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**ABSTRACTS OF REPORTS
PUBLISHED BY THE
POPULATION TECHNICAL ASSISTANCE
PROJECT
1985-1988**

September 30, 1988



International Science and Technology Institute, Inc.

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ABSTRACTS OF REPORTS
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Population Technical Assistance Project
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INTRODUCTION

The 74 abstracts that make up this collection provide the major findings and conclusions from all the reports published since early 1985 by the Population and Technical Assistance (POPTECH) project. An earlier collection included abstracts of all reports published through May 1987. This collection includes abstracts of all reports published since that date, plus the earlier ones.

The POPTECH project is funded through a contract between the Office of Population of the Agency of International Development (A.I.D.) and the International Science and Technology Institute (ISTI).

Copies of the full reports are available through the project.

HOW TO USE THIS COLLECTION

This collection is divided into three sections: indexes, the abstracts, and a complete list of reports.

There are two indexes, one geographical and the second according to principal subject matter. The geographical index lists reports according to the country or geographic area of concern and also includes reports that have only a short section on a particular country. The subject matter index categorizes reports according to 12 topic areas into which the study of population and family planning can roughly be divided (e.g., service delivery, operations research, training, and so forth).

To find an abstract listed in the index, use the abbreviated report number provided to the right of each index entry. This number corresponds to the number at the bottom of the page for each abstract. The abstracts are in numerical order, according to the abbreviated report number.

The complete list of reports found at the end of this collection includes the names of all authors and location and dates of assignment.¹ Again, the reports are listed in numerical order.

¹Two reports, numbers 57 and 75, were still in preparation at the time this collection was published and thus are not listed.

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FIELD WORK : November 26-27, 1984: Washington, D.C.

PUBLICATION : February 2, 1985

During 1984, while AID's Office of Population began to confront growing pressures for funds in the face of anticipated budget limitations, three task forces, representing 11 U.S. agencies funded under AID cooperative agreements or contracts, were studying ways to make optimal use of available funds. The outcomes of these efforts were unveiled at a second AID-Cooperating Agency (CA) Conference, held in November 1984. At the conference, AID announced that the criteria for fund distribution laid out in its first Resource Allocation Plan (RAP) would include a country's population size and rate of growth, absorptive capacity, ability to mobilize resources, and presence or absence of bilateral programs. The Director of the Office of Population described the plan as a "flexible...rolling" blueprint, which would remain forever a "draft" that the Cooperating Agencies (CAs) would have a continuing opportunity to review. The CAs, which currently receive from AID some \$71 million annually to operate 900 projects in 36 countries, in turn presented the conclusions of their three task forces: on project duration, income-generation and multiple funding. The composition of the task forces and executive summaries of their recommendations are supplied as Appendices to the report. The 11 CAs were the Association for Voluntary Sterilization; Development Associates; Columbia University, Center for Population and Family Health; Family Planning International Assistance; The Futures Group; International Planned Parenthood Federation/Western Hemisphere Region; International Training in Health; Johns Hopkins Program for International Education in Gynecology and Obstetrics; The Pathfinder Fund; Population Communication Services; and Westinghouse Health Systems.

TITLE : Interim Evaluation of Family Health
International (50 pages)

AUTHORS : Richard J. Derman, Judith P. Rooks, and
Rochelle N. Shain

FIELD WORK : August 19-24, 1984: Research Triangle Park,
North Carolina

PUBLICATION : February 19, 1985

The evaluation praises the work of AID-supported Family Health International (FHI), one of seven major public sector organizations engaged in development of contraceptive technology. FHI recently has expanded its agenda to encompass all phases of clinical trial work, has added the issues of reproductive health and natural family planning to its work on contraceptive technology, and has shifted its focus towards provision of training and technical assistance to its six affiliated overseas research institutes. The evaluation describes and endorses this evolution. While many of the 25 major recommendations reflect concurrence with existing trends, priority action is urged to fill staff vacancies and to seek ways to assure increased field participation. The report also offers technical suggestions on research management and urges that FHI-sponsored research conferences be held to influence public policy.

TITLE : Technical Assistance and Training in Family Planning for Senegalese Midwives

AUTHOR : Laura Evison

FIELD WORK : September 16 to 28, 1984: Senegal

PUBLICATION : January 23, 1985

Senegal's 500 professional midwives have been identified by USAID as the prime candidates to spearhead an effort to expand current efforts to provide family planning services to Senegalese women. The very few Senegalese midwives who have been trained in clinical family planning include those who staff government family planning clinics developed through USAID's Senegal Family Health Project (SFHP) and a handful of private clinics in Dakar. A major effort to provide comprehensive in-service clinical family planning training for a large proportion of Senegal's midwives, as well as to include clinical family planning training in pre-service midwifery training, is the major recommendation of this report. The consultant also recommends that USAID provide funding, materials and equipment, and training for private sector clinics that offer family planning services and financial assistance for establishment of a headquarters for the Senegalese National Association of Midwives. This report was requested as part of the preparation process for an extension and expansion of the SFHP, which is funded through mid-1985.

TITLE : The Second Brazil Demographic Analysis for a
Population Policy

AUTHOR : Cynthia Gilley

FIELD WORK : October 3 to 16, 1984: Brazil

PUBLICATION : January 22, 1985

The Second Brazil Demographic Analysis for a Population Policy is a two-year project funded by The Pathfinder Fund and designed to analyze the social and economic implications of population growth over the next 30 years in seven selected regions of Brazil and to disseminate the findings among political leaders. The report provides information on the status of the project at the mid-point of the first year. Despite delays, progress is reported as satisfactory: population projections have been completed; 31 out of 42 technical papers have been commissioned; two out of six newsletters written; a parliamentarians' meeting held; and plans completed for a state level symposium. The report recommends acquisition of a microcomputer and periodic project monitoring.

TITLE : A Process Review of the Model Comprehensive Family Planning Clinic and Registration Bureau in Alexandria, Egypt

AUTHORS : David F. Pyle, Louis Werner, and Enaam Abou Youssef

FIELD WORK : October 22 to November 4, 1984: Egypt

PUBLICATION : March 5, 1985

A Model Comprehensive Family Planning Clinic established in 1979 in Alexandria with support from The Pathfinder Fund, although not meeting expectations as a referral facility or a provider of integrated maternal and child services, has demonstrated that it is possible in Egypt to operate an economically self-sustaining integrated family planning clinic. The other Pathfinder-funded activity evaluated, the Registration and Service Bureau, however, was not found cost-effective. Clinic operations might be improved if outreach capability were expanded and appropriate audiences better targeted. Over the long term, the Alexandria Family Planning Association (AFPA), which operates both activities as part of its 35-clinic network, has an opportunity to develop an effective community outreach program which might serve as an example to the Egyptian Family Planning Association (EFPA). The Pathfinder Fund should focus on increasing the AFPA's outreach capacity. Pathfinder might also be a good candidate to assist a proposed USAID technical assistance project designed to build the institutional capacity of EFPA. The report contains 23 annexes with detailed supporting data.

TITLE : Evaluation of Kenya's National Family Welfare Center Program of In-Service Family Planning Training for Enrolled Community Nurses and Clinical Officers

AUTHORS : Judith P. Rooks and Grace Mule

FIELD WORK : October 22 to November 10, 1984: Kenya

PUBLICATION : May 17, 1985

In-service training in family planning for Enrolled Community Nurses (ECNs) at Nairobi's AID-supported National Family Welfare Center has produced generally clinically competent practitioners. Their overall effectiveness, however, is hampered by the clinical environment in Kenya and by government failure in some respects to support their efforts. Only minor changes in ECN training are recommended. On the other hand, a total restructuring of training for Clinical Officers (COs) is recommended, so as to prepare this cadre, most of whom are men, for their role of clinic managers and providers of curative medical backup. Numerical targets for training ECNs (300 per year) have been met, but CO training has fallen well below the 90 graduates per year originally envisioned.

Description and recommendations regarding government family planning services form an important backdrop to this report. Despite dramatic strides, only half the nation's rural clinics currently provide family planning services and only about 30 percent of the populace lives within easy reach of a health facility. Furthermore, most clinics do not promote family planning services. The report recommends that the government provide updated informational materials to all health practitioners, address the guidelines that currently limit the availability of contraceptives to some segments of the female population, and make efforts to improve availability of IUDs, the most popular contraceptive.

This evaluation took place nine months prior to the completion of the first three-year phase (1982-85) of a six-year two-phase project.

TITLE : Technical Assistance for Redesign of Contraceptive Supplies Project in Ghana (38 pages)

AUTHOR : William D. Bair

FIELD WORK : October 8 to November 8, 1984: Ghana

PUBLICATION : February 1, 1985

This trip report describes part of the process of preparation of a project paper to redesign a USAID contraceptive supplies project for Ghana for an FY 1985 obligation. The paper was to be prepared by a three-man team including the report author; a contraceptive social marketing specialist; and a contraceptive supply management and training specialist. During the consultancy, the mission changed the project design to include utilization of the well-developed private commercial sector to distribute contraceptives. The mission felt that the addition of commercial outlets to the originally contemplated Ministry of Health delivery system would greatly enhance the effectiveness of the project. The addition of this social marketing system component would involve an increase both in the amount of contraceptives to be supplied and in the funding level. The team disagreed on the amount of contraceptives needed. The consultant opted for a conservative level in the belief that the government did not have the absorptive capacity to utilize the level called for in the project. A draft of the project paper, prepared primarily by the consultant, is appended to the trip report.

TITLE : Proceedings of Expert Panel on Microcomputer Software for Survey and Census Proceedings (13 pages)

AUTHOR : James C. Knowles

FIELD WORK : December 3-4, 1984: Washington, D.C.

PUBLICATION : April 5, 1985

Microcomputers have become an important tool for many projects supported by AID's Office of Population. As the office prepares for a new round of censuses scheduled for 1990 and implements a new round of demographic and family planning surveys under the Demographic and Health Surveys (DHS) project, it has been seeking advice on existing microcomputer technology and future hardware and software development needs. An expert panel concluded that it would be practical to use microcomputers to process most censuses and all 35 DHS surveys. The panel focused primarily on software selection. It noted that it was also important that some hardware standards should be adopted but agreed that this issue would be relatively easy to solve. The panel felt that there was little need for AID to fund the development of new software, since existing commercial software could more economically be adapted or existing mainframe software downloaded. An eclectic approach was recommended for both hardware and software. A major issue was training; the panel was concerned about finding more cost-effective methods than the narrow project-oriented and one-on-one approaches used in the past. The two-day Panel at the National Academy of Sciences was attended by 21 participants including, among others, representatives of AID, the U.S. Bureau of the Census, the World Bank, Westinghouse Health Systems, and the United Nations Statistical Office.

TITLE : Assessment of the Operations Research Project and Future Operations Research Needs in Family Planning in Haiti (34 pages)

AUTHORS : Anne Brownlee, Betsy Stephens, and Maria Mamlouk

FIELD WORK : January 4-17, 1985: Haiti

PUBLICATION : March 22, 1985

Two experimental projects undertaken through an AID Operations Research (OR) Project (Operations Research on Low Cost Delivery of Maternal and Child Health and Family Planning Services 1982-1985) have shown that community-based family planning programs can significantly increase contraceptive use. The projects have also demonstrated that at least three major elements are essential in making such projects work: effective supervision, reliable logistic support, and sustained motivation of promoters or providers. One of the activities has raised considerable interest nationally, as it appeared to be extremely effective (contraceptive use apparently rose from 7 to 34 percent over a six-month period) and utilized a corps of malaria volunteer workers which is already in place elsewhere in Haiti. The evaluation cautioned that project findings were only preliminary, and that it was too soon to replicate either effort nationally. It recommended a year's extension of the project (from September 1985 to September 1986) to complete unfinished work and proposed a wide range of questions on which further OR should focus: What were the attitudes of volunteers involved? Would they need incentives, and if so, what kinds? How could the necessary supervision and support be delivered at the least possible cost? Would these encouraging preliminary findings hold up over the long-term? To ensure successful completion of these lines of inquiry, the evaluation also called for careful development of work plans and budgets and holding of workshops to involve host country personnel. The evaluation commented on the effectiveness of the role of Columbia University, which provides technical assistance in OR to the Division of Family Hygiene in the Department of Public Health and Sanitation, the Government executing agency, as well as to a variety of private health organizations and for a range of government surveys and studies. More in-country training in OR, more involvement of host country officials at the planning stage, and the purchase of a budgeted microcomputer are all recommended to help assure institutionalization of OR as a component of future family planning projects.

TITLE : Some Observations on Program Activities of
the Policy Development Division, Office of
Population, AID (5 pages)

AUTHOR : Michael Micklin

FIELD WORK : January 29 to February 1, 1985

PUBLICATION : May 28, 1985

The Policy Development Division (PDD) of the Office of Population has funded a range of projects to assist developing countries in population policy development. Most have produced "visible, desired and enduring results." On the other hand, the Division's work lacks a comprehensive and detailed underlying strategy; its focus has been limited primarily to population growth and fertility issues; and the results do not represent a cohesive whole. In addition, evaluative criteria have been minimal and the effectiveness of individual projects is difficult to judge. These are the prime conclusions of this assessment, from which flow its main recommendations: that more attention should be given to the issue of policy process and that attempts should be made to understand the interrelationship of the elements in the process of policy development from problem awareness through planning, implementation and evaluation. It is also suggested that ways should be found to funnel assistance through emerging government population organizations and to strengthen host country human resource development. This report is one of several solicited by PDD from individuals with a working knowledge of the policy development field and familiarity with PDD's past and present record. On the basis of these reviews, the Division expects to develop an outline of the issues to be covered through a major evaluation of its work.

TITLE : Advanced Family Planning Training for Nurses:
Family Planning Services Project, Kinshasa -
Zaire

AUTHOR : Gilberte A. Vansintejan

FIELD WORK : January 28 to February 16, 1985: Zaire

PUBLICATION : April 25, 1985

The consultant who provided the two-week advanced in-service family planning seminar described in this report notes the enthusiasm with which the 12 Zairian nurses greeted the course content provided. She also raises a question whether the trainees will be able to put into practice the improved clinic operations procedures learned during the course. The nurses were trained as part of a broad effort under USAID's Family Planning Services Project to provide training in family planning to health personnel from 14 urban centers throughout Zaire. These nurses are to be the trainers of other personnel, and their clinics are to be used as the sites for clinical experience. Currently, these centers provide little outreach and have mostly older, high parity acceptors. Management of both patients and facilities are lax.

Although management issues were included in the seminar content at the behest of the 12 nurses, the consultant's conclusion was that judgment of the success of her consultancy would have to await evidence as to whether the nurses put into practice what they had learned during the training sessions.

TITLE : Evaluation of Family Health Initiatives (43 pages)

AUTHORS : Merrill M. Shutt, Freeman T. Pollard and Betsy Stephens

FIELD WORK : November 28, 1984 - March 1, 1985:
Washington, D.C., Lesotho, Nigeria, Rwanda, Sierra Leone, Somalia, REDSOs in Abidjan and Nairobi

PUBLICATION : August 5, 1985

This report represents the first evaluation of the Africa Bureau's Family Health Initiatives project, begun in 1979 and scheduled to terminate in 1987. Its principal conclusion is that the project is succeeding in its primary purpose of providing the Bureau opportunities to respond quickly and flexibly to programming opportunities in family planning throughout Africa. Of the 26 subprojects authorized to date (representing obligations of over \$14 million), the majority have aimed at increasing awareness of family planning. Specifically, they have supported such activities as training and policy formulation, which are designed primarily to lay the groundwork for developing bilateral family planning projects, in contrast to activities that would support the delivery of services. Although the project was thought of as a quick response mechanism for the field, all but five of the subprojects have been managed by AID/Washington, either by the Office of Population through its cooperating agencies or by the Africa Bureau, usually via cooperative agreements with population-oriented organizations. While there were understandable reasons for the field's early failure to utilize the FHI project to a greater extent, field population officers now appear eager and ready to initiate and take on management of subprojects.

The project has been plagued by confusion about the procedures for subproject approval. The Project Officer, who manages the project single-handedly, has found it nearly impossible to monitor subprojects in depth. Only three of the subprojects have been formally evaluated.

The evaluation recommends continuation of the project, with provision for increasing the ceiling for subproject funding from \$500,000 to \$2 million and subproject duration from three years to three-five years. Several suggestions are made on ways to strengthen the current management structure.

Reviews of 23 of a total of 26 subprojects are included as appendices.

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TITLE : Family Health and Population: USAID/Dakar
(5 pages)

AUTHOR : William D. Bair

FIELD WORK : March 4 - April 4, 1985: Senegal

PUBLICATION : May 28, 1985

This report provides a brief account of the consultant's participation in the preparation of a project paper for a proposed seven-year \$27 million USAID Family Health and Population Project for Senegal. The consultant's original assignment had been to focus on training, participation of the private sector, and community-based distribution. As anticipated, he helped with the design of training, including suggesting field training for health center personnel. The government had changed its position on supporting the private sector through the project, and therefore the consultant focused on the non-governmental sector, recommending that \$2 million be set aside for a technical assistance contractor to finance subprojects. In addition, the consultant was asked to address some service delivery issues, specifically the government's request that family planning be better integrated into other clinic services and that treatment for sexually transmitted diseases and infertility be offered as part of family health care. He also drafted an evaluation plan, which stressed process and performance evaluation over measurement of demographic impact.

This report's appendices include the reports prepared by the consultant on training, the non-governmental sector and evaluation.

TITLE : Observations and Recommendations on
Voluntarism and Medical Quality in Sri
Lanka's Surgical Contraception Program
(18 pages)

AUTHOR : Nicholas H. Wright

FIELD WORK : March 21-31, 1985: Sri Lanka

PUBLICATION : July 1, 1985

This report was requested by the government of Sri Lanka as a follow-up to an earlier report prepared by the same consultant for the Association for Voluntary Sterilization on voluntarism in Sri Lanka's surgical contraception program. The predecessor study focused on financial incentives to service providers and payment of out-of-pocket expenses to acceptors. This report reaffirmed the earlier finding that the program is designed to prevent involuntary acceptance, that neither type of payment exerts undue influence, and that screening and consent forms, while not always meticulously executed, provide protection to acceptors. Indeed, the author found that the greater problem today may be that some would-be sterilization acceptors are being denied the procedure.

The author states that the main reason for the high level sterilization in Sri Lanka (an estimated 30 percent of eligible couples) is the population's good understanding and positive opinion of this method of controlling family size. Another factor, however, may be a weak temporary methods program. If strengthened, this might serve the cause of voluntarism better than tightening up on screening and consent form procedures. Given the lack of funds and manpower, the author concedes it may be impossible to improve those systems at this time.

The medical quality of the surgical contraception program was found acceptable although sterilization was not always available, especially at smaller hospitals. One problem was the lack of a surveillance system for complications arising from sterilization procedures. The report includes details of how such a system might work. Long-term longitudinal studies are also suggested that would assess satisfaction and developmental impact of sterilization on the family

TITLE : Trip Report on Technical Assistance to Three
Family Planning Training Activities in Egypt
(3 pages)

AUTHOR : Abdel Rahim Omran

FIELD WORK : February 15 - March 4, 1985: Egypt

PUBLICATION : June 14, 1985

This brief trip report describes three training activities with which the consultant was asked to assist. These include the training of governorate medical officers who in turn will train interns; translation and adaptation of English-language clinical training manuals for nurses and clinicians; and refresher training for medical and support staff assigned to clinics that offer family planning. The report recommended that the governorate training for medical officers and clinic staff be expanded to the entire country and that the training manuals be further edited before publication.

TITLE : Evaluation of The Pathfinder Fund (22 pages)
AUTHORS : Joseph S. Toner, Sallie Craig Huber, Stephen Isaacs, Neal J. Munch, and Anne Firth Murray
FIELD WORK : April 5 - May 17, 1985: Boston MA, Bangladesh, Bolivia, Brazil, Colombia, Indonesia, Kenya, Nigeria
PUBLISHED : August 6, 1985

This evaluation was carried out while The Pathfinder Fund was negotiating a new five-year cooperative agreement with AID, which would increase its funding to a total of \$60 million over the period of the agreement. The findings were generally laudatory, with special stress on Pathfinder's skill for identifying excellent subgrantees and developing innovative ideas, on its success in providing family planning services in often difficult-and-remote locations, and on its excellent staff, particularly overseas.

The evaluation also suggested that The Pathfinder Fund should increase the authority of the field for the development implementation and monitoring of projects and develop and articulate an overall strategy that would identify the special role of Pathfinder and establish global and program priorities within that framework. Pathfinder should also share its wealth of experience through disseminating results of evaluation and other findings. The report spells out the recommendations in some detail, which in some detail, which it states are offered in the hope of making a good organization better.

Appendices to the report contain detailed accounts of Pathfinder's operations in Brazil, Colombia, Bolivia, Kenya, Nigeria, Indonesia, Bangladesh, and Turkey.

TITLE : Family Planning Management Training:
Identification and Assessment of U.S.
Training Resources

AUTHOR : Michael H. Bernhart

FIELD WORK : January 13 - June 3, 1985: U.S.

PUBLICATION : September 4, 1986

This report was requested by AID to help identify those programs likely to be the most important education/training resources for its planned Family Planning Management Training project. A total of 12 public health schools and seven public administration schools were identified (out of 42 surveyed) that were deemed suitable for population program managers. The Master of Public Health (MPH) degree programs, on the whole, appeared better suited to family planning managers than did the Master of Public Administration (MPA) programs. It was recommended that using available programs would be more efficient and cost-effective than setting up a new specially tailored program.

A short description is provided of the programs at each of the 19 schools, including information on the student body, course duration, and content, and on admissions and faculty. No data is provided on student life or costs.

Although U.S. industry was not viewed as a potential training resource, a short paper on how it handles management development training is provided as an appendix.

TITLE : Population/Family Health Overview: Madagascar
(7 pages)

AUTHORS : Darlene Ferguson-Bisson, in collaboration
with Jean Lecomte

FIELD WORK : May 12 - 31, 1985: Madagascar

PUBLISHED : August 8, 1985

This overview of Madagascar's population and family health situation was requested by USAID which, after a 10-year absence, had reestablished its presence in Madagascar and was planning to explore programming possibilities in the realm of family planning. The main findings were that the use of modern contraception is very limited (estimated at one percent among all eligible women in 1982); that there is no official government policy on family planning and no government program of service delivery (although the government accepts and increasingly appears to support the actions of other agencies [primarily the local affiliate of the International Planned Parenthood Federation] that provide contraceptives); that public awareness of family planning is low; and that there is a lack of demographic data on which to base programming initiatives. Added to these constraints was USAID's proviso that, due to management restraints, assistance would have to be provided through centrally funded sources.

In this context, the report proposes six areas where assistance might be provided. Priority should be given to increasing awareness of government, policy makers of the interrelationship between population factors and development. Attention should likewise be given to sensitizing the medical community and the population at large about population concerns. Attention should also be directed to developing a database, both through a survey of key issues and through computerizing the newly established health statistics collection system of the Ministry of Health. The various private voluntary agencies currently providing contraceptive services should continue to receive support.

TITLE : The Performance of the Association for Voluntary Sterilization in Developing Countries, 1982-1985 (91 pages)

AUTHORS : Scott W. Edmonds, Michael H. Bernhart, Donald H. Minkler, Barbara L.K. Pillsbury

FIELD WORK : June 10 - July 10, 1985: New York City, Bangladesh, Brazil, Colombia, Dominican Republic, Indonesia, Nepal, Nigeria, Tunisia

PUBLICATION : January 5, 1986

The key challenge facing the Association for Voluntary Sterilization (AVS) over the coming years will be to strike a balance between expansion of voluntary sterilization services and continuation of the high standards of safety and patient counseling that have marked this organization's operations since it began operating international programs in 1972. In concrete terms, this challenge will mean moving into Africa and South America with as much alacrity as limited absorptive capacity and receptivity will permit, while at the same time finding new ways to support well-established programs in Asia and Central America.

AID, which requested this evaluation, provides most of the funding for AVS's international operations. The evaluation was designed to help lay the groundwork for a proposed extension of the AID/AVS cooperative agreement from January 1987-December 31, 1992. AVS's current cooperative agreement with AID, with a maximum authorized budget of \$78.9 million, has supported 108 programs in 41 countries.

The evaluators found that AVS's quantitative outputs exceeded original projections. The focus of the report, however, is on the project's accomplishments in voluntarism, medical surveillance, and project management--all areas omitted from the project design. Through efforts to improve counseling (training, provision of materials, etc.) and monitoring, AVS has adhered meticulously to AID's policy of informed consent and no instances were found of coercion in any AVS-supported program.

AVS also has a well-deserved reputation for providing high quality medical services. It trained nearly 8,000 medical personnel between 1982-1984, provided equipment and dedicated space, promulgated guidelines, and investigated fatalities (which average a low one per 10,000 cases worldwide).

AVS's performance in the areas of service provision,

voluntarism, medical services and strategic planning is illustrated throughout the report by country-specific examples from the seven countries visited: Brazil, the Dominican Republic, Colombia, Nigeria, Tunisia, Nepal, Bangladesh and Indonesia.

The report points out that AVS gives considerable latitude to subgrantees in developing subprojects, an approach that has worked well and that represents a rare instance of compliance with AID's oft-repeated call for decentralization. If the fine management practices were accompanied by a strong system of evaluation, AVS might further improve its overall performance. The report provides a detailed set of recommendations as to how its evaluation activities might be made more effective.

The report describes the activities of the World Federation of Health Agencies for the Advancement of Voluntary Surgical Contraception, an independent organization with its secretariat at AVS headquarters in New York and recommends that AVS continue its support.

TITLE : Fertility Decline in the Dominican Republic:
Past Determinants and Future Prospects
(16 pages)

AUTHOR : Joseph E. Potter

FIELD WORK : February 3 - 12, 1986: Dominican Republic

PUBLICATION : May 9, 1986

This report identifies contraceptive practice as the prime determinant in a decline in the total fertility rate in the Dominican Republic from 7.1 in the late 1960s to 4.1 in 1983. This finding is based on an analysis of four surveys of fertility and contraceptive prevalence that have been conducted in the Dominican Republic over the past decade. The surveys indicated that neither of two other determinants--age at marriage and the duration of breastfeeding--changed enough over recent years to affect fertility. On the other hand, contraceptive practice has increased from 32 percent in 1975 to 46 percent in 1983. That year, female sterilization accounted for 60 percent of all contraceptive practice--a very high proportion by world standards.

The author maintains that the change in reproductive behavior has resulted from a felt need among the country's men and women and predicts that fertility will continue to decline over the next five years. His principal argument is that the time has come to promote birthspacing and consequently to restructure the method mix, particularly by increasing the use of IUDs, and to improve maternal and child health care. The report calls for development of clear policies on birthspacing and breastfeeding and recommends that these be based on studies in the interrelations among breastfeeding, contraception, use of health services, child survival and the length of birth intervals.

USAID requested this consultancy to assist in development of a new Family Planning Project to be implemented through the Dominican Republic's two major family planning organizations--PROFAMILIA and CONAPOFA.

TITLE : Technical Assistance Provided to the Sudan
Fertility Control Association (5 pages)

AUTHOR : Norine C. Jewell

FIELD WORK : June 25 - July 30, 1985: Sudan

PUBLISHED : November 1, 1985

This brief trip report serves to introduce the various documents that were produced by the consultant while in Sudan. The documents concern a Demonstration Clinic for Family Planning operated by the Sudan Fertility Control Association (SFCA) with support from the USAID. The clinic will provide outpatient services related to fertility and preventive health services for preschool children.

The USAID mission had requested technical assistance on behalf of the SFCA to help clinic operations get under way. The consultant worked with the clinic director to draft four papers, which are included as report appendices. These are a lengthy and comprehensive clinic operations manual; an outline on medical standards of care; a guide for development of training programs; and a list of equipment and personnel that would be needed at the center. These working papers will be put in final form after the principal project staff have completed their management training.

TITLE : Evaluation of Demographic Data for Development Project (37 pages)

AUTHORS : Michael Micklin, Karen Foreit, and James McCarthy: Washington, D.C., Columbia MD, Peru

FIELD WORK : June 3 - 30, 1985

PUBLISHED : March 11, 1986

The evaluation reports on progress at about mid-point in the Demographic Data for Development (DDD) project a five-year undertaking being managed by the Health Systems Division of the Westinghouse Electric Corporation under contract with AID. Because of unexpectedly strong demand for its services, the \$3 million project is expected to exhaust its funding before its agreed upon termination date. An early termination date has been agreed upon by AID, with the stipulation that all contract requirements have been satisfied.

The evaluation found the project had exceeded the minimum number of countries (5-10) to which it was required to provide technical assistance, principally installation and adaptation of microcomputer technology. The project had also installed seven microcomputer systems and planned for another eight, (although not all funded under the project). In addition to these two activities that take place primarily outside the United States, the project funds two activities directed to U.S.-based audiences: the development and maintenance of computerized data files containing demographic, population policy and family planning variables and preparation and dissemination of population reports and policy briefs. The report concludes that the four computerized data files represent a valuable source of information to AID staff; that the contract requirement for policy briefs can be considered to have been satisfied; and that production of population reports should be abandoned and funds put to other uses.

It is recommended that in a follow-on project, both policy briefs and population reports should be eliminated, while the other three activities should continue. Special emphasis should be directed to computer maintenance and the uses and limitations of the data base. AID should also consider establishing a clearinghouse for microcomputer transfer and documentation and adapting other computer programs for use on microcomputers. In general, the evaluation questioned the wisdom of combining so diverse a set of activities under one contract.

Report appendices include a trip report on Peru and details on operations in the Sahel.

TITLE : Report on Technical Consultancy for Schools
of Public Health, Indonesia: Biostatistics
Component (19 pages)

AUTHORS : Chai Bin Park and I. G. N. Agung

FIELD WORK : July 1 - 27, 1985: Indonesia

PUBLISHED : January 2, 1986

This is one of three reports requested by USAID/Indonesia containing recommendations on curriculum development at four new schools of public health in regional Indonesian universities. The schools are being established with help from USAID. Each report was prepared jointly by a U.S. public health specialist and an Indonesian counterpart. Graduates of the schools are expected to be integrated into the Indonesian public health service.

This report identifies a number of constraints that may affect the development of all aspect of the public health curriculum. These include lack of faculty, inadequate physical facilities, overly strong control over curriculum by the Ministry of Education and Culture, minimal links between academia and the public health services, and the need to develop simultaneously two courses of study, a four-year course for high school graduates and a two year course for the better prepared graduates of academies.

In addition to these general issues, the report provides specific recommendations on the biostatistics curriculum that is being prepared at the two universities now offering courses in this field (Hasanuddin University and Diponegoro University). It also urges strengthening of library resources and encouragement of research.

TITLE : Report on Technical Consultancy for Schools of Public Health, Indonesia: Epidemiology Component (36 pages)

AUTHORS : Henry M. Gelfand and R. Henry Parkoto

FIELD WORK : June 27 - August 19, 1985: Indonesia

PUBLISHED : January 2, 1986

This is one of three reports requested by USAID/Indonesia containing recommendations on curriculum development at four new schools of public health in regional Indonesian universities. The schools are being established with help from USAID. Each report was prepared jointly by a U.S. public health specialist and an Indonesian counterpart. Graduates of the schools are expected to be integrated into the Indonesian public health service.

This report provides an overview of instruction in epidemiology in Indonesia, including information on core curriculum, degree programs, field experience and faculty, facilities and the future professional role for graduates. It covers these same issues in some detail for the four universities offering or planning to offer epidemiology in the near future: Diponegoro University, Airlangga University, Hasanuddin University and the University of Indonesia.

The major conclusions are that detailed planning for both the overall curriculum and individual courses is still very incomplete; that there is a lack of trained faculty in the field; that the instructional approach omits two practical aspects of epidemiology: data collection and interpretation, and critical examination of existing data at public health facilities; and that library resources and research need strengthening.

The report includes detailed recommendations to address problems identified, both general and university-specific. The overriding consideration is how best to prepare students for work they will be doing in the public health service after graduation and therefore the emphasis is on ensuring that training and instruction have as practical an orientation as possible.

TITLE : Report on Technical Consultancy for Schools of Public Health, Indonesia: Public Health Administration Component (28 pages)

AUTHORS : Paul R. Torrens and Zainal Rasyid

FIELD WORK : August 1 - September 12, 1985: Indonesia

PUBLISHED : January 2, 1986

This is one of three reports requested by USAID/Indonesia containing recommendations on curriculum development at four new schools of public health in regional Indonesian universities. The schools are being established with help from USAID. Each report was prepared jointly by a U.S. public health specialist and an Indonesian counterpart. Graduates of the schools are expected to be integrated into the Indonesian public health service.

Although there is growing recognition in Indonesia of the need for efficient management, that appreciation has not yet reached the academic public health community, as where administration ranks lowest among its principal disciplines. All five public health disciplines have some weaknesses in common: curricula do not take into account the professional needs of the students and the material tends to be duplicative and overly narrow in focus. In public administration, the few faculty tend to be physicians without much formal training in administration; their teaching methodologies emphasize the academic over the practical; and they do not appear to be required to develop syllabi.

The report also comments on the needs for improved library resources and increased research. The principal recommendations are that the faculty should broaden its perspectives in the field of administration and that an effort should be made to collect case studies that would eventually be integrated into an indigenous textbook on public health administration.

TITLE : Evaluation of the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO) (38 pages)

AUTHORS : Richard Derman, Peter J. Donaldson, J. Courtland Robinson, and Frances Way

FIELD WORK : April 16-June 6, 1985: Baltimore MD, Egypt, Kenya, Mexico, Nigeria, Peru, Thailand, Tunisia

PUBLISHED : October 3, 1986

While faulting JHPIEGO in some areas of management, this evaluation views very favorably the organization's continued contribution to the training of less developed country medical professionals in up-to-date reproductive health concepts and techniques. Over the past five years, JHPIEGO has made major strides both in broadening its trainee base to include nurses and nurse-midwives and in widening its curriculum to include reproductive health, demographic information and contraceptive technology, clinical training in IUD insertions and vasectomy, and infertility.

Most courses are now offered in host country institutions or regional training centers. Nonetheless, Baltimore-based training continues to provide an opportunity to LDC health personnel to develop strategies for change in a supportive environment, as well as fostering Western ties with community and frequently national leaders. JHPIEGO has made progress in institutionalizing its training initiatives. It has convinced many health professionals and political leaders of the importance of reproductive health training; and has fostered a good understanding of the role of endoscopic and laparoscopic sterilization procedures. Much remains to be done, however, in institutionalizing curriculum changes in these universities where it has been involved.

From a management standpoint, the report criticizes JHPIEGO for emphasizing fiscal over programming concerns; for overcentralizing the programming process; and for weak feedback and evaluation procedures.

The recommendations call for still more broadening of the subject matter to be imparted (suggestions include addition of training in vasectomy, adolescent gynecology and linkages to family planning services); improvement of nurses' training; provision of more texts and other training materials; and an

increased effort fostering permanent inclusion in university curricula of reproductive health training.

The reports includes as appendices seven country reports: on Thailand, Nigeria, Egypt, Tunisia, Mexico, Peru and Kenya.

TITLE : Evaluation of the Nepal Population Policy Development Project (20 pages)

AUTHORS : Samuel H. Butterfield, Bal Kumar, and Shuba Banskota

FIELD WORK : June 27 - July 23, 1986: Nepal

PUBLISHED : January 30, 1986

Nepal's National Commission on Population, supported through the joint Nepal/USAID Population Policy Development Project, made impressive progress during its early years in articulating a national population policy for Nepal. As of mid-1983, however, project activities had slowed considerably, indicating apparently that government officials were focusing on other high priority areas. This is the major conclusion of this evaluation of the \$3 million project that began in 1979 and was scheduled for completion in September 1985. According to the report, revitalization of the NCP will require action at the top echelons of the government. If a number of recommended steps were to be carried out, however, it is recommended that USAID should be prepared to provide further assistance to the NCP.

The evaluation includes sections on the NCP's organizational growth and its accomplishments in participant training, dissemination, and research (including a 51-page appendix on research undertakings). The report indicates that accomplishments in these areas reflect the combined efforts of NCP staff, top leadership of the government, and USAID funding. The report documents the slowdown in NCP activity and notes with concern a recent proposal to transfer NCP's training and information dissemination to a new organization. The report recommends against implementing these proposals, noting that they would seriously weaken the NCP.

TITLE : Evaluation of the Population Communication Services Project

AUTHORS : George C. Cernada and Diane Urban

FIELD WORK : June 17 - July 12, 1985: Baltimore MD, Brazil, Honduras, Mexico, Nigeria, Zimbabwe

PUBLISHED : June 10, 1986

As Johns Hopkins University's \$9.9 million Population Communication Services project reached its mid-point, the most urgent need was for a carefully constructed blueprint to guide its activities during the final two years of its cooperative agreement with AID. This evaluation found that, although funds were running out and the project was requesting a substantial increase in its funding ceiling, plans were vague as to how the money would be used. The report's principal recommendation is that additional resources be provided only on condition that a realistic plan be developed for years four and five.

The evaluation credits the project with a solid list of accomplishments (needs assessments and projects undertaken and materials produced in 21 countries) but faults it for making minimal efforts to evaluate the impact of its work. Another problem cited is the excessive control exercised by headquarters staff over information, education, and communication activities. It is recommended that more attention be given to providing inexpensive mass-produced materials to fieldworkers, where IEC is now weakest.

The report notes that over half of project funding has gone to Latin America although the original plan had called for only a quarter of the funding to be spent in that continent and half in Africa. Country reports on project activities in Zimbabwe, Nigeria, Mexico, Brazil and Honduras provide specific instances both of the project's successes and of its shortcomings.

TITLE : A Review for the Population and Family
Planning Services Project USAID/Jamaica

AUTHOR : Leon F. Bouvier

FIELD WORK : September 2 - 20, 1985: Jamaica

PUBLISHED : November 18, 1985

USAID's Population and Family Planning Services Project in Jamaica, originally scheduled for completion in March 1986 and then extended until March 1987, should concentrate during its final 18 months primarily on service delivery. The complementary non-family planning components of the project (demographic research and training, data gathering and analysis, and dissemination of policy goals) still have an important role in Jamaica. At present, however, the country has reached a fairly advanced stage in curbing its population growth (estimated at a low 1.2 percent) and government realization of the seriousness of population as an issue is fairly well established. This justifies a shifting in project emphasis from policy to service delivery.

These are the principal findings and recommendations of this consultancy, which was requested primarily to assist USAID in distributing resources among non-family planning activities for the remainder of the project's life. The consultant recommended that first priority be given to dissemination of population policy to as wide an audience as possible, with secondary emphasis on data gathering and analysis and tertiary on training and research.

It is also recommended that the National Family Planning Board be given independent status and that the four subprojects and two technical assistance projects now operating separately should be reorganized into a new entity that would deal directly with USAID/Jamaica.

TITLE : Technical Assistance and Training in Family
Planning for Senegalese Midwives: A Trip
Report (6 pages)

AUTHOR : Laura Evison

FIELD WORK : September 10 - 27, 1985: Senegal

PUBLISHED : January 5, 1986

The author, a nurse-midwife slated to become resident technical advisor to USAID's upcoming seven-year Family Health and Population project with the government of Senegal, outlines some of the preparations being made to train Senegalese midwives in family planning services delivery. Her main findings were that there seemed to be low level of interest in family planning clinics visited, that there was little effort being made to generate interest in these services, and that if clientele were to increase, there would be insufficient trained staff to handle the demand.

Plans outlined in the report include U.S. training for members of faculty of the National School of Midwives and midwives associated with the current bilateral family planning project and workshops to develop curriculum for the school. The report also contains the consultant's work plan for her first three months in-country. One of its key components would be a tour of regional clinics to learn more about training needs for midwives, particularly in service delivery and in information, education and communication.

TITLE : East-West Population Institute's Cooperative Agreement with AID: An Assessment

AUTHOR : Jack Reynolds

FIELD WORK : August 26-30, 1986: Washington, D.C., Hawaii

PUBLISHED : January 15, 1986

This assessment, undertaken at the two-year point of a five-year cooperative agreement between AID and the East-West Population Institute (EWPI), recommends that the agreement scope of work be modified to incorporate activities more in keeping with AID's own strategic interests. The EWPI, which receives 20 percent of its funding from AID, is noted primarily for its strengths in data collection and analysis. Although AID will continue to be active in these areas, it is more interested in translating research findings into policy. The report notes that this is an appropriate time to amend the scope of work; EWPI is currently undergoing a self-analysis and appears prepared to make changes and to add personnel if needed to implement any changes requested by AID.

With but one exception, EWPI has made considerable progress in carrying out activities the six program areas designated in the original scope of work: workshops and conferences; technical consultancies; work groups; research; resource materials; and publications. The report recommends that these type of activities remain at the heart of any modified scope of work. Specific undertakings, however, should be reoriented so as to contribute directly to policy-relevant research, capacity building, and dissemination to policy makers in countries of high priority to AID, the three new directions proposed to make the project more relevant to AID's needs.

TITLE : The Center for International Research/U.S. Census Bureau: An Assessment of its Resources Support Services Agreement with the U.S. Agency for International Development (26 pages)

AUTHORS : Dorothy L. Nortman, John B. Casterline, and John A. Ross

FIELD WORK : October 15 - November 15, 1985: Washington, D.C.

PUBLISHED : February 1, 1986

The Center for International Research of the U.S. Census Bureau has fulfilled the major directive of its resources support services agreement with AID and deserves continued support at or above the current funding level of \$300,000 annually. For over 17 years, AID has been providing support to the Census Bureau for compiling, evaluating and analyzing demographic data from various sources around the world. The international data base developed by CIR was found by the authors to be reasonably up-to-date and competently evaluated, probably superior to statistics produced by the U. N.'s Population Division and the World Bank, the two other major producers of worldwide demographic data.

The report identifies three areas where AID is not fully satisfied with CIR's work but suggests that all three are remediable. The first is the lack of data on contraceptive prevalence and fertility; since the raw data is available, however, more funding and staff time would enable CIR to produce this information. The second problem is the quality of CIR's publications, a weakness freely acknowledged by CIR itself and one that could certainly be rectified by attention to considerations such as timeliness and packaging. A third issue is that AID's and CIR's staff have had very little communication with one another in recent years, a situation that has deprived AID of CIR's considerable abilities to respond to ad hoc requests for in-depth analysis of demographic issues. With new leadership in both organizations, the report suggests that the time may be ripe for both agencies to reconsider their relationship.

TITLE : Development of a Cost-Effectiveness Evaluation System for MEXFAM: A Trip Report (29 pages)

AUTHOR : William D. Hawley

FIELD WORK : February 8 - November 15, 1985: Mexico

PUBLISHED : August 29, 1986

The report traces the evolution of this assignment from its original goal of carrying out a cost effectiveness evaluation (CEE) of the Mexican Foundation for Family Planning (MEXFAM) to concentration of the interim stage of developing a workable methodology for a CEE. The prime reason for this shift was that the data on which the CEE would have been based was found to be unreliable. Considerable effort, therefore, was expended on improving the data collection instruments in use at the clinic level. In addition, the consultant developed the evaluation methodology and the computer programs that would be needed for later CEEs. At the final stage of the consultancy, he carried out a test CEE which, though its conclusions were essentially useless, demonstrated that the system would work once reliable data were available. He also provided MEXFAM with recommendations for the CEEs which, based on the accomplishments of this consultancy, MEXFAM would be able to carry out in future.

The report includes a detailed description of the computer-aided evaluation system, which expresses effectiveness in terms of costs per couple month of protection, with output measured in terms of new acceptors of IUDs, number of sterilizations, and number of commodities sold or distributed and the input expressed in terms of total costs. The multiplan spreadsheets generated through the computer program are provided as appendices, as are the clinic monthly report forms, both the old and the new developed through the consultancy.

TITLE : Evaluation of the Bangladesh Female Secondary Education Scholarship Program and Related Female Education and Employment Initiatives to Reduce Fertility (69 pages)

AUTHOR : Linda G. Martin, Donna R. Flanagan, and Ana R. Klenicki

FIELD WORK : November 10 - December 1, 1985: Bangladesh

PUBLISHED : March 11, 1986

USAID-funded female secondary school scholarship programs in Bangladesh appear to be achieving their goals of delaying marriage, increasing contraceptive use and reducing fertility among scholarship recipients. This is the major conclusion of this evaluation of three scholarship projects implemented through the Asia Foundation, the Bangladesh Association for Community Development (BACE), and the Southern Gonounnayan Samity. On the basis of these findings, the report recommends that funding for these efforts be increased.

The authors base their conclusions primarily on responses to surveys of girls affected by the BACE project. They note that the findings are consistent with available research on the effect of female education and employment on fertility in Bangladesh and elsewhere, research which is reviewed extensively in the report.

The report also concludes that by providing scholarships, the programs are enabling girls to attend secondary schools who would not otherwise be able to do so since in Bangladesh, where almost all secondary schools are private, cost is a factor in secondary school attendance. In project schools reviewed, where the project is paying some of the tuition costs, 42.5 percent of the students were female in 1984. This is compared with national figures which are 10 percent lower.

The report explores the interrelation between employment and fertility; contains detailed background information on the demographic and educational setting and the status of women in Bangladesh; and reviews the performance of the three organizations that are implementing the scholarship project. It concludes with short proposals for 15 alternative methods that USAID might consider on an experimental basis to affect fertility through female education and employment. If funding were to increase to include some of these proposals, the authors recommend that at least 50 percent of the funds should be applied to for the secondary education scholarship program.

TITLE : Evaluation of the Program for Applied
Research on Fertility Regulation (PARFR)
(40 pages)

AUTHORS : Linda E. Atkinson, Richard Derman, and Henry
L. Gabelnick

FIELD WORK : November 12-22, 1985: Chicago

PUBLISHED : March 25, 1986

The Program for Applied Research on Fertility Regulation (PARFR), a project administered by Northwestern University through a \$12 million cooperative agreement with AID, is currently engaged in several projects that have potential as new or improved family planning methods.

The report, which evaluated the program during its final year, identified research in the following areas as particularly promising: microencapsulated steroid injectables (the 90-day NET, progesterone and testosterone); reversible sterilization, both male and female (the SHUG device, the plug and the clip); new vaginal contraceptives; and ovulation indicators. These advances notwithstanding, the report notes that PARFR, after 13 years of AID funding, has not produced one new method that AID can use in its family planning programs. Acknowledging that worldwide only two new contraceptives has been developed during that period, the report recommends that PARFR make an effort to select priorities from its currently long list of research activities, improve its technical supervision of projects, and develop more collegial relationships with other contraceptive research organizations.

The report contains an extensive technical analysis of PARFR's current research portfolio and a list of its discontinued leads since 1981; a critique of its administrative and management practices; a discussion its relationships with AID, industry and other research agencies; a short description of its various dissemination activities; and a section on funding.

TITLE : Evaluation of AID's Family Planning International Assistance (FPIA) Cooperative Agreement (37 pages)

AUTHORS : J. Joseph Speidel, William Bair, Catherine Cameron, Hugh R. Holtrop, Barbara Janowitz, Elizabeth Preble

FIELD WORK : October 2 - November 22, 1985: New York City, Bangladesh, Brazil, Egypt, Indonesia, Kenya, Mexico, Nigeria, Peru, Sierra Leone, Thailand, Sudan, Zambia

PUBLISHED : August 15, 1986

This midterm evaluation of AID's \$69 million five-year cooperative agreement with Family Planning International Assistance (FPIA), the international arm of Planned Parenthood of America, finds that the project has exceeded all its programming goals and is providing outstanding technical assistance for management and administration. The most problematic areas are found to be the quality of its medical backstopping and its system of recording and analyzing service statistics. Overall, however, the evaluation describes FPIA as a creative, effective and efficient institutional resource in AID's most important population activity -- the delivery of commodities and family planning services -- and recommends that it receive continued support.

The report points out that despite its relatively far-reaching activities (service to an estimated one million couples through 126 subprojects), FPIA has resources to support only in a handful of the many needed LDC family planning projects worldwide. The authors commend FPI for its concentration on expanding the indigenous family planning service infrastructure and promoting efforts of its subprojects to attain some degree of self-sufficiency.

Appended to the principal report are detailed reviews of 25 subprojects in 12 countries, including eight of FPIAs 11 top priority countries. New, developing and mature subprojects are included, as are subprojects addressed to a range of functional areas: service delivery; information, education and communication; training; and women's programs. Countries visited include Peru, Brazil, Mexico, Kenya, Zambia, Sierra Leone, Nigeria, Egypt, Sudan, Indonesia, Bangladesh, and Thailand.

TITLE : Evaluation of Columbia University's
Development Law and Policy Program (DLPP)

AUTHORS : Michael Micklin and Donald Heisel

FIELD WORK : October 7 - November 7, 1985: Washington,
D.C. and New York City

PUBLICATION : November 12, 1986

This evaluation of the Columbia University Development Law and Policy Program (DLPP) finds that this three-year \$1.3 million effort has contributed to increased awareness of population law and legislation issues and improvements in population policies in less developed countries. These were the principal goals set out in the unsolicited proposal from which the project was developed. The evaluation faults the project scope of work, as being so vague that it became difficult to evaluate project performance. Nonetheless, the report finds that on the whole the seven activities listed were completed, except for study tours and some subcontracts with indigenous policy-oriented groups. Project funds, especially for travel, were underspent at the time of the evaluation, the two-year mark of the project's life. The evaluation calls for a plan of action that would ensure completion of contract tasks prior to project termination.

TITLE : Evaluation of the USAID/Philippines
Population Planning III Project (61 pages)

AUTHORS : Thomas W. Pullum, Elizabeth Q. Bulatao,
Donald E. Morisky, and William R. Thomas

FIELD WORK : January 6 - 31, 1986: Philippines

PUBLISHED : May 12, 1986

The Philippines Population Planning III Project, a six-year joint undertaking between the Philippines a government and USAID with a scheduled completion date of December 1986, has fallen short of both its demographic and its programmatic goals. Moreover, three probable changes in the outreach system may have a further negative effect on family planning efforts in the country. The report points out that, although the project is achieving only about half of its target number of new acceptors and half its targeted rate of increase in prevalence, that this is still a significant achievement, since targets were unrealistically high to start. On the other hand, the genuine achievements--an estimated one percent annual increase in program methods and a steady decline in the total fertility rate--have been offset for the past decade by declines in marriage age and duration of breastfeeding. Added to this, it is becoming clear that the project's design itself may have been somewhat at fault. Specifically, the project focused on the supply side of family planning, whereas it appears that the single most important reasons fertility remains high in the Philippines is that the desired family size remains at about four children. The report concludes that it is not the number of fieldworkers that matters so much as it is their success in motivating couples to practice effective family planning.

Recommendations are offered for each of the main topics covered in the report: demographic impact and research; service delivery; information, education, and communication (IEC); logistics; manpower and training; the management information system; the Philippines Commission on Population (POPCOM); and USAID. Principal themes are that efforts should be made to allow better measurement of achievement of demographic targets; that IEC should be seen as a critical ingredient in demand creation; that USAID should be taking a less intrusive role; and that POPCOM, which is now operating as both a "coordinating" and "implementing" agency, needs to reevaluate its role. No immediate successor program is proposed in this evaluation although it is pointed out that the mission had proposed an extension of the contraceptive supply component until June 1989.

TITLE : Evaluation of the Non-Governmental Organizations Component of the Family Planning Services Project: USAID/Bangladesh (57 pages)

AUTHORS : Miriam Labbok, Ellen Blair, and Sallie Craig Huber

FIELD WORK : January 16 - February 14, 1986: Bangladesh

PUBLISHED : November 10, 1986

The six non-governmental organizations (NGO) that have received funding through USAID's Family Planning Services Project (FPSP) since 1981 have made an appreciable contribution to the delivery of family planning services in Bangladesh, especially in urban areas where they are concentrated. Moreover, they have developed substantial expertise in those areas where they have focused their activities--voluntary surgical contraception (VSC) and community-based distribution (CBD). While it is difficult to measure precisely project output, the evaluation recommends that continued USAID funding be provided to NGOs as part of a successor project.

USAID has supported NGOs in part because it views them as an important resource for developing innovative strategies that could be implicated on a wider scales. The report faults the project for its failure to disseminate information on both its work in CBD and VSC and in areas where subprojects have experimented successfully. The report recommends that at this juncture, project strategy should shift from expansion of existing project subproject models, where (the number of subprojects, thanks in part to USAID's \$16 million cumulative funding, have more than tripled over the past five years), to improvement of communication among NGOs and between them and the government and to strengthening central support systems. This shift in emphasis has already been articulated in a strategy paper (1985-1988) developed jointly by USAID and the NGOs.

The six NGOs covered in the evaluation are the Association for Voluntary Contraception/Bangladesh Association for Voluntary Sterilization; the Bangladesh Family Planning Association; Family Planning International Association; Family Planning Services and Training Center; The Pathfinder Fund; and The Asia Foundation. The evaluation provides a detailed description of each and then tracks their progress in achieving the strategic goals set out in the first strategy paper (1981-1984) and comments on their plans for the future. Issues explored include coverage; management;

collaboration and coordination; innovative strategies; evaluation and operations research; commodity logistics; financial considerations, particularly self-reliance and resource development; training; staffing; and user perspective.

TITLE : An Overall Evaluation of the USAID/Bangladesh Family Planning Services Project (388-0050), Key Issues, and Future Assistance (157 pages)

AUTHORS : David A. Oot, Sallie Craig Huber, John Knodel, and Alan J. Margolis

FIELD WORK : March 1986: Bangladesh

PUBLICATION : June 30, 1987

This report presents the results of an overall evaluation of the Family Planning Services Project (FPSP), which has been providing support to the Government of Bangladesh (GOB) for its national population and family planning effort since 1981. The evaluation draws on earlier individual assessments of four subprojects of the FPSP--the non-governmental organization (NGO) programs, the Social Marketing Project (SMP), the Maternal and Child Health/Family Planning (MCH/FP) Extension Project of the International Center for Diarrheal Disease Research/Bangladesh (ICDDR,B), and the Female Secondary Education Project.

The original FPSP, funded in 1981 for a three-year period, provided support to three main components--the national program of the GOB: projects carried out by selected NGOs, including the ICDDR,B; and the SMP. The original purpose, to increase the contraceptive prevalence rate (CPR) from 13 to 25 percent, was revised in 1984: the new goal is to reach a modern method CPR of 28 percent by the end of 1987. Elements supported by the FPSP include commodities, voluntary sterilization (VS) costs, contraceptive prevalence surveys (CPS), training, operations research, maternal and child health interventions, and the projects for service delivery carried out by NGOs.

The scope of work for the evaluation was divided into four parts--an examination of project accomplishments, status of mid-term evaluation recommendations, key issues related to past and future assistance, and identification of future activities for USAID population assistance to Bangladesh.

Despite an accelerated increase in the CPR over a two-year period to approximately 19 percent (modern method) and 25 percent (all methods), the evaluation team concluded that it is unlikely that the project goal of achieving a modern method CPR of 28 percent will be achieved. Analysis of the contributions of the three main components of the project revealed that the GOB continues to be the source of supply for most current contraceptive users. An accurate estimate of the relative contribution of SMP and the NGOs was not possible on the basis of available data.

A number of key programmatic issues are examined in some detail in the report, in particular the problems caused by the GOB's 1980 decision to integrate health and family planning services, the need for a greatly increased field staff (especially women) to provide domiciliary service delivery, and the need to focus increased attention on couples who say they want no more children but who wish to use non-permanent methods of contraception.

The report recommends that USAID's primary focus continue to be expansion and improvement in the delivery of family planning services and the encouragement of delivery of related MCH services, particularly through the NGOs. The various program elements and data examined in the course of the evaluation confirm that there is significant receptivity to quality family planning services. This suggests that significant changes in demographic behavior are under way, and efforts to target specific subgroups in the population could result in substantially higher overall levels of contraceptive use.

TITLE : Evaluation of the USAID Grant to the International Center for Diarrheal Disease Research, Bangladesh; Maternal and Child Health/Family Planning Extension Project (23 pages)

AUTHORS : Willian B. Ward and M. E. Khan

FIELD WORK : February 7 - 28, 1986: Bangladesh

PUBLISHED : September 18, 1986

The major evidence of the success of the USAID grant reviewed in this paper is that experimental approaches to delivery of family planning services carried out through the project are being adopted by the Bangladesh government. Most notable among the half dozen strategies being pursued by the Ministry of Health and Population Control are a plan to increase dramatically the ratio of female family planning workers to the resident population. As the implication of its research efforts are increasingly being transformed into government policies, the Maternal and Child Health/Family Planning Extension Project funded through a grant to the International Center for Diarrheal Disease Research, Bangladesh (ICDDR,B) is earning a reputation as a "paradigm for policy development."

In view of a large number of requests for further research, the report recommends continuation of the grant at least until 1990, the scheduled termination of the current Bangladesh Five Year Plan. In the authors' view, the issue is not whether the project should continue but how it should allocate its limited resources in the face of demands for its services. The report recommends that a well-articulated project strategy be developed for the coming five years that would lay the basis for choices among research initiatives.

The report faults the ICDDR,B mainly on its inability to process research and disseminate findings in a timely manner. It recommends the addition of staff to solve these problems. In particular, a staff position should be created that would regularize and institutionalize liaison between the project and the government.

TITLE : Is Sterilization Voluntary in Bangladesh? A Study of Reimbursement Levels for Sterilization in Bangladesh (52 pages)

AUTHORS : Barbara L. K. Pillsbury and James C. Knowles

FIELD WORK : November 1985 - January 1986: Bangladesh

PUBLISHED : September 12, 1986

Reimbursement for costs related to provision of voluntary sterilization services in Bangladesh does not coerce people to have the operation or even act as an influence on that decision. The reimbursements, rather, ensure that there are no financial obstacles that would reduce access to sterilization services. This is the major conclusion of this study, commissioned by AID to explore the question of the relationship between reimbursement payments and the provision of sterilization in Bangladesh.

As part of its support to family planning services, AID reimburses the Bangladesh government for certain payments it makes to groups involved in most voluntary sterilization procedures; the client, the "helper," and the provider. Given the poverty level in Bangladesh, the report points out that sterilization would be prohibitively expensive for many potential clients in without these payments.

The report finds that the program includes many safeguards to ensure that all sterilizations are undergone voluntarily; that the general atmosphere is one of informed consent; and that the satisfaction rate is extremely high. It also points out that less than nine percent of all couples of reproductive age have had sterilizations and that the mean number of living children at the time of sterilization is approximately four. It also reviews the lengthy list of monitoring activities that have been undertaken to ensure that all program standards are met and discusses the few irregularities in the program that have been brought to light, pointing out that efforts continue to be made to prevent such occurrences.

The report analyzes reimbursement levels, finds them close to actual costs and concludes that reimbursing for average, not actual costs, is the only system than can work.

The major recommendation is that the program should not be changed or eliminated unless an alternative that will maintain the current program successes and momentum is identified and tested. Intensified screening and counseling for clients is also recommended as well as continuation of monitoring and, where appropriate, evaluation of all aspects of the program.

TITLE : Bangladesh Contraceptive Prevalence Survey - 1983: Special Topics (143 pages)

EDITED BY : Sarah Harbison and S.N. Mitra

FIELD WORK : January 1 - March 1, 1986: Bangladesh

PUBLICATION : November 20, 1986

This report includes six studies based on data collected through the 1983 Contraceptive Prevalence Survey (CPS) of Bangladesh. Each focuses in some way on the interrelationship of users and nonusers with characteristics of the Bangladesh family planning program. The papers are entitled "Unmet Contraceptive Need," "Contraceptive Availability," "Reasons for Non-Use," "Fertility in Bangladesh," "Infant and Child Mortality," and "Contraceptive Choices in Bangladesh." Authors include Barkat-e-Khuda, Sushil Ranjan Howlader, A.J.M. Sufian, Mohi Uddin Ahamed, S.N. Mitra and M.F. Karim. This compendium is provided as a supplement to two published studies of the 1983 CPS: the June 1984 "Key Results" report (Mitra and Associates) and the full tabulations in a final report in March 1985 (Mitra and Associates). Co-editor Sarah Harbison, who also co-authored one of the papers, provides a concluding chapter summarizing the major findings and policy implications of the six studies.

Notable among these are the following: that high unmet demand (37 percent of currently married women who wish no more children but are not using contraceptives) suggests an urgent need to improve services in rural areas where unmet need is greatest; that home visits by fieldworkers (an important component of contraceptive availability) are made to the more educated, wealthier and higher parity women, whose need is less, and that 70 percent of eligible women had not received a fieldworker visit within the past six months; that the desire for additional children is by far the most important reason for nonuse of contraceptives, not unavailability of supply; that fertility levels tended to be lower among urban women, non-Muslims, women with secondary or higher level education, and employed women; that while there was no evidence of any substantial decline in infant mortality in recent years, women who had ever used contraception had substantially lower levels of infant and child mortality than did women who had never used contraception; and that among the multiple socioeconomic and programmatic factors that influence use and nonuse of contraceptives, the most important variable that influenced use was the desire not to have additional children, followed by number of methods known and number of methods known with source.

Findings are substantiated by numerous tables, and the 1983 CPS Household Questionnaire is provided as an appendix.

TITLE : The Impact of Development Interventions on Population in Bangladesh (20 pages)

AUTHORS : Sarah Harbison, Barkat-e-Khuda and Sushil Howlader

FIELD WORK : January 1 - March 1, 1986: Bangladesh

PUBLICATION : October 3, 1986

This study estimates the increase in the rate of use of contraception in Bangladesh that would result from four different development projects: increasing the density of female field workers, female secondary education, rural electrification, and agricultural modernization. The conclusion is that hiring additional field workers would be by far the most efficient intervention, both from the perspective of costs involved and the time it would take for intervention to have an effect. Interestingly, providing secondary school education was seen as having a contraceptive use effect almost twice that of increasing female fieldworker density, and four times as great as the effect for agricultural modernization and electrification. On the other hand, the costs of increasing fieldworker density were estimated to be many times below those for any of the three other interventions. Moreover, its effects should be felt within 3-5 years, compared with a range of 10-15 years for the other three types of activities analyzed.

The study includes an estimation for Bangladesh of the Bongaarts analytic model of the determinants of fertility, which quantifies the relationship between fertility and its proximate determinants. It examines the potential impact of the four development interventions selected on two proximate determinants--age at marriage and proportion using contraceptives--and estimates the proportional reduction in fertility that would occur as a result of each intervention.

All four interventions are considered to have the potential for large-scale development inputs. While expediency would dictate adoption of an increased fieldworker strategy, the report emphasizes that female education, agricultural modernization and rural electrification have many benefits other than their fertility impact and notes that they would make valuable contributions to development in their own right.

A ten-page list of references and bibliography is appended to the report.

TITLE : An Institutional Analysis of PROFAMILIA and CONAFOPA (41 pages)

AUTHORS : Darryl N. Pedersen and David F. Skipp

FIELD WORK : January 26 - February 15, 1986: Dominican Republic

PUBLISHED : June 25, 1986

This analysis of the Dominican Republic's two preeminent family planning institutions finds that both represent a solid institutional base upon which the National Family Planning Project can expand. The report contains numerous recommendations on how both organizations might improve their ability to assume new tasks. It is recommended that both add staff and revise their information management systems to permit a common measure for monitoring progress and comparing results.

PROFAMILIA and CONAPOFA each brings 20 years of experience to its proposed new responsibilities. PROFAMILIA (the Dominican Association for Family Welfare--Asociacion Dominicana Pro-Beinestar de la Familia), a private not-for-profit organization, was founded in 1966 and is a member of the International Planned Parenthood Federation. CONAPOFA, (the National Council on Population and Family--Consejo Nacional de Poblacion y Familia) was founded in 1968 through a presidential decree, and is now responsible for coordinating the entire national family planning program. PROFAMILIA's management structure is found somewhat more proficient than CONAPOFA's, thanks to the considerable amount of technical assistance it has received over the years. The report recommends that a commensurate level of training and technical assistance be provided to CONAPOFA.

The report provides an extensive overview of both organizations' family planning service delivery activities and their program and financial management systems.

TITLE : Development of Scope of Work Statement for a Management Case Study of the Mexican Social Security Institute Family Planning Program: Trip Report

AUTHOR : Robert C. Blomberg

FIELD WORK : April 28 - May 5, 1986: Mexico

PUBLICATION : September 18, 1986

The consultancy described in this trip report was requested to pave the way for a management case study of what is considered one of the strongest and most successful family planning programs in Latin America. The program is that of the Mexican Institute of Social Security (IMSS), which accounts for nearly one-third of all contraceptive users in Mexico and appears to be meeting its program goals a year ahead of schedule. The proposal for a case study came from the Mexican Academy of Medical Demography (AMIDEN), with the backing of USAID, which would provide technical assistance. The consultant discarded the original plan for an historical approach after discovering that a very good internal case study had been prepared in 1984, only two years before. He agreed with IMSS staff that at this point the most useful step would be to analyze how IMSS had achieved its success and to disseminate the conclusions to other Latin American family planning programs. To meet these objectives, the consultant developed a scope of work with the following three components: (1) preparation of an historical analysis of the program's evolution; (2) field study of program staff perceptions of reasons for program success; and (3) preparation of video cassettes that would depict the management behaviors that have contributed to this success. The report includes recommendations regarding technical assistance and a proposed time sequence for the various tasks.

TITLE : Management Evaluation of the Zimbabwe
National Family Planning Council

AUTHOR : Michael H. Bernhart

FIELD WORK : May 8 - 17, 1986: Zimbabwe

PUBLICATION : October 3, 1986

The Zimbabwe National Family Planning Council operates the most successful and rapidly growing family planning program in sub-Saharan Africa. Nonetheless, primarily because the European management left precipitously in 1981 without having trained successor management, there is widely expressed dissatisfaction with the current management. Among the most pressing problems are a rigid and excessive centralization of reporting, a hierarchical structure that does not reflect the natural flow of work, an increasing downgrading of provincial managers, an overconcern with routine personnel matters and a general feeling that program managers are excluded from the decision-making process. Despite these problems, the report points out that most of the Council's activities run smoothly, probably both because of the dedication and selflessness of the staff and the distance of program managers from obstacles and irritants at the central level.

The report provides straightforward recommendations on how the various problems analyzed might be remedied. A final chapter on implementation includes suggestions on how to develop a collegial management climate that would ensure that the changes recommended would not only be adopted but also accepted and assimilated over the long term.

TITLE : Assessment of the Technical and Economic Feasibility of Manufacturing Oral Contraceptives in Zimbabwe (7 pages)

AUTHORS : Lester Chafetz and Eugene Parrott

FIELD WORK : May 18 - June 6, 1986: Zimbabwe

PUBLICATION : January 9, 1987

The main conclusion of this feasibility study is that, while it would be technically feasible to manufacture oral contraceptives in Zimbabwe, the costs would be very high. All ingredients and packaging materials would have to be imported and a special isolated facility would need to be provided, equipped with appropriate protective measures for workers. Indeed, it is estimated that packaging alone would cost twice what the Zimbabwe government is currently paying the United States Agency for International Development (USAID) for finished oral contraceptive dosage forms.

Another drawback is that the local demand could consume only about a sixth of minimum production, and that therefore an export market would be needed. Furthermore, other contraceptive methods now being developed could supplant pills in the future.

This study suggests that three conditions would have to be met to permit a reasonable return on investment: (1) assurance that output would be purchased by the Zimbabwe government and other African nations; (2) that a multinational firm, in a minority partnership with a government-approved Zimbabwe firm, would undertake technical direction and provide technology; and (3) that subsidies should be provided so that costs passed on to the Zimbabwe National Family Planning Council would be tolerable. The report concludes that prospects are not bright for fulfillment of any of these conditions.

TITLE : Evaluation of International Federation for Family Life Promotion (IFFLP) Project (35 pages)

AUTHORS : Dallas Voran and Anna M. Flynn

FIELD WORK : March 28 - May 28, 1986: Washington, D.C., Baltimore MD, Liberia, Mauritius, Zambia

PUBLICATION : December 10, 1986

This evaluation focuses on progress at midpoint of the first centrally funded AID project to support natural family planning (NFP). The project is based on a five-year \$3.4 million Cooperative Agreement with the International Federation for Family Life Promotion (IFFLP).

Founded in 1974, IFFLP now spearheads the NFP community, with its 120 organizational and individual members from 75 countries. AID's involvement in NFP was spurred by the 1981 Congressional dictum that NFP should be included among the methods offered by family planning service projects supported by the Agency. The type of NFP promoted through this project calls for fertility awareness based on fertility signs occurring during the current menstrual cycle, rather than the more traditional rhythm method based on calculations of the fertile period derived from the lengths of previous menstrual cycles. This method is quite new, with the knowledge on which it is based only 10-15 years old and efforts to provide teaching to couples even more recent.

The project represents a research and development effort. The goal is to assist AID and IFFLP explore how to develop more effective means to provide NFP to interested couples--particularly in view of a variety of constraints (e.g., its newness, the need for a high provider/client ratio, high startup costs and high dropout rate). The three project activities are (1) evaluation of an established NFP program; (2) two demonstration projects, and (3) technical assistance, to support these two activities, primarily from IFFLP and Johns Hopkins University.

IFFLP has focused its activities in Africa. The evaluation was of the successful 20-year-old Action Familiale (AF) program in Mauritius, which estimates that per year it serves some 2,400 users and helps 1,000 couples achieve autonomy. The evaluation had been completed at the time of the report. While it was seen as useful to AF, its utility for a wider audience had not been

realized. In particular, two related activities had not been completed: a retrospective survey of autonomous users and development of tools for measuring cost- and use-effectiveness. AF's international training program is also described.

The demonstration programs are the Family Life Movement of Zambia and Family Life Promotion of Liberia. Before the project, these were essentially one-person operations, neither of which had had much organizational experience. Even by 1986, they were registering only 900 and 550 clients respectively. This was considerably below targets, which the evaluators concluded had been set unrealistically high. The project, however, had succeeded in bringing the programs to the point that their NFP services could begin to be publicized.

An important lesson learned through this project and cited by the evaluation is that NFP efforts will need extensive organizational development assistance if they are to evolve from small, local volunteer groups to professional, accountable agencies that can deliver services at a meaningful level. A related lesson is that demonstration project targets (for clients served and teachers trained) should be scaled down and that expectations of information on demand, use- and cost-effectiveness that can be derived from these projects should be more realistic and explicit. The issue remains whether the project needs additional time and funding, in addition to that allotted to achieve its goals.

TITLE : Family Planning Development and Services II
Project (398-0249): Indonesia: An Urban
Sector Strategy

AUTHOR : William D. Bair

FIELD WORK : September 1 - October 6, 1986

PUBLICATION : March 13, 1987

Indonesia's family planning program is unusual in having achieved its greatest successes in rural areas. Contraceptive prevalence rates were estimated at between 50-60 percent in rural areas, according to the 1983 Contraceptive Prevalence Survey, compared with an average of 36 percent in the country's five largest cities.

While the gap between urban and rural areas may be closing, the Indonesian National Family Planning Board (BKKBN) has devised a new strategy to hasten the process. The United States Agency for International Development (USAID) is designing its programs to support BKKBN efforts to increase prevalence among the fast-growing urban populace. This report, commissioned by USAID, includes recommendations both for an amendment to USAID's Family Planning Development and Services II Project and for a new Private Sector Family Planning Project to start in fiscal year 1989.

The reason for the urban-rural dichotomy may be that BKKBN's family planning program, with its world-renowned use of community fieldworkers, may not work as well in a more sophisticated urban setting. The BKKBN believes that a new approach is needed, one that would provide better services and more choice. The approach it has decided upon is to increase the involvement of the private sector--of the professional organizations, religious and non-sectarian groups, and the specialized activities, including commercial sales, which are already supplementing the government's efforts to provide family planning services.

The report includes a survey of the dozen or more private sector organizations that are currently involved in providing services. It also describes a number of new initiatives in family planning that are being undertaken with outside support, particularly from USAID. These are all found to be good initiatives, deserving of support. Major funding is recommended for continuing an urban block grant mechanism, through which USAID is supporting particularly promising private sector initiatives. Continued support for contraceptive social marketing is also

urged, both to increase the number of locations where condoms are now sold and to provide other contraceptive products. Other areas recommended for continued support are operations research, an information, education and communications campaign, and technical assistance to work with the BKKBN to refine the overall urban, privatization strategy. For the new project, a number of additional activities are suggested, including research on the acceptability of fee for services, training for Norplant providers, and support for factory-site provision of family planning services.

TITLE : Interim Evaluation of the Family Planning Self-Reliance Project: Costa Rican Demographic Association (36 pages)

AUTHORS : Lawrence Smith and Jorge E. Pailles

FIELD WORK : August 18 - September 11, 1986: Costa Rica

PUBLICATION : April 14, 1987

The approach of this project is to use a private sector organization, the Costa Rican Demographic Association (ADC), to provide funding to upgrade family planning services in all sectors: the public, the private, and the commercial. The project represents a turning point for the government, which--after considerable success in family planning in the early 1970s--had turned away from these efforts. A worsening economic situation and fast-increasing birthrates, however, provided the impetus for a renewed effort. The result was this \$5.5 million, five-year Family Planning Self-Reliance Project (FPSRP), funded by the United States Agency for International Development (USAID) (\$2.5 million), ADC and the International Planned Parenthood Federation with which it is affiliated (\$2 million), and the United Nations Fund for Population Activities (\$1 million).

At the three-year point, there were no data to establish whether this project was achieving its overall demographic and service delivery goals. Data were also lacking in regard to the more specific goals, which were to "revitalize" public sector family planning, expand private and voluntary sector capacity; enhance financial self-reliance of both the public and private sectors; and "revitalize" promotion of services. In the public sector, the report finds that the project has not yet achieved its five-year goal of enabling 400 Ministry of Health and the Costa Rican Social Security Agency public sector facilities to offer family planning services. The evaluation identifies various governmental impediments to the delivery of services, including an inefficient contraceptive supply system that often forces clinics to turn to ADC as a backup supplier; and prohibitions to advertising various kinds of contraceptives. The focus in the private sector is the launching of ADC's commercial marketing arm, PROFAMILIA, but because of the advertising constraints and delays in registering oral contraceptives, PROFAMILIA has not begun to generate the level of income anticipated. No effort has been made to assess the effectiveness of the information, education and communication component, although anecdotal information suggested it was having some impact.

Despite lack of quantifiable data, the evaluation concludes that FPSRP has played a catalytic role in the recent growing public interest in population concerns. Whether project activities will become institutionalized in the long run, however, is another matter. ADC's increased activities in training, research, communications, and logistics have been funded through the project, and when that funding terminates, some of these efforts will necessarily be reduced. Whether the government has the funds and the interest in assuming them is questionable. The report urges USAID to take a more active role vis-a-vis the government on the general issue of increasing its commitment to family planning. Specifically, USAID should encourage the government to create a National Coordinator for Family Planning and reactivate the position of the National Population Council.

TITLE : Proceedings of AID's Office of Population Conference with its Cooperating Agencies, January 16 - 17, 1986 (24 pages)

AUTHOR : Dorothy B. Wexler

FIELD WORK : Washington, D.C.

This report summarizes proceedings of the third annual conference held by AID's Office of Population for its Cooperating Agencies. A major focus was AID's review of new programs, developed over the past two-three years at a time when funding levels were unusually high. Five out of 10 new areas of program emphasis were described in detail by program managers: private enterprise and private sector programs; dissemination of information to policymakers; natural family planning; management training; and extension of family planning services. Although funding may be lighter in FY 1986, AID officials noted that funding levels consistently have remained higher than the public perceives and maintained the importance of these new directions justified the long-term financial commitment they represent.

A task force was established during the conference to develop standardized measures for active users, members of three existing task forces gave brief reports on their activities over the past year, and AID officials described their actions in response to last year's task force recommendations, particularly in the areas of increasing grantee autonomy.

Brief overviews of program progress and plans were provided by the chiefs of the Office of Population's four functional divisions and by representatives of eight AID contractors. A full review of new contraceptive technology was provided by the Research Division. Cooperative Agency representatives sought answers from AID staff on buy-ins, a funding mechanism that has enabled overseas missions to avail themselves of the services of the various Cooperating Agencies but that has also represented administrative problems both to AID and to the Cooperating Agencies.

TITLE : Mid-Term Evaluation of the Integrated Population and Development Planning (INPLAN) Project (24 pages)

AUTHORS : William Paul McGreevey, Kenneth Chomitz, Douglas Nichols, Warren Sanderson and Boone Turchi

FIELD WORK : June 1 - July 31, 1986: Research Triangle Park, NC

PUBLICATION : February 27, 1987

While Research Triangle Park's \$6.3 million Integrated Population Development Planning (INPLAN) project with AID is being implemented on schedule, this evaluation found that, at the halfway point, it was still too early to assess whether the project would achieve its overall goals by the end of the stipulated 36-month project period. The project goal was to strengthen the technical capabilities of less developed country (LDC) planning institutions to understand population-development links and to incorporate population considerations into development planning. The goal was to be achieved through three project activities: (1) training LDC planners both in the theory of the importance of population as an element in economic planning and the practical application of microcomputers to the planning process; (2) provision of computer software to these planners to make integration of issues into the planning process as easy as possible; and (3) technical assistance from INPLAN staff to assist in both formal training efforts and on-site assistance.

Since the software being developed had not yet been fully completed or documented at the time of the evaluation, there were few opportunities to assess whether it was usable by LDC planners. The evaluators were generally enthusiastic about the INPLAN modeling effort, primarily development of the sophisticated modeling environment, Host, and other advanced software such as a program for producing multi-regional population projections (MPP). The report raises the question, however, whether the intellectual requirements of learning sophisticated software programs and applying them to country planning might be too ambitious for the kind of training envisaged through the project.

To address what was termed the "apparent mismatch between software development and training," the evaluation recommended that for the remainder of the project, INPLAN should concentrate its resources in fewer countries. Its aim in each country should

be to create a cadre of trained personnel and to train them to use INPLAN-provided models without outside technical assistance. The report suggests several steps that INPLAN should take to achieve this aim: in modeling, INPLAN should set priorities, putting prime emphasis on completing Host and MPP; and in training, it should reassess course agendas and goals in light of a more modest estimate of how much can be assimilated, shift the emphasis to more on-the-job training, and be more selective in trainee selection.

TITLE : Evaluation of Training Component of Family Health Initiatives I Subproject in Sierra Leone: 1983-1986 (32 pages)

AUTHORS : Margaret Marshall, with Man-Ming Hung, Timothy Johnson, and Richard Monteith

FIELD WORK : November 10 - 22, 1986: Sierra Leone

PUBLICATION : June 18, 1987

Through a Family Health Initiatives (FHI) project grant agreement, plus technical assistance from the Program for International Training in Health (INTRAH) project, Sierra Leone is making a concerted effort to upgrade and expand the capability of its health personnel to provide family planning services. Prime targets of training are the nurses, midwives, and maternal and child health (MCH) aides who are involved in providing care to mothers and children throughout the country.

This evaluation was carried out following a mid-1986 decision to grant a one-year, no-cost extension for project activities to enable the project to meet its principal goals. (Close to 50 percent of authorized funds had not been expended at the end of the three-year project.)

At the time of the evaluation, only one-third of the planned 750 health workers had been trained. The training component, nevertheless, had conducted 24 separate training activities and through them had largely provided the training planned for top-priority medical and paramedical personnel. This record was achieved against considerable odds. Moreover, despite a number of technical drawbacks, the training itself provided an acceptable introduction to the importance of family planning, along with a review of methods.

The report reviews the constraints to full implementation of planned project activities, evaluates the effectiveness of training strategies and training delivery, and makes recommendations regarding the provision of training to meet the revised goals of the project.

This service delivery phase of the FHI project is dealt with fully in an overall evaluation of the project, of which this report was a part. This report concludes that the lack of supplies and equipment at MCH clinics makes it impossible for even skilled personnel to deliver services.

TITLE : Development of Project Proposal for the Egyptian Family Planning Association: A Trip Report (12 pages)

AUTHORS : Patrick Friel and Sheila J. Ward

FIELD WORK : October 11 - November 22, 1986: Egypt

PUBLICATION : April 24, 1987

The Egyptian Family Planning Association (EFPA), the International Planned Parenthood Federation affiliate in Egypt, could greatly augment the level and quality of family planning services available in Egypt through the private sector. To help realize this possibility, the United States Agency for International Development (USAID) is proposing a \$21.2 million, 5 1/2 year project, whose principal features are summarized in this trip report.

EFPA is associated with some 400 clinical sites, but in most, service is unsatisfactory. Site visits revealed that facilities were inadequate, staff lacked training, and the emphasis appeared to be on providing social services, not clinical family planning.

The proposed project would establish a hierarchical administrative system, with primary centers, subcenters and mobile-service centers, which would encompass 258 clinics by the project's termination. A new management structure would be trained in management and clinical skills. Less than half the proposed total project funding (48 percent) would be contributed by USAID. The project itself would be expected to generate \$11.4 million and thus could provide 45 percent of the funding. The remaining 7 percent is designated to come from the Ministry of Social Affairs, under whose authority EFPA operates.

TITLE : Agency for International Development 1987 Annual Meeting of the Office of Population's Cooperating Agencies: Summary of Proceedings (19 pages)

AUTHOR : Dorothy B. Wexler

FIELD WORK : January 20-21, 1987: Rosslyn, VA

PUBLICATION : May 18, 1987

Cuts in funding for the Office of Population were a dominant theme at this fourth annual meeting of the Office with its Cooperating Agencies (CA). Efforts to assist the private sector to play a larger role in delivery of family planning services, coupled with improvements in internal management efficiencies, were stressed as ways to adjust to a more austere fiscal environment. The Agency Director for Population pointed out that population, health and child survival activities are faring relatively well compared with other international and domestic programs. Nonetheless, reduction in funding for all population activities can be expected, to be governed primarily by policy priorities, not program quality.

The A.I.D. Administrator pointed to the administration's strong support for family planning since 1981, with 40 percent of a total of \$3 billion having been provided in the past six years. The Agency supports family planning for what he termed the "common sense" reasons that it saves the lives of children and mothers; reduces abortions; and helps people control their own lives.

Two family planning-related issues--child survival and acquired immune deficiency syndrome (AIDS)--were discussed by the Senior Assistant Administrator for AID's Bureau of Science and Technology. Support for child spacing, one of four initiatives in the 1984 Child Survival Fund, presents new opportunities for CAs. On the other hand, the threat of AIDS, a major concern at the Agency for the past year, may soon become the one overriding issue. The World Health Organization is heading current worldwide efforts to combat the disease, with AID's Offices of Population and Health expected to support its efforts, primarily through the supply of condoms and provision of expertise in education and communication.

In another session, AID's emphasis on the private sector was portrayed as the only option to meet the ever-growing demand for family planning services. The demand has increased five-fold being provided annually to meet this need is coming equally from

three sources: international donor agencies, governments, and the private sector, but AID's belief is, however, that both government and donor spending have reached their upper limits. AID's recent efforts to encourage the for-profit private sector to increase its involvement were reviewed by representatives from three CA projects: the Technical Information on Population for the Private Sector (TIPPS) project; the Social Marketing for Change (SOMARC) project; and the Enterprise project. The related themes of cost recovery, using the commercial banking system, and involving private doctors were stressed by representatives of CAs focusing on service delivery.

Reports were presented by three task forces: on informed choice; on the IUD; and on family planning performance indicators. In the area of contraceptive research, AID's new \$28 million Contraceptive Research and Development (CONRAD) project was described and an update given on NORPLANT clinical trials. Presentations were also made on recent trends in the fields of training, operations research, policy and education, information and communication.

TITLE : Evaluation of the USAID Zimbabwe Child Spacing and Fertility Project (33 pages)

AUTHORS : Duff Gillespie, Art Danart, and George P. Cernada

FIELD WORK : February 2 - March 1, 1987: Zimbabwe

PUBLICATION : June 26, 1987

The Zimbabwe National Family Planning Program has established a reputation as the best national program in Africa and, for that matter, one of the best in the developing world. The Zimbabwe National Planning Council (ZNFPC) has been the critical factor in this success story, and nothing emerged during this evaluation of its conduct of the Child Spacing and Fertility Project to blemish its reputation.

The evaluation report reviews project activities and accomplishments in light of planned objectives and recommends corrective actions for the problems noted (e.g., excessively centralized decision making, overextended staff, insufficient information, education and communication [IEC] materials). The report also points to several non-project factors that contribute to ZNFPC's success: strong political support for family planning at all levels of government, the country's well-developed socioeconomic structure, the cultural acceptability of birth spacing, ZNFPC's semi-autonomous relationship with the Ministry of Health (MOH), and ZNFPC's effective use of external assistance.

For a national effort, the ZNFPC has a relatively small staff. Moreover, its sources of funds and technical support are essentially limited to the MOH and USAID. This lack of complexity has been one of the program's strengths. In the near future, however, managing the ZNFPC will become more complicated. The program has reached a point of maturity at which more rigorous interventions are called for. With this in mind, the final section of the report addresses the internal and external factors that will affect ZNFPC's future and recommends steps to be taken on the part of ZNFPC, A.I.D./W, and REDSO to head off anticipated problems.

TITLE : Evaluation of Johns Hopkins University's Population Information Program

AUTHORS : Nicholas H. Wright, William Barrows, and Eileen M. Lavine

FIELD WORK : December 17, 1986 - March 1, 1987: Baltimore, MD and Rosslyn, VA

PUBLICATION : May 18, 1987

The Population Information Program (PIP) at Johns Hopkins University is found in this report to be doing an outstanding job in providing current, comprehensive and reliable information on population and family planning. Now well into its second decade, PIP operates through two key components--Population Reports, a series of clearly written, comprehensive, technical publications on key population information system, also broad in scope. The evaluation, which took place near the end of PIP's current three-year contract with A.I.D., points out that production of accurate, up-to-date information must be seen as a continuing cost of development essential to both A.I.D. and less developed countries (LDC).

Population Reports is found to fill a unique slot among population publications, with surveys ranking it as the most useful source of information among the array of reputed population publications. Its distribution of 93,000, which translates into a total readership of an estimated 250,000, is about 85 percent in LDCs, and includes government program leaders and policy makers, physicians, health professionals, academicians, researchers, and mass media communicators.

POPLINE, less visible and less understood, is also a unique resource. It now has more than 150,000 records of documents, 65 percent provided by PIP and the remaining provided through contracts with the Caroline Population Center, the Population Family Health at Columbia University. It includes books, journal articles, technical reports, mimeographed papers and newspapers, a range of sources uniquely varied among population databases. This database is one of 26 accessible through the National Library of Medicine MEDLARS system. Primary users are the POPLINE producers, A.I.D. and its cooperating agencies. While most users are in the United States, a large proportion of the use is found to be in support of population work in LDCs.

The evaluation suggests a variety of options for cost-cutting and increasing revenues. Both operations are found to

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be utilizing resources efficiently. If economies are mandated, however, Population Reports could be shortened, published less frequently, and the mailing list purged. POPLINE might eliminate one or more of its producer contracts or reduce the types of its sources, but these cuts would affect its usefulness as a prime resource of the interdisciplinary data that are the bedrock of population research and of family planning programming. The report recommends that any reductions in POPLINE's activities be undertaken cautiously and combined with efforts to increase usage, especially in LDCs, as well as to introduce technological innovations.

TITLE : Evaluation of Village Family Planning Program, USAID Indonesia Project: 497-0327, 1983-1986 (104 pages)

AUTHORS : William D. Bair, Ida Bagus Astawa, Kemal Mazaruddin Siregar, and Diddy Sudarmi

FIELD WORK : February 1 - March 31, 1987: Indonesia

PUBLICATION : July 15, 1987

For more than 15 years, village family planning has been the key element of the successful family planning program managed by the Indonesian National Family Planning Board (BKKBN) and assisted by the United States Agency for International Development. This program has spread in successive stages from Java-Bali through two Outer Island groups to include 13 of Indonesia's 27 provinces and 80 percent of its villages.

As USAID looked to its programming of future assistance to family planning in Indonesia, it sponsored this assessment of the degree to which the village family planning program had reached its expansion and improvement objectives; its prospects for self-sufficiency; how planned future programs emphasizing urban and private sector initiatives would affect the village populations; and what might be left out of the village program by this shift in emphasis.

After reviewing BKKBN and USAID reports, and interviewing officials in Jakarta and making field visits, the team concluded that village family planning programs had made remarkable progress. Access to contraceptive services through expansion of village distribution locations increased by 38 percent. New acceptor and continuing user levels increased by 34 percent and 57 percent, respectively. The quality of the service was improved, as measured by increased access to a variety of contraceptives, shifts to longer acting contraceptives, and decreases in age and parity of new users.

Although management improvements were made at all levels, opportunities exist for yet more progress in the future. Despite a great deal of effort on BKKBN's part to improve service statistics, some elements of the program require further attention. In particular, there was an increase in overall information and education programs, but it was not matched by an increase in information about various contraceptives. Much progress was made in extending POSYANDU, an integrated health and

Department of Health (DEPKES) and BKKBN, but more could be done to ensure more effective integration and to prepare BKKBN field workers for this new role. Non-clinical contraceptive distribution is still significant at the village level, but with shifts toward longer acting contraceptives, the hospitals and Puskesmas (health centers) are becoming even more important to backstop village programs and provide clinical methods. The physical conditions in many of the Puskesmas, however, require further attention.

The most significant aspect of self-sufficiency is the impressive institutional involvement of the community at the village level. The amount of time and effort invested by village leaders and volunteers in the program will help ensure its continuation and village recognition of the small family as a social norm. Use of private doctors and midwives and some cost recovery in the public sector is growing slowly at the village level. A potential for cost recovery requires nurturing and consensus to be adopted without damaging this essential public health/demographic program.

In most areas, it is expected that with BKKBN support the village family planning program will continue to grow without further direct U.S. assistance. Exceptions would be some quality improvements that might not otherwise be made or a few programs in the less populated islands that have not yet reached an adequate level of program performance. Even in these provinces, BKKBN states it can handle the requirements with its own resources or those of other donors, if necessary. Recommendations to USAID in the report are based on the assumption that the Government of Indonesia will continue its strong support of family planning, as will USAID through amendments to Project 0327 and the new private sector/urban project. A general recommendation is that USAID recognize the successful achievement of village family planning objectives and proceed with the shift to urban/private sector initiatives.

TITLE : A Reassessment of the Bangladesh USAID Social Marketing Project's Objectives and Information Needs

AUTHORS : John E. Laing and David Walker

FIELD WORK : September 9 - November 15, 1986: Bangladesh

PUBLICATION : September 16, 1987

The Family Planning Social Marketing Project (SMP) has been providing subsidized, non-clinical contraceptive products through commercial retail outlets in Bangladesh since late 1975. It was supported financially by AID/Washington from 1975 to 1981; since 1981 it has been supported by USAID/Bangladesh through cooperative agreements with Population Services International (PSI).

From 1976 through 1984, the array of SMP contraceptive products offered increased from two to six, the number of condoms sold increased from 10.1 million to 115 million, and the number of pill cycles sold increased from .54 to 2.22 million. In CY 1985 sales of condoms returned to the CY 1983 level, but in the first half of 1986, they rose sharply once again. Sales of pills rose by 29 percent in 1984 but by only 9 percent in 1985 and by even less in the first half of 1986.

In 1986 USAID/Bangladesh began a reexamination of SMP goals, objectives, and strategies in an effort to restate them in terms of verifiable indicators that reflect SMP's impact on contraceptive prevalence. This report is intended to contribute to the reassessment in two ways: by reviewing data already available on SMP effectiveness, efficiency, and marketing and reviewing SMP management issues; and by identifying issues that need to be addressed, suggesting provisional objectives to deal with those issues, and, where appropriate, indicating the information needed to monitor success in achieving the objectives.

Considerable attention has been given to the "condom gap" in Bangladesh, i.e., the discrepancy between estimates of condom use levels based on SMP sales data and estimates based on Contraceptive Prevalence Survey (CPS) data. The team's examination of research on factors that might contribute to the gap indicates that the gap is clearly at a more acceptable level than first appeared to be the case. The factors that explain much of the original gap appear to be underreporting by wives in the CPS survey, failure to adjust for the pipeline effect (the lag between sales to stockist/retail outlet and sales to the

user), and SMP's assumption that 100 condoms provide one couple year of protection (CYP). The team recommended that PSI/SMP calculate CYP on the basis of 180 condoms per couple and allow for a time lag to take the pipeline effect into account. Indeed, use of these two factors in 1985 would have yielded a CYP estimate of 562,000, only 1 percent more than the CPS-based estimate of 555,000 CYPs.

The only data currently available on pill and condom use-effectiveness in Bangladesh suggest that SMP pills and condoms may be fairly effectively used and have at least moderately high continuation rates. From the standpoint of cost considerations, it appears that SMP has been and continues to be a relatively efficient way to provide nonclinical contraceptives in Bangladesh.

SMP is looking selectively at particular target groups in terms of brand positioning and targeting in order to increase sales. Its research indicates that the attitudes of males and females toward family planning tend to be similar, but that the differences in attitudes in rural and urban areas are sufficiently marked to warrant separate promotional strategies. The team recommends that current nonusers, in particular those who desire additional children, should be the main focus of SMP targeting.

SMP currently lacks data on who is buying what brand and where, why they buy it, and how often they buy it. A planned market segmentation survey should provide some of the required information, but the need for data is paramount.

The overriding goals and objectives for SMP have been set out in the Cooperative Agreement, Amendment 2, dated 1986. In general, they are nonspecific and should be expressed in operational terms. Thus, the outcome of this assessment has not been to change the goals or objectives, but rather to articulate them in detail so that they become a series of verifiable, and in some cases quantifiable, indicators.

TITLE : Evaluation of AID Population Assistance in Sri Lanka

AUTHORS : John Dumm and Nicholas H. Wright

FIELD WORK : April 2 - May 18, 1987: Sri Lanka

PUBLICATION : August 5, 1987

Since 1984, the population sector strategy of the United States Agency for International Development (USAID)/Sri Lanka has been to use Office of Population resources to respond to targets of opportunity in strengthening family planning services, primarily the use of modern temporary methods, in the non-governmental (NGO) sector. Currently, AID is providing assistance to Sri Lanka in 13 projects, as well as contraceptives and other supplies. Four NGOs and two Government agencies receive this assistance. Excluding commodity support, 50 percent of the funding is used for family planning services, 40 percent for research, and 10 percent for training. This report evaluates current centrally funded projects to determine whether further assistance is warranted and, if so, to suggest a strategy and priorities for future centrally funded activities.

The AID-assisted NGOs have played a significant role in enabling the Government to increase use prevalence of permanent voluntary sterilization, but their attempts to increase the use of modern temporary methods have been much less successful, and it may be time to reformulate the strategy for providing temporary methods. Both Sri Lanka's demographic transition and its contraceptive mix (high use of voluntary sterilization and traditional methods and low use of modern temporary methods) are highly unusual among developing countries. It may be that before NGOs can do effective work in the area, more will have to be understood about the lack of acceptance of modern temporary methods. The strategy implications drawn by the evaluation team are for a decrease in program assistance to service delivery and an increase in technical assistance that would enable program planners to develop better ways of delivering modern spacing methods to eligible couples and of promoting their continuing use.

The uncertain viability of many of the population NGOs, both in Sri Lanka and worldwide, is a cause of growing concern. With AID's resources dwindling and no prospects for support for ongoing projects from other donors, the need to stress self-sufficiency is inescapable. For this reason, the evaluation team recommends that further AID assistance to service-delivery NGOs in Sri Lanka be guided by strict criteria that would maximize

learning, ensure self-sufficiency over a short time period, and strengthen the NGOs so that they will be able to operate with considerably less AID assistance over the long term.

For the near future, the evaluation team recommends that AID continue to rely on centrally funded projects for population assistance in Sri Lanka, selecting activities that require minimal USAID management assistance. The overall strategy should include selective scaling down of service and training activities, and a corresponding strengthening of a variety of research activities (social science, operations research, and biomedical), with the aim of increasing understanding of constraints to the use of temporary methods and of testing various methods of fertility control.

recurrent costs will represent about 4 percent of the Ministry of Public Health and Social Affairs' annual budget. The report argues against charging for family planning services on both financial and equity grounds.

TITLE : A Framework for Economic Analysis of Family Planning Projects: A Case Study of the Planned Niger Family Health and Demography Project (23 pages)

AUTHOR : Robin Barlow

FIELD WORK : April 1987: Niger

PUBLICATION : May 31, 1988

This report offers a new methodology to analyze the economic benefits of family planning projects. The various methodologies now in use tend to yield different estimates of the cost-benefit ratios of family planning projects, primarily because economists cannot agree whether the economic benefits should be considered positive or negative. The methodology in this paper is set forth in a mathematical formula that takes into account both the increase in per capita income that will occur over the short term and the decrease in total national income that will occur over the long term.

When applied to a proposed family planning project in Niger, the methodology yielded a very positive reading. It is estimated that after 16 years, per capita income will be about 3.8 percent higher with the family planning services component of the project than without it. This translates into a highly favorable benefit-cost ratio of about 28, when a 10 percent discount rate is used.

The explanation for this large discounted benefit is that the project, particularly at the start, will reduce the size of the total population, but not of the labor force, with the result that per capita GDP will rise. After a certain lag, the project will begin to have a negative effect on the labor force and the GDP, and the gap between per capita GDP with and without the project will narrow. It will still remain substantial, however.

A different type of cost-benefit analysis shows that the family planning subproject is also likely to produce budgetary savings for public agencies concerned with social services and to make a positive contribution toward agricultural self-sufficiency.

The report contains a cost-effectiveness analysis that indicates the project will eventually provide a couple year of protection at the low cost of \$6--an analysis that indicates that

TITLE : Midterm Evaluation PAC II Training in Latin America and the Caribbean (Family Planning Training for Paramedical/Auxiliary/Community Personnel) Development Associates (48 pages)

AUTHORS : Robert Blomberg and Kathryn E. Nimmo

FIELD WORK : June 8 - July 14, 1987: Latin America

PUBLICATION : January 29, 1988

This is one of three reports that evaluates at midterm A.I.D.'s Family Planning Training for Paramedical/Auxiliary/Community Personnel II (PAC II) project. It reviews progress made by the contractor, Development Associates (DA), in Latin America and the Caribbean in achieving project goals between 1984 and 1987. PAC II's main purpose is to increase the capability of less developed country (LDC) organizations (both in-country and regional) to train PAC workers to provide family planning services.

DA's primary focus has been on increasing the technical capabilities of in-country institutions to provide training to community-based distributors. These CBD workers are most often volunteers supervised by the well-established private sector providers, which are the source of the bulk of family planning services in the region.

DA's strategy, described in detail in the report, is to draw from the leadership of these organizations to develop a corps of master trainers. Although the plan had been that this corps would train others to do the training, they have, in fact, done much of the training themselves, contributing substantially to achievement of quantitative contract goals to date. The master trainers have also worked with DA on ways to improve the quality of CBD training. Overall, it was found that in every institution in which leaders had received DA training, the training function/unit had been strengthened, exhibiting improved understanding of both training techniques and the complex steps involved in organizing, providing, and following up training activities.

DA's efforts to provide training to clinical workers were found less satisfactory. The only measurable accomplishments were found in Brazil, where nursing schools are privately run and clinical workers play an important role in the provision of family planning services.

The contract's emphasis on developing regional training

institutions was found inappropriate, mainly because these institutions are in reality in-country units that are already over-extended. DA's efforts to strengthen the capacity of selected in-country institutions to provide training to other-country nationals was commended, but the conclusion remains that the prospects are dim for creation of bone fide regional training centers, and will continue to be so unless outside funding sources are found.

DA was commended on several counts, among them its solid program, excellent staff, reliance on host country expertise, and commitment to opening lines of communication among family planning providers throughout the region.

TITLE : Assessment of Private Concessions' Health Care Services, Republic of Liberia (55 pages)

AUTHORS : David R. Alt, William H. Chester, Andrew Cole, Constance Currier-Jayne, and John Howard

FIELD WORK : July 6 - 31, 1987: Liberia

PUBLICATION : November 4, 1987

USAID/Liberia commissioned this study of health care services provided by seven private companies in the country to determine whether these efforts warranted project support. USAID has been increasingly interested in supporting private sector health efforts as a deteriorating economic situation has seriously hampered delivery of health services through the public sector. Within the private sector, 80 percent of all expenditures are made by the private mining, logging, rubber, and industrial concessions that are responsible for much of the country's economic activity.

The study team surveyed four rubber concessions, two mining concessions, and one logging concession, which together make an important contribution to health services in Liberia. Through their combined 6 hospitals, 4 health centers, and 29 clinics, they provided outpatient care to nearly half a million people in 1986, plus inpatient admissions for nearly 15,000. The companies serve a population of 225,000 employees and dependents living on or near concession work sites.

Although the thrust of services provided is curative, the companies have exhibited an interest in expanding their efforts to provide primary health care (PHC)--immunizations, informational activities, sanitation. Lack of funds and technical know-how, however, has limited these efforts. USAID's view is that PHC offers the most cost-effective approach to medical care and should form the basis for any project that might be developed.

TITLE : Midterm Evaluation PAC II Training in the Near East/North Africa Region RONCO Consulting Corporation (Family Planning Training for Paramedical/Auxiliary/Community Personnel) (37 pages)

AUTHORS : Sheila Ward, Jennifer Bryce, and Hamouda Hanafi

FIELD WORK : September 6 - 30, 1987: Near East

PUBLICATION : March 30, 1988

This is one of three reports that evaluate at midterm A.I.D.'s Family Planning Training for Paramedical/Auxiliary/Community Personnel II (PAC II) project. It reviews progress made by the contractor, RONCO Consulting Corporation, in achieving project goals in the Near East and North Africa between 1984 and 1987. PAC II's main purpose is to increase the capability of less developed country (LDC) institutions (both in-country and regional) to train PAC workers to provide family planning services.

RONCO has been operating in a region where wide differences in attitudes toward family planning, and extreme cultural and developmental variations among the countries, have made the job of training family planning workers very difficult. Compounded by RONCO's own inexperience as a training contractor, these problems have resulted in a considerable shortfall in the number of trainees who should have been trained at the time of the evaluation.

RONCO's main achievements were seen to be limited to promoting its goals among training team members and government officials. From a practical standpoint, however, although trainers trained by RONCO were enthusiastic about the participatory methods they were being taught, they were judged to need more support and follow-up when they began to operate on their own. For a number of reasons beyond RONCO's control (primarily lack of government interest), little had been accomplished in the area of pre-service clinical skills training.

Principal recommendations called for a number of major personnel and organizational changes, as well as a concerted effort to plan future activities using measurable objectives. For the remainder of the project period, it was recommended that RONCO limit its activities to four countries--Egypt, Jordan, Tunisia, and Turkey.

TITLE : Midterm Evaluation PAC II Training in Africa and Asia (Family Planning Training for Paramedical/Auxiliary/Community Personnel) Program for International Training in Health (INTRAH) (70 pages)

AUTHORS : Fred Abbatt, Patricia Baldi, Robert Blomberg, Carolyn Long, John McWilliam, Judith Rooks, and Shiela Ward

FIELD WORK : July 20 - September 30, 1987: Africa, Asia

PUBLICATION : February 25, 1988

This is one of three reports that evaluate at midterm A.I.D.'s Family Planning Training for Paramedical/Auxiliary/Community Personnel II (PAC II) project. It reviews progress made by the contractor, Program for International Training in Health (INTRAH), in meeting project goals between 1984 and 1987. PAC II's main purpose is to increase the capability of less developed country (LDC) institutions, (both in-country and regional), to train PAC workers to provide family planning services.

The contract called for allocating 80 percent of contract resources to Africa, where provision of family planning services is still relatively undeveloped and the need acute for training for providers of these services. The strategy employed in Africa was to develop a group of core trainers from within the institutions, mostly Ministries of Health, targeted for assistance. Although INTRAH has introduced a good number of African family planning trainers to new experiential training methods, the evaluation found that there were neither time nor resources to provide the broad spectrum of skills deemed necessary. Gaps were identified in the areas of needs assessment and design of training programs, evaluation, and curriculum development. At this point, it is apparent that it will be several years before host country training in Africa is institutionalized.

In Africa, most training has been targeted toward clinical providers. In contrast, in Asia efforts have focused on training for various groups of community-based distributors, including some very successful efforts with young village women and traditional medical practitioners. Most of the organizations assisted, however, were judged well along in their ability to operate in a self-sufficient manner, and INTRAH assistance, while helpful, was not deemed critical.

Development of regional training institutions was designated

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as a major focus of the activities in Asia, where two existing regional institutions were already successfully providing training. Under the contract, participants from some African institutions have benefited from exposure to CBD training activities in the Asian setting. Of the five regional institutions targeted for assistance in Africa, however, none was deemed to have begun to achieve institutional self-sufficiency.

In general, project management was found to be competent, with most quantitative goals having been met or surpassed. The greatest weakness was identified in the area of evaluation, both with respect to training trainers in how to evaluate their own efforts and with respect to self-assessment of project performance.

Principal recommendations called for an intensification of efforts in Africa and a concomitant decrease of emphasis in Asia, testing of new ways to teach African trainers all they need to know in the limited time available, and, in particular, a revised, simplified approach to evaluation. Regional training, already a low priority in Africa, might be further deemphasized.

TITLE : Review of the Family Planning Training Worldwide PAC II Project 1984 - 1987

AUTHORS : Patricia Baldi, Robert Blomberg, Carolyn Long, John McWilliam, Judith Rooks, and Sheila Ward

FIELD WORK : October 26 - November 30, 1987: Global

PUBLICATION : May 27, 1988

This review, based on midterm evaluations of three PAC II contracts (see abstracts of reports 61, 63, and 64), identifies the strengths and weaknesses in A.I.D.'s worldwide effort to train paramedical, auxiliary, and community (PAC) personnel to provide family planning services and suggests ways that this effort might be improved. Designed to cover a 10-year period, PAC II focuses on increasing the capability of less developed country (LDC) institutions to design, implement, and evaluate training for PAC workers. It succeeds a previous effort, PAC I, whose emphasis was to provide training for large numbers of workers.

On the positive side, PAC II's overall approach is endorsed because the training of nurses, midwives, and other PAC workers is a prerequisite for offering temporary services. Likewise, the emphasis on institutionalizing LDC capability to provide that training is found necessary if the benefits of external assistance are to remain in place. The bureaucratic design is also found appropriate: Central funding provides flexibility and allows penetration in areas where bilateral assistance would be impractical; and regional contractors offer advantages of regional experience and interchange among contractors that would not be possible if there were only one worldwide contract.

A number of weaknesses were also identified. These were related primarily to the quality of the training provided, a problem that may be due in turn to a general failure to define training goals. A lack of adequate training materials and curricula was also seen as a widespread problem. In addition, some contractors appeared to lack a clear understanding of the purposes and uses of evaluation, particularly how to make evaluation a useful tool within training programs.

The major conclusion was that, particularly in Africa, institutionalizing the capacity to train PAC workers must be viewed as a long-term endeavor. In many places, the absence of a viable institution that can be strengthened is a major deterrent to progress. An alternative may be to focus on strengthening the

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national training capacity, by selective assistance to trainers, national leadership, and various training activities. Judgments were also made on the kinds of training that might warrant greatest emphasis: namely, in-service training was seen as more useful than pre-service training; clinic-based training was viewed as appropriate for Africa, and training for community-based distributors as more suitable for Latin America and Asia at this time, and training for family planning workers engaged in primary health care programs was seen as an opportunity that should be seized wherever possible.

Because all contractors had difficulty in meeting contract goals to strengthen regional training institutions, the recommendation was to focus instead on meeting regional training needs through ad hoc use of existing in-country institutions.

It was also strongly recommended that more attention be given to identifying lessons being learned. Evaluations should seek to identify what works and why, and contractors should collaborate to identify key questions that should be researched through operations research.

TITLE : Contraceptive Social Marketing (CSM) Assessment Volume 1: Worldwide Review (72 pages)
Volume 1: Six Country Reports (153 pages)

AUTHORS : Vincent Brown, Carl Allen, Constance Carrino, Sergio Diaz-Briquets, Peter Donaldson, Matthew Friedman, Stella Goings, Barbara Janowitz, Tennyson Levy, and Terry Peigh

FIELD WORK : September 28 - October 23, 1987: Global

PUBLICATION : June 9, 1988

This two-volume report represents the first worldwide review of the Agency for International Development's (A.I.D.) efforts to provide family planning through its Contraceptive Social Marketing (CSM) program. Although the Agency has funded 25 CSM programs since 1972, interest in this approach has quickened in recent times as the Agency focuses increasingly on delivery of services through the private sector. CSM's aim is to involve the private sector in the sale of contraceptives. The approach contains a paradox, however: namely, it combines with its market (profit-oriented) orientation the social goals of selling contraceptives at prices that are affordable to lower income groups and eventually of increasing contraceptive prevalence.

In Volume 1, Worldwide Review, the major conclusion is that CSM programs are meeting the social goals of increasing the accessibility of affordable contraceptives by making them widely available through retail outlets. From a marketing standpoint, however, the CSM programs are seen to raise some questions. None are financially self-sustaining, and their ability to market contraceptives at affordable prices is due to these contraceptives being subsidized, largely by A.I.D.

A second major conclusion is that CSM programs have demonstrated considerable initiative over the years, adopting differing approaches to marketing, management, and financing appropriate for local conditions.

The lessons learned from these various programs are documented throughout this report. In connection with management, a key message is that program managers need strong marketing skills, or at least access to those skills. At the same time, CSM programs need strong government support, because selling of contraceptives is a sensitive area that can conceivably run afoul of government or social conventions. Sometimes it has been difficult to find a management arrangement that offers the right combination of private sector and government involvement.

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Lessons have also been learned for all aspects of the marketing operation: promotion and advertising; product selection; pricing; branding; and distribution. The need to research consumer attitudes is the most important lesson identified in the area of promotion. In the area of pricing, the lesson relates to setting prices high enough to allow for a reasonably attractive profit margin for the distributing company. With respect to distribution, it has been demonstrated that in poor, rural areas where traditional distributors cannot make a profit, nontraditional channels such as village medical practitioners can successfully market CSM products.

The report also explores the medical aspects of CSM programs, particularly with respect to the issues that arise when lay people are marketing prescription products; the financial aspects, particularly the need to address the prospect that external support will not be available indefinitely; and research and evaluation, specifically how marketing research might be improved and why it is difficult to measure the impact of CSM programs.

Overall, the recommendation is that CSM should be continued and expanded, with more effort made to integrate CSM programs with other efforts to provide family planning.

Volume 2 contains detailed reports of CSM programs in six countries: Indonesia, Pakistan, Ghana, Nigeria, the Dominican Republic, and Mexico. Each program is reviewed from the perspective of program goals, management structure, marketing objectives and strategies, customers, products, their distribution and price, advertising, research, and medical aspects. Members of the teams who prepared the country reports collaborated on the production of the worldwide review.

TITLE : Evaluation of the Social Marketing for Change (SOMARC) Project (57 pages)

AUTHORS : Vincent W. Brown, Matthew Friedman, Barbara Janowitz, and Tennyson Levy

FIELD WORK : December 1 - 19, 1987: Global

PUBLICATION : March 11, 1988

This report was undertaken in conjunction with a worldwide review of all A.I.D. contraceptive social marketing (CSM) projects (see abstract of report 67) to provide guidance for follow-on CSM activities. The \$21 million SOMARC project, now in its third year, is A.I.D.'s most comprehensive effort in this area. At the time of the evaluation, the contractor, The Futures Group (TFG), had developed eleven new CSM programs and completed assessments in another nine countries, thus already exceeding the stipulated quantitative contract goals.

The conclusion was that, if anything, the project had moved too rapidly into new countries and that, consequently, the contractor might be overextended. The recommendation was that no new programs should be added, except perhaps in countries where commitments had already been made. Furthermore, it was suggested that, in future, criteria for CSM program support should be more specific and discriminating.

The viability of individual CSM projects was seen to hinge primarily on the program management and marketing skills of the distributor, which normally is given prime responsibility for program implementation. SOMARC has not always selected a distributor that possesses these skills. Although the project calls for training to improve in-country capabilities, performance has been stronger in some areas than in others. Specifically, training has been excellent for retailers and for personnel involved in marketing research. It has been weaker, however, in marketing communication, including advertising and product promotion. The overall conclusion is that SOMARC should be prepared to provide training for all aspects of in-country detailing, logistics, management, and product planning.

Other aspects of the project reviewed included technical assistance to non-project countries, the research program, information dissemination efforts, and internal management and administration. Recommendations included training to upgrade the technical skills of project staff and more consistent use of the consultant roster to identify a wider range of candidates for technical assistance.

TITLE : Evaluation of Demographic and Health Surveys
(56 pages)

AUTHORS : Henry G. Elkins, Jr., Howard Goldberg, and
Amy O. Tsui

FIELD WORK : December 8 - 18, 1987: Washington, DC, and
Columbia, MD

PUBLICATION : May 6, 1988

The Demographic and Health Surveys (DHS) project has progressed rapidly. All preliminary work for 35 surveys had been completed by the end of the third year of the five-year contract, including development of survey instruments, supporting documents, and computer software, and the collection of a remarkably large and complex volume of data. The pace set by the contractor, Westinghouse Institute for Resource Development, far exceeds that accomplished under the predecessor World Fertility Survey program, which conducted surveys in 42 countries over its 12-year life. With project completion scheduled for September 1989, the evaluation raises the question whether project staff will be able to complete the 30 reports still to be prepared. It also expresses concern as to whether the subcontractor, the Population Council, would finish the 25 further analysis reports that it is charged with preparing. Successful completion of this huge volume of work is described as a phenomenal undertaking, even for a staff as energetic, talented, and committed as the Westinghouse project staff were found to be.

The project accomplishments to date are deemed impressive, particularly in view of Westinghouse's decision to undertake longer and more complicated surveys than were called for in the project plan. Its decision, also a departure from the original design, to develop new computer technology for data processing and analysis should make feasible the processing of this large volume of data. The new program, Integrated System for Survey Analysis (ISSA), although seen as a major breakthrough, has been difficult to use.

The report includes recommendations for the rest of the project period and for a follow-on project. For the remainder of the project, it is strongly recommended that the emphasis be on report production and on dissemination of findings. With respect to the follow-on project, it is recommended that A.I.D. rethink its decision to initiate this project a year prior to the completion of DHS I. Few radical departures are called for in the new project design other than development of more structured opportunities for dissemination of the information generated from surveys.

TITLE : Agency for International Development 1988 Annual Meeting of the Office of Population's Cooperating Agencies: Summary of Proceedings (28 pages)

AUTHOR : Dorothy B. Wexler: Rosslyn, VA

FIELD WORK : January 19 - 20, 1988

PUBLICATION : April 19, 1988

The links between an ever-expanding world population and the resource base to support that population were a leading theme at the fifth annual meeting of the Cooperating Agencies (CA) of A.I.D.'s Office of Population. This was a new topic at the annual conclave of the organizations that receive A.I.D. funding to carry out A.I.D.'s worldwide population projects. The Office of Population's Policy Development Division reported that it is working on a draft strategy to incorporate the issue of the interrelationship of population growth and environmental degradation into its programs. Over the long term, the plan is to undertake additional research on the links between the environment and population growth, disseminate the findings, and forge stronger ties between population donors and environmental groups.

This report summarizes the proceedings of the plenary sessions of this meeting, held January 19-21, 1988. Other main topics included family planning and child spacing; program sustainability; acquired immune deficiency syndrome (AIDS); and informed choice.

Presentations on child spacing stressed its importance in reducing infant and maternal mortality. The significant role of breastfeeding in both child spacing and child survival received special attention.

Program sustainability was portrayed as a highly desirable goal but one which A.I.D. is still far from achieving. It was defined in terms of three overlapping areas--program efficiency, cost recovery/cost containment, and self-sufficiency. Conferees broke into smaller groups to discuss each topic. Their recommendations are provided as an appendix to the report.

The presentations on AIDS explored the course of the epidemic and reported new findings on transmission of the disease. The report on informed choice reviewed the recommendations of the just-published report of the Informed Choice Task Force.

TITLE : Evaluation of S&T/POP Support to the International Statistical Programs Center (ISPC) of the Bureau of the Census (28 pages)

AUTHORS : Elise F. Jones, James W. Otto, and Richard Platek

FIELD WORK : January 11 - February 5, 1988: Niger, Burkina Faso, Cote d'Ivoire

PUBLICATION : May 13, 1988

This evaluation of the work of the International Statistical Programs Center (ISPC) of the Bureau of the Census centers on three Francophone Africa countries and its efforts therein to increase the capacity of host country personnel to plan, organize, and conduct censuses. The Office of Population has been funding ISPC assistance to in-country census operations worldwide since the 1960s. In future, however, it is expected that ISPC's activities will be concentrated in sub-Saharan Africa, where the need is greatest.

The report reviews the range of activities in Senegal, Cote d'Ivoire, and Burkina Faso, including assistance in planning and management, training, technical assistance, data processing, utilization of data, and donor coordination. In general, it was found that ISPC activities fill an important niche in the overall program of international assistance, serving to increase in-country capacity and skills in the important area of census taking. The technical assistance, training materials support, and workshops were all judged to be competent, professional, appropriate, and timely.

The principal weaknesses related to inadequate communication among the various parties that participate in this program. These were traced in part to competing priorities for ISPC staff time and in part to the informal nature of monitoring and reporting practices. Some deficiencies were found in technical areas such as questionnaire design and data quality. In addition, a need for more French-speaking staff and French language materials was found. In general, the report concluded that the press of work appeared to be stifling the kind of creative activities that might be most productive in the longer run.

The principal recommendation centered on a need for a broadening of horizons and better communication between ISPC and other organizations engaged in similar or related work. Program investment in a number of technical areas was also recommended, in the hope that these might enable staff to look beyond short-term demands to more creative, long-term activities.

TITLE : Summary of Final Evaluation of the Population Council Activities Conducted Under Cooperative Agreement DPE-3005-A-00-3003 (26 pages)

AUTHORS : Michael J.K. Harper, Terrence W. Jezowski, Michael E. McClure, and J. Joseph Speidel (authors of original report on which summary is based)

FIELD WORK : January 11 - 15, 1988: New York

PUBLICATION : May 5, 1988

The main focus of this evaluation of A.I.D.'s five-year \$23.5 million cooperative agreement with the Population Council is the Council's progress in developing and introducing new contraceptive methods. Overall, the Council was judged to be maintaining the exceptionally high standards that were evident in earlier evaluations. Because the pharmaceutical industry is continuing to withdraw from the contraceptive development field, the Council's work was seen as increasing in importance. The long-term nature of contraceptive development was stressed, together with the need to strengthen some staffing areas to enable research to proceed as rapidly as possible.

The most promising products still in the development stage were found to be the NORPLANT^R-2 subdermal implant and the levonorgestrel IUD. Updates were provided on several other methods under development, including various contraceptive vaginal rings, barrier methods, luteinizing hormone releasing hormone analogues, and inhibin.

The Council's five-year-old effort to support a carefully planned and systematic program to introduce new contraceptives was found to be impressive. Of the two products now being introduced, progress has been slower with NORPLANT^R than for the Copper T380A IUD, primarily because the IUD has been approved by the FDA and can therefore be purchased by A.I.D. Several recommendations were made, intended to enable the NORPLANT^R introductory activities to proceed more rapidly.

Although accounting for only 15 percent of the total agreement, the family planning component, which allows the Council to assist various field-level service delivery efforts, was considered valuable.

To guarantee the Council's continued contributions to contraceptive development, it is recommended that A.I.D. increase its funding by about 50 percent over the next few years. The Council is also urged to develop a long-range staffing plan.

TITLE : First Phase Evaluation of the A.I.D. Operations Research Program (1984 - Present) (23 pages)

AUTHOR : Nancy E. Williamson

FIELD WORK : January 1 - February 29, 1988: Washington, DC

PUBLICATION : May 4, 1988

This evaluation was designed to provide a general overview of the evolution of A.I.D.'s operations research (OR) program and to lay the groundwork for a more comprehensive second-phase evaluation nearer to the end of the project. It covers the first three years of the current project and focuses on the worldwide approach, rather than on regional contracts implemented by various Cooperating Agencies.

The report explores several controversial aspects of the 15-year-old OR program. One issue is how much emphasis should be given to increasing host country capability to carry out the OR. A second is whether the traditional OR approach--which depends on "showing it can be done"--remains applicable to all situations today.

A comprehensive comparison is provided between the types of subprojects in the previous OR program (1973-1984) and those in the present one. An early emphasis on community-based distribution of free services in rural areas has been displaced by a larger number of subprojects that are clinic-based, provide free services, and are in urban areas. A different group of contraceptive methods is also being stressed, as the earlier emphasis on pills and condoms gives way to greater efforts to promote male methods and IUDs. Output measures are no longer based simply on increased contraceptive prevalence, but look also to cost-effectiveness, self-sufficiency, and efficiency.

Several criticisms of the program are detailed, based largely on the author's interviews with some 50 persons involved with the OR program. Some respondents described the program as too rigid, leaving insufficient flexibility for the field to respond to special circumstances; some felt that the Washington staff tended to "micromanage" subprojects; some stated that there was too little emphasis on institution building; and some criticized the program for being too little known outside the OR community and for failing to take opportunities to publicize its product and accomplishments.

Coupled with the recommendation that the project should continue were recommendations addressing the problem areas identified in the report.

TITLE : Summary of Proceedings 1988 Conference for Health, Population, and Nutrition Officers Bureau for Africa A.I.D. (97 pages)

AUTHOR : Dorothy B. Wexler

FIELD WORK : March 20 - 23, 1988: Yamoussoukro, Cote d'Ivoire

PUBLICATION : September 29, 1988

This conference, whose proceedings are summarized in this report, provided the first opportunity in four years for health, population, and nutrition (HPN) officers in the Bureau for Africa to explore issues of common concern. Held in Yamoussoukro, Cote d'Ivoire, the conference was attended by the largest contingent ever of A.I.D. and contractor staff (68 participants), reflecting the important growth of health and population activities in the region.

The new \$500 million Development Fund for Africa captured greatest attention, with concern expressed that it may diminish funding available for HPN activities because it will give increased authority to missions to allocate resources and will accent economic development and macroeconomic reform. Reassurances were offered that humanitarian aid is still very much an Agency priority, but that HPN officers will have to be prepared to make a case for their programs at the mission level, establishing that they can be justified in economic terms. Policy reform will need to be included in program designs.

The body of the conference was devoted to two subjects: population and family planning; and health and child survival. The population presentation included a brief worldwide review, five country reviews, and technical updates on three program issues: improving method mix, expanding service modalities, and program sustainability. The health and child survival panels provided reviews of two country child survival programs and technical updates on four child survival interventions: the expanded program for immunization, oral rehydration therapy, malaria control, and possible interventions pertaining to acute respiratory disease. Several sessions were devoted to the Agency's multi-faceted response to the HIV/AIDS emergency on the continent and there was also a short presentation on nutrition.

The report contains appendices reflecting the work and recommendations of six working groups that were constituted during the conference. Three of the groups addressed issues that overlapped conference topics: population/family planning

strategy; child survival strategy; and HIV/AIDS. The three other groups dealt with topics of growing concern to the HPN community: program sustainability; private enterprise and private voluntary organizations; and human resource development. Ad hoc groups were also formed to discuss personnel issues and the effect of the DFA on specific projects.

TITLE : Mid-term Evaluation of the Population and Family Planning and Support Project, Phase III (608-0171) Morocco

AUTHORS : Charlotte Leighton, Moncef M. Bouhafa, Miriam Labbok, Charles Tilquin, and William Trayfors

FIELD WORK : March 6 - April 2, 1988: Morocco

PUBLICATION : July 20, 1988

The overall goal of USAID's Population and Family Planning Support Project in Morocco is to reduce that country's rapid rate of population growth. The current Phase III (1984-1989) is a large umbrella activity with 13 subprojects, related to population policy awareness; family planning and preventive health services, information, and supplies in the public and private sectors; and child survival services. The purposes of the evaluation were to assess Project progress in meeting its specific objectives by the 1989 completion date and to make recommendations for changes as appropriate in project design or implementation procedures.

The major findings and conclusions were that this is a well-managed project which has been successful in achieving its objectives and keeping a wide range of activities on target.

A fully operational capacity for family planning and other preventive health services had been established in 31 of the 48 provinces in the country, bringing family planning information and services within reach of 70 percent of the population. The overall project contraceptive prevalence goal of 35 percent has been met. Awareness has grown of the problems of high population growth, most notably in the context of the Government's development planning process.

Major problem areas identified were reliance of 80 percent of contraceptive users on oral contraceptives; a family planning information system with an overabundance of data that is unused or unusable; the lack of a systematic and appropriate information, education, communication (IEC) strategy; and increased budget constraints for the Ministry of Public Health (MOPH) that now make it difficult to implement the planned assumption of project recurrent costs.

After 15 years, the Project is now at a transition stage that poses important policy and program issues for the MOPH and USAID. These issues arise both from the very success of the

project and from the changes in Morocco's economic situation that make government budgetary constraints a major factor in current program operations and in future planning. Foremost among them are how to broaden the contraceptive mix, particularly through increase of use of clinical methods, and how the MOPH's increasing reliance on methods its outreach program to deliver services can be reconciled with the difficulties it is currently experiencing in assuming the current costs of that program.

TITLE : An Approach to the Reconciliation of
Demographic Survey Data for the Philippines

AUTHOR : Thomas W. Pullum

FIELD WORK : March 4 - 23, 1988: Philippines

PUBLICATION : September 28, 1988

This report is concerned with apparent fluctuations and inconsistencies in estimates of fertility and contraceptive prevalence that appeared in the four most recent demographic surveys taken in the Philippines between 1973 and 1986. It is viewed as an interim study, with the Population Institute of the University of the Philippines (UPPI) expected to issue official revisions in the near future. The inconsistencies are of two types: the estimates of the crude birth rate (CBR) have shown an erratic pattern, rather than the steady downward trend typical of countries in which a decline has begun; and the reported levels of fertility have not always been consonant with the apparent strength of the family planning program.

Using a variety of methodologies that check correspondences that theoretically should link retrospective information in one survey with that of a subsequent survey, the report develops a new set of figures that erase the apparent inconsistencies. Three main conclusions are reached: 1) The two most recent surveys appear to be quite consistent with one another in their fertility histories, leading to the conclusion that the apparent decline in fertility and increase in prevalence in the early 1980s is real; 2) The published rise in the CBR between 1975 and 1980, (one of the major concerns of demographers), appears to have been the result of mixing data sources (surveys with censuses); and 3) The apparent fluctuations in contraceptive prevalence (another major concern) have been due to the inclusion of nonprogram methods, which have fluctuated wildly. In contrast, use of program methods has increased monotonically.

Two major recommendations are offered: 1) that the total fertility rate be used as the primary index of fertility, rather than the CBR, which is sensitive to many other factors such as changes in the age distribution and the marriage rate; and 2) that the measure of contraceptive prevalence should be the percentage of married women who are using program methods, not all methods.

Noting that the survey results as published have had a negative effect on the morale of those associated with the national family planning program, the report suggests that, although important, the program should not be credited single-handedly with responsibility for trends, positive or negative, in contraceptive prevalence or fertility.

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