FAMILY PLANNING INTERNATIONAL ASSISTANCE
PLANNED PARENTHOOD WORLD POPULATION

REPORT

OF

EVALUATION TEAM

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Report of Evaluation Team

I. Background

The Family Planning International Assistance (FPIA) program was initiated on June 30, 1971 when the Agency for International Development (AID) offered, and Planned Parenthood Federation of America (PPFA) accepted grant AID/csd 3289 in the amount of $3.8 million. On June 28,1972, this grant was amended; the revision increasing the total amount of the grant to $7.8 million and extending the original three years duration of the grant to four years. In both instances, the overall purpose for the AID grant was to provide financial, material and human resources to Church World Services (CWS)-assisted and other private service organizations working in the developing countries so that they could offer voluntary family planning services to increasing numbers of acceptors throughout the world.

The purpose of the grant was: "to improve and expand the delivery of family planning services in the less developed countries on an effective, private and voluntary basis..." Its stated goals were: "...further development and expansion of family planning service programs in Church World Service assisted medical facilities in developing countries. Assistance will also be provided to other charitable organizations to help develop and implement other specified family planning programs."

The major specific objectives included: (1) The provision of contraceptive supplies and equipment and financial support for the initiation or expansion of organized family planning services, (2) the provision of resources to assist in training increased numbers of family planning personnel who will staff expanding service programs with special emphasis on nurses and midwives, (3) the provision of educational materials and other information, education and communications resources to family planning and education programs, (4) the development of systems of evaluation of program effectiveness as integral parts of all programs where assistance is provided, and (5) the selection of those projects for support which are innovative and could serve as models for regional or national family planning programs.

II. Role of the Evaluation Team

The general mandate given to the evaluation team was to assess the progress made by the program to date in order to provide an indication as to how well FPIA has utilized its resources to meet its stated purpose, goals and objectives.

As of March 1,1973, FPIA had been in operation for 20 of the currently authorized forty-eight (48) months of Grant AID/csd 3289. Clearly the program's desired and anticipated long-range objective is to produce a measurable impact on population growth. Such an end point is based on the assumption that a successful program will avert unwanted births with a resultant lowering of birth rates. Thus it is the long-term plan of the

program to accomplish this first by providing multiple agencies with the necessary financial, material and human resources, and then second to measure the demographic impact of the individual segments. However, the ultimate achievement of this most important final goal necessarily involves a series of time-oriented sequential steps. It is admittedly not possible to expect the program to have produced a measurable impact at the present time.

Therefore, careful consideration of the appropriate role of the evaluation team, in light of the current stage of development of the overall program, suggested that their time could be most profitably spent in two main areas. The first of these was the meticulous assessment of the management capabilities shown in the work to date, both in the central facility and in the existing field programs. The second and resultant function of the team was the carefully considered formulation of a series of recommendations regarding possible indicated changes in the existing program and suggestions as to how to expand certain areas of the program in order to increase its overall impact. It was felt that such an evaluation would provide early information valuable to FPIA's management and staff in making necessary adjustments in their program plans and policies. At the same time, it would establish an early point-in-time assessment of FPIA's work which could then be used as a reference point from which to measure changes during the remainder of the program.

In order to accomplish this mandate most effectively, the team decided to divide its activities into 4 major areas. The first of these was the assessment of the basic program structure as determined by a review

of all basic program documents. These include such items as the program proposals, Grant AID/csd 3289, FPIA's reports and proposed work plans, key correspondence regarding FPIA's policies and program operations, all FPIA sub-grant and sub-contract agreements, and finally all procedural outlines for manuals in current or projected use in any aspect of the total program.

Using this material as background information, the team then moved to the second step - an attempt to gain further understanding and clarification of the various aspects of the program by interviewing all of the FPIA management and staff. In some instances this involved a single project staff member meeting with the entire evaluation team where this was felt to be most expedient. In other cases consultation was carried out on a one-to-one basis. The team considered this segment of the evaluation to be highly critical since the first step in carrying out of the program had been the recruitment of an appropriate multi-disciplinary staff. On them depended the development of techniques, procedures and materials necessary to attain the specific long-range objectives of the project.

Following the review of basic program documents and the holding of appropriate interviews, the evaluators next conducted the third step, a thorough examination of the various working procedures and systems established by FPIA to implement its policies and programs. Since a major portion of the FPIA's program operations is concerned with the provision of material, technical and financial assistance, the procedural steps followed in this area are obviously of critical importance to the ultimate success of the total program.

The provision of material assistance included the procurement and distribution of such standard items as supplies of contraceptives and medical equipment. It also included special audio-visual equipment and educational materials such as films, pamphlets and posters. In this regard, the team looked at such things as inventory control and warehouse operations, shipping and distribution.

The second major consideration in the general area of assistance consisted in the evaluation of provision of project development assistance. This included all help given in the planning, funding, monitoring and evaluation of family planning project activities overseas. Specifically, the team looked at sub-grant and sub-contract development, the review and approval procedures and the project monitoring and evaluation systems.

Once the team had a clear picture of the total structure and function of the central facility, they then proceeded to the fourth major area of activity - an evaluation of several areas in the field both in the United States and overseas. Additional information was gained regarding the working relationships between FPIA and Church World Service by interviews with CWS New York staff and those responsible for running the CWS warehouse facility in New Windsor, Maryland. The evaluators also scheduled a series of meetings with individuals representing appropriate allied groups such as the Steering Committee of FPIA, AID, IPPF and people from other pertinent government and private agencies. The two USA-based operations, the arrangement with the University of Colorado to provide a

Family Planning training program for physicians who will work overseas and the contract with International Educational Development Inc. to provide information services to Catholic church-related groups and agencies in LDC's were also examined.

Finally site visits were made to each country where major programs have been launched in order primarily to assess the effectiveness of the FPIA management capabilities. As many programs in each country were visited as the time would permit. Here the aims of the team members were to see how well FPIA had identified program needs, processed requests for assistance, and monitored and evaluated the results of providing such assistance. These projects involved one or both of two general areas, material assistance and project development assistance. In addition, attempts were made to look at a few places where no programs were currently under way. This included both those with potential programs under review and those where no attempt had been made to develop programs.

Following the return of the team to New York, they met on several occasions to share all information and to pool their data and impressions. Points left unclear by the field trips were clarified by continued consultation with the central staff and any other necessary contacts. The final report thus represents the combined views of the entire team. It is of interest and importance that despite the varied backgrounds and evaluation assignments of the four team members, at the conclusion of the evaluation, no major differences in observations or recommendations were found in the reports of the individual members.

III. Program Evaluation

A. Central Office

1. Staff.

The staffing qualifications and patterns in FPIA's central office are rather deficient and somewhat ineffectual from the top management down. The criteria for selecting staff members appear at times to be related to ethnic, racial and/or sexual considerations rather than to the inherent capacity and capabilities of the individual hired for a particular job. In the opinion of the team, with three or four outstanding exceptions, the staff quality could be considerably improved to the ultimate betterment of the total program. In certain instances the existing or implied job description is not applicable to the staff person recruited for a specific assignment. In these instances, re-assignment and/or replacement would produce an overall salut effect.

The FPIA's staff is in some areas overworked (financial management of program support) and in others under-utilized, (technical support unit). The technical assistance staff, for example, is not used to the fullest extent of their capabilities in either project development or evaluation. To the outsider they appear to be underemployed and frequently lacking in delegated direction. Many of the sub-professional and clerical staff of FPIA give the impression both of serious under utilization and marked indifference.

While the qualifications, skills and judgement of the staff leave much to be desired, the current management style and performance is hampered by the existing organizational structure. In the view of the team, despite some recent improvements, the present table of organization does not provide for needed consultation, supervision and staff development. Appropriate changes could ensure that the redeployment of resources would better reflect specific tasks with more appropriate responsibility and authority being invested at the various lines of staff assignments.

Management to date has failed to create a work environment in which a staff member is helped to determine where he is going in terms of his job (agency goals) in such a way that he knows when he has reached his goals (goal achievement). It appears that certain of the staff have not yet learned how to develop work plans, establish priorities and design strategies to assure that they accomplish both their own and the agency goals.

There is still considerable confusion as to how the organization should work and how people can be induced to improve their performance and effectiveness. The array of assigned tasks, terminology, procedures, techniques and approaches associated with programmatic development and implementation is as varied as is the range of staff members who are attempting to carry out their job responsibilities. The standards of performance, work plans and expected results are rather fuzzy since the FPIA

central office staff appears often to operate on a crisis or emergency basis. As a consequence, insufficient attention is being given to planning and/or problem solving techniques and to the provision of specific knowledge, direction and consultation. Both of these are necessary to insure imaginative project development and proper management and evaluation.

As a result of the described situation, certain of FPIA's central office's earlier operations in management, program and support services functioned on a hit-or-miss basis. The recently revised and implemented organizational structure, as previously mentioned, seems to have exerted a more positive effect on these problems but with an as yet unmeasurable result.

Another area in which FPIA's top management's approach is inconsistent with goal-directed and action-centered programming is that management often insists that their subordinates change their attitudes and/or behavior but in reality, they themselves do not change. This situation has a tendency to set up a condition of incongruity between that management says it wants staff to do in order to utilize to their fullest extent the available resources and what it itself is actually doing to support their efforts.

In essence, staff recruitment, selection, selection and performance have been seriously hampered by management's inability to define clearly and to state objectively in operational terms the organizational thrust and mandate, the description of the job to be done, the key responsibilities of the job and the functional relationships of the job to those of other international family planning agencies.

While the overall intent, commitment and operational focus of FPIA's central office staff have been directed toward the accomplishment of the specific written goals and objectives of an agreed-upon program format, their administrative effectiveness and programmatic success are seriously threatened at the present time by the following:

a. A lack of clarity and agreement on an operational philosophy relevant to program format, goals, and objectives.

b. A lack of specific mechanisms to plan, develop, review, coordinate and evaluate inter and intra agency responsibilities and working relationships.

c. The existing somewhat fluid and cloudy organizational structure and administrative format in which staffing patterns are weak and inconsistent with job assignments, training and experience and with the technical knowledge needed to get the job done.

d. A lack of general agreement on priorities, program strategies and mechanisms needed to evaluate existing projects, develop new innovative projects and/or manage old projects.

e. A simplistic and somewhat superficial grasp of the multi-problem socio-economic needs of people in certain developing countries in relation both to the organization and the delivery of comprehensive family planning programs.

f. A tendency to minimize the importance of formal and in-informal consultative procedures and mechanisms needed to coordinate FPIA's program operations with other international family planning agencies and/or donors.

2. Program

The evaluation team obviously recognizes the fact that FPIA has been in operation only 20 months and that a significant amount of time and resources have necessarily been directed toward organizational activities. Viewed in this context, it has been argued that its track record and level of functioning in terms of administrative skills, staffing patterns, program development and mode of operation might be seen as fairly satisfactory when compared to other organizations having had more time, staff, resources and technical experience in working on the international scene.

However, it is the opinion of the team that there has been sufficient time, experience and acquaintance with programmatic needs of developing countries to have expected FPIA by now to have assumed a higher level of program responsibilities and to have provided a more creditable family planning service capability which can be measured than is currently the case. Unfortunately in this respect, FPIA seems to be quite similar to many other population and family planning organizations whose mandates, independent operations, fluid programs and scattered resources are disconnected, uncoordinated and fragmented with resultant duplication of effort and poorly functioning affiliations with other units within the broad system of family planning programs.

The structure, functioning and priorities of the FPIA home office often reflect the feeling that the New York office is the program. In addition, a social-action orientation seems to have influenced adversely FPIA's ability to develop or promote an overall programmatic philosophy, an operational format and the coordinative mechanisms relevant to program planning, development, management and evaluation. This is evidenced by a wide variety of small, fragmented, independent and isolated projects which have no discernible connective links either to the total FPIA operation or to the national-international system of population and family planning agencies and/or services.

The gaps and inconsistencies in administrative-management skills, the staffing deficiencies and the lack of an overall operational format have caused considerable unevenness, delays and omissions in the identification and utilization of available resources. Some of those difficulties have arisen from the rapid growth of FPIA's total operations. Others are the result of the transition of emphasis from commodities to program support which has most correctly occurred during the past 12 months. This transition has been partially responsible for the creation of the present backlog, especially in the units of financial management and program support and program information. Project development and maintenance have not yet been properly established with the result that there are

slowdowns and often duplication of work. For example it has been repeatedly observed that the disbursement of funds has been delayed for one of a variety of reasons, thus placing the starting and/or continuation of several projects in jeopardy.

Lest this report appear to be more negative than is the intent of the team, let it be said at this point that there is a consensus that to some degree, many of the stated purposes, goals and objectives have been met other than the provision of overall leadership, auxiliary technical advisory assistance and the planning and implementation of selected operational research. In this context, the work of FPIA in conjunction with PPFA, IPPF and CWS has developed according to the previously agreed upon purposes, goals and objectives as defined in the various grant proposals. However, in the opinion of the team, certain changes within the existing framework as outlined later in the report, could greatly improve the operational facility of FPIA with a resultant improvement and expansion of their programmatic activities. both in the home office and overseas.

B. Overseas Activities

There appear to have been two major precepts in the formation of FPIA; (1) that through this new program substantial additional quantities of birth control commodities could be funneled into needy countries,(2) that by using existing conduits to overseas projects such as those belonging to Church World Service, family planning activities within non-governmental programs could be greatly expanded and strengthened. Although progress has been made

in both areas it is clear that these two objectives have not as yet materialized to the extent that was originally anticipated.

1. Commodities

Shipments of commodities, although important, have not played as major a role in the FPIA projects overseas as it was at first thought that they would. Both in programs where commodities are received and distributed by FPIA funded projects and in programs that do not have a commodity component, the general impression gained by the team was that the availability and supply of commodities were not key factors in any program's ultimate success or failure. There are numerous agencies, private and public, that dispense pills, condoms, foams, IUD's and other devices. Therefore several program directors deplored the sense that they were given that the effectiveness of their programs could only be measured by the size of their commodity orders.

A number of the projects that have requested commodities and medical kits from FPIA have been inconvenienced by delays in shipment and delivery. In general until quite recently there has been either a poor or a non-existent monitoring system for the distribution and/or use of commodities, even in those countries where CWS offices are responsible for their clearance through customs. In countries where there is no CWS representative, commodities are sent directly to hospitals and clinics, where no effective monitoring system is yet available.

The CWS warehouse facility in New Windsor is adequate and the

administrative and operational procedures for the purchasing, record keeping and shipping of commodities and medical kits are appropriate. However, inventories continue to carry I&E material that is either obsolete or no longer useful. These clearly pose space and inventory problems. The current practice of multiple shipments of small items is time consuming and the staff wondered whether these orders might not better be combined into larger units. For example, pill packages must be opened and repackaged at the warehouse for this reason. In addition, Emko foam is shipped to them in overseas crates which must also be opened and repackaged.

The failure to order and deliver supplies and equipment other than those in the warehouse requested by overseas projects (films, projectors, books, pamphlets, etc.) and the fiscal and administrative inadequacies of the FPIA system, have combined to produce major programmatic setbacks and a loss of credibility overseas. This state of affairs is particularly hard to understand since prior to November,1972 direct purchasing from sources was permitted. Since that time, when it has been necessary to follow the standard GSA procedures virtually nothing has been shipped out by FPIA save a few specially procured items. The logistical confusion must of course be shared by the granting agency's procurement policies and techniques of instruction and follow-up. However, it is anticipated that recent attention given to this matter will do much to facilitate a more rapid flow of needed materials to the field.

In summary, in the earlier stages of program development, the procurement and monitoring of commodities were most inadequate. However, the newly devised procedure manual for commodities seems

to be well thought out and workable with only some minor duplications still apparent. If the FPIA staff follows this new proposed system it would seem that most of the distribution troubles of the past will be over.

2. Programs

In light of the increasing socio-economic problems associated with population growth in the less developed countries FPIA's programatic charge can be seen as part of a world action which has assigned high priority to the development, organization and delivery of contraceptive services. The current status and trends of family planning programs in developing countries can be characterized by increasing numbers of agencies (voluntary and government)and individuals expressing an interest in population and family planning programs with no centralized unit or means for improved communication, consultation and coordination. In this regard, FPIA is no exception.

In addition, to further complicate matters, although probably to the ultimate betterment of all concerned, the general trend is moving away from the traditonal approaches to birth control. Family planning is increasingly included as an integral part of comprehensive health services under the banner of maternal and child health.

FPIA's stated position and work activity are clearly relevant to the health, economic and social welfare needs of people in the developing countries as evidenced by staff work now going on encouraging and sponsoring a wide range of different types of family planning projects. However, there is still some mixed feeling on the part of the staff about the priority levels of contraceptive commodities

versus broad based health and related family planning services. Management's inability to reconcile or coordinate the two approaches has provided a continuing source of uncertainty, both at home and in the field.

It was originally felt that the FPIA project could piggy-back on existing overseas structures, organizations and delivery systems such as Church World Service. This unfortunately has not turned out to be the case in many areas where CWS is weak and in a period of contraction. Despite the 20 month period of operation and the multiple pressures to increase the distribution of commodities and develop programs, FPIA's responses are and have been fairly unimpressive based on the dual criteria of the number of projects and the development of procedures to increase demand for commodities and financial support for existing family planning activities in the 3 regions of Asia, Latin America and Africa.

While FPIA's overseas operation could provide a most needed service and welcome programmatic entity, there are marked similarities between the problem areas in the field and problem areas in central office - limited programmatic focus, poor staffing patterns and performances, inadequate skills and mechanisms for planning, coordination and evaluating, and a loose arrangement of affiliation agreements with other family planning organizations - all of which mitigate against an active, rapidly expanding, and relevant overall program. For example, field operations in Africa sponsored by FPIA are practically non-existent. Despite the differing governmental

positions on family planning in Africa, some of the major concerns which complicate and increase the difficulty of FPIA's program activities there have to do with serious performance gaps and theoretical inconsistencies in both understanding and utilizing information and knowledge for program development shown by the FPIA staff.

As observed in several areas, there has been no consistent attempt to utilize the strengths associated with traditional and existing socio-economic customs, political structures and value systems, i.e., village and tribal chief relationships. The identification and use of both human and material resources on a systematic and coordinated basis has not yet occurred. Many existing programs do not deal with fundamental deep-rooted social and economic problems that are multifaceted and involve the entire life style of the particular country involved.

Because of FPIA's tendency to operate on an emergency or crisis oriented basis, field visits meet immediate needs. However they offer little or no carry-over capability to sustain program efforts or to enable project staff to move beyond solutions for immediate problems to the more important long-range program objectives. In this area is clearly seen the lack of managerial and programmatic skills and experience necessary to administer and evaluate programs effectively. For an organization which has no U.S. mandate, but which is completely overseas-oriented, it is unfortunate that at this point there is only one overseas representative. The team encountered multiple instances

of resentment and confusion which might well have been avoided had there been closer and more frequent contact between the field and home office staffs. The most significant and imaginative programs observed were those in the Philippines where a very bright and able field representative has shown what can be done if there is creativity and follow-up. The Iglesia Ni Cristo and the Mary Johnson Hospital's pilot sterilization projects represent the kinds of programs FPIA should be doing.

The great majority of FPIA sponsored projects overseas i.e. Peru(-04 and-05) Costa Rica (-01); Dominican Republic (-01); were either in operation before or have been developed by local staff. However in the case of the Philippines, the FPIA field representative, and in Korea, the FPIA New York staff provided major assistance. Little or no duplication of projects exists in a given country except for the two programs in Peru (-04 and -05) which are experiencing certain difficulties in implementation due to their similarity.

Other church related family programs could be easily made available for FPIA funding, if these projects are properly researched and motivated by having regional representation. As was stated, in the one country where an FPIA field representative is present, a marked improvement was quickly noted in program development (new projects), project monitoring (fiscal, commodities and programmatic) and in relations with government, church, AID and other agencies. There is no way, in the opinion of the team, that one can develop impact projects by remote control from New York City, yet this is the major pre-occupation of the FPIA home office. In addition, promotion of new

projects from the New York office goes on while earlier projects languish for lack of attention.

One of the apparent reasons for FPIA's failure to keep its correspondence up-to-date is that it is involved with far too many small and inconsequential projects and is continuing to develop more. FPIA's central office limitations, are reflected in the administrative operations by project staff in the field. While there is verbal and written communication between the two groups, the meanings of words, agreements, expectations basically inherent in cultural differences are often not made clear resulting in poor programatic abilities to follow through.

The amount and frequency of reporting has continued to be a bilateral source of confusion and friction, but is gradually being resolved. Unresolved as yet, particularly in Asia, is FPIA's unfortunate tendency to bypass its own field representative and local program directors, going straight to individual hospitals to stimulate program and commodity activity. This has produced several unfortunate results aside from the obvious difficulties inherent in the breach of conventional protocol. First, the expectations of local groups are unrealistically raised with an inevitable backlash at the country program representative when the dreams fail to materialize. Second, salary structure differences have been created by this technique of project stimulation, leaving the program representative in an unenviable position. Finally, and most pragmatically, country programs are being asked to supply non-existent monies for customs charges, when materials and supplies could have come in through the usual and free channels.

Responsible project management in the field has been and remains a critical factor in most FPIA funded projects overseas. For example, in Peru, a personality conflict between the executive directors of the two FPIA-sponsored projects (-04-05) threatens to jeopardize the entire operation. The program in Korea is facing a major problem in that the present efficient director of the project is leaving and the suggested replacement does not seem to have the ability or the professional status to fill the post. In the Philippines, only the presence of FPIA's field representative has kept the one weak manager program (-03) from deteriorating and has maintained the other projects (-01,-02,-04,-05,-06) on a sound basis.

Many programs suffer from inexperienced staff members whose training and limited technical skills are basically inadequate to meet programmatic demands,community needs and leadership responsibilities.

Most projects have some training component, but little FPIA support has been provided either in curriculum input or materials. Training programs range from those offered to doctors, nurses, to youth groups, school children etc. Many programs are quite properly giving more and more emphasis to this type of activity, as they feel that training programs are an essential component and supplement to clinical services. Those projects that are based exclusively on training (Philippines-04, -6, and Korea-01 and -02) have not received appropriate inputs from FPIA technical support staff in New York. Korea-02, for example, did not have a public health educator included in the list of speakers at its recent training program in Seoul.

Such an individual was not only necessary but should have provided a key input. In several of the training programs visited, FPIA representatives had not offered needed technical assistance, and in some instances, were even unaware of the curriculum of the course being offered.

Below is a summary restatement of the major problems encountered during the team's field visits:

a. Policies and operational formats of the several agencies involved (FPIA, IPPF, CWS, PPFA, etc.) are unknown, unclear and are not reviewed for the staff in any systematic manner.

b. FPIA central office and field operations are poorly coordinated in that administrative decisions made centrally often fail to take into account important local circumstances. There are currently no effective means of working in concert, with the result that needed services or programs are often not provided.

c. The goals of each project and site visit are not made clear with resultant and significant overlaps, omissions and duplications.

d. Some of the field program people seriously doubt that FPIA New York-based administrators can or will accurately reflect their concerns.

e. Clear cut lines of accountability and authority for program development, management and evaluation and technical assistance have not been spelled out.

f. The specific roles of specialists and generalists have not been operationally defined and/or utilized in order to accomplish the stated purposes, goals and objectives of the total program.

It is clear, therefore, that a basic mandate exists for both FPIA's central office and field operations, to apply continuous analytical and managerial resources to staffing patterns and to the planning, operation and coordination of programs so that they will best address the needs and demands of the host sponsors, population served, intermediaries and the funding source. Only in this way will the early potential of the FPIA program be brought to full fruition. Most FPIA projects come up for refunding consideration between July and Sept.,1973. In the opinion of the team, the great majority of these projects should be refunded for another year after appropriate evaluations have been undertaken and indicated changes have been instituted.

In addition, it was found in several of the countries visited by the team, that groups working with FPIA (Korea, Philippines) submitted additional projects several months ago. Thus far these proposals either have not yet been acknowledged, or have not been acted upon because of time pressures exerted on the pertinent FPIA staff members. Removal of this bottleneck should facilitate the implementation of a number of interesting and important projects in the near future.

C. IE&C

Perhaps the most egregiously slack function at FPIA is the IE&C unit. This, in the opinion of the team, is particularly unfortunate since here is the core and the answer to many projects, yet FPIA is leaderless and dull in providing spark, support or materials. If

the contraceptive materials provided through FPIA were important or needed, then the vacuum in FPIA's IE&C program would not be that noticeable or critical. However, as previously stated, the contraceptives that FPIA provides are frequently redundant, and therefore the greatest potential opportunities lie in education and training.

Since most projects do feel that education is a key factor, IE&C materials are critical. In this area, little or no support has been received from FPIA and no knowledge of FPIA's capabilities in this area has been made available to the various projects. Audio-visual equipment has been requested from FPIA but deliveries have not been made, with 6-12 month delays usual. The proposed original workshops on IE&C in Latin America (Costa Rica), Africa (Kenya), Asia (Thailand) could serve to iron out many of these deficiencies, and encourage the exchange of experiences and expertise among these countries. However, a more careful effort should be made by FPIA to select for these programs the appropriate individuals to participate and to incorporate country suggestions.

To date no clear cut ability to obtain or prepare educational materials has become manifest and there does not appear to be the necessary technical skill in-house to lead, stimulate and support IE&C activities abroad. In certain instances good people are preparing and inventing IE&C materials which already exist in usable form. FPIA could play a stunning programmatic role if they only had the staff and the technical competence to lead.

D. Evaluation

Up until recent months, programming, procedural and reporting functions in FPIA have been virtually non-existent. There has been little follow-up and no visible discipline. Some of this can be attributed, of course,to the lack of field personnel. The project requirements for program and fiscal reporting most often are totally unmet or incompletely discharged. Recent changes in FPIA's policy of requiring quarterly reports will help to improve the situation, but up until now most projects have not fulfilled their legal requirements with FPIA and no penalty has been determined or imposed for this delinquency. The outstanding exceptions, Peru-05, Costa Rica-01 and the Philippines project, send frequent reports which usually are not commented on by the FPIA recipients in New York. This is one area where the CWS staff are clearly ahead of FPIA.

Earlier projects had virtually no evaluation component. The very capable director of this unit has been too busy with action and computer programs to evaluate the technical assistance and IE&C components of the program. At the present time, individual project evaluations are to be undertaken by an independent source, as the various FPIA contracts stipulate, in order to determine impact, worthiness and refunding value of the projects. However, with additional in-house assistance, this could be one of the strongest and most important elements of the FPIA program.

E. Relationships with Other Agencies

1. IPPF

The past and present relationships between FPIA and IPPF were examined both with staff members in the central office of IPPF in London and with certain of their representatives in the field.

There appeared to be a general consensus of opinion regarding FPIA among the various members of the London staff who were interviewed by the team. Apparently FPIA originally was seen as a small organization with limited and clearly defined goals. It is now seen as a rapidly growing and expanding group whose general philosophy and goals are much less clear, both to themselves and to outsiders. The feeling was conveyed that the original outlines of inter-agency protocol and procedure were clearly laid out and adhered to. However, with FPIA expansion and diversification, these contacts are now being less rigorously maintained.

Certain of the IPPF staff find it hard to relate to FPIA in reciprocal areas because of a lack of clear understanding as to what FPIA is now and what it plans to become. This view was stated by both members of the IE&C staffs and the evaluation unit who feel that they do not know the overall policy and strategy of their equivalents at FPIA. They expressed their concern that the existing mechanisms of communication and coordination were inadequate and that there was insufficient contact between the two staffs both before and during the development of projects which could potentially have been worked on together. Opinion was also voiced that individual members

of the FPIA staff might not have had sufficient training, experience, maturity, and judgment to handle their assigned roles at the onset of the project. However it was felt that this situation was gradually being cleared up with increased time on the job.

The necessity for closer contact between project staffs to outline work program guidelines, both in London and regional offices, prior to and during the writing of proposals was repeatedly expressed as was the desire for a general clarification of the present and future goals of FPIA, especially in relation to IPPF. Particular need was mentioned for a clarification of the mechanisms used by FPIA for planning, project development, and coordination. For example, one field representative stated that his FPIA equivalent had on occasion failed to utilize his proffered assistance to the ultimate detriment of both programs.

It was suggested that additional FPIA field staff be obtained with the use of indigenous workers to be located in specific key regions (e.g.Nigeria, Nairobi). This would provide better and more rapid follow-up on contacts made and would expedite project formation. It was further stated that there is a need for all organizations offering family planning services to develop a common core and to find a means of communication. The addititional suggestion was made to examine more closely the FPIA relationships with Roman Catholic groups, World Council of Churches, etc., so as to extend FPIA program potentials.

In general it was felt that with increased contact and co-ordination of the activities of the FPIA and the IPPF staffs, the existing areas of confusion could be cleared up, and more effective bilateral program efforts could be forthcoming.

Contacts in the field with IPPF affiliates tended to show the same pattern of response as in the central office. The relations with FPIA were felt to be adequate although not extremely effective in some instances. There appeared to be a lack of understanding of the goals of FPIA in general and certain of their programs in particular.

2. PPFA

Throughout the evaluation an effort was made to assess and detail those ways in which PPFA has supported and/or assisted FPIA in performing its prescribed functions. But beyond the personal guidance and counseling provided by PPFA's top administration, there is little evidence that FPIA has benefited by its relationship with PPFA. There is no other indication that the substantial overhead fee received by PPFA from the AID contract is being used deliberately to support FPIA activities. In fact, there is serious question as to whether salary percentages of certain PPFA personnel which are charged to the AID contract are legitimate charges since the contribution of said PPFA personnel to FPIA activities is apparently quite limited.

3. CWS

The impression persists that it was a mistake to orient FPIA's overseas activities so strongly toward Church World Services, and to count on CWS as a management, delivery or guidance system. CWS is too amorphous, too uneven in organization and talent, too disoriented in goals, and too unaccustomed to carrying out action projects to be a strong companion. CWS is having serious financial problems worldwide from all appearances and is retrenching in many places. In the future it would be productive to broaden the field for partners of FPIA abroad.

4. AID

Although the evaluation of AID's family planning activities was outside this purview, the evaluators had the impression, in observing AID's support of FPIA, that the agency was efficient, responsive and helpful. This conclusion is reached in spite of the formidable amount of paper AID demands annually, a demand incidentally, which has immobilized FPIA the entire month of March.

Local relations with AID in most countries range with rare exceptions from good to excellent and the central office of AID depends almost exclusively for the knowledge of the project's accomplishment on the reports offered by the local project manager. In the one country where the FPIA field group representative is present (Philippines), relations with AID are excellent.

5. Religious groups

Relations with the Roman Catholic church in most countries are quite adequate. In all the areas visited by the team the Catholic representatives far outshown the Protestant, and the former were desperate for a means of entry into family planning.

6. Government

There is no direct relationship of FPIA projects with government efforts in family planning. In most countries, the managers of FPIA programs advise the respective government agencies on its accomplishments. In the case of Costa Rica the FPIA program is unique. It is called COF and participates in a coordinating body (CONAPO) of government and private agencies working in family planning.

7. Other Agencies

The relationships with other agencies enjoyed by FPIA are spotty

except in the Philippines. In the latter country this can be attributed totally to the field representative. The principal obstacle to date in developing mutually helpful relations with sister agencies abroad has been the attitude of the staff FPIA sends abroad combined with the scattergun manner in which they operate.

In general FPIA unfortunately is too often still seen as one more of a staggering number of family planning organizations.

F. Denver Training Program

An increasing number of students are being registered in each of the successive training programs. They include both didactic and clinical components, the former being the more obviously successful of the two. The cost per student was originally quite high. As the enrollment increases, the per capita expenses are coming down to more acceptable levels.

IV. Recommendations

A. Central Office

1. Staff

a. A streamlining and redeployment of personnel in the New York office are essential in order to expedite

procedures and avoid duplication of tasks, particularly in the fiscal and IE&C areas of FPIA. The weakest of the program-area people should be replaced with an overall reduction and up-grading of staff. Consultation and major assistance in management matters are clearly indicated.

b. The presence of field representatives on a regional basis (Latin America, Africa, and Asia) would help to improve FPIA's overseas projects and make them less of a burden on the New York office. In countries where FPIA has several projects (i.e.Philippines), a local country representative should also be assigned.

2. Program

a. Organizational philosophy, purposes, goals and objectives should be defined in terms that are operationally oriented and conducive to evaluation.

b. The basic organizational structure should be changed, aimed toward decentralization of staffing patterns to reflect program needs.

c. There should be a reorganization of both staff and line work responsibilities to reflect the specific duties and responsibilities at <u>all</u> levels.

d. There must be better definition and delegation of authority from the top management.

e. Standards should be set relevant to the newly-defined staff duties and responsibilities as well as performance in order to utilize more effectively staff development resources and techniques, along with the establishment of specific criteria for performance appraisal.

f. An in-service training or staff development programs should be formed to upgrade current staff performance along with a reworking of the rationale, need and performance expectations of outside consultants.

g. Well defined program guidelines along with specific mechanisms for improved program review and evaluation.

h. The newly restructured program review committee should and could play a key role, if properly directed, to motivate and better utilize the expertise available at the present time and in the future.

i. The Catholic network should be given a higher order of priority and the CWS a lower one.

B. Overseas

1. Commodities

a. The channeling of commodities should not be the primary interest of FPIA since in most countries these materials are readily available.

b. Where there is a need for contraceptives, a workable

system of supply for these overseas programs must be developed. A special effort should be undertaken to make sure that the Materials and Assistance Manual is adhered to in order to expedite commodity procurement and distribution.

c. A decision should be made to discard obsolete IE&C materials stored in the CWS warehouse.

d. Whenever possible, FPIA should try to combine small orders to a given country in order to avoid higher costs and effort in the shipment of commodities.

2. Programs

a. Focus on a few larger rather than many smaller projects is necessary to improve the overall program impact.

b. Projects now receiving only commodities should be encouraged to expand their total programs.

c. More immediate consideration should be provided to project proposals submitted by the field. FPIA should give priority to those countries where good administrative managers are available, where government and church attitudes toward family planning is positive and impact projects are possible.

d FPIA should provide more direct technical project support either through its present staff or by hiring part time consultants.

e. Strong and sophisticated field representatives should be found who can do the bulk of program planning

and coordination. This one change would greatly increase total program capabilities.

f. A cadre of consultation personnel with expertise in the various program and geographical areas of FPIA's operations should be located. These consultants could be utilized to work with field representatives in developing projects and with the New York staff in writing proposals.

g. Management training for FPIA project directors overseas is vital and critically needed. A series of FPIA sponsored conferences on Planning and Management of Population Programs would be most timely and would undoubtedly produce excellent short and long term results.

h. In Latin America where church relations are critical every effort should be made to continue the present relationships (Peru,Costa Rica, Dominican Republic), and expand existing projects and develop new ones. FPIA should act as a catalyst and innovator until church groups are able to manage and fund their own family planning programs.

3. IE&C

a. Efforts should be aimed toward developing good sound projects since the educational components are vital to the future of family planning in most of the developing countries.

b. FPIA should make available to project managers IE&C material and Audio-visual equipment in order to strengthen their vocational programs.

c. When country expertise is available it should be used. The regional IE&C workshops presently under consideration by FPIA should have the inputs of country project managers with regard to the people who should participate and topics to be discussed.

d. A major role of the IE&C office in New York should be to work as a clearing house for the exchange of experiences and ideas among the FPIA funded programs.

4. Evaluation

a. Data collection, reporting and evaluation components as an integral part of FPIA's total operations should be better defined.

b. A more aggressive systems approach to the management of administrative as well as program activities must be undertaken.

c. A standard reporting format should be prepared by FPIA in order to get the necessary data and to avoid lengthy and unnecessary information being provided by the local project managers.

d. A stricter control on the reporting mechanism should be implemented.

5. Other Agencies

a. A clearer definition or a redefinition of the role of FPIA between and among the dozens of other similar

organizations operating in this area abroad is clearly needed.

6. Denver

The training program should be continued provided that further evaluation reveals that the stated goals are being achieved and the cost per student continues to decrease.

MEMBERS OF THE EVALUATION TEAM

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TEAM ITINERARIES

Team Members	Sites	Dates
Jack Vaughn	Taiwan, Indonesia, Philippines	Feb.17-Mar.4
	Tokyo, Juala Lumpur - IPPF offices	Feb.19, Feb.23
Dr. Elizabeth Connell	CWS Warehouse - Md.	Feb. 2
	Geneva - 2nd Int'l Sterilization Conference	Feb.23-Mar.1
	London - IPPF offices	Mar.5
	Haiti	Mar.12-Mar.14
	Dominican Republic	Mar.15-Mar.16
Dr. Jesse W. Johnson	Ghana, Kenya, Tanzania, Ethiopia	Feb.15-Mar.3
	London - IPPF offices	Mar.5
	Haiti	Mar.12-Mar.14
	Dominican Republic	Mar.15-Mar.16
Basilio Liacuris	CWS Warehouse - Md.	Feb.2
	Peru, Costa Rica, Korea, Philippines	Feb.18-Mar.6
	Dominican Republic	Mar.15-Mar.16

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