence to suggest that research findings are being exploited by UNC at the expense of LDC personnel</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>b. Provide financial, personnel and other resources for supporting jointly-planned sub-projects; will assume responsibility for continuing the functions developed through these sub-projects and will maintain professional linkages with U.S. institutions after AID support ends.</p> <p>a. Provide administrative/supervisory services for managing the USA Grant and all on-going sub-projects; prepare annual work-plans, budgets, project and fiscal reports and participate in AID reviews and evaluations.</p>	<p>VIII. LDC INSTITUTIONS WILL: (cont'd)</p> <p>alleged that the USA institutional representatives lacked concern for the people in the country where they worked. "They just are concerned with getting articles for US academic publications."</p> <p>b. All LDC sub-projects visited have host country participation by providing financial, personnel and other resources for supporting the sub-project. All non-biomedical research projects evidenced desires for continuation of activities after cessation of AID funding and for the maintenance of linkage with the U.S. University involved.</p> <p>IX. CORE ACTIVITIES</p> <p>a. Much greater effort is needed on the part of core staff to assure proper administrative supervisory services. See VII b.</p>	<p>although LDC research participants assume a very defensive posture to insure that they do obtain recognition. The greatest acceptance of UNC personnel appears to involve areas where laboratory and computer needs can be met by UNC but not by the LDC.</p> <p>b. At all sites visited, the LDC provided support for research and project activity. It appears that the support is far in excess of the amount required by the contract. Examination of completed project sites indicates that activities are not likely to be discontinued when USA funding ends, provided the project was successful.</p> <p>a. The organizational structure lends itself to providing supervisory and managerial services available. In some instances the actual support was less than might be ideal.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>b. Perform on-campus teaching functions supportive of the University's existing P/FP health programs for international students.</p> <p>c. Respond to LDC, Mission and AID requests for short-term problem-solving assistance and for developing LDC sub-projects endorsed by AID.</p> <p>d. Advisory Services: advise, report and inform AID and other agencies requesting information on new techniques and developments relating to P/FP programs.</p> <p>e. Facilities</p>	<p style="text-align: center;">IX. CORE ACTIVITIES (cont'd)</p> <p>b. Core staff is actively involved in teaching population relevant courses in several schools of the University.</p> <p>c. Core personnel perform technical and consultative services, in LDC's and in support of USAID.</p> <p>d. Through publications, like the Fertility Research Report issued in Bangladesh, presentation of papers at conferences and other methods of communication JHU disseminates information concerning new methods and new means of service delivery of improvements.</p> <p>e. In all sub-projects and Core offices visited, adequate facilities for accomplishment of objectives were noted.</p>	<p>b. The teaching function associated with the USA grant appear to be well covered. Courses are offered in a number of disciplines provided through several colleges at the University.</p> <p>c. Evidence suggests that personnel are called upon for consultive services, although not at the range of level that is available. The use of UNC Core personnel by AID/W, Missions and LDC's could be increased and accomplished at a higher skill level than is evident at present.</p> <p>d. The library service appears to provide a resource that is used by a range of professionals, including direct USA associates and academic personnel who are not involved in USA activities.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>a. Provide counterpart personnel, facilities, equipment and limited logistic support for all jointly-planned sub-projects.</p> <p>b. LDC contribution will approximate 35% of the AID assistance for each sub-project.</p>	<p style="text-align: center;">X. LDC</p> <p>a. Counterpart personnel was provided in all sub-projects reviewed, though somewhat limited in its practical application in Bangladesh. Facilities, equipment and limited logistical support was provided and approximated about 35% of the in country expenditures related to the sub-project.</p> <p>b. See above.</p>	<p>a. In no instance did it appear that the LDC was not providing support for USA sub-projects. It is likely that the support is greater than would be required. It appears that USA projects may be used as a training mechanism within LDC's and have resources associated with the training available to them. Since no direct accounting ledger is prepared to verify that the LDC support amounts to 35%, compliance is evident only by observation and by the comments of USA Project Leaders.</p> <p>b. See above.</p>
<p><u>Core Support-</u></p> <p>a. Core support is designed to permit the institution to administer the Agreement, provide short-term technical assistance and advice to LDC and USAID population/family planning programs, and to develop proposals for new sub-projects under the Agreement.</p>	<p style="text-align: center;">XI. INPUT SPECIFICATIONS</p> <p>a. Core personnel budgets were reviewed and core personnel were interviewed to ascertain compliance with this provision. University has sufficient personnel engaged to provide proposal development, technical assistance and adequate administrative staff to meet present level of effort.</p>	<p>a. Evidence suggests full compliance with Core support requirements. While personnel are available to develop sub-projects, they act only when there is an indication that the activity they propose holds priority status with AID/W or an LDC.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>a. Sub-project support is designed to encourage and enable the U.S. grantee institution to undertake small scale, short duration innovative test projects or surveys that will have a positive, tangible and direct impact on solving LDC Population/Family Planning problems.</p> <p>b. Each sub-project will:</p> <ol style="list-style-type: none"> 1. be limited principally to problem-solving activities in collaboration with LDC institutions or agencies; 2. be restricted to priority LDC's and geographical areas approved by AID; 3. require inclusion of a Project Logical Framework in draft or final sub-project proposals; 4. require approval of PHA/POP and in addition all non-country specific operations and bio-medical research proposals require special approval of the PHA/POP Research Division. 	<p style="text-align: center;">XII. SUB-PROJECT SUPPORT</p> <p>a. In all sub-projects, the provisions of this section have been complied with, except for the logframe provision. Logframes have been completed by PIs and Core staff but there is no evidence that they have been effectively used to improve project management or have benefitted from input from the LDC collaborating institutions.</p>	<p>a. No projects were visited which, as they were envisioned, did not comply with the requirement. An exception might be UNC 75-5 which involved an inventory of training participants requested by AID/W. There is no evidence that the inventory will have a <u>direct</u> impact on P/FP problems although the direct benefits are clearly evident.</p> <p>b. 1. Some projects are US based and do not involve direct collaboration with LDC's.</p> <p>2. Projects are only funded when they comply, although priorities may change during the tenure of the project.</p> <p>3. Logframes have been completed by PIs and Core staff but there is no evidence that they have been effectively used to improve project management or have benefitted from input from the LDC collaborating institutions.</p> <p>4. All approvals are evident.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p>Such proposals shall be developed in close cooperation with the AID/PHA/POP/Research Division and shall follow the <u>Guidelines for Submission of Research Proposals to the Office of Population of the Agency for International Development: published October 1972 as amended.</u></p> <p>XIII. PROCEDURAL STEPS FOR PROJECT DEVELOPMENT</p> <p>a. The University will:</p> <ol style="list-style-type: none"> 1. Obtain PHA/POP/MI travel approval to visit specific countries. 2. While in country, obtain from LDC sources a statement of population/family planning priority needs in the general area in which the USA grantee intends to develop collaborative proposals. 	<p>XII. SUB-PROJECT SUPPORT (cont'd.)</p> <p>a. All procedures required of JHU in developing projects have been complied with. Clarification is needed as to whether the 35% LDC input is for money allocated in country or total sub-project funding.</p>	<p>a. Is aware of procedures for project development and follows the procedures when a project is developed. The exception is a project that is US based or a project specifically requested by AID/W, in which case part of the requirements are pre-arranged.</p>

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
XIII. PROCEDURAL STEPS FOR PROJECT DEVELOPMENT (cont'd.)		
<p>3. Develop a summary statement showing what is being done in relation to priority needs by LDC institutions and outside assistance agencies.</p> <p>4. Develop <u>jointly</u> with the LDC a project proposal (draft) describing the activity and the extent to which LDC personnel, funds, administrative support and/or financial or in-kind input will be used in implementation. (The LDC input should not be less than 35% of the AID input per year).</p> <p>5. During the LDC visit, obtain USAID Mission concurrence for the project prior to submission to AID.</p> <p>6. Submit the draft proposal through AID/PHA/POP for review and approval. (See published Guidelines referenced above). Following approval, AID will fund the project by amending the USA Agreement with specific conditions precedent to disbursement as necessary.</p>		

ITEM	JOHNS HOPKINS UNIVERSITY	UNIVERSITY OF NORTH CAROLINA
<p style="text-align: center;">XIII. PROCEDURAL STEPS FOR PROJECT DEVELOPMENT (cont'd.)</p> <p>7. Enter into formal negotiations with LDC representatives to reach agreement to insure project meets any conditions precedent to disbursement within the time allowed.</p> <p>8. Certify to AID that conditions precedent have been met.</p>		
<p style="text-align: center;">XIV. BASIC ASSUMPTIONS ABOUT MANAGEMENT OF INPUTS</p> <p>a. The University will:</p> <ol style="list-style-type: none"> 1. Maintain administrative and management services to facilitate smooth implementation of project development, implementation and evaluation. 2. maintain and provide adequate research and training facilities and staff personnel for sustaining instructional capabilities and solving LDC/FP problems. 3. assure the provision of equal opportunities for women and minority groups to achieve professional positions in activities funded by this grant. 	<p>a. In all projects reviewed each of the basic assumptions about management input were complied with.</p>	<p>a. Management inputs by UNC have been in compliance with minor variations noted earlier.</p>

ITEM

JOHNS HOPKINS UNIVERSITY

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XIV. BASIC ASSUMPTIONS ABOUT MANAGEMENT OF INPUTS (cont'd.)

- a. The participating LDC institution will provide and manage its own funds for supporting jointly-planned sub-projects.
- b. AID will continue to review proposals, operational work plans, research protocols and sub-project reports to assure that implementation efforts and time schedules are commensurate with AID program objectives and levels of funding.

IV. PROJECT MANAGEMENT

A. AID/W MANAGEMENT

Each project authorized under these grants received extensive review by AID/W before approval. This process was in addition to review efforts at the universities. Within AID, there is evidence that proposals were considered in light of the requirement that USAs "concentrate on operations-oriented research, intervention and delivery problems identified by LDC/USAID correspondence and by PHA/POP as being critical to the effective improvement of indigenous capabilities to plan, implement and evaluate their own population/family planning programs and integrated health delivery systems." This requirement clearly reflects the desires of the Office of Population to approve projects on the basis of governmental needs and not just of academic achievement.

The Management of the USA contracts is assigned to PHA/POP/MI where one professional is responsible for project management. In addition to the USAs, the same individual is responsible for eleven additional university- and institution-related projects. Each USA sub-project has a Monitor assigned to it in the appropriate operational division of the Office of Population. Each of the Monitors assigned to the sub-projects currently in progress has a workload of such magnitude that USA sub-projects constitute a very small amount of the operational funds over which they have oversight and program adherence responsibilities. Though each Project Monitor demonstrated cognizance of the projects for which they have responsibility, it was evident their workload also made it difficult to give the kind of oversight required to assure that the USAs through their sub-projects were indeed "quickly and efficiently solving LDC problems to minimize their recurrence."

Because of these severe staff resource limitations of the Office of Population, the Core staff at the universities represents an excellent opportunity for AID resource extension and increased capability. Given present staff ceilings and costs of permanent personnel, the Core mechanism provides the government program manager with useful short-term personnel.

Serious considerations, however, should be given to the institutions willingness to operate under the new action-oriented requirements. At the same time, Core staff at universities should be required to strengthen their administrative oversight procedures to assure compliance with deadlines and timely execution of grants. Too many reports required in project agreements are

either not forth-coming or delayed until requested by Project Monitors or the over-all Contract Manager. These are discussed in the other relevant sections of this review, but the limited staff time available to AID/W makes it imperative that the university contractors comply in a timely fashion.

The most significant criticism of AID/W came from contractor personnel at both universities, alleging that they have insufficient information concerning AID priorities. The Project Manager in the Manpower and Institutions Office has almost daily contact with the leadership of the two Population Centers. The mechanism for proposal presentation and review established after the last evaluation assures that the Core staff are not exercised in futile efforts at proposal writing. Despite this good relationship between the universities and the Office of Manpower and Institutions, the review team found it curious that whole fiscal years could pass without the approval of a single contract. In the case of Johns Hopkins, there were no new projects approved in Fiscal Year 1975 and for the University of North Carolina for Fiscal Year 1976.

At the time of this evaluation, no new projects are under review. Indeed, there have been no new projects approved since September of 1976. Possible projects dealing with sterilization programs and with adolescent pregnancy are currently being discussed between the Office of Manpower and Institutions and the Core staff of the two universities.

What this reflects is that the USA mechanism has become a shelf-item, to be utilized when appropriate for governmental priorities.

FUNDING

A major concern that has to be addressed at the policy level is the matter of overhead.

Overhead charges, as assessed by USA institutions, are not a specific concern of this evaluation. The overhead rates are determined by a governmental agency (generally Defense or HEW) and accepted by all federal agencies which deal with an institution. However, overhead rates received attention in the GAO Report and appeared to the evaluation team as a particular irritant for LDC institutions who became involved in USA sub-projects.

Indirect charges are included in determining the total cost of a sub-project. Since there is a fixed ceiling on the amount of funds that can be committed to

a project annually, and since a project can operate for only a given number of years, the inclusion of overhead charges effectively decreases the amount of direct funds available for project operations and fluctuates between universities. The current HEW approved on-campus rate is 46 percent at the University of North Carolina and 51 percent at Johns Hopkins University, although the rates cannot be compared directly since the accounting procedures for the two institutions are not identical. Off-campus rates at the University of North Carolina are 33.16 percent and at Johns Hopkins University, 31 percent. Both schools have negotiated different rates for Core activities; at the University of North Carolina, the overhead rate is 10 percent and at Johns Hopkins University, it is 28 percent.

Funds provided under USA grants represent a minor proportion of the amount authorized for AID population activities and, a relatively small component of the operating budget of universities where USAs are located.

While actual dollar amounts for USA activities are not major, the funding approach has substantial consequences. The fact that actual funding amounts is not of major consequence for either the Population Office or the sponsoring universities, tends to relegate the program to a lower status than might be desirable. For example, funds authorized under sub-projects are generally less than funding amounts authorized for research projects by the Research Division of the Office of Population. Thus, a Project Monitor assigned by AID to a USA sub-project may find it more desirable to allocate a greater proportion of time to the larger project. At the university level, the indefinite nature of the funding, the inability to make long-term financial commitments on anticipated revenues, and the desire to obtain funds from more reliable long-term sources tends to weaken the USA commitment. Faculty who are assigned to USA Core duties generally receive a very minor part of their salaries from USA funds.

Funding amounts available to USA institutions have fluctuated radically on a year-by-year basis since the program was established. A major cause for changes in funding amounts is the number of sub-projects approved. Funding available to the universities is divided into two categories, Core funds and sub-projects. Funds allocated to sub-projects are budgeted for the specific project.

A concern has been expressed for a satisfactory ratio between the Core funds and sub-project funds. Achievement of a consistent ratio is difficult. Since Core funds are used to provide expenses in conjunction with the development of sub-projects, including travel, it is likely that

Core expenditures would be higher at a time when the projects are being planned. After sub-projects have been funded, the cost in terms of Core funds primarily involves project management, monitoring and administration. During a year when new sub-projects are funded, the concept of a consistent Core/sub-project ration becomes inappropriate.

Theoretically, if the number of new sub-projects authorized at USA institutions is consistent on a year-to-year basis, the amount of funds required for Core operations should increase. Since sub-projects are funded on a one to three year cycle, the number of sub-projects should increase cumulatively. This has not been the case. The heavy funding of sub-projects during FY 73 resulted in increased responsibility for monitoring during late 1975, when these sub-projects should have been completed. Actually, many of the 1973 projects extended into 1976 resulting in concurrent work on a larger number of sub-projects in relation to the amount of Core funding available.

This evaluation did not specifically focus on the appropriateness of funding allocations. Rather, concern was directed toward the extent to which contract terms were carried out, with the assumption that the amount of funds authorized for the project was mutually agreed upon at the time the project was funded.

Universities are each required to provide 19 to 20 personnel with the Core funds made available. It is obvious that the relationship between the number of personnel and funds makes it necessary to provide relatively small portions of each individual salary. It is not likely that faculty members associated with the Core activities of a USA project will earn 10-20 percent of their salary from USA funds. This suggests that the faculty member would have less commitment to a USA activity than he does to the source which provides a major portion of his salary. Yet, interviews with USA Core personnel and other evidence suggested that Core Personnel have a firm commitment to the program.

B. USAID/MISSION AND EMBASSY SUPPORT

When LDC sub-projects are planned, clearance for the entry of USA personnel must be obtained through the appropriate USAID Population Officer, The USAID Population Office is also charged with the responsibility for in-country monitoring and coordinating of USA projects as they relate to other population activities.

The general opinion expressed by Project Leaders and USA Directors is that the Population Officers provided

necessary assistance toward program operation. There was some criticism that delays in the approval of travel plans interfered with the progress of the project. It was recommended that travel approval for initiation of a project be extended to include multiple entries while the project is operational.

Population Officers provided a range of responses regarding their opinion about USA projects. On the positive side, some Population Officers considered USA projects as an important and integral part of their P/FP program. It was indicated that USA project personnel generally proceed on their own to field activities and require only limited staff time from USAID.

The requirement that field personnel obtain clearance and report to the USAID Mission appears to be followed. Some question was raised regarding the availability and distribution of reports prepared in conjunction with USA projects. Since the reports are filed with the USA office and forwarded to AID/W, there is no requirement that the USAID Officer receive a copy. At times it was indicated that reports reach the USAID Mission through LDC personnel who participated in the project rather than through the USA institution or AID/W.

Negative comments regarding USA projects were more common than positive statements. In part, it was considered that USA projects operate independently of other population activity in a country. While USAID Mission is aware of USA projects, it lacks direct control over projects that are not funded with Mission monies. A USAID Health Officer indicated that the research activity of the USA type was not what Mission needed. It was his contention that adequate research has been devoted to population questions in the past, and that the technology to reduce the birth rate was available. What he considered appropriate for the current state of family planning programs was an adequate distribution network. The same general theme was voiced by a Mission Director.

Support for USA projects appears to be more in evidence in countries in which there is no USAID Mission. When there is no Mission, resources presented by the USA project are welcome additions. The presence of a Mission affords the opportunity to use USAID funds for projects. It is generally considered that Missions are better able to coordinate research activity associated with family planning than to have some projects Mission funded and others AID/W funded. With a Contract Office and a Program Office, Missions consider that they have both the capability and responsibility to insure that resources are directed toward a central objective. While support was voiced for USA projects that involved biomedical research that could not be conducted in an LDC, it was

stated that guidelines for worldwide field research are difficult to develop.

C. UNIVERSITY OF NORTH CAROLINA CORE MANAGEMENT

1. General

The Carolina Population Center (CPC) provides the organizational base under which the USA grant is administered along with grants and contracts from a number of other sources. The USA input of about 5.5 million dollars since 1971 represents about 15 percent of the 38 million dollars that CPC has received in grants, contracts, and operating funds since its inception in 1966. Other than the Agency for International Development, CPC has received support through the Ford and Rockefeller Foundations, the Office of Economic Opportunity, Population Council, National Institutes for Health, and the State of North Carolina.

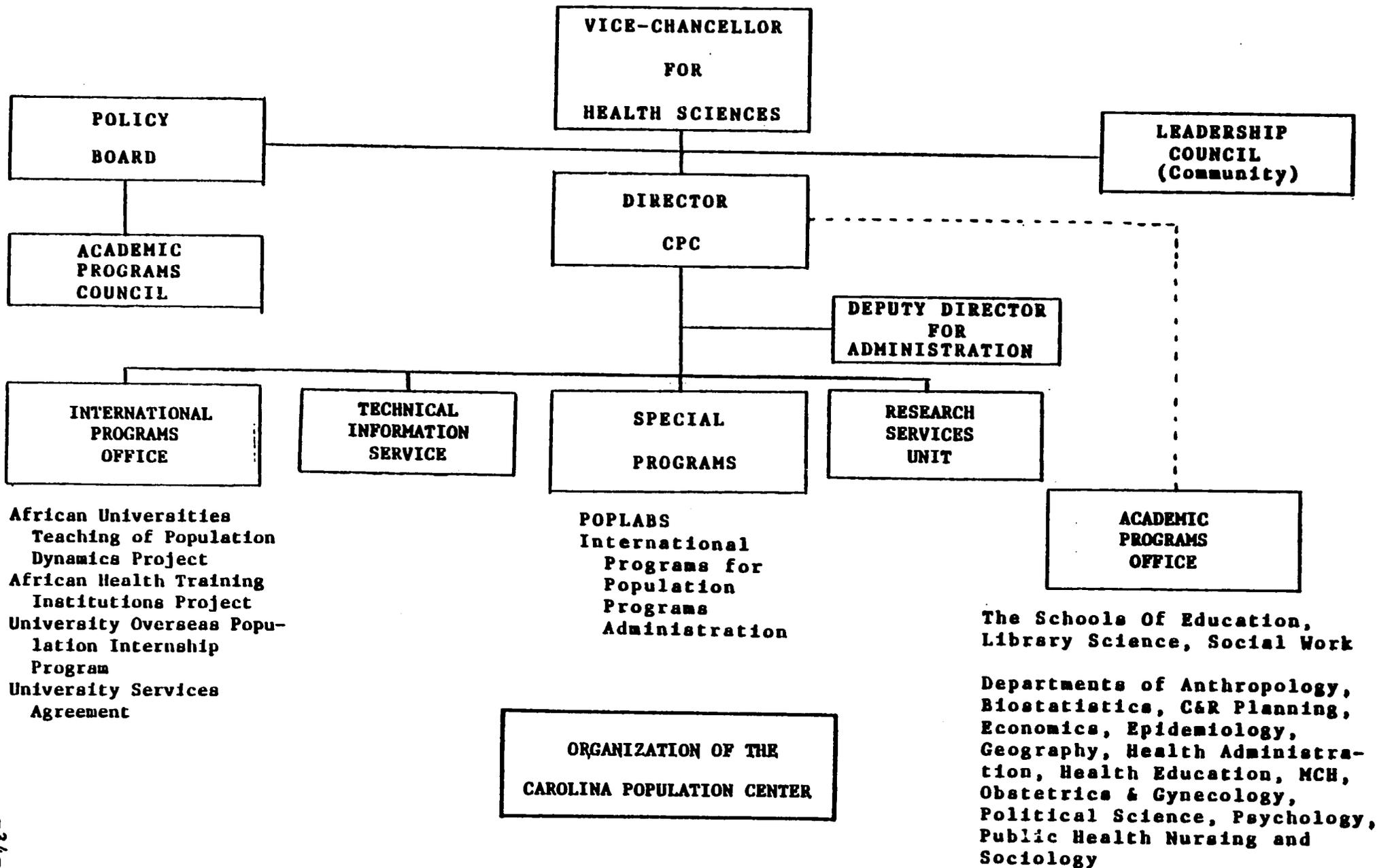
The CPC is under the administrative jurisdiction of the Vice Chancellor for Health Sciences. The Center Director reports to the Vice Chancellor and is responsible for administrative activities associated with the various funding agencies. Administration of the University Services Agreement is the responsibility of the Director of the International Programs Office. Participation in CPC administration and operation is broadly based on campus, and includes personnel from the Schools of Education, Library Science, Nursing, Social Work, and Public Health, along with various departments in the College of Arts and Sciences. All CPC senior staff hold faculty appointments with academic units of the university.

2. Core Operations

Responsibilities associated with Core funds are threefold:

- a. to provide administrative support for USA operations on campus and in field projects;
- b. to provide faculty who will conduct on-campus courses in the population field; and
- c. to assist AID/W, USAID Missions and LDC institutions on technical matters as consultants or advisors.

Administration of USA operations both on and off campus, appear to be excellent. The administrative staff is well qualified and maintains records in a manner that makes them easily accessible and useful for the other roles associated with USA services. By virtue of the association with other projects of the CPC, the USA staff



is able to draw upon resources which are more broadly based than the USA project itself. While it is not possible to clearly define the extent of involvement of each Core staff member in relation to the proportion of funds associated with USA operations, it appears that the involvement is greater than funding would suggest.

Criticisms of administrative procedures reported in the Muller-Burk evaluation (1974) appear to have been addressed by the CPC Director. The increased involvement of the State of North Carolina as a funding source attests to the degree of stability that has been achieved.

While all information provided by the University of North Carolina could not be verified in the time allotted during field visits, there was a consistency and degree of accuracy that reflected satisfactory management procedures.

Courses dealing with population matters are conducted by both Core faculty and academic personnel who serve as Faculty Associates of CPC. Departments in the Division of Health Sciences and the College of Arts and Sciences offer over forty (40) courses dealing with various aspects of population/family planning. According to information available, there are about 100 graduate students involved in population studies each year. About one-half of the students concentrate on population research and analysis, while the remainder are involved in aspects of family planning program development. About one-quarter of the students are from LDCs, while other students are agency employees, including AID personnel, who are enrolled in courses of study. Research activities, directed by Core and Associate faculty, involved laboratory work on campus and field projects in LDCs.

Core faculty are also involved with conferences and workshops that are conducted both on the UNC campus and at various locations overseas. Included are conferences on the use of population statistics in developing countries, and rather extensive involvement in conferences which focus on library and reference materials selection and cataloguing. In conversations with key personnel during LDC site visits, it was common to receive a report that a technique or procedure was developed as a result of attendance at a UNC workshop.

Visitors from LDCs frequently travel to the CPC as part of their program in the United States. Visits are arranged by a number of agencies, of which AID is the most common. According to information available, about 150 LDC personnel visit the CPC each year. Personnel who serve as control officers during the visit are frequently Core faculty or administrators. Topics of the greatest interest to LDC visitors are reported as: the population

library, family planning communication specialists, and program administration.

In terms of the responsibilities associated with Core funding, the UNC operation appears to comply with terms of the grant in all major areas.

3. Sub-Projects

During the period covered by this evaluation, UNC administered and supported 14 sub-projects, of which eleven involved LDC collaboration. Two were multi-country and one other was non-country specific. There have been no new UNC sub-projects approved since June 15, 1975. Under consideration at the time of our visit were two cross-national programs, one concerned itself with the comparison of sterilization programs and the other with the problems of adolescent fertility.

UNC components of eleven of the fourteen sub-projects operational during the evaluation period were reviewed by the team. The review consisted of meetings with Principal Investigators (PI), progress and problems were explored, and primary accomplishments discussed. The most current annual evaluation report was reviewed on each project.

Sub-projects reviewed as cited in previous paragraphs appear to be excellently managed by UNC. Funding documents reviewed appeared adequate. A recurring problem is the inability to complete project phases on time. Reports are often not submitted on a timely basis, logframes have been completed by PIs and Core staff but there is no evidence that they have been effectively used to improve project management or have benefited from input from the LDC collaborating institutions. Greater leadership must be exercised to assure timely completion of projects and adherence to PIO/T requirements.

The projects reviewed at UNC and pertinent information on them are as follows:

1. UNC-71-4: Demonstration Project for Developing a Simple Vital Registration System and Extending Post-Partum Family Planning Services to Rural Areas in Tanzania

Duration: July 1, 1971 - June 30, 1975

Award: \$75,000

Project Leader: R.K. Anderson

Primary Accomplishment: Developed inexpensive registration system to provide planners with baseline and

evaluation data to initiate family planning information delivery systems.

Person Interviewed: Betty Cogswell

2. **UNC-73-1: Training for Public Health Nutritionists, Leadership in Responsible Parenthood**

Duration: December 1, 1972 - November 30, 1975

Award: \$150,000

Project Leader: Joseph C. Edozien

Primary Accomplishment: Included nutritional rationale for family planning in field activities in Colombian public health workers; emphasized population in nutrition curriculum of Javeriana University.

Persons Interviewed: Dr. Audrey Wight

Comments: In order to insure proper use of Title X funds, it would have been very worthwhile to review this project in-country. According to Dr. Wight who served as Resident Advisor, graduates are now in place in communities.

3. **UNC-73-2: Developing Venezuelan Institutional Capacity to teach Management Skills in Responsible Parenthood Programs**

Duration: December 14, 1972 - December 14, 1975

Award: \$146,766

Project Leader: James E. Allen

Primary Accomplishment: Creation of administrative consulting center in Caracas for Latin American family planning programs.

Persons Interviewed: James E. Allen

Comments: Though this project ended some time ago UNC maintains contacts and consultation contacts with IESA.

4. **UNC-73-3: Pahlavi University Population Program Development**

Duration: December 1, 1972 - June 30, 1977

Award: \$150,000

Project Leader: Thomas L. Hall

Primary Objective: Establishment of a central Secretariat for the Pahlavi Population Center, Iran, to serve as a resource for Iran national and provincial family planners, and to encourage population/family planning training.

Person Interviewed: Thomas L. Hall

Comments: Questions were raised re this project's capacity to survive after U.S. funding ends, though subsequent information suggests that continuity is not now in serious doubt.

5. UNC-73-5: Population Family Planning Reference Unit

Duration: May 1, 1973 - June 30, 1977

Award: \$150,000

Project Leader: Thomas L. Hall

Primary Objective: Assembling data at Pahlavi University for use of Fars Province Family Planning/Population Program and in teaching and research.

**Persons Interviewed: Thomas L. Hall
William Reynolds**

Comments: SAME

6. UNC-73-6: Javeriana University Interdisciplinary Graduate Program in Population Studies

Duration: May 1, 1973 - April 30, 1977

Award: \$487,472

Project Leader: Arnold D. Kaluzny

Primary Objective: To establish program of graduate level studies in population as a major element in Colombian economic development.

**Persons Interviewed: Arnold D. Kaluzny
Virginia Miller
Ogie Strogate**

Comments: UNC personnel very enthusiastic about progress to date. Claim all project outputs are being met. Though this is the largest USA, and serious questions were raised by the 1974 evaluation team, current evaluators were denied access into the country by USAID, Colombia.

7. UNC-73-9: Population Health and Family Planning in the Middle East (Arab Countries)

Duration: June 15, 1972 - December 31, 1976

Award: \$128,549

Project Leader: Abdel Omran

Primary Objective: Present Arab policy-makers and opinion leaders with information and recommendations on current policies.

Person Interviewed: Abdel Omran

Comments: Conference brought together more than 100 thought/influencers from 16 Arab countries.

8. UNC-73-10: Family Structure and Fertility in Pakistan

Duration: June 30, 1973 - June 30, 1977

Award: \$147,079

Project Leader: Betty E. Cogswell

D. JOHNS HOPKINS UNIVERSITY CORE MANAGEMENT

1. General

The Population Center at Johns Hopkins University is associated with the School of Hygiene and Public Health. The major function of the Population Center is to coordinate and facilitate population research and training within the various schools and divisions of the University. The Population Center does not conduct research or training independently of academic units, and does not have a faculty that is attached directly to the Center. The closest academic link of the Center is with the Department of Population Dynamics, which does conduct training and research with a multidisciplinary faculty whose expertise extends from demography to family planning administration and reproductive biology.

Primary funding sources for operation of the Population Center are received from AID and the National Institutes of Health. In a number of instances, personnel who receive a proportion of their salaries from NIH funds also receive a portion of their support from USA funds.

During the evaluation period the Population Center experienced a change in leadership which resulted in certain adjustments in the program. In addition to this change,

the program has been adversely affected by reduced level of funding and less academic support for USA research which is oriented toward specific application.

Funding levels are not just related to the Core funds and the \$75,000 ceiling. Rising overhead charges, certified by HEW, take an inordinate amount of the authorized funds thereby reducing the level of spendable dollars. The negotiated overhead charges at Johns Hopkins now amount to 51 percent for stateside work and 31 percent for off-campus work.

2. Core Operations

Under terms of the USA grant, Johns Hopkins University is required to maintain a Core staff intended to:

- a. provide administrative and service support for the grant and its sub-projects;
- b. provide on-campus teaching; and
- c. respond to requests for short-term assistance by AID/W, USAID Missions, and LDC institutions.

The University is expected to provide nineteen to twenty personnel in support of these activities.

For the current year, Core funds are slightly more than \$161,000. The percentage distribution of these funds is as follows:

Professional Personnel	37%
Administrative Personnel	19%
Supplies, Communication, etc.	4%
Travel	10%
Fringe Benefits	8%
Overhead	22%

Because Core personnel are involved in teaching as well as consultive activities, the normal 51 percent overhead rate was reduced to 28 percent by Johns Hopkins University administration. The 22 percent represents the percentage of total Core funds, including overhead.

It is evident that a majority of professional personnel and some administrative personnel receive a relatively minor proportion of their salaries from Core funds. In most instances, the salary proportions of personnel ranges between ten and twenty percent while some personnel who are listed as part of the Core staff receive no funds from the grant.

Administrative responsibilities are vested in the Population Center Director and an Associate Director for Administration. There is some evidence to suggest that

administrative duties may not have received the attention required under terms of the grant. For example, no evidence of sub-project review was available to the evaluation team, and the annual report of USA activities was not prepared. Field personnel who were interviewed indicated that they were not adequately informed about contract requirements regarding the preparation of reports and contract monitoring procedures.

Instructional activities required of Core faculty appear to have been incorporated into their workload. Some Core faculty conduct graduate classes for population students, while others guide thesis and dissertation research. The presence of JHU alumni in LDC agencies and institutions, and the links that have been established by Core faculty and former students in the development of LDC sub-projects suggest that the teaching function has been carried out in accordance with the grant.

Consultive services provide an area in which AID/W, USAID Missions, and LDC institutions are able to tap a broad range of expertise at minimal cost. The range of expertise available through Core funds at JHU was described in a document distributed to USAID Population Officers at a meeting in November 1976. The areas included were:

Country Studies

- Clinical and field studies regarding contraceptive practice.
- Determinants of fertility behavior.
- Analysis of socio-economic change affecting fertility.
- Extent of the practice of abortion.
- Population and Maternal and Child Health integrated programs.
- Clinical and field studies and contraceptive techniques.
- Mass distribution of contraceptives.
- Effect on fertility of prolongation of lactation.
- Analysis of family planning program administration.
- Incidence of adolescent pregnancy.

Development Assistance

- Assist in development of specific elements and organizational segments of national, regional or local family planning programs.
- Assist in developing plans for estimating requirements, procuring, stock-piling, warehousing, distributing and reporting national or regional distribution of contraceptives.
- Assist in development of university centers for research and teaching, including curriculum design, special courses at graduate and undergraduate levels, library facilities and other associated activities.

- Assist in developing special units for data collection and analysis.
- Assist in developing organizational units to train paramedical or sub-professional personnel in clinical and non-clinical tasks.
- Design curriculum and train trainers.
- Provide guidance in formulating family planning education programs for secondary school pupils and teachers.

Research

- Behavioral factors influencing contraceptive practice.
- Effect on contraceptive practice of contraceptive availability.
- Demographic aspects of income distribution.
- Interrelationships of health and reproductive performance.
- Utilizations of various drugs and hormones such as prostaglandins as contraceptive agents for women.
- Development of new instruments and techniques for male and female sterilization. (non-reversible and reversible)
- Investigations of the use and application of various drugs and hormones to suppress spermatogenesis.

Evaluation

- Operational aspects of national family planning programs or specific components thereof.
- Review and evaluation of methodology of data collection and demographic data.
- Effectiveness of communication and educational activities.
- Evaluation of selection, training and utilization of personnel.
- Evaluation of budget preparation and expenditure controls.

It is difficult to assess the full extent to which these consultive and advisory services are utilized. In some instances, contact between AID and Core personnel may involve a phone conversation on a specific topic, in other cases, written communication may be exchanged, and in some cases, travel is required to provide consultation services. Primary contacts appear to be with AID/W, and tend to focus heavily on topics of biomedical research. When expertise is requested by an LDC, it is likely to be in conjunction with the development of a research or evaluation effort, and may eventually develop into a sub-project.

There appears to be minimal knowledge in the LDCs without USAID Missions about the availability of consultive services. LDC institutions generally do not provide extensive resources.

3. Sub-Projects

During the early years of USA activities, JHU participated in a full range of sub-projects which included institution building, demographic field projects, and biomedical research. In the past two years, persons associated with biomedical research have been called upon to develop and execute projects within the US, while problem-solving projects, that are not directly associated with a biomedical base, have been developed in LDCs.

The development of new projects has been relatively slow, with no sub-projects authorized during FY 75, and five projects operationalized during FY 76. At the time of the evaluation, two proposals were being developed, and several other sub-projects were in the planning stages. The number of sub-projects in operation meets the requirements of the grant.

Delays in the completion of sub-projects tend to be the rule rather than the exception. While sub-projects are funded for a specific time frame, completion reports have not reached AID/W in accordance with terms of the grant. Delays have been associated with LDC projects in particular. Generally, it is necessary to provide a no-cost time extension for sub-projects.

EVALUATION OF UNIVERSITY SERVICES AGREEMENTSScope of Work

The evaluators will evaluate:

Effectiveness of USA's in furthering objectives of A.I.D. in population and family planning by:

(a) strengthening LDC pop/fp efforts thru:

- i development of private and public institutions and agencies with emphasis on assisting training and employee development programs, and management and coordination systems,
- ii support for the formulation of LDC government policies that promote population and family planning,
- iii special short-term projects to overcome problems in LDC program implementation.

(b) developing and testing:

- i bio-medical technique of fertility regulation
- ii demographic data and measurement techniques
- iii techniques of analyzing economic and social variables
- iv. improved systems of delivering family planning services

Special Questions to be Considered:

1. How effectively have the universities responded to LDC, USAID and AID/W needs? (how have projects been initiated?)
2. Extent to which sub-projects have been utilized by LDC's, USAID's, AID/W, or others.
3. How effective has the management of grant funds been? (Includes core and sub-project funds.) Day-to-day management, attribution of funds, etc.

4. To what extent have core funds:
 - (a) established a multi-discipline academic resource base for initiation and implementation of sub-projects?
 - (b) provided consultation and other advisory services to A.I.D.?
 - (c) on-campus training for LDC nationals?

5. Is there an alternative arrangement (grant, contract, etc.) that should be considered to fund projects like those strictly biomedical ones done under the USA?

6. How successful have the Universities been in those sub-projects designed primarily for institutional building in LDC, (i.e. UNC 73-2, 73-3, 73-5, 73-6, 73-8; JHU 73-5).

7. How effective has the epidemiological survey approach been in achieving pop/fp program improvements? (See JHU 73-2 (Ethiopia) UNC 71-4 (Tanzania), UNC 73-7 (Taiwan), UNC 73-9 (Arab Countries).

8. Have the USA's:
 - (a) Been effective in enlisting the private sector into the development effort?
 - (b) Increased scientific and public attention to the problem of rapid population growth in the LDC's?

ANNEXES

REPORTS ON SUB-PROJECT SITE VISITS

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BANGLADESH

(Werner Fornos)

General

A major element of Bangladesh's rapidly expanding family planning effort is a strong and innovative multi-faceted service delivery program. Services provided stretch from community based distribution of contraceptives to sterilization camps. All methods of contraception are being made available, many of them through multi-purpose health workers. Patient follow-up and "empathy" are key concerns of program administrators. Rapid expansion and monthly quotas encouragement afford program managers little time for evaluation and program planning. In evaluating this effort one should keep in mind that the projects were authorized at a time of great national crisis. The early population effort established a high priority for this project and deemed it directly relevant to the programmatic goals of the Bangladesh national family planning program.

The Johns Hopkins Fertility Research Project consists of two separate sub-projects under the USA. The Evaluator visited the project offices provided by the Bangladesh government for research and support staff activities. Research resources visited, where clinical and field studies are conducted, included the Model Clinic, the Matlab Rural family planning clinic and two nearby villages and the Gono Sastro Kendro family planning clinic in Savar. At the urging of Dr. Obrahim, the evaluators also visited a government family planning clinic.

Since this program was launched in June of 1974 at least 13 different research projects have been undertaken. Some additional research work is anticipated by the present resident advisor who is asking for a no-cost three month extension. When these projects were approved, they were classified as Type I problem-solving activities and had the strong support of PHA/POP/WA as well as the Mission and the host country. The initial narrative summary of the PIO/T promised that "early results will be available for improving programs within three months and that regular reports would be provided over the three year study period for continual monitoring."

Persons Contacted

Bangladesh:

Joe Toner, Mission Director, USAID
Dr. Mohammad Ibrahim, Member, President's Advisory Council,
In-charge of Population Control and Family Planning
Division
Dr. S. Waliullah, Director RESP Unit, Directorate of Pop Con
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Dr. Edwin B. McDaniel, Dept. of OB-GYN Family Planning,
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Dr. Ingrid Swenson, Resident Advisor, Johns Hopkins Univ. FRP
Dr. Atiqur Rahman Khan, Director, BFRP
Dr. M.S. Sattar, Secretary, Pop. Com. and EP Div & Chrm. BFRP
Council
Dr. Halida Hanum Akhtar, Model Clinic, Dacca, (Senior Surgeon)
Mrs. Sallie Craig Huber, former Resident Advisor, now USAID,
Dacca
Dr. Douglas Huber, Cholera Research Laboratory
Mr. Michael Jordan, Pop Officer, USAID
Dr. Lincoln Chen, Ford Foundation
Dr. Zafrullah Chowdhury, Gonosystro Kendro, Savar
Mrs. Peggy Curlin, Project Director, Concerned Women
for Family Planning
Dr. Stanislaus D'Souza, former resident adviser, now UNDP
Mrs. Farida Akhtar Jahan, JHU/FRP
Dr. Saleha Khatun, Matlab Clinic/JHU FRP
Mr. Dallas C. Voran, US AID
Mr. John Dumm, USAID
Dr. George Curlin Cholera Research Laboratory
Mr. Jusuf Chowdhury, JHU FRP
Dr. Henry Mosley, JHU, Principia Investigator, FRP
Mr. Salauddin Ahmed, Publication Officer, FRP
Mrs. Feroza Begum, FRP, Dacca
Mrs. Khaleda Khanom, FRP, Dacca
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Mr. Syed Md. Alamgir, FRP, Dacca

Mrs. Najma Ahmed, FRP, Dacca

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Mrs. Sati Chakraborty, FRP, Matlab

Mrs. Razia Begum, FRP, Matlab

Ms. Rufia Begum, FRP Matlab

Mr. Jahaludin Ahmet, Joint Secretary

Mr. Chak Rovorty, Cholera Research Laboratory, Matlab station

Mr. Najmul Haq, Administrator, Model Clinic, Dacca

I. Project Identification Number: JHU 74-3

A. Project Title: Clinical - Epidemiological Studies of Post-Partum Fertility Control Techniques in Dacca, Bangladesh

B. Funding and Duration: \$148,864, from 5/01/74 to 6/30/77

C. Brief Project Description:

To assist the Government of Bangladesh, Ministry of Health and Family Planning rapidly evaluate problems related to current fertility control techniques for the purpose of improving contraceptive delivery systems and patient management programs.

D. Evaluation Statement

The project has provided excellent training to an emerging indigenous research cadre. Its contributions to family planning have been mostly catalytic. The project has been credited with assisting the GOB with the development of a national policy on injectables. A policy which is expected to be promulgated shortly. The FRP conducted two successful conferences on injectables and on tubal ligation. Ten preliminary research reports have been printed and circulated in limited quantities. The project has been universally well received though at this point the end product must be questioned. The actual services provided, such as patient management system designed for the model clinic, the conferences and the development of a indigenous research staff are repeatedly praised. However, during the life of this project the original purpose, specifically the objective of providing the GOB with a rapid evaluation tool was lost sight of.

The program has been plagued by administrative turnover, insufficient leadership and personality conflicts. There is no evidence of the contractor adhering to section II of the work scope requiring grantee to "Submit detailed research protocol for technical review and approval by PHA/POP within 120 days following the initiation of this subproject." Furthermore, the scope of work section of the PIO/T requires that PHA/POP "will similarly review and approve any modifications of the initial research scope, there is no evidence that this was done." Instead what appears to have happened is that the project functioned in an ad-hoc manner. Three resident advisors were principally in charge of day to day operations, each with a different set of priorities. A principal source of difficulty was the fact that the joint project-director Dr. Atiqur Rahman Khan was not able to devote the time necessary to give adequate host-country leadership to this project. His full-time duties intensified during the course of this project when he was transferred from his post of Director of the National Post Partum Program to his present position. This is one factor attributed to FRP only obtaining the participation in the project of 781 post-partum patients from the six hospital-based Dacca Pop Partum FP clinics. These patients were to be studied for contraceptive preference and continuation rates. The original goal was to pursue 2,000 post-partum patients.

As in other projects reviewed the staff trained during this project will now disperse. Two principal researchers will go to JHU for advanced education, other staff will join the staff of the Cholera Research Laboratory. It seriously challenges the GOB capability to now undertake an expanded effort known as the Bangladesh Fertility Research Project.

Recommendations

1. If a three months no cost extension is given it should be with the stipulation that all work undertaken prior to December 31, 1976 should be fully reported on by June 30, 1977 in accordance with the provisions of the PIO/T. Particular attention is called to the following paragraph of that PIO/T:

"In lieu of the sixth semi-annual report, the Resident Adviser shall summarize the project accomplishments, research findings, significance of the findings, methodology used, constraints encountered administratively or scientifically or in other areas in obtaining research objectives and provide recommendations to AID, and USAID regarding unfinished work and/or program continuation. This evaluative report shall be submitted for AID/USAID review not later than June 30, 1977."

2. That PHA/POP/R review the research protocols utilized, accuracy of the research and its implications, and its reliance to agency and host country priorities.

II. Project Identification Number: JHU 74-4

- A. Project Title: Field Studies of Contraceptive Techniques in Rural Bangladesh
- B. Funding and Duration: \$148,393 June 30, 1974 - June 30, 1977
- C. Brief Project Description

Serves as the base for rural field follow-up studies and collaborative studies with the Cholera Research Laboratory contraceptive distribution project. Operating from a clinic at the CRL facility in Matlab developed by the Fertility Research project and staffed by a full-time physician and supporting staff, clients are provided with orals, injectables, IUD's, MR's and sterilization.

- D. Evaluation statement

Both the staff and the services provided through the villages served by the FRP in the Matlab area are excellently accepted. Besides visiting two villages three research efforts were looked at by the Evaluator. These were studies aimed at analysing continuation rates for pill users and causes for discontinuation.

Orals under review were Norinyl 1-50, Micronor and Modicon. Two additional studies reviewed involved the use of Depo Provera, in some cases administered in the villages by paramedicals, and a case control study comparing symptoms of pill side effects with side effects of special interest common to women of childbearing age in rural areas of Bangladesh where health and nutritional status is relatively poor. The results of this later study are intended to be used in guiding field workers in managing reported symptoms by village women or oral contraceptives. In view of the heavy reliance on the use of oral contraceptives in the Bangladesh program and the distribution program vehicle being 12,000 Family Welfare Workers, with most of the distribution taking place in rural areas, this project should provide much useful information applicable to the total contraceptive program. Particularly it should be able to identify potential problems that may arise through the use of orals, if any, by rural women. The project appears to be well conducted and achieving its objectives.

Recommendations

1. Research findings should be more expeditiously disseminated after validity verification in order to enable program managers to effectively respond.
2. In view of the projects termination date and the departure of Dr. Saleha Khatun, for post graduate training at Johns Hopkins starting in August 1977, every effort should be made to continue to operate the Matlab clinic whether through an expanded contraceptive community based delivery system or through a mobile comprehensive fertility control delivery system.

ADDITIONAL DOCUMENTATION MADE AVAILABLE TO THE EVALUATOR

1. Staff list by position, name and salary for all personnel involved in the Fertility Research Project in Bangladesh.
2. Technical Report No. 1 - Early Experience with Minilaparotomy and Culdoscopic Tubal Sterilization in Bangladesh, December 1976, BFRP.
3. Technical Report No. 2. - The Family Planning Clinic and Research Center Evolution of Method Acceptance during the first two years, 1974-76, December 1976, BFRP

4. FRP Report No. 1 - A Study of Oral Pill Acceptors of the Bangladesh Postpartum Family Planning Program, January 1975, FRP
5. FRP Report No. 2 - Mentrual Regulation Service, (a preliminary report), 1975
6. FRP Report No. 3 - A Preliminary Bibliography of Demographic and Family Planning Literature on Bangladesh, May 1975
7. FRP Report No. 4 - Injectable Contraceptives in Rural Bangladesh (a preliminary report) March 1976
8. FRP Report No. 5 - Population Control and Family Planning in Bangladesh - Strategy for Action, March 1976
9. FRP Report No. 6 - Contraceptive Distribution Project in Rural Bangladesh, Cholera Research Laboratory, December 1976
10. FRP Report No. 7 - Early Experience with Use of Norethisterone Enanthate as Injectable Contraceptive in Model Clinic, September 1976
11. FRP Report No. 8 - Preliminary Experience with a Clinic-based Oral Contraceptive Program in Rural Bangladesh, November 1976
12. Recommendations of BFRP-JHU-FRP Workshop on use of the Injectable Contraceptive in Bangladesh, March 1, 1977
13. Summary Monthly Status Rrpoet of Ongoing Studies of the Johns Hopkins University Fertility Research Project, March 1977
14. Financial Budget for JHU-FRP
15. Circulation List for FRP Reports, March 1977

REPUBLIC OF CHINA (TAIWAN)
(Dr. John A. Ballweg)

General:

Support for USA activities was found at both the Embassy and host country level. The need for a mechanism by which ROC might engage in research and project development is evident by the absence of a USAID Mission and UN projects relating to publication. The country has a cadre of interested and capable personnel who have been involved in USA projects and administrative support for the projects. While Taiwan is frequently cited as an example of successful family planning effort, the goal of population stability has not been achieved. During the past year a substantial increase in the number of births was reported. Concern is evident in Taiwan that definitions of success for the family planning program might have been premature and that continued research and project development are essential.

I. PROJECT IDENTIFICATION NUMBER: JHU 73-7

- A. Project Title: "Feasibility of Distributing Contraceptive Supplies to Encourage FP Practice."
- B. Funding and Duration:
\$149,710
- C. Brief Project Description:

The project originally was designed in response to an AID/W suggestion that information was needed on the feasibility of a community-based distribution arrangement for contraceptive supplies. The project was designed to test the hypothesis that women who are offered contraceptive supplies at their homes are likely to use them.

Twelve townships were selected in the north and south of the country to serve as experimental and control communities. In the control communities, the government sponsored program for providing contraceptive services was continued. In the experimental communities, services were modified to provide for a distribution of supplies (condoms and pills) to the homes of a targeted population.

D. Evaluation Statement:

The project was conducted in accordance with the basic design, although several operational changes were necessary during the tenure of the project. A description

of operational problems and steps taken to overcome these problems is contained in an address delivered by Dr. Wang to the APHA meeting at Miami in October, 1976. The title of the co-authored paper was "Contraceptive Inundation: A New Family Planning Strategy." Co-authors include Doctors Yen, Chang, Lin, and Chow. The final report on the project is dated December 1976, under the JHU title: Project H-32-5035

Changes in design during the project and the inability to cope with the number of subjects in a sample area would suggest some weaknesses in project design. However, it should be noted that this project represented a rapid response to an AID/W request in an area where no previous methodology had been developed. It should also be noted that the project was subject to funding and time limitations associated with USA sub-projects. These limitations forced the project into an operational mold that was not directly related to the complexities of the project itself.

Finding of project JHU 73-7 formed the basis for the development of a follow-up project to expand and elaborate on the original design (see Project JHU 76-3)

E. Recommendation

While it is evident that problems developed as a result of the attempt to implement a project before a smaller pilot effort is executed, the overall results appear satisfactory. This project provides evidence that USA projects can be placed in the field in a minimum amount of time when core staff are drawn into project design and a country is selected where baseline data are available.

F. Personnel Contacted:

U.S. Personnel:

Douglas K. Ramsey
First Secretary, U.S. Embassy

Dr. J. B. Kyle
Population Officer, U.S. Embassy

Dr. P.T. Liu
Johns Hopkins University

Chinese Personnel:

Dr. C.M. Wang
Director General, National Health Administration

Dr. Robert C.T. Lee, Chairman
Joint Commission on Rural Construction

II. PROJECT IDENTIFICATION NUMBER: 76-3

A. Project Title: "The Feasibility and Effectiveness of Contraceptive Innundation Approach - Taiwan"

B. Funding and Duration:

C. Brief Project Description:

The project basically consists of an extension of JHU 73-7 with methodological changes. The sample areas were rearranged into four units as follows:

1. Targeted Post-partum women who delivered April 1974 to March 1975 and had been visited under the old program. No resupply depots were located in the area.
2. Targeted women, but a charge was added for contraceptive supplies. No supply depot was provided.
3. Rather than post partum, "C" areas included all married women (15-44). Depots were established for resupply.
4. Areas described as "D" are similar to "C" except no revisit is planned. The areas contain re-supply depots.

D. Evaluation Statement:

The project utilizes sample areas which are part of the GOC family planning clinic program. Facilities used for the project are provided through GOC, while only the additional personnel required to implement the project design are charged to the project.

A field visit was arranged to one of the project sites and a briefing was obtained on operational design and application. Personnel at the clinic appeared highly motivated and were able to provide a wide range of data regarding the size and composition of the service area,

techniques employed to contact sample subjects (including a mailing that was not part of the original design), proportion of acceptors and follow-up efforts. Since the clinic was also part of the GOC health services network, it was possible to obtain vital statistics data on births and deaths during the previous year. It was found that, while acceptance of contraceptives during the test period was reasonably good, the impact on the birth rate was not what had been expected. During the Year of the Dragon, the birth rate in the sample area actually rose, despite data that would suggest an increased distribution of contraceptives. Since the project continues, and the Year of the Dragon appears to have had a greater impact on the overall birth rate in Tiawan than it did in the sample area, the possibility (or "likelihood" according to clinic personnel) exists that results will be different when the project is completed.

An interview with Dr. Yen indicated that there had been excellent cooperation between JHU and personnel involved in the project. He pointed out that JHU assisted in project design and has provided support and monitoring during the project. He did not appear to resent the JHU involvement. It appears that JHU sends project monitors who are not only technically competent, but hold cultural ties to the area and have been able to integrate activities to a mutually agreeable level. There was no evidence to suggest that the project was used as a training mechanism for JHU graduate students, while the linkage between professionals from GOC and JHU appeared to be mutually satisfactory.

The one-year operational design with a renewal clause did appear to frustrate project managers. It was noted that Dr. Yen wrote a letter on January 17, 1977 to JHU in which he expressed concern for project continuity. In part, his letter stated, "My only plea is that by all means you make a definite decision (on continuation of the project) before the end of March 1977 because both job replacements of the personnel and budget provision on the Government's side need to be rearranged." Specifically, Dr. Yen indicated that only part of the personnel who are presently involved in the project could continue on the GOC payroll if the project was terminated. Yet, he was unable to notify these employees that they would be either continued or terminated because no word was received from JHU that project funding would continue. Difficulties under this indefinite arrangement are evident. Employers who fear that their jobs might be terminated are likely to accept a position with another organization, if one becomes available, and the project is required to hire and

train new employees for a brief operational period with no assurance that employment will continue. The possibility exists that these "short-term" employees may not be the most capable and motivated. A solution to the problem is obvious: a determination on continuation or termination of a project should be made well in advance. This would permit more rational decisions on the part of project managers and decrease the possibility that the project will fail to meet goals for reasons not associated with design.

The possible "spin off" from JHU 76-3 is not obvious at this time. It would appear that the GOC is awaiting more definitive information on success of the project before a decision is rendered. However, GOC personnel were quick to point out that family planning program in Taiwan has adopted many innovative techniques that were the product of research similar to JHU 76-3.

On another level, it was pointed out that, while project JHU 76-3 is restricted to the distribution of pills and condoms, the project is directly linked to the family planning network of GOC. If a woman who is contacted by project workers would prefer the IUD or sterilization to the pill or condom arrangements are made to honor her request. It was noted that the IUD has been more popular than the pill in Taiwan, and that sterilization is gaining in acceptance.

An additional source of problems with the project involves the type of contraceptive supplies made available by the U.S. Government. Pills provided appear to have been tested on American women. Project managers note side effects in greater proportion than was expected. A major problem developed when Syntex pills were substituted for Wyeth pills during the project period. On the matter of condoms, there was a strong suggestion that American supplies were the wrong size and that the consistency of the American product made it less acceptable than the Japanese counterpart. Finally, the packaging of both pills and condoms left something to be desired. Project personnel indicated that, when attempting to market a new item, packaging and appearance are important. These concerns appear to have been overlooked when American supplies were purchased by AID/W.

The opportunities to view the project indicated that both GOC and JHU have a commitment to the effort, and that personnel assigned to implementation and supervision are excellent. There is further evidence that the project probably would not have been undertaken without USA support.

E. Recommendations

The time frame for the project is definitely too short if definitive information is to be obtained. An extension of the project should be authorized at the earliest possible date to promote operational continuity of the project.

When an extension of the project is granted, an arrangement should be made to promote the integration of the project into the national family planning effort.

If possible, consideration should be given to an evaluation of the quality of supplies used in community based distribution programs. While this report involves only Taiwan, it is possible that a similar problem exists in other areas.

F. Personnel Contacted

U.S. Personnel:

Douglas K. Ramsey
First Secretary, U.S. Embassy

Dr. J.B. Kyle
Population Officer, U.S. Embassy

Dr. P.O. Liu
Johns Hopkins University

Chinese Personnel:

Dr. C.M. Wang
Director General, National Health Administration

Dr. Robert C.T. Lee, Chairman
Joint Commission on Rural Construction

Dr. King-Kong Chang, Chief
Rural Health Division (JCRR)

Dr. C.H. Yen, Professor of Public Health:
Taiwan University Medical School

III. PROJECT IDENTIFICATION NUMBER: UNC 73-7

A. Project Title:

"Epidemiological Studies in Family Building and Family Health in Taiwan"

B. Funding and Duration

\$90,921

May 1, 1973 - December 31, 1975

C. Brief Project Description:

The major focus of the project was the examination of the health aspects of family planning. The project involved an exploration into:

- 1. the relationship between morality and fertility**
- 2. implications of family size and spacing the forerunner to the USA project was a WHO effort conducted in several countries (Pakistan, India, Turkey, Lebanon, Kenya, Taiwan and the Philippines) during 1971.**

The project design involved two phases: First, a household survey was conducted in two selected urban and rural areas. The survey included a questionnaire along with physical examinations for mothers (15-45 years of age) and children (under 5 years of age). The total number of households included in the sample was 4,521 with 4,615 eligible women. Physical examinations included laboratory tests as well as anthropometric measures.

The second phase of the project concerned mental development of children, and involved the use of a Cattell test administered by school teachers to 20,063 children. In addition to the test, information was collected on ordinal position, the family, family size, birth spacing, and demographic information on the family. Collection of data on Phase II began in the summer of 1974.

D. Evaluation Report:

The objective of the project was to convince the populace of the health aspects of family planning, the benefits of smaller families and child spacing, and the importance of maternal health. Coordinator for the project was Dr. Omran at UNC. When Taiwan withdrew from the United Nations in 1972, support for the WHO project was withdrawn. Since original steps had been taken, and

since the project was part of a more comprehensive effort to associate health and family planning variables support was sought and obtained under a subproject of the USA agreement.

During the project, Dr. Omran visited the project area twice and Dr. Fan traveled to Chapel Hill once to arrange coordination and assist with project implementation. When data was collected in Taiwan, it was transferred to data tapes and shipped to UNC for analysis and consolidation. Apparently, one data tape encountered travel problems and was erased in transit. This necessitated a reprocessing of the data in Taiwan, and a second set of data was sent by ADP cards to UNC. These problems caused delays in the transmission, and, while they might be associated to some extent with procedures, are more likely associated with the distance between the sample area and the data processing equipment.

The delays described above placed the operation behind schedule in terms of time, although no significant increase in cost was incurred. In late 1975, it became apparent that completion of the project could not be accomplished by the December 31, 1975 deadline. It was proposed that USAID grant a no-cost time extension for the project.

While AID/W documents relating to the time extension were not available in Taiwan, correspondence indicates that the Agency refused to grant the extension. The basis for refusal was reported to be the failure of the project manager to request the time extension 60 days prior to the scheduled completion date. Apparently, the extension request was initiated sometime in late November 1975 or over 30 but less than 60 days before termination.

The Taiwan operations of the project continued past the scheduled termination date on the assumption that approval for the extension would be forthcoming. According to terms of the contract between GOC and UNC, written notice of termination must be provided. When notice of termination was not received by December 31, and there was the assumption that an extension was granted, work on the project was continued past the termination date.

On February 20, 1976, a telegram was received by Dr. Fan from Dr. Omran in which GOC was notified that a contract extension was refused by AID/W. The telegram

further indicated that a letter of explanation would be forthcoming. In a letter to Dr. Fan, dated March 9, 1976, Dr. Omran expressed his regrets that the extension had not been granted, and suggested that project activities should have terminated and that UNC should receive an accounting of project funds along with a refund of monies that remained in the GOC fund.

It should be noted that the GOC contractor had a sub-agreement with Fung Chia Commercial and Industrial College in Taichung to process data and to transfer interview information from sheets to ADP cards. This activity was continuing during the Jan-Mar 1976 period, since it was assumed that an extension of the contract would be forthcoming. In addition, the MCH contractor had no termination agreement with the Fung Chia college and assumed that AID/W would want all collected data tabulated and analyzed.

An accounting of funds was prepared and forwarded to UNC in March 1976. Included was a refund check in the amount of \$1,225 for monies allocated, committed, and partially expended during the period, but which GOC could not pay since bills were incurred after the December 31, 1975 termination date. Documentation that acknowledged receipt of the \$1,225 check by UNC was not in the file. In fact, no further correspondence was received by Taiwan regarding the project after the March 9, 1976 letter by Dr. Omran.

The report on the project prepared by UNC states the following, "Completed the study..... The resultant data was analyzed and reported in a published scientific report." If this report was provided to GOC, I was unable to locate a copy.

The UNC report states further "Phase 11 of the study was also completed and the results reported." Again, I was unable to find evidence in Taiwan that Phase 11 was completed. Moreover, I did see the Phase 11 questionnaires and Cattell test results bundled and ready for processing but no evidence or suggestion that the work was completed. On the contrary, evidence did suggest that the Taiwan contractor was awaiting word from UNC on steps that should be taken to complete the project. Apparently, a bill for about \$500 at Fung Chia College remains unpaid for work that was completed and the College is reluctant to continue processing of the data with no assurance that funds will be made available to pay for the work.

Thus, it appears that \$1,225 was refunded to UNC when USAID failed to extend the contract, and that some

bills remain unpaid and data processing is at a standstill until provisions for completion can be made.

There appears to be no hard feelings or disappointment on the part of Dr. Fan as a result of the project termination. He is apparently of the opinion that arrangements can and will be made by UNC (or some other agency) to continue the project to completion. His attitude is not surprising. Early project efforts were stopped as a result of political consideration (i.e. loss of UN membership) and UNC came to the rescue with a USA agreement. The one point of continuity has been Dr. Omran. He is highly respected both professionally and personally. It is believed that Dr. Omran will be able to rescue the project and provide funds for completion since he is considered more trustworthy than the agencies with which he must deal. For example, there is the belief that Dr. Omran is seeking funds to bring Dr. Fan and the data to UNC for completion. The original contract with USAID called for the travel and the travel was expected to take place prior to June 30, 1976. When funds were withdrawn, travel plans were cancelled.

As a general observation, it can be said that this project was not an ideal example of project execution under a USA agreement. It was spawned as a result of the failure of another agency (WHO) to carry out an ongoing project. The activities under AID do not appear to reflect a major improvement.

Fiscal aspects of the project are also unclear. While \$98,238 was apparently budgeted for the project, only \$90,921 was spent. This would suggest good fiscal management if the project were actually completed, but this does not appear to be the case. Of the expenditures, over 80% were spent in the U.S. and less than 20% in Taiwan. This is somewhat surprising since a major component of the UNC contribution involved analysis and interpretation, which do not appear to be completed.

E. Recommendations:

Since a number of questions are evident as a result of the field visit, clarification need to be provided from UNC and AID/W records.

1. A receipt for returned funds should be sent to MCH in Taiwan
2. Efforts should be made to pay outstanding bills incurred during the project
3. Steps should be taken to provide additional funds to complete the project.

F. Personnel Contacted

Dr. Kuang-Yu Fan
Director, Maternal & Child Health Institute

Mr. Frank L. Hung
Institute of MCH, Taichung

Dr. J.B. Kyle
Population Officer U.S. Embassy/Taipan

IV PROJECT IDENTIFICATION NUMBER: JHU 73-6

A. Project Title:

"Analysis of Taiwan Data on Abortion"

B. Funding and Duration
\$ 79,166

C. Brief Project Description:

The project involved secondary analysis on data collected during an earlier project. The focus was upon four methods for the collection of abortion data. A methodological approach called "randomized response technique" was attempted.

D. Evaluation Report:

While the project used data from Taiwan, activities on the project were centered at JHU. It was difficult to locate anyone in Taiwan who knew about or participated in the data analysis. A report was on file at JCRR entitled "Induced Abortion and Contraceptive Practices." The report was dated June 25, 1975, and is indicated as a completion report for Grant AID-32-5034.

A summary report by L.P. Chow dated November 1975, describes the findings and the dissemination of findings in greater detail. Basically, it appears that the project served as a mechanism to test various methodological approaches for the study of abortion rates. A new project has been funded in Mexico which employs the techniques tested with Taiwan data, and a project that was under consideration in the Philippines followed the same design.

E. Recommendations:

No recommendations. The Project has been completed.

F. Personnel Contacted

**Dr. P.T. Liu
Johns Hopkins University**

**Dr. C.H. Yen
Taiwan University Mexico School**

MEXICO

(Werner Fornos)

General

Exciting events in family planning are happening in Mexico following its recent election and change in leadership. The new administration has assigned highest priority to family planning activities and has established a new National Family Planning Council. The Council is headed by Dr. Jorge Martinez-Manitu (brother of the Minister of Health) and to him will report the family planning units within the Secretariat of Public Health and Welfare (SSA), the Institute of Mexican Social Security (IMSS), and the Institute for Social Security for Workers at the Service of the State. Funding is being sought through the World Bank and the private sector NGO's. The World Bank loan request is purported to be for \$93 million. Other requests are for 50 laporascopes and training for people to use them, 1 million IUD's (Lippes), and 1 million cycles of pills.

Immediate goals include the establishment of 150 rural sterilization clinics, production and/or at least packaging pills in Mexico with Spanish speaking insert, same for condoms.

Some general observations relating to this project are that the research is considered vital by all policy makers contacted. They consider this effort of paramount significance in providing the government of Mexico with hard data to make its decision. According to the head of Mexico's No. 1 Obstetrics and Gynecological Hospital, mortality as a result of infection from illegal abortions is second highest. Two years ago it was the highest cause of death in that hospital. In the family planning clinic visited in the hospital (only deals with high risk women), sterilization candidates have to wait for two to three weeks because of the heavy work load. Their biggest complaint with the laproscope is that it is hard to get maintenance in Mexico. A private company has now been formed as a subsidiary of KLI to deal with the problem. A major problem for Mexico looming on the horizon is an excess of physicians. Their thirty-nine (39) medical schools now graduate 4,000+ a year.

In the new organization coordinating family planning effort, it is expected that the Product Development Section will be the strongest because of local manpower resources.

It was generally felt by all contacted that because of Mexico's economic pressures and competing priorities for a hard pressed public budget that this kind of research would not be undertaken if it weren't for programs like the USA.

Research priorities of the new Council's head are in the social science areas: demand for surgical methods (why and which type of women make the decision; how do they react after the surgery; rural vs. urban comparisons; quality of service delivered by the provider) and sex education for adolescents (development of a program tailored to Mexico). In the Bio-medical area, research is needed to see which contraceptive is best for Mexico. With regards to IUD's, the new Director prefers the hormonal IUD because of claimed reduction of total blood loss, but would like to see more research.

Persons Contacted

Dr. Jorge Martínez-Manitu, General Director, National Family Planning Council

Dr. Artero Zarate, Director, Division of Endocrinology

Dr. Eduardo Ontiveros, Director Planificacion Familiar

Dr. Carlos Mac Gregor, Director General, Hospital de Gineo - Obstetrica, No. 1 Calle Gabriel Mancha 222, Mexico City

Dr. Luis Cortelario Ayala, Sub-Director General, Medical Mexican Institute of Social Security, Former President of Academy, Former Director General (Mac Gregor Hospital)

Dr. Blanca Ordonez, Subsecretariat of Environmental Improvement, Av. Chapultepec #284

Dr. Octavio Rivero, President National Academy of Medicine

Dr. Manuel Quijano, President-elect, National Academy of Medicine

Dr. Woolrich, General-Secretary, National Academy of Medicine

Ing. Pablo Suarez Angeles, Deputy Chief Section Informatica Medica, National Medical Center

Mr. Guillermo Figuero, Operations Manager, National Medical Center

Mr. Jose Manuel Sienra, Medical Biostatistician, Study

Ms. Maria Eugenia Fonseca, Lab Technician No. 1 - Study

Dr. Rafael Dias, Deputy Field Director, Study

Mr. Roberto Castellanos, Managemant Assistant, Study

Persons Contacted (continued)

ACAPULCO RESIDENTS WORKING ON PROJECT

Ms. Castro Garzon, Jodefina Margarita, Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

Ms. Garcia Balanzar, Epifania, Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

Ms. Lira Carbajal, Araceli, Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

MEXICO D.F.

Ms. Gaona Gonzalez, MA. GPE., Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

Ms. Gonzalez Peres, Carmen, Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

Ms. Vargas Alvarez, Ana, Nursing Supervisor, Study, DTD from La Escuela de Enfermeria

Tom Donnelly, U.S. Chancery, Population Officer, Mexico

I. Project Identification Number: JHU TQ-1

- A. Project Title: Epidemiological Investigation of Induced Abortion in Mexico
- B. Funding and Duration: \$140,456
August 1, 1976 through July 31, 1978
- C. Brief Project Description: The primary objectives of this study are to determine the frequency and distribution of induced abortions in women between the ages of 15 and 44 living in the Federal District of Mexico. The study will also report on the methods of such abortions, the reasons for them, their association with socio-economic factors and with attitudes toward and knowledge and practice of contraception. The frequency and distribution of other outcomes of pregnancy are also being determined.
- D. Evaluation Statement: Except for minor problems experienced in the pregnancy testing stage of this project during its first month of operation, this project is proceeding as planned. Personnel in place are highly motivated, effective leadership is being provided and administrative support is being provided in sufficient amounts to assure that program objectives will be met.

D. Evaluation Statement (continued)

The program is being handled through the National Academy of Medicine, a highly distinguished body of medical people spanning all disciplines. Its 270 members represent the medical leadership of Mexico. Within the Academy and within the government this project is looked upon with great urgency and is viewed as a vehicle for making national policy in this highly sensitive field.

At the time of the site visit, information bearing on both the primary and collateral objectives had been obtained through eight rounds of visits to the target district and 3,300 families were participating. The collateral information gathered is of importance to eight participating institutions and related among other things to such factors as various physiological measures (e.g., blood pressure, height, weight, etc.), and on selected disease or pathological conditions and at the same time, to provide health education, preventive medicine, and some curative services, through referrals.

All information gained through this effort is intended to be used to help plan in a more logical form than before possible, programs of family planning and general health care including corresponding education programs.

The project is codirected by Dr. Luis Cortelazo Ayala, former President of the National Academy and Dra. Blanca Ordonez, Subsecretary of Environmental Improvement. Approximately 20% of Dr. Ordonez's time is devoted to the project. Dr. Cortelazo is available as needed. The study is functionally being carried out by a field staff consisting of two physicians, 6 nursing supervisors, and 60 pre-graduation semester nurses doing their field practicum through this project. Data is collected by these nurses and tests and samples collected. Great pains are being taken to assure accuracy of both data and validity of tests. In the early stages of the project, problems occurred with the accuracy of the pregnancy tests. These were corrected and no further problems have been or are contemplated to be encountered.

Staff dedication has assured minimal error in data collected. The data gathered is turned over for statistical analysis to the statistician associated with the project and to the National Medical Center's Division de Biomatemáticas, Sección de Computación,

Informatica Medica. Care should be taken that proper quality assurance exists here. The Medical Information Center where the material will be processed has three large pieces of hardware including a CSC 6400 and an IBM 37-/158. Their facilities are now booked at 20 hours a day. Urine specimens are delivered nightly to the laboratory of the Hospital de Gineco-Obstetrica No. 1 at Gabriel Mancena 222 where staff technicians perform the pregnancy tests. Positive tests are screened by a staff chemist. Both in my visits to the field division housed at the National Academy of Medicine, in the National Medical Center and at the computer facilities and the hospital, staff appeared totally committed and enthusiastic in their work. Financial records were in good order and proper accounting safeguards were employed. The only negative aspect encountered in the project was one of report requirements that were unknown to the Mexican collaborators in the study. This contractual requirement was not in their copy of the project proposal but was contained in the grant approval letter to Johns Hopkins University, dated September 10, 1976.

E. Recommendations:

1. That the Mexican collaborators be informed of contract requirements so they may properly comply with them.
2. That the contractor be allowed to do an additional month of field testing to make up for the difficulties encountered in the first month. The one additional month would result in no work extension.

ADDITIONAL DOCUMENTATION MADE AVAILABLE TO THE EVALUATOR

1. Relaciones de Grupos de Trabajo para 1977, National Academy of Medicine.
2. Staff List for Nurse Trainees involved in study.
3. All questionnaires used in the project.
4. Informed Consent Form used in project to assure voluntary participation.
5. Assorted health bulletins distributed by nurses door-to-door within the target households.

PAKISTAN
(Werner Fornos)

General

The Family Structure and Fertility in Pakistan project is being carried out by the University of Karachi in collaboration with UNC. The program is an ambitious effort designed to determine which factors influence contraceptive behavior while increasing our knowledge about family dynamics and structure. The Evaluator visited Karachi at a time that much of the city was under curfew and political strife was making conditions hazardous.

Persons Contacted

Mr. John Purinton, Vice Consul, U.S. Consulate, Karachi
Dr. Jahangir Khan, Principal Investigator, University of Karachi
Mr. S. Mujeeb Ahmed, Research Officer, University of Karachi
Mr. Dick Loudis, Intern, U. of K. (Richard W. Loudis)
Mr. Nisar A. Memon, Manager Personnel and Communications, IBM Karachi
Dr. Steven Sinding, USAID, Islamabad
Mr. Wm. Mc Intyre, USAID, Islamabad
Mr. Naeem Ullah Hussain, Research Officer, U. of K
Mr. Saeed Liddiqui, 2nd Vice President, United Bank Ltd., Karachi

- I. Project Identification Number: UNC 73/10
- A. Project Title: Family Structure and Fertility in Pakistan
- B. Funding and Duration: \$147,079.00, June 30, 1973
to June 30, 1977

C. **Brief Project Description:**

Using survey research methodology, a team of University researchers trained field supervisors and interviewers conducted in-depth surveys of both urban and rural couples to ascertain the decision making structure involving that couple's fertility control practices, family size and family influences. The projects goal was to interview 600 Pakistani family units--200 rural and 400 urban.

D. **Evaluation Statement:**

The Family Structure Project now has on computer tapes 20,000 card images corresponding to 677 cases with each case having 1,400 observations. The real value in this project seems to lie in several areas beyond its data gathering. The extensive number of observations hopefully will reveal new correlates of fertility. It appears to be the most comprehensive household survey conducted in the Sind and possibly in all of Pakistan. It has the potential to provide enormous amounts of information for Family Planning policy makers, researchers and University personnel.

The danger now exists that much too much time has been spent on research protocol and survey instrument development and translation with too little time left for data analysis and conversion of data into meaningful and usable facts. Nearly two years elapsed before the project pre-tested its questionnaire and another 15 months elapsed before the final survey was begun in 1976. Much of this is due to a lack of proper planning and due to the need to learn as the project developed. The project had to build its own institutional capacity since research findings of any kind by any faculty member other than Dr. Jehangir Khan is non existent.

One of the strong pluses emerging from this project is the emerging graduate research program. Every effort must now be made to salvage as much of the meaningful data and given the limited data modification facilities available on the SPSS (Statistical Package for the Social Sciences) package there has to be made available assistance in cleaning and editing the package. This is of paramount importance since apparently the project staff has no experience in modifying data on tape.

The FSF project, it seems to this evaluator, has made pioneering advances. The survey, which took in many cases upward of five hours to administer, represents the first serious attempt in Pakistan to develop a categorization of families predicated on both structural and functional elements of extendedness. It has made notable headways, not just in the sociology department but in at least three other departments of the University of Karachi becoming concerned with population dynamics. Its findings are needed by government policy makers and this fact has been recognized by the Sind Population Planning Board which requested several items be included in the survey. The Regional Planning Board now seeks to purchase other data contained in the survey, and indeed with the assistance of Dr. Steve Sinding the volumes of material collected are now being screened for materials which can assist the Government of Pakistan in devising rural delivery and communication strategies. Other policy relevant data will undoubtedly be discovered.

The cooperation gained by this project whether it was through the acquisition of personnel, transportation

for interviewers, statistical assistance, computer time, key punching and advice certainly is a tribute to the Principal Investigator. Valuable criticisms are that UNC did - Dr. Jahangir Khan a disservice by allowing him to develop a survey instrument whose results will be difficult to analyze. In light of that the job is remarkable. There is some end-goal conflict especially where some people would like to push University of Karachi into a deep thinker institute as opposed to a desire for a quick moving policy/advisory research unit. Repeatedly heard was the complaint that the data set is unmanagable and too much time was spent setting up and not enough time is left for conclusions. The Mission was well involved and found the project personnel forthcoming and cooperative.

E. Recommendations

1. That every effort be made to expedite the analysis of the data and the preparation of the required report.
2. That data analysis be undertaken simultaneously at UNC and under the leadership of USAID/Islamabad so that policy relevant data can be shared with decision makers at earliest opportunity.

ADDITIONAL DOCUMENTATION MADE AVAILABLE TO THE CONSULTANT

1. Statement showing personnel details for the period Jan-June 1976.
2. Statement of expenditures through Dec. 31, 1976
3. Final Report UOPI Intern at Family Structure and Fertility Outcome Project, dated March 5, 1977.
4. Paper by Richard W. Loudis, entitled The Environment of Research, 1977.
5. Survey Instruments utilized in The Family Structure and Fertility Outcome project in Pakistan.

PHILIPPINES

(Dr. John A. Ballweg)

General

Although the Philippines conducts a broad based family planning effort, USA funding does not play a major role since agencies associated with the family planning program have been able to obtain support through Mission funds or direct contracts with AID/W. Projects which are operational or are planned under USA sponsorship involve explorations into alternative approaches to operating problems and needs or attempt to expand the theoretical base of the family planning program. The institution building component of the Philippine family planning program has been funded by other resources.

The four sets of interviews in the Philippines involved one project associated with JHU, (I) another with UNC, (II) a project that was discussed but never reached the proposal stage, (III) and a proposal that is presently in the initial stages of development (IV).

I Project Identification Number: JHU-76-1

A. Project Title: "Study of the Overlap Between Contraceptive Use and Postpartum Amenorrhea Among Rural Filipino Wives."

B. Funding and Duration:

\$ 11.452

July 1, 1976 - June 30, 1977

C. Brief Project Description:

The project was designed to explore the demographic impact of contraception in a lactating amenorrheic population. The project builds upon a WHO study with urban women and is concerned with:

1. How breastfeeding patterns of contraceptors differ from those of non-contraceptors
2. Whether breastfeeding patterns vary among contraceptors
3. Whether there is an association between breastfeeding patterns, lactational amenorrhea, and birth spacing
4. Whether contraceptive use overlaps with lactational amenorrhea
5. The effect of contraceptive use on inter-pregnancy intervals

D. Evaluation Statement

The project was an outgrowth of a similar project for urban women that was funded by WHO. There is no evidence to suggest that the project was solicited by AID/W or by an agency of the GOC. Rather, the research interest of the investigator and ties established with the JHU while the investigator was a student there appear to be the basis upon which the project was developed.

The combination of a tested research design and an experienced investigator, supported by a USA Core staff appear to provide a project that will be able to achieve stated objectives. The investigator has had the opportunity to consult with JHU personnel both in the US and on site. Data collection, tabulation, and client follow-up appear to be in accordance with project design. A minor weakness of the project design. A minor weakness of the project is the lack of on-site data processing equipment. The host institution (IPH) does not have its own computer facilities and the investigator is required to rent time, when it is available, from other agencies. The use of an on-site counter sorter for preparing marginal tabulations is adequate for frequency tabulations but will not permit the cross tabulation required for hypothesis testing.

The contribution of W. H. Mosley to the Project does not appear to be major, although Mosley is listed as the JHU investigator. The link to JHU appears to be through Dr. Kantner, who was adviser to Dr. Osteria while she was a JHU student.

The USAID Mission tends to view the project as interesting from a theoretical point of view but lacking in programatic importance. Cooperation between Mission personnel and the local investigator appear to be excellent. The Population Officer indicated that time required by his office in support of the project was minimal.

E. Recommendations:

The use of USA sub-project funds for a research effort of this type appears to fit long range objectives, while using minimal amounts of funds for implementation. Although the investigator was not critical of the budget, it would appear beneficial to have included a greater amount of computer support.

F. Persons Contacted

Mr. Lenni Kangas
Population officer USAID/Philippines

Dr. Trinidad Osteria
Institute of Public Health,
University of the Philippines

II. Project Identification Number: UNC 75-3

A. Project Title: "Pilot Self-Instructional Program for Family Planning Professionals - Evaluation Component, Philippines"

B. Funding and Duration

\$ 11,752
May 30, 1975 - November 30, 1976

C. Brief Project Description:

The project was designed to support the efforts of the Population Center Foundation in the development and testing of self-instruction modules for field use. As an evaluation project, the effort was to determine (1) the utility of the self-instruction mechanism and, (2) the extent to which a learner might be motivated to learn through the self-instruction approach.

D. Evaluation Statement:

The project received a degree of support from Philippine officials far in excess to the amount of funds allocated or resources demanded by the USA segment of the project. It was stated that the project was initiated at the request of the Population Center Foundation to cope with a perceived need for support in the development and execution of self-instructional programs.

The project has completed a brief report prepared for AID and LDC use. In a broader sense, the efforts initiated under the project are being expanded and are being implemented for a wider audience both within the Philippines and in other countries. Findings of the project have been made available to interested persons in Indonesia, and the East-West Center is sponsoring a seminar in Taiwan in which the investigator will present his findings to personnel representing twelve other LDC's.

Funds devoted to the project by the host country have been far in excess of USA support. If assistance had not been made available through a USA sub-contract, it appears likely that the host country would have solicited support from another source. At the present time self-instructional packets are being prepared for 3,500 to 5,000 full-time outreach workers who will be activated under a government sponsored program. According to host country officials, the self-instructional approach appears to be the most economical and efficient approach to training for this vast number of workers in the short training span available. A budget of 5 million persons is planned for training. In the future, it is expected that the material will be made available to ASEAN countries, if requested. Funds are being sought to prepare additional modules and to translate and print modules in the various dialects.

The project encountered several difficulties, primarily regarding reports. While the project leader at UNC was a faculty member, the person who was involved in the field component was a graduate student. The project was designed to serve as a doctoral dissertation for the student. The Philippine agency considered that they provided as much technical assistance to the student as the student provided for the project. When the reports were not forwarded on time to the AID/W project manager, concern was expressed. No record of a completion report was available at USAID/Philippines.

The project appears to have received USAID/Philippines support. The Population Officer indicated that he had several meetings with the investigator, but that the meetings constituted briefings on progress and did not draw excessively on Mission time. The Mission viewed accomplishments of the project as beneficial to long term goals.

E. Recommendations

A major concern associated with this project and other activities associated with universities is whether the project should serve as a training mechanism for graduate students. In this case, the graduate student appears to have brought a great deal of expertise to the project, while drawing upon core personnel at the host university for support. The compatibility of a dissertation as a completion document is also questionable.

Funding and time commitment for this project are interesting. the minimal funds provided appear to have achieved far greater rewards than were expected, although there is a suggestion that additional funds were provided from sources to support the project. The UNC report on the project indicate that Charles Asherman provided 40 man months of service to the project that was operational for 18 months.

E. Persons Contacted

Dr. Conrado Lorenzo
Executive Director - Population Center Foundation

Mr. Jose Luis Ledesma
Director, Information Div. Population Center
Foundation

Dr. Alicea de la Pas
Population Center Foundation

Mr. Lenni W. Kangas
Population Officer/USAID/Philippines

Mr. Charles Asherman
UNC -CH

III. Project Identification Number None

A. Project Title:

INDUCED ABORTION AS A PUBLIC HEALTH PROBLEM IN THE PHILIPPINES

B. Funding and Duration:

No formal proposal submitted and no funds authorized.

C. Brief Project Description

Project design was never completed, and no project was submitted to AID/W. The basic question associated with the proposed project was the extent to which induced abortions played a role in population control under the existing social structure.

1. Estimates of induced abortion.
2. Health consequences including mortality/morbidity associated with induced abortion.
3. Sources of abortion services.
4. Characteristics of women who seek abortion.
5. Public attitude toward abortion.
6. Explorations into the relationship between contraceptive use and induced abortion.
7. Socio-economic costs of abortion.

D. Evaluation Statement

The comments reported here represent a report on program planning for a project that did not materialize.

Plans for the aborted project were reported to have been developed as a result of a personal relationship between Dr. Capul of the Development Academy of the Philippines (DAP) and Dr. Jack Eblen of JHU. An attempt was made to isolate specific areas of interest between DAP and JHU; the abortion project evolved as a result of this attempt. An exchange visit took place between Capul and Eblen and the framework for cooperation was developed. The original basis upon which negotiations took place was a "Letter of Agreement" signed by Dr. Mosley of JHU and Dr. Corpus of DAP. The Letter was drafted during a visit to the Philippines by Dr. Mosley, and represented an attempt to establish a working relationship between a USA, as represented by JHU, and an agency of an LDC, as represented by DAP. The Letter did not specify areas in which cooperative work would take place. Rather, it was intended as a means by which a common base for collaborative research could be developed.

As the project developed, several points of disagreement became evident. First, the study on abortion was considered highly sensitive by the DAP director (Dr. Corpus). Second, a major concern of DAP was the need for overhead funds. Serving as a sub-contractor for JHU did not appear to serve this need. Third, DAP did not have a full complement of personnel to conduct the research project and would need to call upon other GOP agencies for assistance. After several months of discussion, it was decided not to pursue the project at that time. While DAP considered the possibility that the project would be activated at sometime in the future, no plans have been developed.

The exchange that took place between the USA contractor and the possible LDC agency appears to have followed the basic design for USA sub-projects. Funds were made available from the Core allocation to support development of the project and to arrange an exchange between the JHU investigator and the LDC counterpart. The only incentive provided for the LDC agency was the possibility that funds could be made available to serve a perceived research need. The possibility exists that the LDC agency can seek support from another source and avoid the necessity to become associated with a USA contractor.

E. Recommendations

Selection of both a host country and a project appears to hinge on links that developed through training at a USA institution or personal acquaintanceship. There does not appear to be a systematic approach by which an investigator in an LDC can establish contact with a USA institution. It would appear that USAID Population Officers could serve as a link between the two.

Countries that develop a degree of internal capability tend to be reluctant to associate with a USA institution which may increase project costs while not providing a corresponding increase in operational efficiency. The increase in project costs appears to be related to overhead charge in particular, which are available to the USA contractor but not to the LDC agent. Decisions on funding distribution rest with the USA based upon the budget approved for project. While the LDC agency is likely to have administrative charges associated with the project, overhead is not available. Consideration might be given to this possibility.

F. Person Contacted

Mr. Lenni W. Kangas
Population Officer USAID/Philippines

Dr. Mercedes Concepcion
Dean, UPPI

Dr. Dadong Capul
Development Academy of the Philippines

Dr. John Laing
USAID/UPPI

IV. Project Identification Number None

A. Project Title: Adolescent Fertility

B. Funding and Duration

No funds have been allocated. The project is in the planning stage for possibly FY 78 funding through a USA subproject of JHU.

C. Brief Project Description

A formal project proposal has not been developed. The project will draw upon the expertise and research experience of Dr. Zelnik of JHU with the Coloborah of Dr. Mercedes Concepcion and Dr. Zelda Zablan of the University of the Philippines Population Institute.

D. Evaluation Statement

The proposed project developed after plans for the proposed abortion study were dropped. Initial communication developed between the USA office at JHU and UPPI. The result was a visit in February 1977 by Dr. Melvin Zelnik to the Philippines supported by JHU Core funds.

During the Philippine visit, Dr. Zelnik met with the Population Officer as well as UPPI personnel. The proposed project will involve a collaborative effort with two additional Philippine universities: San Carlos University in Bebu City and the Research Institute for Mendenos Culture at Xavier University in Cagayan de Oro.

The project is not defined by USAID as a high priority need; it is seen as a research exercise that may result in definitions that can be used for future programs planning. The general contention is that funds made available through USA support can relieve local Mission funds that can be directed toward immediate problem areas. There is general agreement that the visit by Dr. Zelnik produced a clearer understanding of the need for the research and the local resources required to complete the project.

Some concerns remain regarding the distribution of funding according to US and LCD contribution to the project. While not stated directly there was some suggestion that participation by JHU could be limited to an advisory role, while implementation (and primary funding) would be charged to a Philippine agency.

Questions were addressed to interviewers regarding a time frame for the project, since one of the benefits of a USA project has been the ability to respond rapidly. In general, the ability to design and obtain funding for a project was not described as more rapid or efficient under the USA arrangement. The stated reason was that both academic institutions (US and Philippine) were governed by specific procedures regarding grants and contracts. Since it was likely that adjustments would be necessary to reconcile procedural differences in the acceptance of a grant, the time required was considered to be greater than a grant which involved one university.

E. Recommendations

Communication appears to have developed under existing procedures and there is no recognized need to change procedures. It is difficult to recommend on a project at this early stage of development

F. Persons Contacted

Mr. Lenni W. Kangas
Population Officer USAID/Philippines

Dr. Mercedes Concepcion
Dean UPPI

Dr. G. Van der Vlogt
Health Officer USAID/Philippines

TURKEY
(Werner Fornos)

General

Though this project terminated May 31, 1975, it was included in the evaluation to examine if the USA supported effort to institute more effective pop/fp programs will continue after USA participation terminates.

I. Project Identification Number: JHU 73/5

A. Project Title:

Development of a Project Development Bureau in the General Directorate of Population Planning; Ministry of Health; Government of Turkey

B. Funding and Duration:

\$301,626 - April 1, 1973 - March 31, 1975

C. Brief Project Description:

To develop a Project Development Bureau in the General Directorate of Population Planning, Ministry of Health, Government of Turkey. The long-term objective of this project was the development of Turkish institutional capabilities in the Project Development Bureau, so that it can function with a minimum of external advisory assistance.

D. Evaluation Statement:

With the termination of the project the Project Development Bureau ceased to exist. However, personnel trained by Dr. Mosley, the Resident Advisor and by Johns Hopkins University are now firmly entrenched in leadership positions of the General Directorate for Population Planning in the Department of Health and Social Welfare. The ability to develop projects in a format acceptable to donor agencies is reflected by both personal competence as evidenced by proposals reviewed by this Consultant and in the actual funding deliberations now underway with several donors. It should be noted that Dr. Mosely was followed into the General Directorate for Population Planning,

by a Johns Hopkins University Intern, Mr. Robert Bertera, who continued the excellent working relationship with the Turkish officials established by Dr. Mosley. He has been largely responsible for the preparation of proposals now in final approval stages. With his departure on March 30, the Directorate will be on its own and seems fully capable and committed to using their skills acquired through both the personnel service provided by Hopkins, training acquired at Hopkins and as a result of working with the Project Development Bureau. All officials interviewed during the visit to Ankara expressed the hope that AID support, whether through this contracting means or some other mechanism, be forthcoming in the future. General comments bearing on the Turkish Family Planning program centered around shortage of trained personnel to reach the 65-70 percent of the population living in rural areas; need for contraceptive supplies, fellowships, training programs for nurse mid-wives and others; and vehicles and equipment for use in rural areas.

E. Persons Contacted:

U. S. Personnel:

Ambassador William Macomber
AID Affairs Officer Richard Burke
Robert Bertera, JHU Intern
Clay Vollan, UNFPA

Turkish Personnel:

Dr. Osman Yasar, Undersecretary, Ministry of Health
and Social Welfare
Dr. Ahmed Ustunoglu, Chief Deputy UnderSecretary &
President, Family Planning Association of Turkey
Mr. Tandogan Tokgoz, Director Gen., General Directorate,
Population Planning
Mr. Baki Durmaz, Director Training Div. GDPP
Mr. Ugur Aytac, Director, Planning and Programming
Division, GDPP
Mrs. Nuran Ustanoglu, Director, Demographic and
Statistics Division, GDPP
Mr. Memmet Durakbasi, Asst. Director, Planning and
Programming Division.

ADDITIONAL DOCUMENTATION MADE AVAILABLE TO THE CONSULTANT

1. Johns Hopkins University Project Development Bureau--Ankara, Turkey Evaluation report dated Feb. 24, 1975 and prepared by Marschal D. Rothe, AID, and Warren E. Winkler, M.D., Consultant
2. Family Planning Services Priorities Based on Risk Factors Affecting Maternal and Child Health, Turkey Project Report, March 1977, Robert L. Berera and Nuran Ustunoglu.
3. Letter to W. Henry Mosley, M.D., from Dr. Oman Yasar, Under Secretary, Ministry of Health and Social Welfare Ankara, Turkey. May 9, 1975.
4. Letter to Henry Mosley, M.D. from Ugur Tuncer, General Director of Population Planning, May 12, 1975.
5. Chronology of Requests submitted by General Directorate of Population Planning to UNFPA for Funding.

VENEZUELA

(Dr. John A. Ballweg)

General:

This project was visited because it represented a USA activity in a country where no USAID Mission is located, and the institution building project was operational during the evaluation period. In Venezuela, the family planning effort was directed by the privately led Venezuelan Family Planning Association (AVPF), an affiliate of the International Planned Parenthood Association, from 1966 to 1974. While the AVPF was private, virtually all the clinics they operated were located in public health facilities. In 1974, AVPF clinics were transferred to State operation. The USA project with IESA was operational during the transition period.

I. PROJECT IDENTIFICATION NUMBER: 73-2

A. Project Title: "Developing Venezuelan Institutional Capacity to Teach Management Skills in Responsible Parenthood Programs (IESA)."

B. Funding and Duration:
\$146,766 - Dec. 15, 1972 - Dec. 14, 1975

C. Brief Project Description:

The project was intended to raise the institutional capability of a newly formed academic unit, Instituto de Estudios Superiores de Administraci6n (IESA), to enable the institute to provide guidance and support in the organization and administration of family planning programs. Ford Foundation provided initial assistance in the formation of IESA, which had as its objective the ability to train administrators for both the public and private sectors of the country. The organizational mandate of IESA did not include family planning management. The USA grant was designed to broaden the research and technical information base of IESA to include assistance for the newly developed family planning effort.

D. Evaluation Statement:

IESA is a unique academic organization. It provides graduate instruction in management for Venezuela and other Latin American countries, as well as short, intensive executive courses and mid-career training for both the public and private sector. The academic orientation of IESA lends itself ideally to the objectives of the USA project. In a country like Venezuela

where family planning programs are not viewed in relation to population reduction goals, the ability to set forth and operate programs in an economically sound and businesslike fashion is more essential. Similarly, it is beneficial to conduct research that relates specifically to national economic and public health goals rather than to fertility reduction as a goal in itself.

The USA project was developed as the result of a visit by Professor Allen of UNC. There were no previous alumni contacts or joint research activities. As a result of the project, a number of UNC faculty visited IESA to present seminars on population matters, IESA faculty visited UNC and participated in family planning workshops, a UNC library representative visited Caracas and assisted with the development of a population reference section for the IESA library, and an IESA librarian visited Chapel Hill to learn how the library reference services might be linked. Since termination of the project, an IESA faculty member has enrolled at UNC for doctoral training in management.

While family planning management remains a relatively minor component in the educational process at IEDA, it is included. An awareness of the economic and demographic consequences of a high birth rate is conveyed to managers in both the graduate and short-course program.

Library resources at IEDA are excellent. It was somewhat surprising to find such a broad based and excellently managed library. The librarian indicated that there is continued interaction with the UNC population library, particularly in the area of library search. Periodicals that deal with population matters are available, although early volumes (prior to 1970) are not included in the collection. The librarian advised me that population periodicals were added at the recommendation of UNC, and that continuation of subscriptions is paid with IESA funds. The USA program was not without shortcomings. In particular, it was stated that the funds available were too limited to make a major impact on the IESA curriculum. With less than \$25,000 to allocate each year, it was difficult to support visitors on population topics for more than a week or two. This meant that the visiting faculty were required to present a condensed version of the material. Similarly, since no funds were specifically earmarked for participants, it was necessary to ask those who attended the seminars to provide their own support. Since management of family planning programs has not been a high priority concern of GOV, the selection of participants would not be expected to have the greatest impact.

There also appeared to be a concern that the UNC-IESA relationship was not operated on the basis of an equal partnership. It was pointed out that the IESA faculty consists of 12 Ph.D's who received degrees from leading US institutions. These faculty prefer a peer relationship with US faculty rather than a subordinate role. Examples were cited of several US schools who have requested what are described as "collaborative" relationships with IESA. What these schools really seek is considered to be a base from which to work in South America and "field hands" to collect data. The IESA faculty consider that they should be more involved in the formulation of research theory and methodology.

One of the indirect products of the USA project was a paper entitled "Implementation of Family Planning Policy and Programs: Lessons from the Venezuelan Experience" that was prepared by J. A. Bustillo and Henry Gomez for presentation at the 1976 conference of the International Committee for the Management of Population Programs (ICOMP). There appears to be continued involvement in ICOMP on the part of IESA. This involvement can be traced directly to the USA project.

As an academic institution that defines itself as "regional" in nature, IESA draws 25% of its students from other Latin American countries. Similarly, IESA has been called upon for consultation on family planning management questions by the Dominican Republic, Brazil, and Columbia.

From all indications, the USA project was properly planned and executed by UNC.

E. Recommendations:

While this project would not be considered appropriate for funding under current guidelines, it appears to provide a valuable and required service for long-range population planning effort. It would appear advisable to continue, on a selective basis, the institution building component of the USA program - or to determine an alternative approach by which institution building can be continued.

When planning institutional development projects, it would be advisable to solicit greater input from the LOC institution. A relationship based upon equality would appear to afford a greater likelihood of success than a superior-subordinate relationship.

F. Personnel Contacted:

**Glen A. Munro
First Secretary, U.S. Embassy, Caracas**

**Dr. Henry Gomez Samper
Director of Research, IESA**

**Ana Rosenfeldt
Technical Institute, Caracas**

G. Supplemental Documents:

**A. Fernandez, A. Planchart, and G. Biger,
Modelo Demo-Economico De Venezuela
IESA, 1975**

**J. A. Bustillo and H. Gomez,
"Implementation of Family Planning Policies
and Programs: Lessons from the Venezuelan
Experience."
Paper presented to ICOMP, Bali Indonesian,
July 12-14, 1976**

**Resident Faculty and Ph.D Fellowship Awardees,
IESA (mimeo)**

**IESA in 1977, Office of the Dean, February 1977
(mimeo)**