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# **POPTECH POPULATION TECHNICAL ASSISTANCE PROJECT**

## **INNOVATIONS IN FAMILY PLANNING SERVICES**

**COOPERATING AGENCIES  
COORDINATION MEETING  
USAID/NEW DELHI  
SEPTEMBER 20-21, 1994**

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by

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## Executive Summary

The Innovations in Family Planning Services (IFPS) project is a ten-year family planning program being carried out in the state of Uttar Pradesh (U.P.) in northern India by the U.S. Agency for International Development (USAID) in collaboration with the Government of India (GOI). U.P. is the most populous state in India with over 139 million people.

The objectives of the IFPS project are to increase access to family planning services, improve the **quality** of service through an increased range of contraceptive methods and better counseling, and the promotion of knowledge about health and welfare benefits of family planning to increase the **demand** for services.

The strategy for achieving these objectives is to create an autonomous State Innovations in Family Planning Services Agency (SIFPSA) and build its institutional capacity to deliver quality family planning services in U.P. The project would be implemented through the government, non-governmental organizations (NGOs) and private sector businesses. American organizations with family planning expertise, Cooperating Agencies (CAs), provide training and technical assistance to implement the project.

This report is over the second annual meeting of CAs held in New Delhi on September 20 and 21, 1994. The objectives of the meeting were

- To review the status of the IFPS project at the beginning of the third year of implementation.
- Build a consensus on milestones and the activities needed to reach them.
- To identify and begin to resolve problems of communication and coordination between USAID, CAs and SIFPSA.
- To begin developing coordinated work plans to enhance service delivery.

The meeting was attended by 29 representatives of USAID and CAs, both U.S. and India based.

The meeting involved an introductory session where participants reviewed baseline and other national demographic data to determine the main issues in family planning in the state of U.P. where 80 percent of the population is rural, and few women are literate, work outside their homes, or even have access to radios. Even in urban areas where more women are literate, few women are knowledgeable about the range of family planning methods. As India has placed great emphasis on sterilization, family planning often has bad connotations.

A review of the data show that a large portion of the population would like to use contraception but has no access to supplies and counseling to help select the most appropriate method. Based on the data, meeting participants felt that a four-fold strategy was needed. First to build the institutional capability of the SIFPSA to carry out quality programs. Second, to increase access of those who already want family planning but do not have access to contraceptives. Thirdly, to build the educational and service infrastructure by working with

a range of modern and traditional health care providers to enable them to provide quality counseling and service through the existing public and private health care system. Finally to increase demand for contraceptive information through a coordinate information, education, and communication (IEC) program. The point was made that family planning services have to be delivered in the context of women's reproductive health to be effective.

Meeting participants agreed that important steps have been taken to start the project. SIFPSA is now established though not fully staffed, and some training has taken place. A number of proposals have been presented to SIFPSA for funding. As the project builds momentum, there is a need for USAID and the CAs have better coordination among themselves and, very importantly, stonger collaboration with SIFPSA.

An important result of the meeting was agreement on next steps to move the project forward. USAID agreed to develop a program strategy based on data about conditions in U.P. by October 1, 1994. CAs will respond within 10 days and present draft strategies for their components of the project from which an integrated work plan will be developed. Simultaneously, USAID will work with SIFPSA on the development of the strategy and work plan. A number of suggestions were made for improving coordination of the CAs through their liaison office in New Delhi through a standardized trip report format, fine tuning the MIS system, and regular meetings.

The meeting was considered very useful by participants in that it gave them a sense of what has been accomplished by the other CAs, program priorities were identified, and there has been clarification on the role of USAID in moving the project forward. Participants felt that it was of highest priority that SIFPSA and IFPS develop mechanisms for planning together and coordinating efforts with both the public and private sectors.

## Introduction

The Innovations in Family Planning Services (IFPS) project is a ten-year family planning program being carried out in the state of Uttar Pradesh (U.P.) in northern India by the U.S. Agency for International Development (USAID) in collaboration with the Government of India (GOI). With over 139 million people, U.P. is the most populous state in India and would rank as the world's sixth largest country.

The objectives of the IFPS project are to increase access to family planning services, improve the **quality** of service through an increased range of contraceptive methods and better counseling, and the promotion of knowledge about health and welfare benefits of family planning to increase the **demand** for services.

The strategy for achieving these objectives is to create an autonomous State Innovations in Family Planning Services Agency (SIFPSA) and build its institutional capacity to deliver quality family planning services in U.P. SIFPSA has been established in offices in Lucknow but it is not yet fully staffed. Over the ten years of project funding, USAID provides a range of training and technical assistance to SIFPSA, governmental, non-governmental organizations (NGOs) and private sector businesses through agreements with various U.S. family planning organizations called Cooperating Agencies (CAs).

CAs serve as technical advisors to the project. A CA Liaison office was established in New Delhi last year as an office and coordinating facility for CAs that do not have offices in India.

## The Meeting

The IFPS project is at the beginning of its third year of implementation and with an increase in project activities and participating CAs, it was time to review the project status and make plans for the immediate future. Towards this end, a two-day meeting was held in New Delhi on the 20th and 21st of September, 1994. The objectives of the meeting were:

- To review the status of the IFPS project at the beginning of the third year of implementation.
- Build a consensus on milestones and the activities needed to reach them.
- To identify and begin to resolve problems of communication and coordination between USAID, CAs and SIFPSA.
- To begin developing coordinated work plans to enhance service delivery.

The meeting was attended by 29 representatives of USAID (both A.I.D./Washington and

USAID/India) and CAs (both staff living in India and representatives of home offices in the U.S.). A list of those attending is attached as Appendix A. Due to other obligations, about half the participants were unable to attend the full meeting.

The two day meeting included an opening session on interpreting baseline and other family planning data for program design. This was followed by a series of four planning sessions to identify priority benchmarks, review the status of the project work with government and non-governmental organizations, and to discuss linkages between the public and private sector. There was also a session for participants to discuss some issues of internal communication and coordination. Each of these sessions is described below and an agenda is attached as Appendix B.

### Interpreting Baseline Data

The purposes of the first session were two-fold; reviewing the benchmark concept and interpreting baseline data. First, the IFPS project is somewhat different than other USAID projects in that it is "benchmark driven." Payments are made to the GOI when certain mutually agreed benchmarks have been met. As some CAs have not worked on this type of project, Harry Cross of the Options Project explained the concept and answered questions about it.

He pointed out that in a traditional A.I.D. project, a budget is developed, money and other resources are put into the project, activities are undertaken and achievements follow. In a Performance Based Disbursement Project (PDB) such as this, the payments come after the achievements. PDB is a financing mechanism that places focus and premium on achievements. The achievements, and their costs, are agreed to mutually by A.I.D. and the GOI. When each benchmark is achieved, payment is made. Since they finance the attempts at achievement, the risk is placed on the government. The challenge of a PDB project is to develop a conceptual framework that provides guidance to the parties involved. The IFPS ten-year framework is included here as Appendix C.

The program implications for this approach is an emphasis on activities that:

- lead to large impact,
- focus on major needs,
- can be scaled up,
- are complementary and can be sequenced, and
- are cost effective.

The second purpose of this session was to introduce participants to the results of the baseline and National Family Health Survey data. In this session, participants were divided into five groups. Each was given tables with data relating to one of five topics: current use, method mix, source of method, unmet needs, and literacy/exposure. Each work group was asked to

review the data, identify which was relevant to their assigned topic, and list three key implications for the IFPS program strategy.

Groups identified highlights of the data:

- There is wide variation in birth rates across Districts
- Use of the public health system is very low in most Districts, 58 percent of women depend on private sources of service. Public clinics are the main source of sterilization.
- While awareness of non-terminal methods has gone up, about three-fourths of women are aware of the pill and condom and two-thirds are aware of IUDs.
- Due to lack of available services and supplies, there is a large unmet need for family planning services.
- Sterilization is the main family planning method. Families tend to have children as often as possible until at least two sons are born then adopt a permanent method. Child spacing is not a common planning strategy.
- U.P. is about 80 percent rural. Eighty two percent of women are non-literate and 85 percent do not work outside the home. Non-literate women are less than half as likely to use contraceptives as literate women.
- Contraceptive use is twice as high in urban areas as in rural.
- There is an important gender element as most couples do not want to use contraceptives until they have at least two sons.
- Muslims are less than half as likely to use contraceptives as Hindus.
- There is a high discontinuation rate of temporary methods due to side-effects.

Based on these findings and other sources of information, the groups felt that priority program issues are:

- Providing supplies and services to those who already want services but do not have access to them.
- Providing quality counseling to users of temporary methods so that they will select the best method and learn to manage side effects.
- Targeting rural, non-literate women who have the lowest prevalence rates.
- A general education program to educate the public about temporary methods and counter negative attitudes towards family planning caused by large sterilization campaigns.
- Special attention needs to be given to cultural and gender issues to address the role of men in family planning decisions and the preference for sons.
- It is difficult to reach rural women through the media as so few read or have access to radio or t.v. They need to be reached through networks and influential people or through festivals.
- While few people now have radio, the number is increasing IFPS should explore improving the quality of existing media messages and using the media to reach influential people.

According to the meeting evaluation, this session was one of the most useful of the meeting as it forced participants to see the situation as it really exists in U.P. and not make assumptions about what the best program strategy is. The point was made several times throughout the meeting that program strategies will be most effective when they are carefully crafted to the data from the targeted Districts.

### Planning Session I: Setting Priorities

The purpose of this session was to review the current project benchmarks and rank them according to which have the highest priority. Each work group was given a stack of pages with the 17 current pending benchmarks. (See Appendix D for the list) They were asked to sort them into high and low priority and then identify the five they felt had the highest priority based on the baseline data and the criteria described in the benchmark session (i.e. high impact, focus on major needs, can be scaled up, are complementary and sequential, and are cost effective.)

This session was the most difficult one for participants as there was confusion about what a benchmark is, the difference between a benchmark and an activity, and the feeling that all 17 activities were important making them difficult to rank. After some time struggling with the process, all groups were able to make a report though priorities differed somewhat from group to group.

One group felt there were four parallel processes that needed to take place including strengthening SIFPSA, training and infrastructure, IEC, and the expansion of service delivery. They clustered the 17 activities within these four categories.

Another group felt that prevalence rates could be increased considerably just by focusing on unmet needs, particularly urban slums where the highest unmet needs exist. They wanted to increase the quality of service delivery through better supervision and training of Auxiliary Nurse Midwives (ANMs), social marketing and better contraceptive logistics, better clinical skills of medical practitioners, and a parallel effort to improve the quality of care in rural areas.

All groups agreed that building the institutional capability of SIFPSA is very high priority. They also agreed that a broad training strategy to increase the quality of current services and training community health workers in counseling and supply are also high priority.

One group suggested adding a new benchmark having to do with gender issues as relations between men and women, men's attitudes, and the emphasis on sons is a central constraint to broader family planning prevalence.

## Planning Session II: The Public Sector

In this session, participants worked in groups and used data from the baseline study and reports from the IFPS MIS system of activities undertaken by various CAs so far. They were asked to first define what they meant by the public sector, then review IFPS accomplishments in the sector to date. Then they were to identify priority activities:

Activity	Benchmark (Appendix D)	Status
<b>Training:</b> Medical Center Inservice/ANM Medical Council of India Gender GFD for ANMs & HEOs	15 16,17	on-going on-going on-going completed
<b>IEC</b> Baltimore workshop IEC District Workshops IEC strategy development Mapping	18	continuing continuing on-going on-going
<b>Institution Building</b> Endowment SIFPSA Inst. SIFPSA MIS SIFPSA staffing	1,2,3 19 4	completed on-going on-going
<b>Planning &amp; Strategy Development</b> Orientation at Dist. level Literature review Scope Baseline studies compiled District planning Baseline survey	8 7 5	on-going on-going on-going completed continuing completed

The following gaps in program services were identified:

- Logistics (13)
- Access activities
- The rural outreach (14) is on hold

### Planning Session III: The Private Sector

The assignment for this session was the same as that for the public sector session. The exception is that in this session, one group worked on PVOs, CBD, and employer based services while the other worked on IMA, Indigenous providers, and CSM.

<u>Activity</u>	<u>Benchmark</u>	<u>Accomplishments</u>
(19) Private Sector Employer Proposals	11	4 proposals submitted
(24) NGO training	20	proposal to be developed, center function with CA money
(25) women's participation	need new benchmark	training undertaken
(26) dairy cooperatives	10	completed
(27) urban NGOs/PSS Shramik	12	completed
(28) FP Rural Outreach		proposals submitted
CSM	16	-agreements signed with PSI and PSS for promotion -market research underway - public relations campaign for OCP being developed
Rural Private Practitioners	19	-CFDRT proposal pending for one year - IRMA invited to submit proposal - PSI has expressed interest
IMA		-TOT underway (clinical and non-) -campaign promoting IMA Docs started -evaluation mechanism in place

### CSM: Issues and Impact

#### Issues:

- Promotion currently limited to new brands
- Difficult to reach rural areas (infrastructure)
- Demand generation through various approaches in rural areas (RPP, ANMs, etc)

#### Impact:

- High impact in improving demand
- High impact in improving access

### RPP: Issues and Impact

#### Issues:

- What are existing networks?
- Strategy developed with SIFPSA needed
- CA needed in implementation
- Kind of training is critical (large variation in type and level)

#### Impact:

- High impact in improving access

### IMA: Issues and Impact

#### Issues:

- cascade approach and skill level attained
- time devoted to skill development
- reaching doctors currently inserting IUDs
- urban focus
- cost effective (?)
- role in introducing new methods
- how to measure state wide impact

#### Impact:

- Influence medical establishment
- Lesser impact on access (except IUD)

### Program Gaps:

- What is SIFPSA doing?
- No strategic plan
- No criteria for impact
- Linkages

## Planning Session IV: Linking the Public and Private Sectors

In this session, participants discussed ways to link the public and private sector. These included:

- Raising awareness within the public sector (government) that the private sector is already a major source of family planning supplies and services and that the private sector is a potential partner, not a competitor.
- Both logistics of supply and the MIS system need cooperation between the public and private sectors to be effective and to avoid redundancy.
- Standardized training materials, IEC messages, and other protocols should be developed so that both public and private providers are giving a consistent message.
- There must be referrals between the public and private sectors to make maximum use of all resources and create synergy.
- Collaborative strategic planning will avoid intersectoral competition.
- Family planning is a community effort, and should not be thought of as public vs. private.
- Demand for services is built by linking IEC to services, training, and supplies.
- NGOs may be used to strengthen the private sector such as training public health staff.
- Temporary methods must be linked to an overall program in reproductive health.
- Over the next few years, the public sector will be moving away its focus on sterilization to one on spacing which will create greater demand for all temporary methods.

In summary,

- It was agreed that the next round of data collection and interpretation should include more information on reproductive health, not just family planning.
- IFPS programs should be lead by the realities of the baseline and other data, not just what the CA's think needs to be done.
- IFPS has a big challenge to expand the program just to serve all those who currently want services much less to meet future demands.

## Issues Session

The issues session was an opportunity to participants to identify problems they are having with the project at all levels. Each participant was given paper and time to write their areas of concern while retaining confidentiality. The facilitator collected and sorted them and identified four general areas of concern. The actual responses are included here in Appendix E.

The general issue is that of leadership within the project. Related to this is the respective roles of SIFPSA, the CAs, and the CA Liaison office. There were also a number of issues relating to logistics and communication among the implementing agencies. Two work groups tackled the problems and came to the following conclusions regarding leadership:

- As USAID has ultimate responsibility for the success of the project, they need to take leadership in formulating a strategy based on the baseline data. The draft strategy will be given to SIFPSA and the CAs by October 1, 1994.
- Within ten days, (October 10, 1994) CAs will comment on the overall strategy and present their own coordinated work plans for their respective components of the project.
- On October 18, USAID and the CAs will meet to reach consensus on the strategy and work plan.
- Beginning on October 21, monthly meetings with SIFPSA will be held to discuss implementation issues and build consensus with them on program and management issues.
- Weekly CA coordination meetings will continue at the Liaison Office in New Delhi.
- Once a mutually agreed work plan is developed, CAs can move ahead on their work.

With regard to coordination and logistics:

- The IFPS Liaison office will arrange for a commercial courier to travel to Lucknow once or twice a week.
- The Liaison Office and SIFPSA will continue with plans to develop a consultant data and salary scale for consultants.
- The Liaison Office will compile and update travel schedules for staff and visitors to Delhi and to Lucknow and set up regular review/approval meetings with USAID.

- USAID and SIFPSA will set up a team building and planning meeting in mid-October to discuss issues such as:
  - a common vision of the project
  - secretarial support
  - coordination with the CAs and direction to the CAs
  - the presence of CAs in Lucknow
  - benchmarks; current and future
  - a schedule for regular meetings
- USAID will participate in weekly CA meetings at the Liaison office.
- USAID will develop an agenda for the meeting with SIFPSA and a follow up to this meeting. This should be an agenda item on the Tuesday staff meeting.
- USAID should discuss with appropriate officials the options for a CA presence in Lucknow such as setting up a liaison office there, or finding office space at Prerana or the SIFPSA office.
- The Liaison office will help SIFPSA set up an E-Mail system
- USAID will develop a standardized format and distribution list for CA trip reports and issue directives to CAs both in Delhi and at CA headquarters.
- USAID will expect quarterly travel plans from all CAs.
- The Liaison Office will develop a statement of its role, responsibilities, organizational structure, and services.
- The Liaison Office will explore the development of a quarterly IFPS newsletter of project highlights for CAs, AID/W, and their constituencies.

Two issues that were not discussed in depth were the issues of travel outside of U.P. for training and local cost proposals. USAID said they were aware of the problems associated with these issues and have begun discussions with the GOI to resolve them.

### Meeting Evaluation

Only 14 participants were present for the final session to complete workshop evaluation forms. The responses are in Appendix F. In general, the workshop was evaluated very favorably. Participants felt it helped them have a much better sense of what has been done and agree on what needs to be done. It was felt that the workshop did not achieve all its objectives in that there was not time to develop detailed work plans.

There is a strong feeling that IFPS needs to begin collaboration with SIFPSA as soon as possible and that the initiatives in collaboration and communication that were started at the workshop must be continued.

Essex Farms facilities, particularly the food, were all viewed favorably. Participants liked the mix of work groups and plenary sessions and generally viewed the meeting as a successful even.

## IFPS Meeting Participant List

**Facilitator: Shirley Buzzard, POPTECH consultant**

### CEDPA

John McWilliam, New Delhi  
Lily Kak, New Delhi  
Danielle Grant, New Delhi  
Susan Richiede, Washington

### SOMARC

Sidharta Das-Mukerji, New Delhi

### JHPIEGO

Ron Magarick, Baltimore

### JHU/PCS

Sharmila Mukharji, New Delhi  
Mrudula Amin, Baltimore  
Meera Shekar, New Delhi

### Population Council

John Townsend, New Delhi  
R. B. Gupta, Lucknow  
M. E. Khan, New Delhi  
Bela Patel, Gujarat

### USAID

John Rogosch, New Delhi  
Bill Goldman, New Delhi  
Jinny Sewell, New Delhi  
Virginia Poole, New Delhi  
Samaresh Sengupta, New Delhi  
Kuhu Maitra, New Delhi  
Win Brown, New Delhi  
Manual Thomas, New Delhi  
Leslie Curtin, Washington  
Sid Chernenkuff, New Delhi  
Terry Myers, New Delhi  
Dirk Dijkerman, Washington

### Options

Harry Cross, New Delhi

### MIS

Kris Oswald, New Delhi

### CARE

Vaishali Sharma, New Delhi

### Evaluation

G. Narayana, Hyderabad  
P. Talwar, New Delhi

**IFPS CA Coordination Meeting  
Agenda**

Tuesday, 20 September

- 8:00 - 8:30      Tea and Registration
- 8:30 - 9:00      Introductions - Shirley Buzzard  
                    Welcome - Jinny Sewell - USAID  
                    Welcome - John McWilliam - Liaison Office
- 9:00 - 9:30      Overview of the project followed by questions and answers - John Rogosch
- 9:30 - 9:45      The National Family Health Survey and the IFPS Baseline Survey and the benchmark concept - Bill Goldman and Harry Cross
- 9:50 - 10:50     Work groups on the interpretation of data
- 10:50 - 11:00    TEA BREAK
- 11:00 - 12:00    Reports from work groups
- 12:00 - 1:00     Panel response to work group findings - Bill Goldman, Harry Cross, John Townsend, and Win Brown
- 1:00 - 2:00      LUNCH
- 2:00 - 3:15      **Planning Session I: Objectives and priority activities. Facilitator: Virginia Poole**
- 3:15 - 3:30      TEA BREAK
- 3:30 - 4:30      Reports from work groups
- 4:30 - 5:30      **Planning Session II: The Public Sector. Facilitator: Jinny Sewell**
- 7:00 - 8:30      RECEPTION - Home of John Rogosch

Wednesday, 21 September

- 8:00 - 8:30           TEA
- 8:30 - 8:45           Planning session II work group reports
- 8:45 - 12:00         **Issues Session - Shirley Buzzard**
- 12:00 - 1:00         **Planning Session III: The Non-government sector. Facilitator: Lily Kak**
- 1:00 - 2:00           LUNCH
- 2:00 - 3:00           Reports from work groups
- 4:00 - 4:45         **Planning Session IV: Linkages between the public and private sectors.  
Facilitator: Ron Magarick**
- 4:45 - 5:00         Summary of Workshop - John McWilliam  
Closing - John Rogosch
- 5:30 -                RECEPTION - IFPS Liaison Office

Priorities Exercise

1. Involve ISM and Rural Practitioners in non-clinical training for better counseling and promotion of f.p. in two pilot Districts.
2. Complete technical and managerial staffing for SIFPSA.
3. Put a system in place to monitor access, quality, promotion, and contraceptive prevalence and fertility.
4. Improve the quality of the microplans drawn up for each District and incorporate baseline data.
5. Carry out a follow-up sensitization program for senior District officials, opinion leaders, medical and para-medical staff.
6. Expand service delivery through dairy cooperatives in additional Districts.
7. Involve private sector companies in the delivery of f.p. information and services
8. Improve the quality of f.p. services in urban areas delivered through NGOs in two Districts.
9. Improve contraceptive supply logistics.
10. Improve the quality of f.p. services through outreach efforts in rural areas in two Districts.
11. Improve f.p. clinical services and training through one medical college and one PHC for pre- and in-service training of medical officers.
12. Train PHNs, LHVs, and ANMs in clinical and non-clinical skills through one District hospital and six ANM training PHCs in six Districts.
13. Upgrade the clinical skills and the referral/follow-up procedures for male sterilization through one District hospital or medical college.
14. Develop a f.p. communication and population education promotion program.
15. Develop better uses of the IFPS MIS System.
16. Identify and build up several umbrella NGOs to provide training and technical assistance.
17. Improve the clinical and non-clinical skills of private practitioners by working with the Indian Medical Association.

1. Process for refining/revising a benchmark based on new needs and changing development.
2. Need a more efficient monthly report (not as detailed as the MIS status report) to share major achievements with home offices and other NGOs.
3. Strategic Planning - poor coordination between Society and CAs and USAID - need detailing workplans, common strategy needed.
4. Need for coordinated technical assistance plan so that all CA support is part of larger project effort.
5. What are the criteria for project related activities?
6. CAs do not know what the other parties are doing?
7. Workplan of each CA if possible may be coordinated amongst members.
8. Need of more and better sharing among the CAs: What they are doing in terms of research as well as action/intervention projects.
9. Travel to Lucknow: Rationale for need for approval on every visit by USAID/Delhi.
10. Clarity on the roles and functions of the information systems for the project - i.e. CA Liaison MIS, Society MIS, NGO MIS, Government MIS. Next steps in coordinating and developing MIS systems.
11. Inability so far, for some CAs to travel to U.P. without USAID accompanying them.
12. Getting USAID approval for consultants is time consuming and delays activity implementation.
13. Buying equipment, vehicles difficult due to Buy America Clauses and not able to import.
14. Communication skills: part of the concept at team-building involves efficient, open flow of ideas through communication. USAID is close to this, much closer with the new team in place, but the PHN Director still talks too much, (dominates discussion), and interrupts constantly. Everyone is frustrated by this. They should facilitate, not dominate.

15. All CAs need to collaborate more closely on different aspects of the project - this is not happening now.
16. Sharing of study instruments and reports as quickly as possible.
17. Please send copies of CA trip reports to country specialist in Pop. office (for CAs).
18. Suggestion to facilitate coordination: Please send Quarterly Project Reports to AID/W country specialist in Pop. office (for USAID).
19. How to quickly build up capacity of Society, and stimulate them to move money.
20. Need for all partners - USAID/CA/Society to clearly understand project goals/operating benchmarks and be able to express how the components relate to impact on those outcomes.
21. The CAs should be asked to view the Project holistically rather than at their own individual pieces.
22. USAID may be treating its relationship with the Society (and GOI in general) as too fragile - as if one false move means USAID is thrown out of business. As a consequence USAID has allowed the Society to essentially rewrite the benchmarks, and allowed the Society to evolve into what is seen by all as another government agency. USAID needs to rally its troops, flex its muscles, and get into UP with well-designed interventions.
23. Leadership from USAID office of research on Vision; Clear directives.
24. How do we include the Society in the joint discussion between CAs and USAID? Bilateral discussions are not sufficient.
25. Bring Society into more of our meetings/have closer/more open relations.
26. Need for upgrading technical knowledge of Society staff and their understanding of family planning service delivery.
27. How to response to various requests directly addressed by SIFPSA to a particular CA.
28. Sometimes expatriates need to discuss certain issues with AID professionals before they undertake discussions with the administrator at the Society.
29. Our objective is to create feeling of ownership by Society/state in each project component after too much a perception of activity/component as a particular CA component.

30. The Society and USAID often have different views on the role of CAs. The benchmark framework gives the Society the purgative to select providers of TA and services as well as priorities for action.
31. How are positions reconciled when differences of opinion appear?
32. USAID, the Society and CAs should ideally have a similar approach to the project and therefore common views on how to proceed. There is a critical need to interact with the Society at working level to develop approaches that will meet project objectives.
33. How to reach a common vision with the Society?
34. CAs relationship with the Society?
35. Information sharing with the CAs.
36. Relationship between the CAs and the Mission should be clearly defined.
37. Responsibility of USAID to find way to facilitate this.
38. Lack of appropriate technical staff in Society is constraint on activity development.
39. Better coordination so everyone is working under the same overall vision.
40. Need additional secretarial assistance at the SIFPSA office.
41. Somehow resolve the issue of \$100 million budget so that it is not a division issue that keeps us from better working relationships.
42. Need a person to travel back and forth from Lucknow - a full time messenger.
43. Have coordination between CAs and USAID.
44. How to establish a process of sharing information and items and reporting progress between USAID and CAs before communicating with Society.
45. Lack of Society participation in USAID/CA discussion.
46. CAs relationship with the Mission and vice versa. (There appears to be some ambiguity about the whole issue).
47. Society's recognition of CAs and willingness to work with them should be made explicit.

**CA Meeting Evaluation  
(N=15)**

**1. In your opinion, did this meeting fulfill its objectives?**

Yes =12  
Somewhat =2  
Fairly =1

Comments:

- It was a useful meeting. However some of the objectives (2,4) need more work and left incomplete.
- Data Exercise
- We did go a long way in reviewing the work done so far, identifying problems in communication and developing and the arising work plans for future activities.
- Much better than the first meeting, and strong first step toward reaching a common vision between USAID and CAs. Need more incorporation of SIFPSA.
- I have a much better understanding of where IFPS is at beginning of year 3, and what next steps are to improve implementation, coordination and communication between USAID - CAs - SIFPSA.
- Except for work plans and consensus on activities required (scaling up etc.)
- Interaction among different CAs;  
Better understanding about the goals of IFPS project;  
Understanding to some extent, the roles of CAs and USAID/SIFPSA
- For the most part
- Meeting did not address objectives 2 and 4.
- This is a beginning and we now have a plan addressing the issues.

## **2. Which parts of the meeting were most useful to you?**

- Various working group. The approach was good.
- Small groups for training the strategies, its accomplishments, issues, impacts. Seeing that the research data from U.P. baseline were being utilized for actual strategy planning.
- Meeting with the CAs  
Discussions of DATA and STATUS on benchmarks
- Focussing discussion on needs illuminated by data;  
Final discussion on coordinated work strategies/style
- Sharing the work that has already been done by CAs and planned;  
Issues involved in project management;  
Reaching consensus on what needs to be done
- Review of data - program implications  
Review of benchmarks and how activities do or do not correspond to the objectives.
- Status of IFPS project;  
Recognition of communication and coordination difficulties
- Data analysis was useful;  
Understanding the roles of different organizations;  
the roles of NGO and Public sectors should be defined and linked;  
Started thinking on how to go about the implementation of project.
- Data review - program implications;  
Project issues.
- There is a lot of need to follow-up on the discussions. We keep on repeating some issues - some as that of April meeting.
- Updating on the activities of different CAs;  
Time interaction with different CAs
- The issues session on day 2.
- Data exercise, Issues session
- Data analysis and interpretation

**3. Were there parts of the meeting that you felt should have been omitted or handled differently?**

- Discussions on issues to identify and resolve problems of communication between USAID, CAs and SIFPSA was given unnecessarily long time. It could have done in a short time.
- Each CA should have briefly described the progress they have made in reaching goals.
- Need more work on the MIS. Inclusion criteria, relationship to benchmarks, clustering of activities, glossary
- More informations on benchmarks and linkages between these and activities. This would have helped us to have time and concentrate more on discussions.
- No - good balance between working groups and full groups.
- Review of MIS activity information very confused, poorly programmed materials - though it did serve to focus on activities ongoing.
- NO
- The review of NFHS could have been avoided as this has been done time and again in various forums.
- Prioritizing activities and benchmarks was not easy and not very relevant.
- Maybe we got into too much detail at the activity level.

**4. What follow-up to the meeting do you suggest?**

- CEDPA should take advantage of it and try to conduct its weekly/monthly meeting such a way that sharing among CAS should increase.
- More coordinated meeting.
- More close coordination between SIFPSA, CAs and USAID to focus on issues to improve quality of life rather than diverse directions.
- Send out summary of meeting conclusions.
- Pay attention to conclusions of issues sessions.

- One more meeting - may be in some other part of the country.
- Follow -up on all recommendations which emerged from "Issues" sessions, particularly meeting with SIFPSA;
- Develop SVC delivery strategy, NGO strategy and develop activities for strengthening logistics component.
- Periodic CA meeting;  
Involvement with SIFPSA
- Should clearly define the milestones to be achieved - define the roles of USAID, SIFPSA and CAs - limitations to provide clear direction to CAs.  
Involvement with SIFPSA
- The project summaries and the future work plans and IFPS project should be distributed in advance. Possibly for future meetings, representative of SIFPSA could be called.
- Need to clearly outline overall strategies objectives, develop component workplans, and go through primary orientation/planning process with Society.
- Program Strategy  
Systematic way of operating the program
- The most important follow up action is to implement the recommendations on CA/USAID/SIFPSA coordination as this is very critical to the success of the project.  
Systematic way of operating the program
- Develop strategy;  
Develop coordinated workplans.
- We have a plan

**5. Do you have any suggestions for the next meeting?**

- Hold it every four months instead of six months.

Identify a facilitator who has awareness of India, the IFPS project and has strong facilitation skills.

- Need action plan session with rest of the group before end of October. Need inclusion of new USAID policy discussion, including reproductive health.

- Each CA should provide a note on what has been done and what has been planned. This should be presented to participants in the first session.
- Yes - have these meeting at least quarterly
- It should not be held before adequate follow-up is done of the suggestions which were met in this meeting.
- Have a draft workplan which can be discussed and finalized in the meeting.
- Should be with the Society.

**6. Any other comments?**

- Bring in the main player - the SIFPSA in the meeting. Could be of one day.
- Some exercises seemed to be conducted that were irrelevant.
- Notify CAs 3-6 months in advance of CA meeting date - this should allow for greater CA involvement.
- The weekly Liaison office meetings plan a key; Role in follow-up
- A job very well done.
- Very well organized - thanks to Liaison. Like flexibility of facilitator of facilitation (eg. is revising agenda when necessary) great facility and food.
- The suggestion to hold such meetings more frequently was good to review the on-going activities. May be one day monthly meetings could be arranged for such purpose.
- MIS needs thorough review.