



AN EVALUATION OF THE
MANAGEMENT COMPONENTS AND ADMINISTRATION
OF THE FAMILY PLANNING
INTERNATIONAL ASSISTANCE GRANT
(AID/pha-G-1131)

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C O N T E N T S

	<u>Page</u>
ACKNOWLEDGMENTS	i
ABBREVIATIONS	vii

Part I

THE FAMILY PLANNING INTERNATIONAL ASSISTANCE GRANT

I.	INTRODUCTION TO THE EVALUATION	1
II.	BACKGROUND ON THE FPIA	3
	The FPIA's Task	3
	Management Capability	3
	General Administrative Support	4
	Staff Training	5
	Management By Objectives (MBO)	6
	Project Management	7
	Need for the Program	8
III.	FINANCIAL MANAGEMENT	9
	Accounting Documents	9
	Segregation of Accounts	9
	Project Accounts	10
	Management of Cash Flow	10
	The Regional Office Revolving Fund	11
	Technical Assistance in Financial Management	11
	Auditing	11
	Schedule for Funding	12
IV.	MANAGEMENT OF COMMODITIES	13
	The Commodity-Management System	13
	A. General Procedures	13
	B. Cost-Effectiveness	13
	C. The Role of the Regional Office	14
	D. Processing of Requests	14
	E. Estimating Future Requirements	15

	<u>Page</u>
Recipients of Commodities	15
Commodity Drops	16
Replacement of Suppliers	18
Staff Management of Commodities	18
FPIA Technical Assistance in Commodity Management	19
V. SUBGRANT MANAGEMENT	20
Planning	20
Project Development	22
A. The Process	22
B. Terms, Conditions, and Management	23
C. Negotiation and Development of the Project	24
D. Duration of the Project	25
E. Joint Funding	25
F. Format of the Document	26
Review and Approval	26
A. The Process	26
B. Constraints and Improvements	27
C. Relations between the Regional Office and Headquarters	28
D. Relations between the Regional Office and USAID	28
E. Innovative Mechanisms for Small Projects	29
Monitoring	30
A. Service Statistics	30
B. Cumulative Information on Projects	31
C. Reports on Projects	32
D. Progress Despite Objectives	33
E. Project Reviews	33
F. Site Visits	33
G. Terminated Projects: Continuation of Activities	34
Evaluation	34
A. Evaluation Exercises	34
B. Significance and Effectiveness of Projects	35
C. Feedback to Develop More Effective FP Strategies and Delivery Systems	35
D. Self-Sufficiency	36
E. Impact on Fertility	37

	<u>Page</u>
Technical Resources	37
A. Management Expertise	37
B. IEC and FP Service Delivery	38
C. Consultants and Staff Expertise	38
D. Technical Advisers at Headquarters	38
E. Strategies for Youth Programs	39
F. Analysis of Results of Evaluations	39
VI. COORDINATION WITH AID/W, OTHER DONORS, AND THE PPFA	40
Coordination with AID/W	40
Coordination with Other Donors	40
Coordination with the IPPF	41
Reorganization of Regional Offices	42
Relations between the FPIA and the PPFA	
VII. SUMMARY OF FINDINGS AND RECOMMENDATIONS	44
Involvement of the Private Sector	44
Role of the International Affairs Committee	44
Management by Objectives	45
Use of Technical Advisers	45
Delegation of Administrative Authority	45
Documents for the Projects	46
Staffing	47
Staff Training and Continuing Education	47
Administrative Services	47
Financial Management	48
Implications of Expansion	48
Support for Innovative Projects	49
Strategies to Overcome Cultural Constraints	49
Coordination with Other Donors	50
Youth Projects	50
Reporting Procedures	50
Format of Project Documents	51
Tracking Progress and Reviewing Accomplishments	51
Provisions in the Grant	52
Fund for Small-Scale Projects	52
Performance-Monitoring	53
Data Collection	53
Policy on Family Planning	54
Continuation of Projects	54
Technical Backstopping	55
Assistance from the Regional Offices	55
Commodity Supply	56
Coordination of Management and Backstop	56
Relationships with Representatives of Donor Agencies	56

Part II

REGIONAL REPORTS

I.	THE LATIN AMERICAN REGIONAL OFFICE	58
	Introduction	58
	Planning	58
	Management By Objectives	59
	Financial Management	59
	Management of Commodities	60
	Coordination with Other Institutions	60
	Projects	61
II.	THE EAST ASIA AND SOUTH PACIFIC REGIONAL OFFICE	63
	Introduction	63
	Authority and Leadership	63
	Project Development and Management	64
	Coordination	65
	Financial Management	65
	Management of Commodities	66
	Noteworthy Projects	67
	Oceania	68
	Summary	68
III.	THE SOUTH-WEST ASIA REGIONAL OFFICE	69
	Introduction	69
	Background	69
	Organization, Procedures, and Staffing	69
	Financial Management	70
	Subgrant Management	71
	Commodity Distribution and Logistics Management	72
IV.	THE AFRICA REGIONAL OFFICE	73
	Introduction	73
	The Regional Office	73
	A. Historical Background	73
	B. Geographical Coverage	73
	C. Staff	74
	D. Staff Morale	74
	E. The ARO's Relations with Other Organizations	75

	<u>Page</u>
Management By Objectives	75
Components of Africa Projects	75
Monitoring and Technical Assistance	76
Financial Management	77
Auditing	77
Commodities and Storage	77
Staff Training and Development	77
Anticipated Problems	78
Summary	78

APPENDICES

- Appendix A: Organization of the FPIA
- Appendix B: Distribution of Commodities, By Region and Type
(Tables 1-2)
- Appendix C: List of Contacts
- Appendix D: Biographical Information on Evaluation Team

ABBREVIATIONS

AD	Associate Director
ADIFAM	Asociación para el Desarrollo Integral de la Familia
AID/W	Agency for International Development/Washington
APHA	American Public Health Association
ARO	Africa Regional Office
ASIN	Association for Strengthening Information
BEMFAM	Sociedad de Bem Estar Familiar no Brasil
BKKBN	National Family Planning Coordination Board (Indonesia)
CBD	Community-Based Distribution
CDC	Centers for Disease Control
CDSS	Country Development Strategy Statement
COO	Chief Operating Officer
CPNPF	Coordination Board, National Family Planning Program
CWARO	Central and West Africa Regional Office
DRD	Deputy Regional Director
DS/POP	Department of State/Population
EASPRO	East Asia and South Pacific Regional Office
FDA	Food and Drug Administration
FP	Family Planning
FPA	Family Planning Association
FPAK	Family Planning Association of Kenya
FPIA	Family Planning International Assistance
FRLC	Federal Reserve Letter of Credit

GMD	Grant Management Department
GSA	General Services Administration
ICARPAL	International Committee on Applied Research in Population for Latin America
IEC	Information, Education, and Communication
IFRP	International Fertility Research Program
IPPF	International Planned Parenthood Federation
KNPI	National Youth Organization of Indonesia
LAC	Latin America and the Caribbean
LARO	Latin American Regional Office
LDC	Less Developed Country
MBO	Management by Objectives
MCH	Maternal and Child Health
MOH	Ministry of Health
NEARO	North-East Africa Regional Office
NFPP	National Family Planning Program
PDD	Procurement and Distribution Department
PMD	Project Management Department
PNKI	National Youth Organization (Indonesia)
PO	Program Officer
POPCOM	Population Commission
POP/FP	Population and Family Planning
PPAT	Planned Parenthood Association of Thailand
PPFA	Planned Parenthood Federation of America
PVO	Private Voluntary Organization
PY	Program Year
RD	Regional Director

SOMEFA	Asociación Sociedad Médico Farmacéutica
SRA	Secretariat for Agrarian Reform
SWARO	South-West Asia Regional Office
TDY	Temporary Duty
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development

Part I

THE FAMILY PLANNING INTERNATIONAL ASSISTANCE GRANT

I. INTRODUCTION TO THE EVALUATION

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The scope of work for the evaluation of the Family Planning International Assistance (FPIA) grant reads:

The main thrust will be to examine FPIA's on-going management plans (MBO's) and assess the extent to which FPIA has implemented the plan and successfully developed and organized its worldwide administrative, management and LDC project and commodity support operations....The principal focus will be on FPIA's management operations and on determining the extent to which newly installed planning and management procedures have affected the development and continuity of FPIA-assisted private and public sector fertility control programs throughout the world.

In assessing the various components of the grant, the evaluators were to examine the FPIA's central and regional operations and projects in less developed countries (LDCs). Specifically, the team was to assess how well the management system responds to family planning projects, and help develop new family planning projects that meet the need of LDCs and make use of country development strategies.

Sixty specific questions covering all the important aspects of FPIA program operations were listed in the scope of work. The team was instructed not to evaluate projects, but to examine the different components to determine how well the FPIA is managing its responsibilities.

Before the team assembled in Washington, D.C., the American Public Health Association (APHA) mailed to each member a copy of the scope of work, the report on the 1977 evaluation, the document describing the grant (dated November 14, 1975), biographical data on members of the team, guidelines for preparing reports, and other items (e.g., work orders, a letter of agreement, etc.). The team agreed that these documents were useful, but noted that another document, the FPIA's annual report for the last fiscal year, should have been made available.

The team reported to the APHA and was briefed by AID's backstop for the project, various staff in the Office of Population, and officers from the regional bureaus. The team spent one day devising a methodology and making other preparations for the assignment. After completing the work in Washington, the team went to New York for three days of meetings at FPIA's headquarters. Key staff there briefed the team on the organization and activities of the headquarters. The intensive sessions frequently ran late into the night.

The five members of the team then dispersed to visit the FPIA's regional offices overseas and to study project activities. One person went to Latin America, another to Africa, and a third to Southwest Asia. Two members of the team made a joint visit to the Philippines, headquarters of the FPIA's regional offices for Southeast Asia and the South Pacific. One of the two evaluators then went to Thailand; the other visited Indonesia. During the three weeks they were overseas, the evaluators visited a large number of active projects in thirteen countries. When they returned, they met again in Washington to compare experiences, summarize their findings, and prepare a list of recommendations.

One member of the team returned three days after the other evaluators. The drafting of findings and recommendations was delayed until his return. Travel should be scheduled so that all members of an evaluation team can return at approximately the same time.

Two members of the team returned to FPIA's headquarters to obtain additional information to fill in gaps. Before leaving Washington, all the evaluators debriefed the chief operating officer (COO) at the FPIA and his deputy. Another separate session was held for staff of the Office of Population, bureau officers, regional-office staff, and other interested persons, including staff of the APHA.

II. BACKGROUND ON THE FPIA

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The FPIA's Task

It is stated in the project paper to support the grant that the FPIA provides "seed money" to private voluntary agencies in LDCs, particularly church groups, youth organizations, social welfare groups, and women's groups, and to government agencies to help them deliver family planning (FP) services in the largely untapped private sector. The FPIA stresses innovative, low-technology, cost-effective projects. DS/POP staff have stated that the FPIA is expected to give the highest priority to those projects most likely to continue and expand after FPIA funds have been expended. The FPIA's chief operating officer has stated succinctly that his organization's role is "to reduce unmet needs for family planning services."

Management Capability

FPIA is one of eight divisions of the Planned Parenthood Federation of America (PPFA). The international programs arm, it is headed by a strong, capable leader, the chief operating officer, and his able deputy. These men have brought together a professional staff of uniformly high caliber. The ten most senior members of the staff have worked for the FPIA for at least five years. Although the evaluators did not have time to observe closely the support staff, they believe that they, too, were selected well.

The staff's work is well organized, and lines of authority are clear-cut (see Appendix A). The duties and responsibilities of each employee are delineated clearly in writing. Well planned and well conducted on-the-job training is an integral part of the management process. Each employee has a "second" who substitutes for him while he is absent from duty.

During the evaluation, the FPIA's workload increased significantly, but the headquarters staff has not been augmented sufficiently. In 1977, there were 45 active projects. By 1981, that number had increased to 102. In 1977, approximately \$2,000,000 had been obligated to projects. In the first nine months of 1981, obligations totaled \$7,900,000. In 1977, commodity shipments totaled \$3,500,000. In the first nine months of 1981, they amounted to approximately \$5,000,000. Thirty-six staff, 23 at headquarters and 13 in the field, were employed in 1977. Today, the FPIA employs 81 persons, 32 at headquarters and 49 in the regional offices.

As the volume of work has increased, so, too, has the need for more professional staff. Under the terms of the grant, the FPIA is constrained from employing increased numbers of professionals. To meet the need for

more staff, the division hires additional support staff and requires much overtime. Before it issues a new grant document, DS/POP should review carefully staffing at FPIA headquarters in relation to the workload.

A strong and highly effective management program, Management by Objectives (MBO), highly centralized operations, and the limited delegation of authority to regional offices are the hallmarks of the division. Accountability is strongly emphasized; auditors make few disallowances.

The chief operating officer stated recently that the FPIA does not use the term "decentralization" because few activities can be carried out in a region that do not involve one or more department heads in New York. According to the COO, the FPIA is trying to build a single unified organization with defined interrelationships.

General Administrative Support

Most general administrative services are provided through cooperative arrangements with the parent organization. The PPFA and FPIA occupy space in the same building. They share central library services and computer time. The director of Medical Services at the PPFA works half-time for FPIA. The PPFA and FPIA share legal services.

The personnel management program at the FPIA is modern and comprehensive. The division has a complete classification system, keeps position descriptions current, and recruits, tests, places, and rates the performance of employees. The PPFA recruits professional staff for the division through its advertisements, but resumes go directly to the FPIA, which interviews and selects its own staff. PPFA tests candidates for support staff positions.

The chief operating officer told the team that he believes staff competence is at an all-time high; he attributes this to careful recruitment, improved training, including on-the-job training, and planning and management systems that encourage initiative and creativity in a system with well defined procedures and accountability.

A large percentage of the staff has advanced degrees. The COO believes that one important indicator of staff performance is demonstrated level of achievement, especially in the management of international programs. Other agencies request that the FPIA share its expertise, and some offer jobs to the staff.

The regional director (RD) and his deputy, the associate director (AD), are selected carefully. Highly competent people, with pay grades near the top of the classification scale, they are responsible for important

activities coordinated with host governments, USAID missions, and private voluntary organizations (PVOs). They also manage the entire range of activities of regional offices. The team thinks these staff, who are capable of handling additional responsibility, should be given more authority. Unnecessary paperwork and time would be saved and morale would be boosted. (See Part II for a discussion of regional staffing.)

The team recommends that the FPIA delegate to regional directors authority to approve expenditures of up to \$250 for administrative services for their own offices. The limit at this time is \$50. Expenditures could cover a small purchase, repairs and maintenance, and other local services. The RDs also should be given authority to approve the employment of local staff. At this time, a regional office cannot hire on its own even a janitor or driver. It must assemble biographic data on several prospective candidates, indicate its preference, and send the information to New York for approval. This requirement is demoralizing, time-consuming, and unnecessary.

Staff Training

The FPIA continually trains staff. Its program is geared closely to management of the worldwide program. Training in New York is based on established objectives. Each employee is pre- and posttested and trained in skills listed in job descriptions. All employees have a basic knowledge of family planning. Case studies are used in training sessions in proposal development, budgeting, inventory, selected accounting, and other accountability systems. On-the-job training is based partly on the results of performance evaluations of both headquarters and regional-office staff.

Local-hire staff in the regional offices are trained primarily on the job. Regional directors, who are supervised and evaluated by the deputy chief operating officer, receive from time to time training in the field. This one-on-one training may be given during technical assistance visits or at FPIA headquarters. Other headquarters staff on technical-assistance trips to the field also provide on-the-job training to regional-office employees.

There is a recognized need for continuing on-the-job training in program management, as well as continuing training (or continuing education) in the more technical and professional aspects of family planning. Staff need not, and should not, be sent away for courses. They should be enabled to take full advantage of the many resources in the field, where they are most likely to have access to family planning experts and other professionals.

Dr. Melvin Zelnick of Johns Hopkins University, one of the foremost researchers in adolescent fertility and teenage pregnancy, recently spent several days in Manila, where he lectured at the Philippines Population Commission (POPCOM). The regional office had not been informed that Dr. Zelnick was in the country, even though it is heavily involved in the development of projects for youths. Thus, an opportunity to meet this consultant was missed. A mechanism is needed to inform the division of events of interest and to ensure that regional-office staff have the opportunity to attend selected lectures or short-term in-country courses. FPIA should consider ways to arrange meetings, seminars, and workshops with family planning consultants traveling to different regions.

Management By Objectives (MBO)

The backbone of the FPIA's generally excellent management system is its program of management by objectives (MBO). Only projects were being managed by objectives at the time of the 1977 evaluation. Then, the evaluators stated that they did not know how realistic the objectives were or how they were being set. In MBO, it is fundamental that the donor organization(s) and project leaders work together to set the objectives. Project directors and staff, and personnel in the regional offices, report that there is much close consultation and that the grantee has ample opportunity to propose objectives.

FPIA has extended its well designed and well conducted MBO system to regional offices and headquarters. MBO consists of sets of clearly written procedures for planning and project management, commodity management, and all aspects of financial management. At headquarters, the Project Management Department (PMD) prepares, as part of the planning process, a workplan that contains both a list of objectives and a schedule for progress. In one phase of the FPIA's annual planning process, regional offices also prepare workplans. The other departments at headquarters prepare less detailed lists of activities; the main task to be completed is identified in the lists. Activities are scheduled and monitored by top management during staff meetings. Project managers also require reports to monitor progress.

Project directors and staff in every country the team visited, as well as some central government officials in the Office of Population, commented favorably on the MBO program. Generally, MBO is working effectively. For FPIA, it has become a valuable management tool. FPIA is to be commended for using it in its worldwide program. FPIA's management program can and should be a model for other family planning donor agencies.

An important byproduct of the MBO system is the technical assistance that regional-office staff and headquarters personnel provide to train project directors to become capable managers. The team learned that most

of the project directors are physicians or mid-career government officials (approximately one-fourth of all projects are with government agencies). Doctors especially often lack experience and training in management. At FPIA, their needs are being met with MBO.

Project Management

The PMD reviews new project proposals, refunds requests, and is responsible for various changes in projects. The staff is a small, talented, hard-driving group of four program associates, each of whom has overseas experience. These persons work under the direction of the department head and her assistant, the coordinator, who also reviews projects.

The program associates have checklists of criteria which they use to measure the reasonableness of the objectives and to determine that all proposed activities are consistent with those objectives. Many people outside the PMD, including selected staff from other departments, review such matters as commodity requirements, financial planning and management, and medical needs. As one part of the MBO system, project management is highly organized and routinized.

All the professional staff in the PMD make an effort to be aware of problems in the field and conditions in LDCs. Each spends six to eight weeks a year at regional offices and visits projects. While on such trips, the staff provide different kinds of technical assistance. Some train regional staff to prepare projects, others serve as TDY (temporary duty) program officers, and others help to develop project proposals.

It is clear that regional-office staff respect and appreciate the PMD's work. They also seem to think that periodic technical-assistance visits are valuable. The regional offices and the PMD are in close contact while projects are being developed and reviewed; consequently few proposals are rejected. The team observed, however, that when reviewing the thrice-yearly progress reports, the PMD sometimes cables questions to regional officers whose own comments on the same issues are enroute to the PMD. Closer coordination of this effort is recommended.

The team believes that the PMD should try to provide more technical assistance to the regional offices so that staff there will have the capability to assist prospective grantees in all phases of project development, follow-up monitoring, and internal evaluation.

In December 1979, the chief operating officer issued a set of guidelines to measure the "significance" and "effectiveness" of objectives. The guidelines were intended to be used to develop qualitative and quantitative objectives for programs. However, when they prepare their annual plans and new proposals and set the priorities for those plans, the regional

offices seem to use the guidelines to categorize proposals. The PMD should review with the regional offices long-range program planning, alternative regional family planning strategies, and project planning.

At headquarters, the reviewing system is somewhat fragmented. The total number of projects in one country is divided among two or more program associates. With 102 active projects, it would seem possible and desirable to assign all the projects in any one country to a single person. In this approach, each program associate would have a better grasp of conditions and projects in the country, and stronger support might be generated for the participation of the regional offices in the development of country and regional strategies, an activity coordinated with USAID missions, PVOs, and host governments.

Need for the Program

Family Planning International Assistance is involved in vitally important family planning work around the world. It is operating forty-one projects in thirteen countries, concentrating on the large, important, and rather neglected private sector. In every country the team visited, government representatives, PVO officials, and church leaders, educational spokespersons, leaders of youth groups, USAID officers, and business and professional people repeatedly pointed to the need for assistance in family planning in the private sector and in certain areas of the public sector. Some believe that such assistance can best be provided through private intermediaries, such as FPIA, working with private voluntary groups in the LDC. (See Part II.)

There seems to be a strong, continuing need for private-sector involvement in population activities in LDCs. In the team's opinion, FPIA has done an excellent job of providing assistance to private voluntary organizations and host governments. Those on the team who have evaluated other population projects conducted by intermediaries believe FPIA is one of the best managed and most capable organizations involved in family planning. They recommend that AID/W continue to support the FPIA program for at least the next five years.

III. FINANCIAL MANAGEMENT

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The Grant Management Department (GMD) is responsible for the entire range of financial activities. Department staff keep accounts for all grant funds that have been received and disbursed, review the financial aspects of headquarters projects, examine vouchers, provide certain kinds of support to regional offices whose projects are being audited, handle the disbursement of funds to projects, and provide technical assistance to regional offices and projects. All this work is capably handled by a staff of five, including support staff. The director of the department seems to be particularly adept, and his principal assistant, the technical specialist, who is responsible for monitoring project grants, seems to be very capable. Three successive and intensive audits were made during the evaluation. Almost without exception, FPIA was rated highly. This was one indication of the quality of the department's work.

Accounting Documents

The GMD maintains a relatively simple but adequate set of computerized accounts to track all financial transactions under the AID/W grant. All accounts are current. They provide summarized information on the status of grant funds, categorized under the line-item headings that appear in grant documents, and other, detailed journal-type entries. In the ledgers, expenditures are segregated into detailed breakdowns of items.

Segregation of Accounts

The 1977 evaluation team noted that accounts were segregated into the two grants which had been made in 1971 and 1975. The evaluators wondered about the overlapping grants for which two sets of accounts were needed and asked whether a third account would be needed if the grant were renewed. FPIA noted the question but assumed that it was addressed to AID/W and made no response.

AID/W requires that grant accounts be segregated so that funds received and expended under each grant are clearly identified. FPIA follows AID/W's instructions, which seem to conform with U.S. Government accounting standards.

FPIA stated that, in 1977, it still was disbursing funds against two AID grants: the grant which had been terminated on September 30, 1975, and the current AID grant which began on October 1, 1975. Two sets of books were required, staff said, because for each grant somewhat different budget categories were used and each grant operated against a separate Federal Reserve Letter of Credit (FRLC). At the time the team visited New York, all

accounting activity under the old grant had ceased. When a new grant is issued, FPIA will again find it necessary to segregate accounts for the two grants.

Project Accounts

Project grantees may use their own bookkeeping systems or the accounting system of a government agency. Each grantee is required, however, to maintain minimum accounting standards; at least a cash book and a cash journal must be kept. All statements of expenditures must be accompanied by original vouchers. These documents are sent to the GMD, which determines what additional disbursements will be made. No additional disbursements are made until the vouchers are received and approved.

The team examined project books in various countries and found that, generally, they are kept adequately by trained bookkeepers. In a few cases, however, it was obvious that technical assistance from the regional offices was needed (see Part II).

Management of Cash Flow

The most prevalent problem in the field is the long delay--up to three months--in getting the next grant increment after vouchers are submitted to FPIA. Headquarters can document its excellent record in clearing disbursements promptly through Citibank, in New York, and sending them to the various correspondent banks in the LDCs. Problems arise mainly in the host countries. Most FPIA grantees do not have their accounts in a correspondent bank of Citibank; thus, funds must be transferred from the correspondent bank to the bank of the grantee. The correspondent bank has no incentive to transfer quickly the funds to the grantee's bank. For each day of delay, the bank can use this money without paying interest. Once the transfer is made, it may be some time before the bank informs the grantee of the transfer or transfers the money into the account for the project.

The GMD is negotiating with Citibank to devise a system that guarantees same-day availability of cash in correspondent banks overseas. If such a system is used, the FPIA's subgrantees may have to open accounts in a correspondent bank. This would eliminate the need to transfer funds from other banks. However, where there is no correspondent bank, problems are apt to persist. Regional-office staff should be able to arrange for the prompt transfer of funds to the grantee's account once the funds reach the grantee's bank. The team recommends that this matter be pursued vigorously by both FPIA and the regional offices until an effective system is developed.

The Regional Office Revolving Fund

In this interesting arrangement, the FPIA's parent organization advances its own funds to the FPIA, which allocates them to the regional offices to cover their general administrative overhead. As the funds are spent, vouchers are submitted to the FPIA, and grant funds are used to restore the revolving fund to its original amount. If a regional-office employee should incur inadvertently an expenditure not allowed under the AID/W grant, the PPFA pays the bill, thus avoiding any disallowance. The system is working smoothly; apparently, vouchers are submitted and reimbursements are received on time.

Technical Assistance in Financial Management

The four regional offices vary in their capability to provide technical assistance in bookkeeping and related financial matters. The Latin American Regional Office (LARO) and the South-West Asia Regional Office (SWARO) are particularly able to provide such assistance because they employ experienced professional accountants. In the last eighteen months, the director of the GMD has visited all regions and provided technical assistance. The technical specialist also has made two short trips for the same purpose. The evaluators recommend that shortly after the new accounting manual is issued, the GMD should plan to arrange for technical assistance to help strengthen the ability of the Africa Regional Office (ARO) and East Asia and South Pacific Regional Office (EASPRO) to provide more help to project staff. These two regional offices can assist now with the administration of small accounts, but additional support is needed to administer large, complex funding grants. It may be necessary to augment the staff to enable the GMD to provide the assistance that is needed.

Auditing

Neither the GMD nor the regional offices do any auditing. The GMD has issued guidelines for auditing projects. Until recently, projects valued at \$25,000 or more had to be audited annually. At this time, only projects with at least \$35,000 must be audited each year.

Whenever an audit is due, the GMD sends to the regional office a standard, but customized, "audit package," which includes commodity and financial data on the project. The regional office then arranges with local auditors, usually persons affiliated with well-known U.S. firms, to perform the audits. This system seems to be working well. At least one regional office is using the same firm to audit and provide occasional technical assistance to projects.

Schedule for Funding

FPIA does not require that a project be completed by a specified date. This affects the termination of funds. The year before the final year of anticipated operation, an effort is made to determine whether a project can generate its own operating costs, should be supported by a government program, is eligible for support from other donor agencies, or is eligible for continuing support from the FPIA. FPIA arranges for a special evaluation of a project and studies the results to decide whether additional financing is warranted.

The evaluators learned from regional-office staff that some officers make little effort to work with grant applicants to develop proposals for projects, administer funds during a project, or encourage and help devise ways to continue the financing after a scheduled financing period is completed. The regional offices should devote much more attention to this important matter.

IV. MANAGEMENT OF COMMODITIES

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The Commodity-Management System

A. General Procedures

The FPIA's commodity-management system is a model for other donor agencies and government population programs in LDCs. It is, after that of the U.S. Government, the largest U.S.-based export business of its kind.

A highly competent and motivated group of five persons manage the exportation of the family planning commodities. The requirements for commodities for both projects and non-projects are determined in advance, requests for commodities are reviewed in the field and at headquarters, and commodities are procured through the General Services Administration (GSA). Warehousing and shipping operations are highly efficient. Computerized and other clear-cut procedures are used to track and acknowledge the receipt of commodities by the grantee, and follow-up monitoring is done.

FPIA submits unfunded purchase orders to AID/W for in-kind commodities, which AID/W orders from the General Services Administration as part of its consolidated procurement program. FPIA sends funded purchase orders directly to the General Services Administration for other commodities. FPIA staff write the specifications for procurement. Commodities are delivered to a modern warehouse, where they are separated and stored. The warehouse is operated by Brethren Service Center of New Windsor, Maryland.

The receipt of commodities is acknowledged. All commodities are inventoried by computer. Computer programs produce printouts that detail all changes in shipments and inventory. Periodically, random spot-checks of inventory are made on-site.

FPIA also stores some contraceptives destined for Mexico at a Brownsville, Texas, warehouse. This results in a saving in transportation costs because the manufacturer is located in California.

B. Cost Effectiveness

The entire U.S.-based operation is highly cost-effective. The GSA purchases commodities in large quantities and thus is able to obtain pills and condoms for a fraction of what they would cost if they were purchased from retailers.

The MBO system helps to minimize the loss of time and motion in handling requests for commodities. Warehouse losses are rare. Lease rates for

storage are well below current market rates in the area. The Procurement and Distribution Department (PDD) pays close attention to cost-cutting measures, such as split shipments and storage in the Texas warehouse.

C. The Role of the Regional Office

Requests for commodities from LDCs first go to the regional office, where they are reviewed and passed on, with comments and recommendations, to headquarters. Some commodity requests are an integral part of a planning document and must be tied closely to the objectives and planned yearly accomplishments of the project. A specialist in commodities examines the kinds and quantities of commodities that are requested. If a request is for a "commodity drop" of substantial quantities of items not targeted for a program, the regional commodities specialist may visit a site to determine how well the applicant can handle the commodities, how the commodities will be used, whether warehouse space is adequate, how well inventory records are maintained, etc. If the request is for a small quantity, the specialist may simply send the prospective grantee a standard form on which much of the same information is recorded. If a request is approved, regional staff who are on a routine visit to monitor the project will check on the status of the delivered commodities. The commodities specialist periodically checks on commodity drops valued at more than \$5,000 in any one year. For a commodity drop valued at less than \$5,000, in a country where there is no bilateral agency or USAID mission, and no FPIA project, no arrangement is made for regular follow-up. The cutoff is \$5,000 because travel budgets and the number of regional staff are limited. Consideration should be given to using local accountants associated with U.S. firms to follow up commodity drops.

D. Processing of Requests

The PDD reviews requests for commodities to determine whether the quantities are reasonable, given the objectives of the project and the work to be done. The PDD uses standard formulas to estimate distribution in LDCs according to anticipated annual acceptor rates (1 gross condoms, 13 cycles pills).

If a request for a commodity drop is submitted, the PDD relies on the regional office's assessment. If a large request originates at AID/W, the director of the PDD may decide to visit the site or request the regional office or the mission to verify the request. If the requested commodities are in stock and the requester is not delinquent in acknowledging an earlier shipment, the commodities are prepared for shipping.

Often, if all stocks are not needed immediately, the PDD will split the shipment, sending part by air and part by surface mail, to reduce the

cost of air freight. The PDD has no direct control over the commodities after the shipping request is sent to the Maryland warehouse; however, it has an effective tracking system to monitor shipments from the time the shipping request is prepared until the receipt of commodities is acknowledged. The regional offices receive regular updates on the status of shipments and inventory.

E. Estimating Future Requirements

Commodity requirements are projected annually. The PDD studies the requirements and shipments in preceding years, unfilled orders, the annual workplans of the regional offices, the availability of funds, etc. Occasionally, when the DS/POP grant project officer (backstop) needs to make a five-year projection, FPIA will make a rough projection for the period. The PDD does not have access to the future plans of other donors. The director of the department told the team that the International Planned Parenthood Federation (IPPF) recently asked the FPIA for commodity assistance because its own funds were cut back sharply. The PDD has since added to the estimate of annual program requirements a factor of approximately 10 percent to cover this kind of request.

Excepting the U.S. Government, FPIA is the largest supplier of family planning commodities. It would seem useful for the PDD to talk with the United Nations Fund for Population Activities (UNFPA), Pathfinder, and other donor agencies that are supplying similar commodities.

Recipients of Commodities

Between July 1979 and June 1980, the most recent full year for which data are available, the East Asia and South Pacific Region received 40 percent of all commodities shipped by the FPIA. Latin America received 30 percent; Southwest Asia, 18 percent; and Africa, 12 percent. In the nine years since 1971, the rank order of commodities received by region has been the same, with Latin America receiving only 1 percent more than Southwest Asia (see Appendix B). Excluding the program year (PY) 1978-1979, when large amounts of commodities were shipped by the FPIA to Mexico and Indonesia in response to unexpected requests from the AID, the value of commodity shipments has increased, from approximately \$3.5 million at the beginning of the evaluation period to \$6.7 million in PY 1979-1980. Shipments in the first nine months of PY 1981 totaled approximately \$5 million. In PY 1979-1980, approximately 450 agencies received FPIA-supplied commodities. The following is a summary of assistance provided by the FPIA during the evaluation period. The table shows the relationship of commodity assistance to project assistance.

<u>Program Year</u>	<u>Project Assistance</u>	<u>Commodity Assistance</u>
PY 7	\$4,906,356	\$5,598,434
PY 8	6,034,549	8,045,204
PY 9	7,207,582	6,704,415
PY 10 (9 months)	7,911,602	5,095,189

The 1977 evaluation team recommended that commodity-distribution activities not be allowed to outpace project activities. It appears, however, that some PVOs continue to need commodities after the period of FPIA financing has ended. AID/W has found that the FPIA can move swiftly, thoroughly, and cost-effectively to provide "commodity drops," and it seems to be calling more and more on FPIA to do this. If continued, this kind of activity could result in an imbalance between project assistance and commodity assistance. Each element must be judged on its own merits. Not all commodities are tied to projects; therefore, a balance between the two should not be the most important consideration. FPIA should, however, be responsible for ensuring that all commodities that are received and used in a host country are accounted for.

Private voluntary agencies that are not involved in any FPIA-financed project receive approximately 60 percent of all the commodities shipped by the FPIA. Twenty-five percent of all requests from AID/W for commodities are filled by the FPIA. Project-related commodities shipped by the FPIA account for the remaining 15 percent. Many FPIA-supported projects receive condoms and pills from population organizations tied to the government (e.g., the Population Commission in the Philippines and the National Family Planning Coordination Board (BKKBN) in Indonesia). AID often is the main supplier of contraceptives for programs in the Philippines and Indonesia. The average value of a commodity shipment is difficult to estimate. The PDD estimates that costs range from a typical high of approximately \$175,000 to a typical low of approximately \$25,000.

The team asked the director of the PDD about the department's unused capacity and the possibility of increasing rapidly the volume of work. The director responded that, given the highly efficient systems of procurement, distribution, and accountability, the staff probably could double rapidly the volume of commodities they handle at this time. They have done so before for limited periods. But he noted also that staff would have to work overtime, more warehouse space would be needed, and certain costs would increase.

Commodity Drops

Approximately 25 percent of all FPIA commodities are shipped to areas where AID has no basic bilateral agreement and where there is, therefore,

neither a USAID mission nor a population officer. When the team was briefed at AID/W, DS/POP officials stressed that, where commodity drops are made in countries with which the U.S. has no bilateral agreements and in which it maintains no mission, thorough checking must be done before the drops are approved and follow-up monitoring initiated afterwards to determine how effectively the commodities were used. They stressed that the FPIA should have a surrogate in such cases.

The FPIA requires the regional offices to check in advance on applications for commodity drops. It is concerned less with large drops, for which a commodities specialist usually is employed for an on-site review of the application, than for smaller requests for several thousand dollars. The regional offices almost always handle the latter. A list of questions is sent to the applicant, but rarely is a visit scheduled to determine how the commodities are being used. Apparently, FPIA receives little information on the drops.

Regional commodity-management specialists are well informed about conditions in warehouses and the use of record systems to maintain adequate accountability. But they do not have a background in family planning programming and they may not be particularly qualified to review the soundness of an applicant's plans to use commodity drops.

One AID/W commodities specialist with whom the team talked is concerned about tracking the commodities for which a drop has been made and another request submitted. The supplier (AID/W or FPIA) would not know how well the earlier shipment had been used if a check had not been made. The specialist cited one case where a government ordered 300,000 cycles of pills and then placed a new large order even though 200,000 cycles were in stock. Either the regional commodities specialist or some other well qualified expert should have checked carefully the inventory before the new order was placed.

The team believes that all requests should be reviewed carefully not only by the regional commodities specialist, but also by the program officer. This should be done to determine the reasonableness of the request, given the intended purposes of the program. The program officer would not necessarily have to visit the site, but he should be expected to review and comment on the material developed on-site by the commodities specialist. The PDD has prepared an excellent commodities manual to assist both regional-office and project personnel in evaluating and following up requests for commodities.

Occasionally, the director of the PDD combines a planned trip to a region with the inspection of a major commodity-drop request. Staff of the Centers for Disease Control (CDC) also visit LDCs. If it were known when CDC staff would be on-site, CDC services could be used to assess the requests. This would constitute use of an excellent resource and would eliminate the need of the regional commodities specialist to visit

the site. The team believes FPIA should consider additional training for the field specialists to enable them to determine whether and how well the commodities will be used to meet the objectives and needs of a program. The director of the PDD told the team that FPIA usually does not provide large commodity drops to private voluntary organizations that operate outside projects. If PVOs want substantial quantities of commodities, they should, the FPIA believes, consider tying their use to a project.

Replacement of Suppliers

It is not clear that AID/W has a specific, well defined policy to come in behind a donor whose funds are being cut sharply and replace it as the commodity-supplier. A clear policy on this matter would facilitate forward-planning and make it easier to estimate the requirements for a commodity drop.

When an FPIA-financed project that uses commodities comes to an end, the need for those commodities remains. But supplies may be cut off because, sometimes, the LDC organization that implemented the project is not able to finance the products. The team believes that AID/W and FPIA should consider whether it would be desirable for FPIA to continue to provide commodities in such instances. A well qualified commodities specialist would be needed to review requests and monitor use of the commodities. It would be reasonable to establish a cutoff beyond which commodity drops would not be monitored. Travel costs for smaller drops at distant points could exceed the value of the commodities. It might be possible to contract with reputable local auditing firms based in the U.S. to check on the smaller commodity shipments.

Staff Management of Commodities

While visiting the various LDC projects, the team examined how project staff manage the use of commodities. In general, the evaluators found that the staff do a fairly good job. At the headquarters offices, records of commodities received and issued are maintained well. Fair-to-good records on the number of acceptors seen and the kind of contraception used are kept in outreach offices in villages. In some village records, data on quantities of contraceptives received and issued are sketchy.

The method of storing commodities at headquarters is acceptable usually, but in clinics, contraceptives are jumbled together and stored casually in cardboard boxes or hot, airtight cupboards. Some condoms are left in the open, where they can be damaged through exposure to the sun or rodents and insects.

At headquarters and in clinics, commodity management was rated either acceptable or good. Regional-office staff might provide additional technical assistance in monitoring commodity management in the more remote areas. The supervisors of outreach workers need to be trained to handle this task.

FPIA Technical Assistance in Commodity Management

In all the regional offices at least one officer is designated to be the commodities specialist. This person is capable of providing technical assistance in estimating quantities of commodities (program officers are even more skilled in this technique), storing and distributing commodities properly, maintaining records, reordering, etc. The specialist travels to the sites of projects and provides selected technical assistance. Usually, the other regional-office staff have less expertise in commodity management, but they are able to provide some technical assistance as part of their routine monitoring duties.

The director of the PDD makes one or more trips a year to LDCs to review commodity-related problems and provide technical assistance. In one country, for example, he helped develop a national commodity-inventory system. In several others he has been a troubleshooter and has helped solve problems with customs. The chief operating officer has stated that the FPIA will not provide technical assistance to clear commodities through customs because the technical specialists would not be effective in solving these problems. The team believes that the PDD should continue to try to upgrade the capability of the regional commodity specialists. With additional training, these persons should be able to provide technical assistance in commodity management to projects and applicants for and recipients of commodities.

Clearance through customs continues to be a serious problem. Delays may be three months or longer at ports and other points of entry. It is difficult to provide effective technical assistance to solve this problem. It may be useful to try to identify areas throughout the world where clearance procedures are effective and to determine whether and how these procedures could be adopted and used to speed commodities through customs.

V. SUBGRANT MANAGEMENT

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Planning

A major responsibility of headquarters staff is to manage the project grant. The staff must anticipate and estimate the need for funds and commodities, including contraceptives, staff, and support services, for countries and regions. The regional offices themselves, which normally consult with governments, prospective requesters, and USAID missions, also must be able to estimate need.

The regional offices should improve the quality of the data they help to generate and the planning strategies they help to develop. To develop a five-year plan, concentrated investigation and discussion in the country are necessary. The workplans developed in the regional offices must reflect the consideration of countries' needs and aims. At this time, the workplans show little evidence of thoughtful, advance planning.

The FPIA should take steps to improve advance planning; it should emphasize the development of regional plans based on sound analyses that have been conducted by the regional offices in the respective countries. Many crucial management issues must be considered when developing regional plans. For example, how can Family Planning International Assistance expand its efforts to other underserved countries that are far from regional offices where FPIA resources are concentrated? A number of factors must be considered, such as costs and logistics, including travel to and from the regional offices, and available staff and administrative support. Various alternatives, such as the relocation of the regional offices and the employment of additional staff, also must be studied. Any one of these factors might change the "equation" and all should be explicit in regional plans.

The regional offices have collaborated with USAID missions to prepare Country Development Strategy Statements (CDSS). But neither the FPIA nor USAID missions have proposed a formal process to assess the need for funds and commodities and to discuss in depth FPIA country and regional strategies. The central office, the regional offices, and the missions do communicate, but they discuss primarily the operations of individual projects or the development of new projects. A mission may not even share the CDSS with the regional director of the FPIA.

Planning should be an objective, and the preparation of briefs and other documents should be a scheduled activity listed in each annual workplan. During their annual visits, FPIA staff could consult with governments, current and prospective recipients of FPIA assistance, and health and population officers at the missions to sharpen the focus on advance

planning. A discussion involving the regional director or associate director and the director of the USAID mission, or his or her representative, would be useful. The missions should recognize the FPIA's efforts to improve country and regional planning and should welcome the opportunity to participate each year in the preparation of the CDSS. They also should enable staff to meet with senior government officials.

Each regional office should produce analytical briefs on each country which could be updated annually. These briefs could be the basis for discussions with the missions on country and regional strategies and plans, and they might also be useful in preparing the CDSS. Briefs should be prepared first on those countries where the FPIA is operating at this time, then on countries where the organization is likely to become involved, and, finally, on those countries for which AID is proposing FPIA assistance, or in which involvement may be possible. The briefs should be the responsibility of the regional director and associate director, who, during one of their yearly visits to each country, could gather data for the analysis. Even if some countries are not visited each year, an effort still should be made to produce the analytic briefs; information could be obtained through correspondence with the missions or embassies.

In preparing a brief, staff should try to identify political realities and various social conditions which could affect how FPIA assistance is provided, cultural barriers to family planning, the attitude of the government toward PVOs, both those engaged in national population projects and those receiving external assistance, and gaps in the government program which could be filled if FPIA assistance were provided. In addition, the organizational goals, limitations, and funded projects of the FPIA and other specialized donor agencies that are offering bilateral and multilateral aid should be considered. The brief should contain an overview of the strengths and weaknesses of the assisting agencies; a discussion of bilateral, multilateral, and technical assistance in population, where supplementary FPIA assistance also may be contemplated; a review of the important findings on indigenous organizations, including their successful extension or development of outreach programs; and a review of the strengths and weaknesses of national PVOs. In one section of the brief, efforts in information, education, and communication (IEC) should be examined; the authors should discuss how these efforts might affect the development of family planning strategies. Also, the authors should review the results of FPIA evaluations of terminated or current projects and of family planning strategies for FPIA-assisted projects; these evaluations might be useful in determining priorities for future projects in a country.

Briefs should be prepared each year on current projects, and the funds required to continue those projects should be estimated. New proposals for projects, and estimates of the funds to develop and continue those projects for as many as five years, should be discussed.

To facilitate planning and implementation, the regional offices should consider offering project-development workshops, particularly in countries where the FPIA would like to expand its activities. Interested representatives of PVOs could meet one another and share their experiences in implementing different kinds of programs. During discussions, one organization might find that it could use another agency's expertise and propose future collaboration. The geographic coverage of family planning services provided by PVOs with the assistance of the FPIA or other donors could be rationalized when planning the expansion of services. If one workshop were held and projects subsequently developed and funded, the PVOs that are receiving assistance from the FPIA could meet periodically to discuss mutual problems and conduct group-training sessions. The workshop could be a cost-effective way to provide additional assistance to project staff unable to travel to the regional offices.

Although there are ways to improve advance planning and project management, if resources are not available, it will not be in the FPIA's interest to try to respond to increased demand for family planning assistance. In a responsible fiscal management program, such as the FPIA's, resources are earmarked for specific projects that must be refunded. If through improved advance planning, country briefs, substantive discussions, and project-development workshops, the FPIA can provide evidence to support the assertion that there are more prospective recipients than can be assisted, given the resources available to the FPIA and other PVOs, AID may have to consider channeling more resources through the FPIA, and the organization in turn may have to consider requesting new staff at headquarters and for the regional offices. This would be necessary especially if a government or the AID asked the FPIA to be a channel for contraceptives once supplied by other donors.

Project Development

A. The Process

The regional offices are responsible for project development, but the decisions on funds for projects and the disbursement of monies are made at the FPIA headquarters. The process is completely centralized.

Each regional office reviews and analyzes projects before preparing its annual workplan. The priorities for refunding projects and for developing new projects are identified. The method of identifying priorities could be improved if the method for measuring the significance and effectiveness of projects were improved.

The central office in New York indicates in a memorandum on the regional budget how much funding will be made available for projects during the current year. Progress in obligating project funds is traced in

a monthly report. Projected commitments for anticipated refundings-- which are considered first--also are listed in the report. The unprogrammed balance which usually remains is allocated to new project development. The balance is reduced each month as new projects are developed. These projects and estimates of committed funds appear also in the monthly report.

A regional office may identify possible new projects in a variety of ways. Often, PVOs seeking assistance approach a regional office informally. Regional-office staff constantly come into contact with PVOs during their travels. Periodically, the regional offices send a "mass-mailing" letter to PVOs in a selected country of the region. Other donors, recipients of FPIA assistance, government officials, and influential persons may refer requesters to a regional office. Occasionally, the FPIA provides commodities to a PVO that are not project-related; in these cases, the regional office may decide to investigate the PVO to determine whether it needs assistance to improve family planning services.

A list of prospects is drawn up; each possibility is examined in turn. Follow-up activities are shown in the annual workplan. Each regional-office staff member is given tasks for a specific project. Political factors, the volume of past FPIA assistance in a country, tentative judgments about the cost-effectiveness of the activities of the PVO, and other considerations are examined before a decision is made either to pursue or not pursue a relationship with a new requester.

A government may identify as a priority assistance in developing a specific family planning service, or it may require the FPIA to cover certain geographic areas. Occasionally, the missions and AID/W may ask the FPIA to operate certain projects in a country, or certain kinds of projects. In this way they influence the FPIA's entry into programs that receive direct government funding.

The evaluation team believes that the development of projects can be rationalized through a planning process, even though unexpected opportunities for involvement in projects may appear at any time during the year.

B. Terms, Conditions, and Management

The terms and conditions of a grant are made clear to a requester--be it a PVO or a government--before a project document is prepared. Those who cannot accept or are unable to meet the terms and conditions are ruled out for FPIA assistance. The senior managers in the regional office--the regional director, associate director, and assistant director--usually are involved in the initial discussions with the requester. Generally, those who decide to "go the distance" with

FPIA also accept the FPIA's management system and use its guidelines and forms and procedures to develop and follow up projects and manage finances.

Initially, the more experienced, larger, and sophisticated PVOs may have difficulties with the process, but they consider the effort to use it worthwhile. The less sophisticated PVOs seem to have problems preparing documentation on a project, but they, too, believe that their ability to manage projects improves after they have been trained by and have received technical assistance from regional-office staff. The evaluators had expected to hear complaints about the system; to their surprise, they found that recipients of FPIA assistance not only adapted, but also seemed pleased with, FPIA management skills.

C. Negotiation and Development of the Project

When the FPIA's terms and conditions have been accepted and a framework for the project has been negotiated, a program officer begins to work with the requester to prepare the project document. A number of complaints and observations have been made about the project-development process:

- Some requesters think the process is unnecessarily long. They say that not enough in-depth assistance is provided to enable them to complete project documents in fewer, but more concentrated, sessions that last no more than two hours and which are scheduled over a shorter period of time.
- In some cases, a budget that is worked out with regional-office staff subsequently is slashed at the regional office. When this happens, the proposal must be revised. Furthermore, the requester tends to lose confidence in the program officer who helped prepare the budget.
- Sometimes, a negotiated schedule also will be changed. In the EASPRO, for example, one recipient of FPIA assistance reported that the agreed-upon timeframe for a set of quantitative objectives was cut from eighteen months to twelve months after the project document had been approved.
- Items required for a project may be overlooked. It was reported that, in a project proposal developed jointly by two different agencies with FPIA assistance, no reference was made to the specific audiovisual and transport equipment that was needed and which neither agency could provide.
- There are complaints that regional-office staff set quantitative targets for a requester that are unreasonable.

- Another complaint is that regional-office staff take away with them the only copy of a completed project document.
- It is reported that too much project development takes place at the regional office and that, consequently, the requester is unable to be as closely involved as he would like in that process and in decisionmaking. Some recipients charge that the document does not describe what they want to do, but what the FPIA thinks could be done.

The FPIA would be well advised to consider these comments. The workload and work styles of regional-office staff should be examined and necessary changes in staff training effected. Under no circumstances should an organization that is receiving financial, technical, or commodity assistance from the FPIA be made to feel that a project is the "FPIA's project" and not its own. If the project-development and management system gives rise to this attitude, it should be re-evaluated by the senior management staff of the FPIA.

D. Duration of the Project

More often than not, project documents cover twelve months only--the period for which funds actually can be obligated by the FPIA. Long-range and interim objectives and workplans for each year of the project are not indicated. Objectives might be more realistic if interim benchmarks were identified and a realistic schedule of phased activities developed during the planning exercise.

The FPIA should require that long-range (from two to five years) planning documents be prepared. The documents should contain long-range and interim objectives and workplans for each year.

In the future, funds should be obligated for eighteen months, and not twelve months. One regional director stated that he felt the objectives for eighteen months of activity were more realistic and that recipients appreciated having more time to work before having to produce documentation to justify refunding.

E. Joint Funding

The FPIA seems to have no particular difficulty negotiating or monitoring projects funded with other donors. In fact, in some regions FPIA has been able to "stretch" funding under the grant and thus integrate income-generating activities and maternal and child health (MCH) activities

with FPIA-assisted family planning service delivery. The regional offices should try to propose joint programming that would lead to joint funding. Not only other, traditional PVOs, but also bilateral and multilateral donors should be tapped. And activities other than those which the FPIA can fund directly under the grant, as well as large projects that require far more resources than the FPIA can commit in any one year, should be proposed for joint funding.

F. Format of the Document

The format of the project document should be modified further. The document should include a statement that another donor will be funding project activities; a list of the objectives and the components or items which the other donor will fund; a budget; and a description of how the other donor's assistance will be tied to FPIA assistance.

The section entitled "New Projects: Background of Grantee Agency" should contain more information on the various other activities of the PVO and a statement on how the project is funded (e.g., solely by FPIA or jointly with another donor). If the PVO is to receive external funding for non-project-related activities, this should be made clear. If external funds are provided, it may be necessary to report to another donor; moreover, closer financial monitoring by the FPIA may be required.

If the project director or some other staff member is responsible for fulfilling the terms of the contract with the FPIA (FPIA will fund only part of the director's salary), that person's other responsibilities should be identified in the section entitled "Job Descriptions: Project Staff, Volunteers, Consultants." Other clinic- or community-based distribution (CBD) activities conducted in areas where the FPIA is working also should be mentioned in the project document. An effort should be made to encourage PVOs to extend services to areas that are not already covered.

Review and Approval

A. The Process

Regional-office staff review the documentation for refunding or developing a new project. They use two checklists to ensure that key information, including commodity and financial data, is included, is clear, and is consistent. At FPIA headquarters, the Project Management Department coordinates the project-review process; together with the other departments, it also analyzes the information in each document. Forty-seven processing "events" occur between receipt of the document and initial

disbursement. The program associates at headquarters keep the process moving. They complete a comprehensive checklist of "events" and analyze all sections of the document. Requests for clarification, additional information, or comments are cabled to the regional office, which then works with the requester to prepare a response. A "processing memo" is produced at headquarters; this is a summary of all comments on the document.

All project documents are sent to AID/W for approval. AID/W officially requests comments from the mission, which may or may not have received an advance copy of the document. FPIA staff work with the regional office to prepare responses to questions from AID. Analysis and review are thorough and systematic. To date, AID/W has disapproved few FPIA projects.

The regional offices do follow the guidelines issued from the headquarters, and communication between the central and regional offices is generally quite good. Coordination with the USAID missions also appears to be timely. Early clearances from appropriate government authorities have been obtained with no particular problem. In one case, the FPIA and a mission could not agree on who was authorized to clear a family planning project. This kind of problem should never occur. It is relatively easy for missions to obtain clarification from higher authorities, just as other population donors can coordinate with governments.

B. Constraints and Improvements

Communication in LDCs is a problem; telephone, cable, and travel systems often break down. But project development and review can be made more efficient and rapid, despite these and other constraints. For example, as a result of the MBO approach and the institution of systematic operational procedures, the quality of work of recipients and FPIA staff has improved.

The regional offices, FPIA headquarters, USAID missions, and AID/W must review each proposal for a project. Between the time discussions begin and a project is approved, nine months to one year may elapse. Initial disbursements may be delayed even after a project has been approved. It takes approximately five months to clear new projects, and approximately three months to clear refundings, through headquarters and AID.

Many recipients of FPIA assistance have complained about the inconvenience of having to wait until the end of each project year for the FPIA's decision on refundings for the following year. Funds run out toward the end of the year, staff are unsure of their jobs, planning for second- and third-year activities is problematic. Several project directors have said that quality staff are not attracted to a new project

that is funded for only one year and may or may not be continued. As the year runs out, project performance is affected as staff rush to complete the documentation for refunding or try to find other donors for the project if the FPIA decides to discontinue it. If there is a delay between the time a grant-award letter is issued and a disbursement is made, "cash-poor" PVOs find themselves in desperate situations. The regional office cannot respond to requests for information on a disbursement because disbursements are made only from the New York office; rarely does the regional office know more than the recipient. Because of these constraints and delays, the delivery of family planning services and the flow of contraceptives to users may be interrupted. In result, not only the continuation of family planning services, but also the health of users, may be affected.

The Agency for International Development refunds FPIA each year, but the FPIA itself has no guarantee that it will be able to continue operating. Its problem is not unlike that of the recipients in the LDCs who are conducting the service programs.

C. Relations Between the Regional Office and Headquarters

The project-development practices of regional-office staff should be examined. Moreover, projects should be funded for eighteen months. Headquarters also should examine the internal processing system to determine how efficiency can be improved. For example, less time could be spent translating documents into English. Also, while the medical director of the PPFA is traveling, a substitute could be employed to make technical and substantive reviews of projects.

Headquarters requested that three additional program associates be hired. But because the yearly allocation from AID was less than requested, the COO eliminated these and several other new positions to concentrate all available funds on programming. AID/W and the FPIA should review carefully current staffing levels. If all the available funds are used for programming, and additional staff are not recruited, the quality of the program and of the work and lifestyles of current staff is apt to decline.

DS/POP/FPSD may approve or disapprove FPIA projects valued at less than \$50,000 without obtaining clearance from the Contracts Office. To speed processing, AID/W should consider raising the cutoff to \$100,000.

D. Relations Between the Regional Office and USAID

AID/W and FPIA should encourage regional directors to share project proposals with missions. This should be a first step in the

process of review and discussion. When comments from headquarters have been transmitted to the field, missions can then dispatch their final comments to AID/W. This they may do in advance of an "official" request for comments on a specific project.

E. Innovative Mechanisms for Small Projects

Small projects should be "exempted" from some of the more time-consuming or burdensome processing requirements. In Bangladesh, FPIA is funding the establishment of an "umbrella" organization which locates and works intensively with small neighborhood and village associations that have the potential to be effective in IEC efforts and service outreach. The FPIA gave the umbrella organization a block grant to divide among the groups. Each request must be for less than \$10,000. To track progress and expenditures, simple reporting formats are used. The staff of the organization, who speak the local language, provide continuous support to the recipient. The competence of the umbrella organization is monitored periodically in progress reports on the FPIA-funded project. FPIA also gives block grants to the main offices of church networks in the Philippines and Indonesia. The funds are divided among the smaller churches in different parts of each country.

By providing block grants and simplifying reporting procedures, the FPIA is able to support small organizations with a significant outreach and avoid overburdening regional-office staff. The approach should be tested in other countries.

Given the terms of the grant, FPIA cannot increase a budget to compensate for inflation or to cover unanticipated expenses (e.g., costs for an additional consultant) without AID's approval. Nor can FPIA authorize a short-term, no-cost extension of a project. AID/W should include in the grant document a provision that permits FPIA to increase a project budget by as much as 10 percent, or \$10,000, and to authorize--without AID's approval--a no-cost, one-to-three-month extension of a project.

Regional directors have pointed out the need for a small project fund to cover the expenses of small-scale projects. In fact, it was recommended in the 1977 evaluation that such a fund be established. Today, the issue is not whether the fund should be established--the evaluators believe that it should be--but how it should be set up and by whom it should be administered.

The evaluators recommend that the fund be established and that the regional directors determine how the money is to be allocated. Guidelines on allocations should be issued by headquarters. As many as five projects could be the recipients of some part of the annual total of \$50,000, but no one project could receive more than \$10,000. Headquarters would hold and disburse funds. No money would be disbursed until the

regional director cabled headquarters that a specific project activity (a description of which would be included) had been approved, and the mission cabled AID/W that it had no objection. AID/W would transmit the contents of the mission's cable to FPIA's headquarters as quickly as possible.

AID/W would have to explain to the missions the purpose of the funds. The regional directors would work with the missions to decide how the funds would be used.

A summary of the project should be required, but it should not be prepared in the complicated format used at this time. At the end of each year, a local audit of the funds could be made.

Certain details may have to be worked out by AID/W and FPIA; instructions and guidelines will have to be provided to the regional offices and missions. In implementing the team's recommendation, FPIA will be authorizing field staff to make decisions on small-scale projects. In result, it is expected that more informed, and more rapid, responses to worthy requests will be made.

Monitoring

Recipients of FPIA assistance are required to submit progress reports three times a year. These reports are analyzed in the regional offices and in New York. Regional-office staff--primarily program officers--visit a project two or three times each year to monitor activities.

In the future, a "compliance visit" will be made in the first month of the project. The regional office will be responsible for reviewing the recipient's capability to comply with the terms and conditions of the grant. Technical assistance in establishing sound administrative and financial procedures and in adapting client records to FPIA requirements will be provided. Recipients will be allowed to use either their own recordkeeping systems or government-mandated systems, but they will be obligated to identify new and continuing clients as well. FPIA is developing a uniform method for collecting and recording this kind of data.

A. Service Statistics

Service statistics need to be improved. In FPIA-assisted projects, as in other family planning service-delivery programs, there are two main problems with service statistics: The terms may not be defined well and the accuracy and reliability of the data may be questionable. In FPIA-assisted projects, the definitions of "new" and "continuing"

acceptors are not uniform; occasionally, they do not reflect actual contraceptive behavior.

FPIA has stated that, because it is a donor organization, it is inappropriate for FPIA staff to advise and counsel the subgrantees who are the implementing agencies. In compliance with the terms of the grant, FPIA provides technical assistance only in designing projects, preparing workplans, and adapting or modifying systems. It measures the adequacy of performance in terms of the number of tasks completed and the number of clients reached. Its approach is not, in the team's opinion, sound.

One might reason that if FPIA staff can advise on management and administrative and financial procedures, they also should be able to evaluate problems with service statistics, for example, and to suggest to recipients how they might improve service delivery. The FPIA assumes that recipients lack management skills and that its staff can provide sound technical assistance in management. Its assumption is correct. However, in many cases, the recipients themselves require technical assistance in areas other than management. This fact was pointed out a number of times to the evaluators. Other project staff with whom the evaluators talked said they needed technical advice that regional-office staff were unable to provide.

According to FPIA, project staff have the opportunity to present their problems and to request assistance. Requests for assistance should be answered promptly. Regional-office staff need to have a basic understanding of service problems before they can identify and discuss those problems with project staff. If regional-office staff who have a knowledge of the subject are unable to respond sufficiently to a problem, they should recommend a technical consultant or ask project staff whether they would like to consult a particular person.

FPIA has stated that it is developing guidelines for monitoring projects. Regional-office staff should know what to look for when they examine service statistics, and they should be required to visit a sample of households or make spot-checks of clients who are listed as acceptors and continuers to assess the reliability of the data. These checks should be made in the company of project staff. Regional-office staff should receive short-term in-country training in this and other aspects of family planning service delivery. The objective of this training should be improved project development and monitoring and, ultimately, improved service.

B. Cumulative Information on Projects

AID/W has had some difficulty monitoring the accomplishments of projects that last several years. In neither the original project

documents nor the proposals for refunding is the total estimated cost of a project, including commodities, shown. Documentation for refunding does not include a description of performance from the beginning of the project. USAID population officers, AID/W officials, evaluators, and other interested persons must piece together available data to get an idea of what has been accomplished and what has been expended.

The reporting procedures of the FPIA should be revised to ensure that information on the cumulative cost of the project and accomplishments to date is made available. This kind of information should be made available at least once a year.

FPIA may fund a number of projects for a number of years, then categorize them as terminated and later revive them under new titles and numbers. Sometimes new project directors are appointed. Usually, the revived projects have the same objectives. Given these circumstances, it is difficult to get a clear picture of a project's history.

FPIA should review the history of projects that have been terminated and then revived, and then determine whether a limited (minimum) number of changes can be made. If possible, the original project should be modified, and not designated as a new project.

C. Reports on Projects

FPIA has been trying to improve the analysis of individual projects. Following in-house discussions with the regional directors, FPIA decided that staff reports on site visits, letters to project directors that acknowledge and contain comments on progress, and financial reports must be made more substantial. Staff have been reminded that, when problems are identified, solutions should be suggested. Ways to avoid a problem also should be outlined in FPIA communications.

Since the 1977 evaluation, FPIA has systematized further the evaluation of performance. Regular progress reports and financial reports are required. Accomplishments are measured against the quantitative and qualitative objectives set forth in the workplan. Each project must report on schedule; reminders are sent promptly if reports are delayed, and disbursements are held up if reporting requirements are not fulfilled. Through systematic project management, FPIA is doing all that it can to help recipients fulfill their minimum reporting responsibilities.

FPIA stressed to the evaluation team that performance-evaluation is built into its projects. Measurable objectives are written that contain performance measures--a quantity or quality. The recipients of FPIA assistance periodically report on their progress in meeting their objectives. When the tasks for an objective are not completed, the recipients state when they expect to be able to complete them.

D. Progress Despite Objectives

The team believes that the objectives for projects are too quantitative. Numerical targets are set for the one year for which FPIA obligates funds. Project documents should be drafted that cover the entire project; they should contain descriptions of each phase of the project. Quantitative and qualitative objectives--both mid- and long-term--should be listed for each phase. This approach might relieve the pressure on the recipient or the program officer to front-load objectives, to over-assess what can be done in one year, and then, toward the end of the funding period, to rush to demonstrate to the donor that the targets are being met and the project should be refunded. It might also relieve the pressure on FPIA to show to AID that the project is "succeeding."

In a family planning service project, much attention should be given to "quality of service." Qualitative objectives cannot be quantified, but if activities are carried out efficiently and effectively, quantitative objectives may be reached. To facilitate monitoring, FPIA should establish criteria that show that qualitative objectives are being attained. These criteria should be listed in documents on the project.

E. Project Reviews

Country and regional planning exercises are recommended. In addition, annual reviews should be made. The Secretary of Plan Implementation of Sri Lanka, who coordinates the population program, suggested to the regional director that FPIA should require a yearly review of each project. The review should involve the recipient, a representative of the government's population program, the regional director, and a representative of the USAID mission. Site visits might be made, and all parties would be informed of the status of each project. The review could be useful in monitoring projects. Headquarters should discuss the recommendation with each regional director or at the next annual meeting of the regional offices.

F. Site Visits

It is not cost-effective to have both the regional offices and the missions analyzing documentation, meeting with recipients, and making site visits, which sometimes increase workloads and interrupt schedules. Regular planning-and-coordination meetings and more meetings to monitor projects could be held. The need for information would be satisfied but the number of site visits during any one year would be reduced.

G. Terminated Projects: Continuation of Activities

Regional-office staff do not seem to have up-to-date information on what happens after FPIA assistance is terminated. Headquarters and the regional offices should review and report on the status of terminated projects and organizations that no longer receive FPIA funds or technical assistance. When developing a project, the regional offices should consider how services will be affected when assistance is withdrawn. Later, as the project advances, they might reexamine their initial considerations.

Discussions on the continuation of activities should be held with the recipient(s) and the government. The development of alternatives to continue activities should be an objective listed in project documents. Phased takeover by the government should be considered and negotiated when the project is being designed. AID/W and FPIA headquarters should monitor this kind of activity. The missions might be able to aid negotiations.

Evaluation

A. Evaluation Exercises

FPIA concentrates on performance-monitoring in each funding period. Somewhat broader evaluations are made after four or five years of funding. In these evaluations, too, the tendency is to measure aspects of performance against the objectives of the project. Sometimes, an evaluation will go further. The evaluation of the Coptic Evangelical Organization for Social Services in Egypt, prepared by the director of the Project Management Department, addressed the validity of the assumptions in the original project design. (One assumption was that the government eventually would assume responsibility for the activities. During the evaluation, the recipients of FPIA assistance questioned this assumption.)

The FPIA also commissions ad hoc evaluations. In these evaluations, special problems are analyzed or the efficiency of a certain kind of project is determined. Headquarters staff and consultants may participate. At times, a government may request a special evaluation, the results of which may determine whether a project is allowed to continue. This kind of evaluation may be done jointly by government and regional-office staff, or by an independent agent, such as a university.

An evaluation component may be built into the objectives, workplans, and budgets of continuing or new projects. Sometimes, a local consultant is recruited to assess performance, relationships between the grantee and the community, and staff and line functions within co-funded organizations

or organizations that employ either government or non-government personnel to work on similar activities in similar geographic locations.

B. Significance and Effectiveness of Projects

FPIA is trying to improve performance-monitoring, but much more could be done, the team believes. The 1977 evaluation contained a recommendation "to develop specialized evaluation approaches for use in overall program assessment as well as for application to particular sub-projects." A comprehensive analysis of the performance, significance, and effectiveness of both terminated and ongoing activities should be made. A proper frame for the evaluation should be developed and all aspects of a project, from initiation to completion, should be analyzed. In his December 1979 memorandum to all regional directors, the chief operating officer identified the various factors in "significance" and "effectiveness." These factors can be augmented and refined. A project has the potential to effect broad changes in behavior and attitudes. For example, it may stimulate new use of local resources, develop leadership, and result in the development, testing, and use of new or modified strategies for family planning service delivery in certain kinds of communities and under certain conditions.

C. Feedback to Develop More Effective FP Strategies and Delivery Systems

At this time, these kinds of factors do not seem to enter into the analysis of FPIA projects. Nor are observations or conclusions on effective family planning strategies or cost-effective delivery systems made. FPIA headquarters and the regional offices should concentrate more on analytical evaluations from which will emerge a clear picture of experience in funding. If they understand the pattern of funding, they will be able to draw on their experience to establish priorities for new regional and country projects.

There are strong cultural and social barriers to family planning; thus, a variety of family planning strategies that reflect consideration of the peculiarities of the regions and countries must be used. In Latin America, the Catholic Church advocates "natural" family planning, but it resists the promotion of other methods. Male sterilization is the least accepted method of contraception in Latin America. Youth programs in some countries meet with resistance from religious and social groups. To respond effectively to young people's needs, one must understand adolescent psychology, behavior, and health. Women and young people need specific kinds of education and services; strategies related to these persons' distinctive patterns of sexual activity must be devised to introduce and encourage the continued use of services. Rural and urban

population groups may be reached in other ways. To overcome cultural and other barriers, long-term projects with long-term support are needed. In FPIA projects, the tendency is to ignore the need for different strategies in different phases and for phased educational and service strategies.

D. Self-Sufficiency

As the authors have pointed out, projects should be planned and drafted over the long term and phased government takeover should be negotiated early in the project. Certain kinds of projects may require FPIA support for as many as four or five years, sometimes longer, depending on when and how strategies are used.

The evaluators were asked to examine the issue of "self-sufficiency." The terms "self-sufficient," "self-supporting," and "financially independent" are ambiguous. Do they mean total or partial independence from FPIA or AID funding? Or independence from bilateral, multilateral, or other donors? Do they mean that sufficient revenues must be generated by the projects or organizations to pay for family planning services and other, non-project-related activities? If the terms are defined to include government takeover of a project, and the government is receiving significant amounts of bilateral or multilateral assistance for its population program, how important is, and what will be the effects of, the transition from FPIA funding to government support?

FPIA has pointed out that self-sufficiency and the continuation of family planning services have practical and philosophical implications. It is not easy to achieve self-sufficiency, nor is it easy to continue providing services for which funding has been withdrawn. The following case-example illustrates the complexity of the issues. Planned Parenthood is a major service provider that operates through a network of 187 affiliates. Support for the affiliates is derived from patients' fees, donations from individuals, companies, and foundations, and contributions from the U.S. Government. Government funding is substantial. Few affiliates could maintain their current levels of service if such funding were terminated abruptly. Cooperation between the government and the private sector, which awards categorical grants to the affiliates of the PPFA and other agencies, is one factor in the significant growth in the United States of the family planning program.

In LDCs, government resources are limited. There is a shortage of foreign exchange for imports; conventional contraceptives, therefore, are obtained usually from donors. Investments in the social sector, including health, family planning, and education, yield benefits for the nation only in the long-run. Few governments in LDCs believe they can afford to allocate funds to private voluntary organizations. And in instances where monies are allocated, the funding is limited.

When a PVO or a LDC contributes its own resources to a FPIA project, that assistance is considered to be a counterpart contribution to FPIA assistance. Projects with income-generating components may be developed with other donors as jointly-funded projects. Family Planning International Assistance should pay special attention to opportunities to develop income-generating components or to negotiate jointly-funded projects. Under the terms of the grant, income sales of contraceptives or fees for services must be reported to FPIA, but it can be re-invested in the project at FPIA's discretion. Opportunities for commercial retail sales, particularly in urban areas or towns, should be investigated further.

FPIA advocates self-sufficiency, but it points out that several years of assistance may be required before a project can identify those who need and accept family planning services, determine how best to deliver services to clients, and determine how much it will cost to maintain services. FPIA should evaluate and test alternate cost-effective family planning strategies in FPIA-assisted projects. To move toward the goal of the grant and to ensure that populations have access to family planning (this is considered to be a basic human right), the needs of low-parity women and young people, as well as persons for whom sterilization is the appropriate method of contraception, should be addressed. The efficacy of linking maternal and child health and family planning outreach services also should be studied. Some FPIA-assisted projects are funded jointly with other donors to enable the recipients to offer an integrated service, which may be more popular than another kind of service and which may affect the acceptance of family planning.

E. Impact on Fertility

It is virtually impossible to isolate the effect of FPIA activities alone on fertility reduction. FPIA deliberately concentrates on the development of service delivery programs, including the distribution of contraceptives; thus, one can assume that its programs have a direct effect on fertility. By using the results of fertility research, the FPIA can maximize its impact on fertility by developing as part of its service strategies dependable spacing methods for populations in LDCs.

Technical Resources

A. Management Expertise

FPIA has a strong professional and technical capacity in management. Staff are recruited primarily for their management skills. Technical assistance and training in management is extended to project staff.

Those who receive this aid find that their own management skills improve considerably.

B. IEC and FP Service Delivery

Project staff need technical assistance in IEC and other aspects of family planning service delivery. Experience in family planning programs is desirable.

Short-term professional education in family planning should be arranged for staff in the regional offices. Staff should be made aware that IEC strategies should change as a project evolves. Opportunities should be available to learn about communication strategies, particularly educational techniques and community-support strategies to encourage the continued use of contraceptive methods. This training should help improve the quality of backstopping.

C. Consultants and Staff Expertise

Other technical advice in IEC and clinical and medical matters can be provided by consultants. For some projects, consultants may be required at different times. In some instances, it may be possible to contract a single consultant who can be available when assistance is needed.

Regional-office staff must know enough about family planning that they can determine when a consultant with particular expertise is needed. Although they do not necessarily maintain a formal roster of experts, the regional offices do seem to know what local and regional talent is available and how it can be tapped.

D. Technical Advisers at Headquarters

In conjunction with the International Affairs Committee of the Board of Directors, the PPFA and FPIA should review the results of substantive program evaluations and family planning strategies and ensure that these findings are communicated to the regional offices. Several members of the committee possess broad technical expertise and field experience in different aspects of family planning service delivery, including medical aspects, outreach strategies, community education, and training. These persons, who are well attuned to the many needs of FPIA projects and who have evaluated population and family planning programs in the field, should form an Advisory Group. At their next annual meeting, the regional directors and senior-level staff from headquarters,

should meet with this group of advisers to discuss family planning strategies in FPIA-assisted projects. Staff from the Program Management Department also should have the opportunity to meet with the group.

If the group thinks that a particular area of assistance should be studied in depth, the members should suggest appropriate consultants from the LDCs who could participate in the discussion and recommend an appropriate strategy for an evaluation.

E. Strategies for Youth Programs

The Advisory Group and FPIA staff could focus on the different strategies for youth programs. The Advisory Group also could examine the needs of youth programs for appropriate contraceptive technology. To meet the special needs of its programs, FPIA should make every effort to secure a range of appropriate FDA-approved contraceptives from all available sources. It will have to consider the policies on contraceptives of the PPFA, the AID, and the Food and Drug Administration. The kinds and sizes of IUDs, for example, should be considered and foam tablets should be made available.

F. Analysis of Results of Evaluations

FPIA produces some useful written materials. Headquarters should disseminate the results of evaluations and information on different strategies and innovative FPIA projects. In this way, countries and regions will be able to share their experiences and, perhaps, adapt approaches that have been used successfully elsewhere. Headquarters and the regional offices should encourage the analysis of strategies for projects. The case studies could be discussed at staff meetings. This would ensure that staff are informed about different aspects of a project, and not just operational problems. Regional-office staff, particularly the program officers, should visit projects in other regions and share their experiences with their colleagues and the staff of FPIA-assisted projects. These visits should be arranged for selected staff as part of their training.

VI. COORDINATION WITH AID/W, OTHER DONORS, AND THE PPFA

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Coordination with AID/W

The liaison officers for FPIA and DS/POP are the chief coordinating officer and the grant project monitor (backstop). Their exchanges are frequent and productive. They have been instrumental in forging an effective relationship between the AID and the intermediary. The backstop officer seems to be particularly adept at managing the grant.

According to the backstop, FPIA is very responsive to any question from AID/W about grant operations. What kind of response does DS/POP get to requests for specific information? "Outstanding," say informants. FPIA is able to produce on short notice any kind of information on the grant that AID/W requests.

How prompt is FPIA in submitting required reports? All reporting schedules are met on time, informants told the team, which was shown various copies of recent reports. It is reported that the organization is very cooperative in sending to the backstop copies of trip reports, information on other special projects, and copies of regularly scheduled reports on project activities, commodity drops, and finances.

Coordination with the Contracts Office at AID/W seems to be equally effective. FPIA even keeps the backstop informed of its communications with the Contracts Office. Staff confirm that FPIA's timely and cooperative response to requests for information facilitates coordination with the grantee. The chief operating officer also indicates that New York, too, is satisfied with the way coordination is handled. Activities are coordinated by telephone, visits to Washington offices, and through correspondence and reports.

Coordination with Other Donors

In each region they visited, the evaluators inquired about coordination between regional staffs and governments and between other donors and USAID missions. The evaluator who visited Africa stopped in London to talk with officials of the International Planned Parenthood Federation.

The staff of one regional office are new, and they are establishing contacts to coordinate activities. Staff at another regional office diligently meet and maintain contact with other donors. The efforts of staff at the other two regional offices are less vigorous; however, contacts are being made regularly, particularly with the missions and governments. The

missions have few complaints about and occasionally praise FPIA's efforts to maintain contact with them.

It would be desirable to develop more projects which could be funded jointly with other donors. At this time, few jointly-funded projects exist. This may be one measure of the quality of contacts with other donors. In New York, the chief operating officer told the team that some missions do not understand how FPIA operates and sometimes send unreasonable requests. He also said that the missions occasionally insist that regional-office staff assume responsibility for the operation of projects. This is contrary to the established role of FPIA. He added that requests for commodities sometimes are inflated.

When regional-office staff travel outside their headquarters, they try to seek out other donors. Usually, they arrange meetings with other donors well in advance so that representatives are on-site when they arrive. Donor funds for population activities are shrinking. It is crucial, therefore, that FPIA keep well informed of changes in program activities. Sometimes, what an FPIA-funded project accomplishes depends on what another donor-funded project has done in the same area. Outreach in particular is important.

AID/W and the missions may be more concerned than FPIA about maintaining close, regular, and meaningful coordination with other donors. DS/POP should review with FPIA this aspect of grant management.

Coordination with the IPPF

Until about five years ago, FPIA did not fund family planning associations (FPAs). Three years ago, after receiving a number of requests for funds, FPIA decided to assist some FPAs in areas where no other PVOs were working. It decided also to concentrate on short-term, innovative projects. FPIA made available approximately \$1.5 million. The largest inputs were in Latin America; small grants also were awarded to some African countries and to the Solomon Islands. FPIA has placed a moratorium on new initiatives since making these grants.

FPIA and the regional offices of the IPPF regularly exchange information and views, and they coordinate activities to ensure that their programs do not overlap or duplicate each other's work. Staff attend comprehensive briefings about proposed projects and the capacity of the grantees to implement programs. FPIA wants to make certain that FPAs can manage the assistance they receive and that its involvement will not affect adversely the efforts of the IPPF.

In addition to regional consultations, FPIA representatives meet in London once a year, and IPPF officers come to New York once a year for

consultations. At these meetings, program plans and strategies are reviewed continent by continent.

The country desk officers participate in the discussions in London. The chairman of the board of the PPFA attends the IPPF's Central Council meetings in London. A PPFA board member represents the IPPF at meetings in New York. The chairman of the board of the PPFA deals directly with the secretary-general of the IPPF. The chief operating officer of FPIA and his deputy meet with the deputy secretary-general.

One of the evaluators visited IPPF's offices in London. He observed that staff there are satisfied with the cooperation they have received from the FPIA. They anticipate no problems as long as the FPAs understand that the IPPF intends to continue its regular programs and that other activities are undertaken only with the assistance of another donor.

Reorganization of Regional Offices

A major reorganization of the regional offices of the IPPF is taking place. The regional office in Africa will be transferred to London by July 1982; office staff are expected to be phased out gradually over the next three years. The IPPF plans to establish several small, scattered offices in Nairobi, Lome, and Mbabane (perhaps in 1981-1982) and in Dakar and Lagos (1983-1984). A bureau for the Near East, Southeast Asia, and Oceania will be established in Bangkok in May 1982. The Middle East and North Africa Regional Office, located in Tunis, is being closed. It is expected that the bureau will begin to work out of London in November 1981. The offices in Tunis, Cairo, and Amman will be maintained. When the reorganization is completed, the IPPF will have a number of new regional bureaus. Regional directors will be transferred from the field to London. The result will be a shift in coordination efforts away from the field. More operating-level consultations will be held in London and New York.

Relations Between the FPIA and the PPFA

Because FPIA has no corporate life of its own, its relations with its parent organization are particularly important. Relations between the two organizations are close and supportive. Once a week the chief operating officer, who also is the PPFA's vice president for international programs, meets with the president and other vice presidents of the PPFA. At these meetings, they review the progress and problems of FPIA programs, as well as other important matters. FPIA keeps the parent organization well informed; it provides to the top officers a monthly report that highlights activities. The chief operating officer holds regular meetings

with the president. (The president of the PPFA visited a number of projects in LDCs during the evaluation. He now has a better understanding of FPIA's overseas activities.)

In the past four years, a number of changes have been made at the PPFA that have affected FPIA. A new president and several new vice presidents were appointed. Organizational improvements were made. For example, PPFA created several new departments and made changes in policies and plans. According to the chief operating officer, all these changes have benefited FPIA.

The PPFA has adopted a three-year plan with five goals, one of which is to reduce the unmet need for family planning services in developing countries. The Board of Directors and the members have adopted a statement of policy that emphasizes the importance of family planning activities and affirms that the PPFA is committed to implementing this policy in FPIA programs.

While they were in New York, the evaluators met briefly with the chairman of the International Affairs Committee, which oversees the FPIA's activities. The chairman stated that members of the committee keep other board members well informed about the FPIA program and encourage their full support. He considers this to be an important function, because most members of the board who are not on the committee are not familiar with the FPIA program. The committee also makes contacts with the PPFA's large number of satellite organizations, which are scattered throughout the United States. The committee informs these organizations of the activities of both the FPIA and the IPPF and seeks their support for and understanding of these programs.

VII. SUMMARY OF FINDINGS AND RECOMMENDATIONS

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Involvement of the Private Sector

Finding

The need for involvement of the private sector in the population field is great. FPIA is responding to this and other needs by working mainly in the private sector and by providing selective assistance in the public sector. The governments and most missions contacted by the evaluators appreciate both kinds of assistance.

Recommendation

AID should continue to support the FPIA program for at least another five years. If FPIA can provide solid evidence to support the assertion that there are more prospective recipients in the regions than it can assist, given the limited resources available at this time and anticipated for new programs, and if it can prove that those recipients cannot be served by other donors, AID should consider channeling more resources through FPIA.

Role of the International Affairs Committee

Finding

Since 1977, the International Affairs Committee of the Board of Directors of the PPFA has overseen FPIA activities and has actively participated in the development of FPIA policy. It keeps other board members well informed about FPIA programs and encourages their full support. The PPFA adopted a statement of policy that emphasizes the importance of international family planning activities and affirms that PPFA is committed to aid the implementation of FPIA activities.

Management By Objectives

Finding

FPIA has developed and installed a commendable management system, Management by Objectives. Since the 1977 evaluation, FPIA has used MBO at headquarters and in the regional offices to manage subgrants. Through MBO, FPIA helps the directors and staff of its projects to develop their management skills. Periodically, FPIA reviews and makes changes to keep the system current and to strengthen performance-capability.

Use of Technical Advisers

Finding

Headquarters and regional-office staff are selected for their competence in management and programming. However, there is a need to provide systematically expert advice on other aspects of service delivery.

Recommendation

The International Affairs Committee of the Board of Directors of the PPFA should review periodically the results of substantive program evaluations and family planning strategies. Members of the committee possess broad technical expertise and field experience in different aspects of family planning service delivery, including medical aspects, outreach strategies, community education, and training.

Delegation of Administrative Authority

Finding

The regional offices are restricted from handling their administrative support services.

Recommendation

Increased authority should be delegated to the regional directors to enable them to make decisions on administrative matters.

Documents for the Projects

Finding

More often than not, a project document is prepared that covers only twelve months, the period for which funds can be obligated. Long-range and interim objectives and workplans for each phase of a project are not provided. Objectives might be more realistic if interim benchmarks were established and a schedule of phased activities prepared.

Processing could be improved. Too much time is spent developing and reviewing the annual proposals for refunding.

Recommendation

FPIA and recipients should prepare long-range (from two to five years) planning documents that contain long-range and interim objectives and workplans for each year.

Funds should be obligated for eighteen, and not twelve, months.

Headquarters should take steps to reduce the time to translate documents into English. When the medical director of the PPFA is traveling, a substitute physician should be employed to review projects. This person should not be employed without the agreement of the medical director.

AID/W should streamline its method for processing projects valued at less than \$100,000. DS/POP/FPSD should be authorized to approve or disapprove proposals for new and refunded projects. The Contracts Office should be required to clear only those proposals whose value is more than \$100,000 per year.

The regional directors should share drafts of project proposals with USAID missions. This should be the first step toward review and discussion. Comments from headquarters should be sent to AID/W and the missions for consideration.

Staffing

Finding

FPIA has assembled a staff of uniformly high caliber. The staffing level appears to be adequate, but headquarters and regional-office personnel log an excessive amount of overtime.

Recommendation

When it develops a new grant, AID/W should review carefully with FPIA current staffing levels. The staff's ability to handle present and projected workloads should be assessed.

Staff Training and Continuing Education

Finding

Staff training, one of FPIA's strengths, is based on a consideration of identified duties and responsibilities. A systematic effort is made to give continuing education to headquarters staff. Professional staff at the regional offices receive on-the-job training, but they have limited access to short-term, continuing professional education in important technical aspects of family planning and community-service programs.

Recommendation

FPIA should provide the regional staff with more opportunities to enhance their professional growth in family planning and related areas.

Administrative Services

Finding

In cooperation with the PPFA, FPIA provides a comprehensive range of administrative services for headquarters staff (e.g., personnel classification, assistance in recruitment, testing applicants for support-staff

positions, rating employees' performance). The services are well organized, and because they are shared, they increase cost-effectiveness.

Financial Management

Finding

FPIA keeps a comprehensive set of accounts. All FPIA program activities financed with AID/W grants are segregated and controlled adequately. FPIA has (and uses) the capability in financial management to support field operations. The Grant Management Department conducts continuous, internal audits of all activities at headquarters and in the regional offices. The financial-management capabilities of the regional offices vary.

Recommendation

FPIA should upgrade the capability of regional-office staff to manage large and complex grants. The regional-office staff should be trained to provide technical assistance in financial management to staff of projects. FPIA may need to augment the capable but overworked staff of the Grant Management Department.

Implications of Expansion

Finding

FPIA projects are operating throughout the world. FPIA is seeking to expand operations into new geographic areas and into countries in regions that are distant from the regional offices and difficult to reach. Expansion will involve additional costs and present logistical problems.

Recommendation

FPIA should refine its policy on and criteria for reconciling the concentration of projects in a region and expansion to other countries. Strategies will have to be developed for each country.

To improve planning, the regional offices should estimate the funds that continuing and new projects will need. Estimates should be provided

for each country. FPIA should collaborate more closely with USAID missions, host governments, and prospective subgrantees to prepare a substantive annual country analysis. The results should be used to formulate or review the Country Development Strategy Statements and the grant.

Support for Innovative Projects

Finding

FPIA encourages the development of, and provides funds for, innovative service-delivery projects that may involve trade unions, youth groups, and ex-servicemen's associations. Although high-risk and controversial, these programs offer considerable opportunity to expand outreach.

Recommendation

The mechanisms that FPIA has developed to serve small, less-sophisticated PVOs with considerable outreach should be used more widely throughout the regions or be made known to other regions. For example, "umbrella" agencies, such as the Bangladesh Family Planning Service and Training Center, could be established elsewhere and funds could be provided for church "networks," such as those in the Philippines and Indonesia.

Strategies to Overcome Cultural Constraints

Finding

There are two significant cultural barriers to acceptance of family planning services: religious opposition and social apprehensions about the involvement of youths. FPIA has successfully introduced services to young people in some countries.

Recommendation

FPIA should consider ways to disseminate systematically its successful programming strategies. Experienced project staff could be employed as consultants to similar projects.

Coordination with Other Donors

Finding

To date, FPIA has had no particular difficulty negotiating or monitoring projects jointly funded with other donors.

Recommendation

FPIA is unable to fund all components of family planning service projects, especially projects directed at rural areas, projects with mass-media components or maternal and child health components, and projects that require much equipment or transportation facilities. To fund these kinds of projects and to support income-generating activities, FPIA should seek the cooperation of other donors who can provide such inputs. If projects can be funded jointly, grant funds can be "stretched."

Youth Projects

Finding

Youth projects, a priority of FPIA, require appropriate contraceptive technology.

Recommendation

To ensure the success of projects for youths, FPIA must make every effort to secure a range of appropriate contraceptives from all available sources.

Reporting Procedures

Finding

In neither original project documents nor refunding proposals is the total estimated or cumulative cost of a project, including the cost for commodities, shown. Proposals for refunding do not contain descriptions of the performance of a program from its inception. USAID population

officers, AID/W officials, evaluators, and other interested persons must piece together available data to get an idea of what has been accomplished and how much has been expended.

Recommendation

FPIA should revise its reporting procedures to ensure that at least once a year information is made available on the cumulative cost of a project and its accomplishments to date.

Format of Project Documents

Finding

The documents for projects do not contain some essential information.

Recommendation

The format for documents should be modified to include such essential information as assistance from other donors and other family planning services in the same area.

Tracking Progress and Reviewing Accomplishments

Finding

FPIA funds a number of projects for "x" years, categorizes them as "terminated," and then revives them, listing them under new project titles and numbers. Sometimes, new project directors are appointed to the projects, but the objectives essentially remain the same. AID officers and others who review the projects find it difficult to track progress and costs over a project's life.

Recommendation

FPIA should review the history of terminated and revived projects and determine whether changes can be limited to the minimum necessary by amending the original project.

Provisions in the Grant

Finding

At this time the AID grant contains provisions that restrict and hamper the effective operation of FPIA programs.

Recommendation

AID/W should include two new financial provisions in future grant documents. It should authorize FPIA to increase a project budget by as much as 10 percent, or \$10,000. It should permit a no-cost extension of a project for one to three months. Prior AID approval should not be required for either activity.

Fund for Small-Scale Projects

Finding

The 1977 evaluation team recommended that a small fund be established to cover the needs of small-scale projects. No action has been taken to implement this recommendation.

Recommendation

To enable the FPIA to respond rapidly to requests for funds for small-scale projects, the following action should be taken. The implementation of these recommendations will result in the delegation of more authority to the regional directors (i.e., decisions on small-scale projects will be made in the field).

A small-scale project fund should be established for each region. The regional directors would be authorized to allocate funds for as many as five new projects. Each region would receive as much as \$50,000 each year for small-scale projects. No one project could receive more than \$10,000. In allocating grants, the regional directors would follow the guidelines issued from headquarters.

The regional directors should obtain from the respective USAID missions concurrence on their approval of grants for small-scale projects.

All funds should be disbursed rapidly from FPIA headquarters upon receipt of a cable from the regional director that informs headquarters that a decision has been made to approve a specific activity (a description of which would be provided); a request for the disbursement calculated by the regional office; and a copy of a "no-objection cable" to AID/W from the respective USAID mission.

Certain details may have to be worked out by AID/W and FPIA in New York. Instructions and guidelines will have to be prepared and sent to the regional offices and missions.

Performance-Monitoring

Finding

FPIA conducts regular performance-monitoring in each funding period. Lacking a proper framework for an evaluation, it cannot trace a project from its beginning to completion, and thus cannot determine how significant or effective the project has been.

Recommendation

Long-term plans should be prepared and included in documents on projects. Planning should cover the entire period for which FPIA is anticipated. The modification of annual objectives for continuing projects and the development of new projects should be based on a broad analysis of performance, significance, and effectiveness. An evaluation framework similar to that outlined in the December 1979 memorandum to the regional offices should be used. Funds are limited and project costs are increasing; FPIA should consider "weighting" various criteria to set priorities for new and refunded projects.

Data Collection

Finding

It is required that project staff spot-check the accuracy of reports from fieldworkers. In some areas, regional-office program staff verify both acceptors and continuing users. In FPIA service projects, terms are not always well defined and the service statistics may not be adequate. Consequently, it is difficult to analyze projects.

Recommendation

During routine monitoring, program staff from the regional offices should try to verify the accuracy of service statistics. All FPIA projects should use uniform definitions and collect similar service statistics. With this kind of information, comparative analyses can be made and services for clients improved.

Policy on Family Planning

Finding

Access to family planning is considered to be a basic human right. One of FPIA's aims is to ensure that populations in the LDCs have access to the range of family planning methods that the organization is authorized to provide. This is a commendable policy with important implications for planning.

It is virtually impossible to isolate the effect that FPIA activities have on fertility reduction. FPIA deliberately concentrates on the development in all regions of service-delivery programs, including the distribution of contraceptives. One can assume, therefore, that its efforts have a direct effect on fertility.

Recommendation

To achieve the goal of reduced fertility, FPIA should use the results of fertility research to devise dependable spacing methods. These methods can be made part of a strategy to introduce to populations in LDCs a range of contraceptive techniques.

Continuation of Projects

Finding

Regional-office staff do not seem to be well informed about what happens after funding for a project is terminated. Nor do they seem to make an effort to explore with recipients ways to continue activities once support has been withdrawn.

Recommendation

Periodically, FPIA should review and report on the status of terminated projects. It should try to ascertain whether a service can be continued after FPIA terminates its support.

All concerned parties should be involved in discussions on the continuation of activities. One objective that should be listed in project documents is the development of options to continue activities. Phased government takeover of a project should be considered and negotiated.

Technical Backstopping

Finding

Many project directors report that technical backstopping from the regional offices and headquarters enables them to manage daily operations and commodities systematically and effectively. Regional staff usually visit projects twice a year. Staff from headquarters also respond to requests for specific consultation. Sometimes local and external consultants are used.

Recommendation

Technical backstopping should be provided routinely in other aspects of project management, such as accounting, inventory of commodities, pipeline management, collection of service statistics, quality and effectiveness of IEC, and certain medical services.

Assistance from the Regional Offices

Finding

The capability of regional-office staff to provide technical assistance in project development varies considerably, depending on the management style of the individual.

Recommendation

Regional offices should try to provide to grantees as much assistance as possible in as few visits as possible while also ensuring the grantee's full participation in the process.

Commodity Supply

Finding

The supply of commodities is an important and well managed activity. Recipients and other institutions believe FPIA to be an effective supplier of commodities. As funds for family planning shrink and as resources are shifted from one region to another, the donor agencies are turning more and more to FPIA.

Recommendation

FPIA is able and willing to increase sharply sustained commodity-drop activity. However, this would require an increase in staff and ancillary funds at headquarters and in certain regional offices.

Coordination of Management and Backstop

Finding

The top management at FPIA, the AID backstop for the project, and the Contracts Office at AID/W maintain regular contact; coordination among these groups is particularly effective.

Relationships with Representatives of Donor Agencies

Finding

Formal coordination among FPIA, the regional offices, and donor agencies is generally satisfactory. Relationships among parties in the different countries could be improved.

Recommendation

Regional-office staff should be encouraged to establish closer contacts with representatives of donor agencies. In addition, the regional director and staff at USAID missions should consult formally each year to plan country strategies and to review the assessment and monitoring of projects.

Part II

REGIONAL REPORTS

I. THE LATIN AMERICAN REGIONAL OFFICE

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Introduction

One member of the evaluation team visited the Latin American Regional Office (LARO) in Miami; after two days there, he traveled to three Latin American countries to study field activities and to talk with the staff of ten FPIA-supported projects. Three projects in Brazil, two projects in Peru, and five projects in Mexico were visited. While in Latin America, the evaluator also met with USAID population officers, government officials, representatives from other donor agencies, and the directors of projects that once were funded by the FPIA.

In his discussions with various officials, the evaluator focused on FPIA's role in the family planning programs in Brazil, Peru, and Mexico in the last four years and its perceived role in the future. He asked the project directors about the kinds of technical assistance FPIA provided to the projects.

The LARO is located in Miami; it is the only regional office located outside the geographic area. It was moved from Bogota to Miami in the second semester of 1980 because of serious administrative and communications problems. With the exception of the administrator (formerly the director), new personnel were hired in the last year; the one vacant position was filled in May 1981. The new regional director and the assistant director were trained at FPIA headquarters and began to work in the region at the beginning of 1981.

The LARO is one of the smaller (eight persons) regional offices. It appears to be well organized, and the staff seem to be well motivated, capable, and experienced in managing social programs.

FPIA's decision to move the regional office and to hire new staff has helped to solve some of its problems and difficulties in the region. The general consensus is that relations with FPIA staff and communications between headquarters and the LARO have improved as a result of the move. Moreover, the project directors and the population officers at USAID think that better technical support for planning and implementing projects is being provided.

Planning

The LARO's workplan for 1981 is based on MBO and the FPIA's criteria for "significance" and "effectiveness." Projects that will be refunded and new projects that may be funded have been identified. By April 1981,

fourteen projects had been financed by FPIA; five others were being considered for approved funding. The one-year workplan reflects decisions and strategies for the region. It would be helpful if the LARO produced a longer-term workplan that covered active projects--how long they would be expected to continue and how much and what kind of support would be needed--new projects, and the commodities that would be required for the next five years.

Management by Objectives

MBO is part of the design process. With the technical assistance of LARO officers, it is used to prepare the original project documents and the proposals to refund continuing projects. The number of years for which FPIA funds will be needed is estimated, but specific objectives and activities that would justify financing a project over the long term are not identified. The project directors believe that the MBO system helps them to define their activities and to administer better their projects. The LARO should provide more technical assistance in applying the MBO system locally so that project directors can develop and manage the projects.

Several project directors have said that the only problem they have with the MBO system is the rigidity in the administrative process and the budget. They say they must make frequent changes to correct factors that were not considered when the project was being designed.

Financial Management

The project-accounting systems of the major FPIA-supported institutions in the region are satisfactory, but those of the smaller institutions need to be improved. Headquarters personnel provided technical assistance in financial management to one of the smaller institutions. Subsequently, an accounting manual was developed.

The funds disbursed to LARO projects usually are received on time. Sometimes, however, there are delays because the banks do not report that they have received the funds or FPIA does not send the funds on time. These delays hold up implementation of programs. FPIA should find a way to improve banking arrangements in the host countries so that approved funds for subgrantees arrive on time.

According to the project directors, devaluation, government salary regulations, and budgeting in local currency combine to create financial-management problems. Frequently, budgets have to be modified, and the modifications have to be approved by the FPIA, and sometimes by the AID. The process of making and approving modifications takes time; delays can

jeopardize programmed activities. The project directors believe the FPIA's budget system needs to be revised so that there is some flexibility in the project.

Headquarters pays staff salaries. The LARO's revolving fund is used for travel and other administrative expenses. This fund is in an account in the name of the regional director, who has to travel frequently in the region. The regional director is responsible for the fund.

Management of Commodities

FPIA supplies commodities to almost all Latin American countries. In the last three fiscal years, Mexico, Peru, and the Dominican Republic have been the largest recipients of commodities (value in U.S. dollars). The LARO does not have facilities to store commodities; most requests for commodities are filled at the FPIA's warehouse in New Windsor, Maryland. LARO staff determine whether the quantities of commodities requested for new and refunded projects are adequate and then revise the figures accordingly. Their decisions are based on estimates of new and active users.

LARO staff analyze requests for commodities for new projects. They assess the capability of the applicant to store and inventory products and determine whether the quantity that has been requested will be sufficient. For large requests, regional-office staff visit the institution so that they can judge better the organization's capability to handle the commodities. The administrator of the LARO follows up all requests for commodities received by the regional office.

Delays in clearing commodities through customs are frequent in Latin America. FPIA has been successful in minimizing delays in Mexico, and it should be able to help other institutions in the region to do the same.

Project directors, USAID officers, and government personnel think the FPIA will begin to supply more and more commodities as other institutional donors begin to decrease their support and to stem the flow of commodities to Latin American family planning programs. FPIA must be aware of conditions in the region and plan carefully to meet the increasing demand for contraceptives and family planning equipment.

Coordination with Other Institutions

LARO staff have good, effective working relationships with USAID population officers and national population and family planning coordinating boards. Both USAID and the governments seek coordination with different donor agencies. This is evident in the USAID's development strategies.

The director of the LARO is willing to establish systematic coordination with other donor agencies. The LARO's relations with other local family planning institutions that are not funded by FPIA are indirect; communications are channeled through the national population and family planning boards. The LARO promotes coordination and technical assistance among the institutions funded by the FPIA.

USAID population officers and government officials recognize and have expressed the need for FPIA involvement in countries in Latin America; they say that it is desirable for FPIA to work with private and public institutions in the region. The need for funds and commodities will increase as other international donors phase out their activities and re-allocate funds for programs in other regions of the world. FPIA should plan carefully how it will fill the resulting gap and successfully and effectively provide assistance. It should be prepared to develop new strategies to respond to requests for assistance from small and large public and private family planning institutions.

Projects

The LARO has been successful in promoting and helping to design and develop projects with private and official institutions. It has decreased its support to religious groups.

The LARO has developed high-risk projects for frontier populations and youth groups. The successful project (02) in Ciudad Juarez, Mexico, was followed by similar projects in Monterrey (18) and Tijuana (12). The project in Ciudad Juarez is considered to be a model for the family planning programs in Matamoros and Nogales, and for other proposed projects in cities along the Mexican border. The "CORA" Youth Center in Mexico City (03) is in its third year of operation; it is a pioneer program that provides education, orientation, and services to adolescents. With FPIA's support, Panama initiated a similar program for young people.

Project 19 in Mexico, a continuation of Projects 05 and 15, was developed by the Secretariat of Agrarian Reform in collaboration with the National Family Planning Coordination Board. The project provides family planning services in remote rural areas. FPIA seed money continues to attract money from the Mexican government. In 1982, when support from the FPIA ends, the combined total will be sufficient to cover the total operating cost of the project in twenty-two states in Mexico. Nonetheless, commodity support from the FPIA will still be required to operate this government program in the rural areas.

An important characteristic of other FPIA-funded projects in Latin America is the community-based distribution (CBD) component with family-planning-clinic support. CBD is a component of projects in Brazil (03),

where it is integrated with family planning in a maternal and child health program, and in Mexico along the border. In Project 05, in Rio de Janeiro, Brazil, CBD activities are combined with IEC and mass-media programs.

In Lima, Peru, and Trujillo, Peru, two projects, numbers 06 and 09, respectively, train health personnel. Training is coordinated closely with medical schools in the areas.

Many projects provide both permanent and non-permanent methods of contraception; others refer patients to other institutions.

Some project staff tend to identify a project as a FPIA project, and not as a program of their own institution that is receiving financial and technical assistance.

There is considerable concern that, in the future, funds for family planning programs will be limited or reduced. Neither project directors nor FPIA staff, neither USAID staff nor AID/W officers, are clear about how a project can generate income and become self-sufficient. Few plans and strategies have been developed to continue the programs following the phaseout of activities of various donor agencies. In Peru, two "new" projects were initiated that were funded earlier by FPIA. The project directors who were interviewed say they do not know how they are going to support their projects if funds are not made available.

The majority of those who were interviewed worries about the markedly decreasing supply of international funds for family planning projects in Latin America. This situation has obvious implications for the FPIA. Some people think FPIA should participate more in family planning programs, both government and private programs. They think FPIA should financially support family planning activities and provide contraceptives and necessary equipment to control fertility. They also think that FPIA should provide family planning commodities to governments that are receiving fewer funds from international donors, especially the UNFPA.

II. THE EAST ASIA AND SOUTH PACIFIC REGIONAL OFFICE

II. THE EAST ASIA AND SOUTH PACIFIC REGIONAL OFFICE

Introduction

Two evaluators spent ten days in the Philippines; they then separated, one going to Thailand for nine days and the other to Indonesia for eight days. The evaluators talked with the directors and staff of fifteen projects in the region. They visited seven project sites in the Philippines, five sites of three active projects in Thailand, and seven sites of five active projects in Indonesia. They also spoke with the directors of two terminated projects and with the personnel who are developing three new projects.

The regional program includes active projects in four countries: the Philippines (seven), Indonesia (five), Thailand (three), and New Guinea (two). A proposal for a new project in Fiji is being prepared. Most projects provide services; several that involve youth groups emphasize IEC.

The evaluators met with USAID population officers, the directors and staff of central population coordinating organizations, other key leaders in the population field, and the members of two donor agencies. They reviewed the organization of the regional office and discussed with staff operational and other problems and successes. These discussions were the basis of an evaluation of the operations of the East Asia and South Pacific Regional Office (EASPRO).

The regional office seems to be well organized. Staff seem to be very capable, well motivated, and hard-working, and they have the potential to develop in their roles.

On the staff are the regional director (the position is vacant at this time), an associate director, and a program management specialist, both of whom are expatriates. In addition, there are two program officers, an administrative assistant, a driver, and an office aide (janitor-handyman). These positions are filled by Philippine nationals.

Authority and Leadership

Staff relations with the host government in the Philippines are a serious problem. The government has put a freeze on the development of any new FPIA project activity in the country as a result. The director of the Philippine Population Commission, most project directors in the Philippines, FPIA, and AID/W are aware of the problem.

The position of the regional director has been vacant since December 1980. As an interim organizational arrangement, operational responsibilities were reallocated between a two-person "management team." The program management specialist has main responsibility for program development and the associate regional director is in charge of general administration. In the absence of the regional director, however, the division of responsibilities and authority is not clear-cut; the associate director also does some program-development work, and the program management specialist supervises all administrative matters in the absence of the associate director. This ambiguous delineation of authority hampers the EASPRO's external relationships. Apparently, no one knows which person is the officer-in-charge. POPCOM officials and most of the project directors who were interviewed commented unfavorably on the situation, as did the director of the Office of Population, Health and Nutrition. This matter can and should be resolved promptly.

The vague division of authority, the lack of leadership, the reallocation of responsibilities, and the loss of a program officer have combined to create internal management problems. Insufficient time is available for additional training for and development and supervision of the program officers in the field. This is having a negative effect on program development.

Project Development and Management

The management specialist appears to be overburdened with program development in the field and with paperwork and other responsibilities (e.g., supervision of the program officers) in the regional office. Some project directors charge that technical-assistance visits to subgrantees are too brief and too widely spaced to expedite project development. Workloads and responsibilities in the field should be reviewed, and emphasis should be given to the further development of program officers. The program officers should be made responsible for more activities in the field.

The MBO program is operating effectively in the region. The procedures are followed by both regional-office and project staff. A valuable byproduct of the MBO system is the well trained nationals who manage projects.

In all three countries, the evaluators found that most project directors are physicians or middle-level government officials who are capable of using the MBO system to operate projects. Many of the doctors, however, are neither trained nor experienced in management. Consequently, considerable technical assistance from the regional office is required at the beginning of a project and at certain other stages.

In anticipation of a suspension of the moratorium, innovative projects have been developed that involve labor unions, an extensive network of church organizations, young people, and a women's organization. Generally, these projects are well conceived and well designed, and they are making progress toward their objectives. The host governments in all three countries spoke favorably of FPIA's policy to encourage work with private organizations, of its provision of seed money, and of its ability to implement projects quickly.

A number of projects in this geographic area are terminated following the withdrawal of FPIA support. For example, a successful project, Thailand 10, that has been serving the Hill Tribes of Northern Thailand for some years, is now terminating; it is unlikely that the Thai government or any other external donor will contribute the funds needed to continue the program. The regional office should encourage private organizations to include in their proposals for new projects a clear plan to continue financing when FPIA support ends, and it should work steadily with these organizations to secure other financing while the project is active. Both the director of POPCOM and Dr. Haryono Suyono, deputy chairman of Indonesia's National Family Planning Coordination Board, strongly recommend that, when developing new projects, the regional office, the private organizations, and the government agencies jointly discuss how activities will be carried on after FPIA support is terminated.

Coordination

Coordination with USAID missions, host governments, and other donor representatives is quite good, even in the absence of a regional director. Coordination could be improved, however. The previous regional director took the initiative of establishing a donor-coordinating group in Manila. This group meets each month. Hosts rotate. The group includes representatives from POPCOM.

Monthly donor meetings are useful and should be encouraged, but they are not the best forum for substantive one-on-one discussions with donor representatives. More in-depth consultation with USAID and donors and the comprehensive coverage of donors would contribute to systematic, long-range planning in the field. The regional office should be capable of ensuring that FPIA-financed projects do not duplicate or overlap with the projects of host governments or other donors.

Financial Management

Most project-accounting systems in the region are satisfactory, but in several instances technical advice from the regional office has been

needed. The regional office has developed a brief document, Financial Guidelines, for bookkeepers. This will serve a useful purpose until the FPIA's Accounting Manual is issued. Projects valued at more than \$35,000 are audited annually by reputable auditing firms, which usually are based in the U.S. but have local offices in the region. The accounts of the regional office are simple, adequate, and current. The revolving fund is used to cover the administrative expenses of the regional office. It is being used effectively, and no adjustments appear to be necessary.

The system for disbursing project grants appears to be working smoothly in Indonesia. In the Philippines and Thailand, however, commercial banks either delay notifying or fail to notify project directors that funds have arrived and are credited to their accounts. The regional office, which is notified by the FPIA that funds have been transferred, should examine and try to resolve this problem.

Requests for routine technical assistance in financial management usually are handled by the associate director, an administrative assistant, or other trained program staff. When complex accounting problems develop, the regional office either can request the auditing firm to assist the project or call on headquarters to provide support.

Management of Commodities

Generally, supplies and equipment are adequate. Some improvements are required, however. The regional office has no storage facilities. Each shipment of commodities goes directly to the project. While in the field, each regional officer routinely checks the adequacy of storage facilities, inventory control, and the marking of equipment.

If a new project requires large quantities of pills and condoms, the regional office routinely queries POPCOM, the BKKBN, or the responsible office in Thailand's Department of Health to determine whether they can supply the commodities from central-government stocks. Frequently, they can and do provide the necessary supplies. All requests for "commodity drops" that are not related to projects are checked out carefully by the regional office before FPIA gives its approval. The administrative assistant does much of the work related to commodity drops. This person is under the direction of the associate director, who also may do such work. In cases involving large quantities, one of these two officers may visit the organization that requested the commodities and make an on-site assessment of the reasonableness of the request; storage facilities are examined, and inventory control and the capability to distribute commodities are assessed. The capability of the staff to examine and modify in advance requests for commodities is particularly important because the region is one of the largest recipients of FPIA commodities.

Noteworthy Projects

Subgrantees have been identified and contracted to help design projects involving church groups with extensive networks of affiliates that provide clinical and outreach services. One of these, the Iglesia ni Cristo Project, or Philippines 17, involves a Protestant group. Two other church projects that have been quite successful are Indonesia 10, which provides voluntary sterilization and works through fifteen selected Christian hospitals in the country, and Indonesia 12, which provides various FP services. Both projects are administered by the National Council of Churches and other private groups in Indonesia. Indonesia, like the Philippines, does not officially sanction voluntary sterilization, but Indonesia 10 has demonstrated that there is a substantial demand for this service.

Philippines 27 is a project worth studying. At the instigation of its members, a Lion's Club in Mindanao brought together five private and local government groups, including the Lion's Club, the city government of Cagayan D'Oro, local school leaders, a local charitable organization, and a lawyers' association, to provide family planning and IEC programs and services to youth in and out of schools in the city of Cagayan D'Oro. The project director is confident that the city government will take over the financing for the project after FPIA withdraws its support.

An innovative and seemingly successful project in Thailand, Thailand 08, funds reimbursements to more than 400 private institutions that provide voluntary sterilizations. The subgrantee, the Association for Strengthening Information on the National Family Planning Program (ASIN), expects membership to increase to more than 2,000 in the future. In view of the possible expansion of services, future funding for this project must be planned carefully by FPIA or other donors in coordination with USAID and the Thai government. The services these private organizations provide must be reconciled with those provided and reimbursed by the Thai government.

Thailand 11, another FPIA-supported effort, includes a youth-to-youth component and provides family planning education and services for adolescents. Services for youths are part of the larger multi-component family planning and service program financed by several other donors.

In Indonesia, the project known as Indonesia 13 has tapped the nationwide organization of the National Youth Organization (PNKI) to conduct outreach and refer patients to clinics. This project has great potential to reach large numbers of young people (18-35) throughout the nation.

Oceania

The regional office is involved in two projects in New Guinea, is preparing a proposal for a project in Fiji, and is trying to identify other opportunities for projects in Oceania. AID/W and FPIA should reassess carefully the desirability of extending assistance in an area with a population of less than one million and islands spread over millions of square miles. The outlay of this geographic area presents serious logistical problems.

Summary

The EASPRO has been performing effectively in this region. Its work will be even more effective when the problem with officials in the Philippines is settled and the recommendations included in this report are implemented.

III. THE SOUTH-WEST ASIA REGIONAL OFFICE

III. THE SOUTH-WEST ASIA REGIONAL OFFICE

Introduction

In May 1981, a member of the evaluation team visited the South-West Asia Regional Office (SWARO) in Dacca, Bangladesh. In the company of SWARO staff, he visited projects in Bangladesh (ten days), Nepal (six days), and Sri Lanka (five and one-half days). Meetings were held with government officials, representatives of national private voluntary organizations, the directors and staff of FPIA projects, representatives of other donor agencies, and family planning specialists. Fourteen site visits were made to four projects in Bangladesh, three projects in Nepal, and two projects in Sri Lanka. At SWARO, data on active projects in other countries, and on terminated and proposed new projects, were reviewed. The family planning projects of other PVOs and donors also were visited.

Background

FPIA activity in Southwest Asia did not become significant until 1978. The SWARO now covers twenty-one countries. There are in the Middle East a number of countries that are not interested in family planning. The State Department prohibits FPIA from offering assistance to others. At this time, there are seventeen active projects in five countries: nine in Bangladesh, three in Nepal, two in Sri Lanka, two in Jordan, and one in Turkey. Expansion soon to India is probable. A second project is being developed in Turkey.

FPIA expended \$11.1 million in the region through June 1980; of this sum, 31 percent was for project assistance, 15 percent covered project-related commodities, and 54 percent covered non-project-related commodities. Data on Project Year 10 (through June 1981) are not available at this writing.

Organization, Procedures, and Staffing

Most SWARO staff were hired during the past two years and are still in training. Headquarters should try to accelerate training. The regional director, who began as an associate director, has considerable experience. Both the RD and AD are American expatriates. All other personnel are Bangladeshi, except one program officer (PO), who is a Nepali. The SWARO employs fourteen staff: the RD, the AD, one assistant director, three program officers, one administrative assistant, three secretaries, and four support staff (a driver, a messenger, a peon, and a guard).

All personnel, except the regional, associate, and assistant directors, who were hired by New York staff, were hired locally.

The energy and capabilities of the staff are impressive. In general, the SWARO ably fulfills its responsibilities in complex circumstances--a finding substantiated in private discussions with government officials, project staff, and staff at USAID missions. FPIA and the mission differ in their opinion about a project in Sri Lanka, but it is expected that this matter will be resolved soon on-site. Compared with the experiences of other donors, particularly PVOs, the SWARO has not been plagued with an inordinate number of "problem projects."

Internal office procedures appear to be efficient. All work is managed by objectives. The yearly workplan and the list of monthly activities are followed carefully. The assistant director has considerable expertise in financial management and auditing.

At this time SWARO is adequately staffed and funded to cover the work scheduled in the region. If the workload increases significantly in India, Turkey, or the Middle East, additional staff with specific language skills may have to be hired and perhaps outposted from Dacca. In view of costs, if activity is expanded to selected countries, the SWARO should analyze the need for additional staff and determine whether the regional office should remain in Dacca. Program planning also should be evaluated.

Short-term technical training in the delivery of family planning services should be provided to SWARO staff to improve the quality of work. Given the lack of opportunities for career advancement, if in-country courses or regional study-tours were arranged, staff might be encouraged to remain with FPIA for longer periods.

Financial Management

Transfers from Citibank, New York, are held by the Dacca subsidiary for extended periods before being deposited in project accounts in other banks. FPIA headquarters should either pressure Citibank to solve this problem or consider special measures to transfer funds through alternative banks.

Technical assistance in financial accounting is readily available to accountants for projects. Improvements have been made in the past year. Two major auditing problems that appeared in Sri Lanka and Nepal can be avoided elsewhere by drawing on the expertise of the assistant director. This assistance should be sought early in a project.

Subgrant Management

The SWARO collaborated recently in two different efforts in Jordan and India. However, there seems to be no formal system to enable the regional office to work with USAID missions in formulating five-year Country Development Strategy Statements. When they do meet, mission and SWARO staff tend to focus on more mundane issues. Even for FPIA's own purposes, the SWARO does not undertake the yearly country analyses to gather information to develop a five-year, roll-forward plan for the region. It is not known whether the other regional offices follow suit.

To estimate accurately the need for funds and commodities, the SWARO should initiate a series of country assessments, concentrating first on countries where it is now working, such as India, and then on countries where FPIA would like to begin working, including countries which the AID has proposed for assistance. The SWARO would have to collaborate more closely with the missions, governments, and prospective subgrantees while on-site.

Project-development workshops, such as the workshop held in Bangladesh in 1974, should be considered for the actual and prospective recipients of FPIA assistance in each country. The workshops might aid planning and implementation; they might be particularly useful to the SWARO when it contemplates a major expansion of activity in any one country. Despite political and operational constraints, the SWARO is responsive to AID's desire to see the FPIA offer more assistance throughout the region.

Both Bangladesh 17, the Rural Family Planning and Child Welfare Project, and Bangladesh 18, the Family Planning Services and Training Centre, are funded jointly with other donors. The first, funded with the International Union of Child Welfare, has a large income-generating component for women. The second is an innovative approach to small-scale project funding; in this project, an "umbrella" organization is being established to assist small community groups involved in family planning motivation and the community-based distribution of contraceptives. The SWARO should do more to negotiate jointly-funded projects; where possible, it should extend the approach in the Bangladesh 18 project to other countries.

The SWARO is working with a range of PVOs, including the influential Freedom Fighters' Organization in Bangladesh (1971 War of Independence), the Nepal Red Cross, and the Christian Medical Association of India, which is highly respected by the Indian government. The SWARO "broke ground" in developing the first community-based distribution project in Turkey and the mass-mailing contraceptive project in Bangladesh. The latter was cost-effective in delivering commodities to grassroots social voluntary associations.

The regional director requires a discretionary fund to develop other kinds of small projects to respond rapidly to requests for, for example, a feasibility study, an external evaluation by a local consultant, study-grants to enable project staff to attend short-term training workshops. Funds may be used also to visit other projects.

Recipients have pointed out that SWARO staff should rationalize visits to projects to ensure that work is not disrupted too often and that discussions continue.

The SWARO should keep better records on terminated projects and check the progress of a project in the year following the withdrawal of FPIA assistance. SWARO staff should meet periodically to analyze what was learned about project strategies, design, and management, as well as to discuss purely operational problems.

Commodity Distribution and Logistics Management

FPIA is not involved at this time in the procurement of large quantities of contraceptives, except in Turkey. If requests were to increase substantially, the SWARO would need at least one additional program officer to monitor drops and distribution and to ensure accountability. The practice has been to hire additional staff when they are needed. For example, it was stipulated in the mass-mailing project that any agency that received more than \$5,000 worth of contraceptives had to be visited. To fulfill this requirement, the SWARO had to hire a technical specialist and supporting staff.

IV. THE AFRICA REGIONAL OFFICE

IV. THE AFRICA REGIONAL OFFICE .

Introduction

Between May 12 and June 1, 1981, one evaluator visited seven projects in four African countries (Kenya, Zambia, Tanzania, and Ghana). The deputy regional director accompanied the evaluator on most of his visits.

Discussions were held initially at the regional office in Nairobi. USAID population officers and officials in Nairobi, Dar-es-Salaam, and Accra were visited also. In Kenya, meetings were held with the regional director of the IPPF, representatives of Pathfinder Fund, and the regional directors and the resident representatives of the United Nations Development Program (UNDP), the UNFPA, OXFAM, and the Family Planning Association of Kenya (FPAK). In Tanzania, the evaluator met with the Minister of Labour and Social Welfare.

The Regional Office

A. Historical Background

In 1974, the Africa Regional Office (ARO) was established in Accra, Ghana. In 1977, the ARO was moved from Ghana to Kenya, primarily because communication facilities were better in Ghana and other population-oriented, regional-based agencies and institutions were located in Nairobi. By early 1980, two regional offices had been established in Nairobi: the Central and West Africa Regional Office (CWARO) and the North and East Africa Regional Office (NEARO). In June 1980, the two offices were consolidated into the ARO.

B. Geographical Coverage

The ARO covers thirty-two countries: seventeen in East and southern Africa, twelve in West Africa, and three in North Africa. Fifteen are French-speaking. There are twenty-three current and projected projects in West Africa, eighteen in East and Central Africa, and five in North Africa.

C. Staff

The ARO has three New York-hired and twelve local-hired staff (including seven ancillary staff, secretaries, and drivers). Of the five program officers, two are expatriate Americans. One is Kenyan, one is Rwandese, and one is Togolese. The two officers from Rwanda and Togo speak French. The management staff consists of eight persons, including the five program officers. Three of the eight are women.

This staff is of high caliber. The regional director, the deputy director, and the associate director are management experts with a background in maternal and child health and family planning (MCH/FP), nutrition, and nurses' training. They also have a knowledge of legal and business administration. Five of the staff are Americans. Two are former Peace Corps Volunteers; two have a practical knowledge of the problems of urban youth, adolescent fertility, and community health; the fifth, once a commissioned officer in the U.S. Marine Corps, has a background in personnel management and organizational planning. The Kenyan program officer is a graduate of the State University of New York, where he specialized in demography and the appraisal and administration of family planning programs. The Togolese program officer has a degree in law; before joining FPIA, he served in the Togolese Ministry of Finance. The Rwandese program officer completed two years of medical training at the University of Bujumbura. He has experience in bookkeeping, administration, and personnel management.

D. Staff Morale

The regional-office staff display a remarkable degree of enthusiasm for and dedication to their work. They often work overtime and on weekends. Their loyalty is a tribute to the regional director's ability to provide leadership, and to the managerial mystique which seems to emanate from the headquarters in New York.

Local staff seem to be concerned about the conditions of service. They seem to feel that the fringe benefits and salaries do not compare favorably with those of other regionally-based institutions. If conditions are not improved, if salaries are not increased and better benefits provided, these staff, who will be acquiring valuable managerial and programming expertise while in the employment of the FPIA, may be tempted to leave the organization. Every effort must be made to retain highly qualified staff.

E. The ARO's Relations With Other Organizations

Relations with USAID are excellent and "collegial." Staff are briefed at the beginning and end of their visits to a given country. It would be advantageous, especially when strategies are being developed for each country, to formalize these meetings.

The ARO maintains contacts with government health and family planning officials and local affiliates of the IPPF in the countries it serves. The ARO is playing a commendable role in coordinating the efforts of population and family planning organizations based in Nairobi. One meeting has been scheduled later this year.

It would be advantageous to increase contacts in Nairobi with senior-level government officials, preferably those in the ministries, to keep the top authorities aware of the presence in the country of an important donor agency.

Management by Objectives

A number of project managers, including a medical doctor, have paid tribute to FPIA's system of management by objectives. They note that, in following FPIA procedures and working with FPIA staff in Nairobi, they have been able to acquire a knowledge of useful management techniques. This is a noteworthy example of the transfer of technology and should be regarded as a significant achievement of the FPIA.

Complaints about the problems of communications and transportation are universal. In Tanzania, for instance, it was reported that letters sometimes do not arrive for one to two months. Announcements do not arrive on time. In West Africa, the program officers arrived before the cables announcing their arrival. Also in Tanzania, the routine delivery services of the government are inadequate. One project manager in Arusha was obliged to go to Dar-es-Salaam to obtain supplies. Not the fault of FPIA, these problems are typical in many developing countries in Africa.

Components of Africa Projects

The following is a list of the components of 29 NEARO and CWARO projects that either were authorized or funded in January 1980. The list includes also ARO projects that either were authorized or funded in January 1981. The reader should note that most ARO projects have several components (e.g., a youth component and a community-based distribution component).

	Component					
	<u>Youth</u>	<u>CBD</u>	<u>Clinic- Based</u>	<u>IEC</u>	<u>Professional Training</u>	<u>Mobile Clinics</u>
1980	9	15	18	21	9	4
1981	12	22	26	31	11	7

The breakdown by kind of organization is as follows:

	<u>Christian</u>	<u>Muslim</u>	<u>Women</u>	<u>Labor Union</u>	<u>University</u>	<u>Government, FPA, and Other</u>
1980	14	2	3	1	4	7
1981	20	4	4	1	5	12

The ARO selects for funding projects in francophone countries rural community-based projects, and projects that outreach to youths or that concentrate on adolescent fertility.

Monitoring and Technical Assistance

The ARO regularly monitors and provides technical assistance to subgrantees. Projects are monitored by visiting sites and tracking the project's progress, commodities, supplies, and disbursements. The preparation of proposals for new and refunded projects, site visits, monitoring, and technical assistance are part of a continuing process to ensure that subgrantees improve their ability to provide family planning services, IEC, and training, and to manage their programs effectively and efficiently. Some project staff welcome advice on IEC especially. Particularly in Africa, this process takes time; thus, a subgrantee's progress depends very much on how long a project has been functioning and how well established the management infrastructure was at the beginning of the funding period.

Financial Management

Financial management is a continuous process that requires the monitoring of project reports and on-site inspections. Funds appear to be transferred without delay.

Auditing

Generally, the firms from which the ARO solicits bids are major international companies based in the United States. This practice is in line with AID policy guidelines and ensures the attainment of a high standard of performance. The ARO submits requests for bids to the Nairobi representatives of the major firms. They, in turn, contact their affiliates in the countries where projects are located.

Commodities and Storage

The FPIA commodity-assistance program, directed from New York but administered by the ARO, is a comprehensive system that allows for the continual monitoring and tracing of requests for commodities, responses to requests, and confirmation that commodities have been delivered to the requesting agency. To control the use and storage of commodities, a series of on-site, physical evaluations is made. The system is responsive to the requests of agencies, even though Africa's overloaded and often obsolete communication and transportation systems present serious problems. The associate regional director gives his personal attention to the use of forms and assistance to ensure a high level of accountability and responsiveness. There appear to be no problems in clearing commodities through customs.

In 1980, Africa received the smallest proportion of commodity assistance--12 percent, as compared with 30 percent for the LARO, 18 percent for the SWARO, and 40 percent for the EASPRO.

Staff Training and Development

Much of the training that ARO staff receive is on-the-job. The deputy regional director, or DRD, has overall responsibility for the training of local-hire staff. In most cases, the training for program officers includes visits to projects; the POs are given specific tasks to complete while under the supervision and observation of the accompanying RD or DRD. Active projects receive assistance in recordkeeping, the computation of commodities, the use of workplans as management tools, and budgetary pro-

cedures. A debriefing is held for all staff after a field trip. This is a noteworthy aspect of staff management. It gives staff the sense that they are participants and contributes to the sense of corporate achievement in the Nairobi office. Full use is made of the technical expertise of staff from the New York office. The visits of these staff are viewed as an opportunity to acquire knowledge and improve technical skills.

Anticipated Problems

The organizational changes in the regional office have resulted in changes in staff (some positions have become vacant), the move to a new location in Ghana, and protracted discussions with the government authorities in Kenya. Clearly, this is not the time to propose a change in the pattern in Africa.

In 1980, FPIA was contemplating the establishment in Liberia of a regional office for West Africa. The idea was abandoned when the government was ousted. Given difficulties with communication, it may be desirable to discuss at a later date the relocation of the regional office. FPIA could draw on the experience of IPPF, which is reorganizing now its own pattern of regional representation.

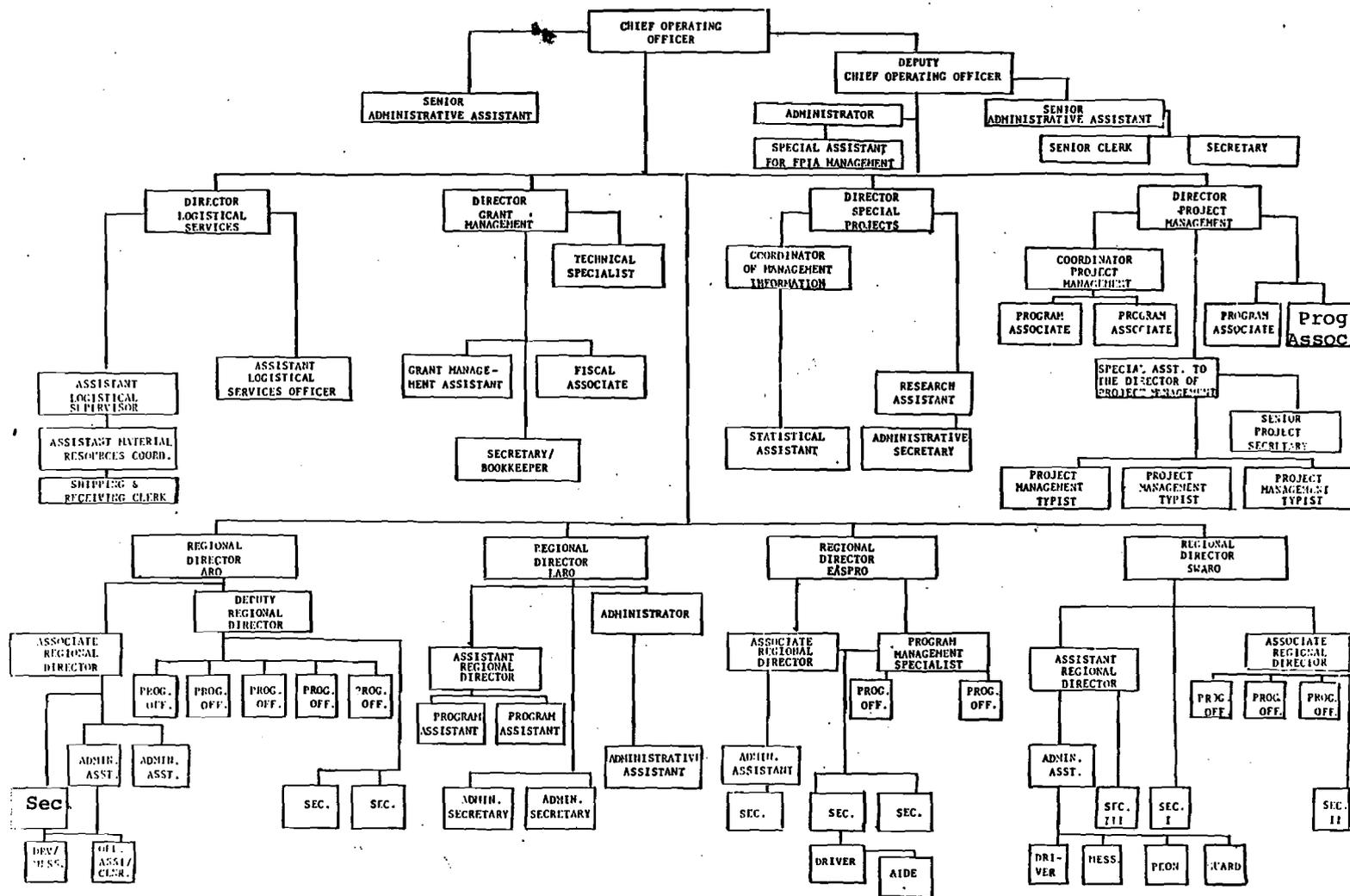
Summary

The Africa Regional Office is staffed by an impressive team of highly dedicated professional officers who are well-regarded by USAID, by international donor agencies located in Africa, and by the managers and staff of FPIA projects. They seem to be held in high regard also by the staff in the New York office who call on them when reformulating management procedures. By any standards, the staff in the regional office for Africa are an outstanding, competent team of management specialists who are transferring their knowledge to local staff and project personnel. Theirs is an exciting story of success in technology transfer.

APPENDICES

Appendix A
ORGANIZATION OF THE FPIA

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 ORGANIZATION OF THE FPIA

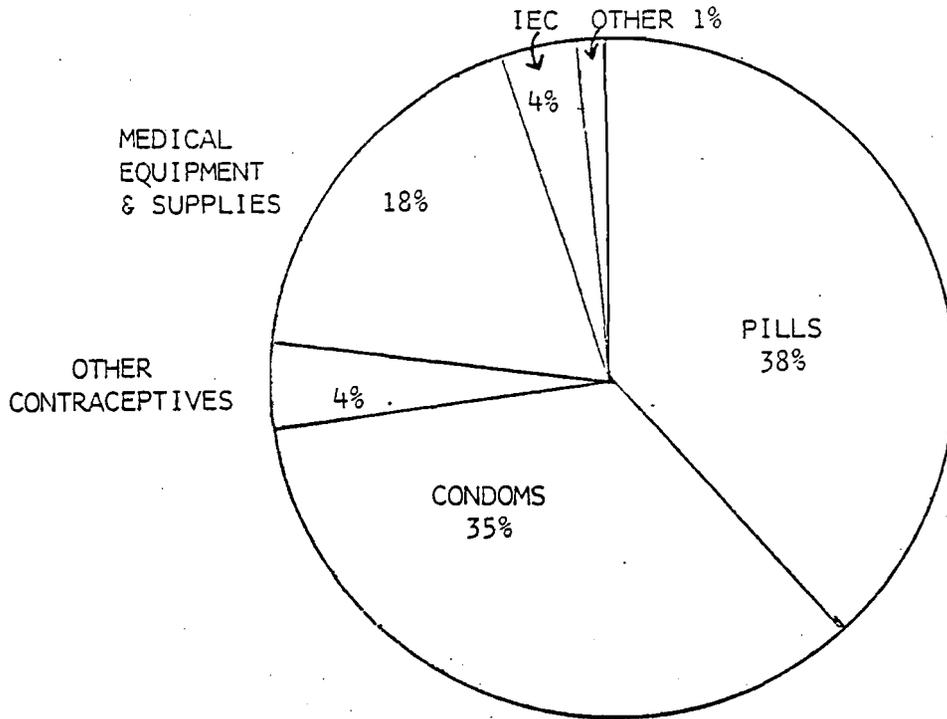


Appendix B

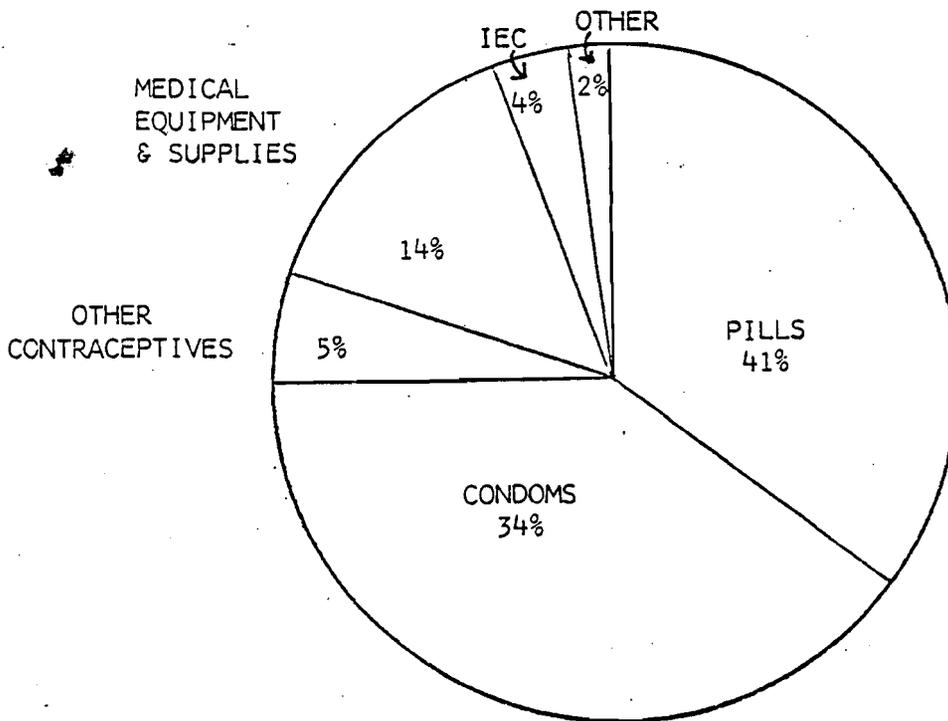
DISTRIBUTION OF COMMODITIES, BY REGION AND TYPE
(Tables 1-2)

Table 1

MONETARY VALUE OF FPIA COMMODITY ASSISTANCE, BY TYPE



*
PY-9
COMMODITY
VALUE: \$6,704,4



*
PY 1-9
COMMODITY
VALUE: \$27,784

* July 1, 1971 - June 30, 1980.

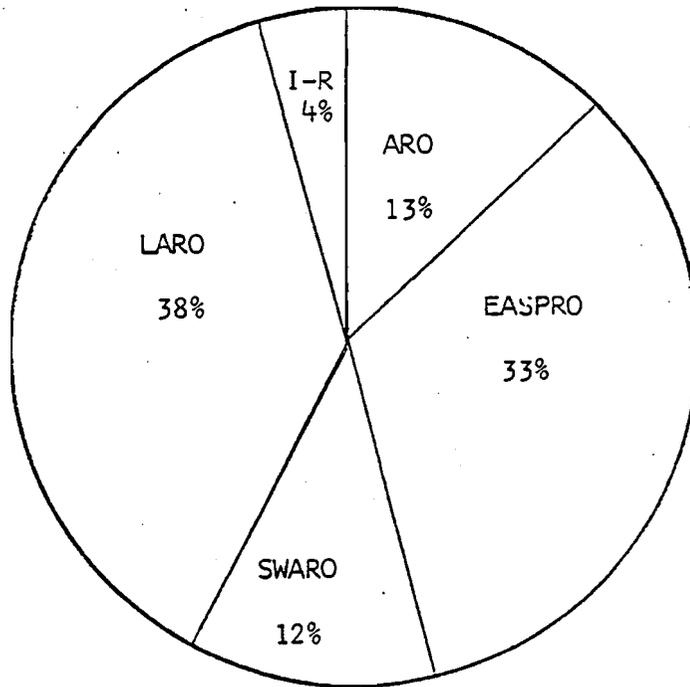
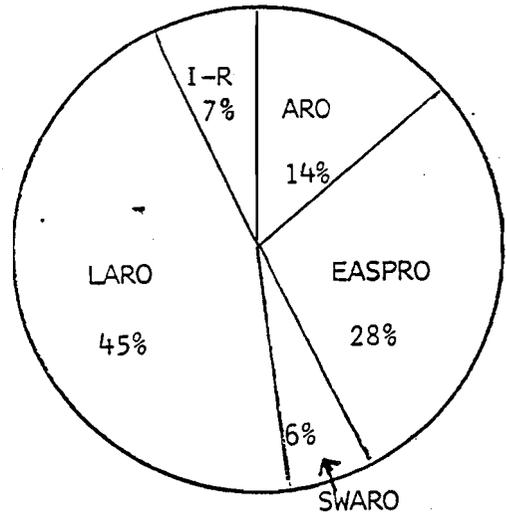
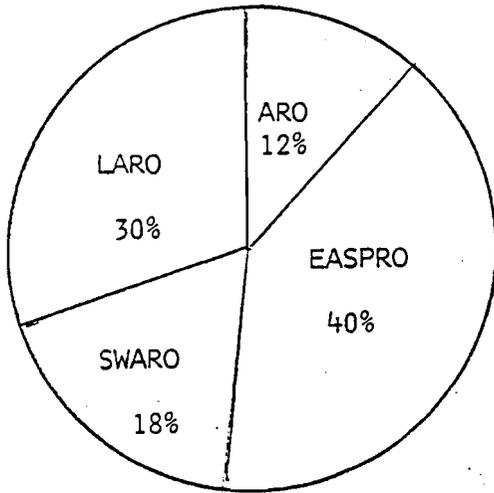
Source: FPIA, Annual Report, Program Year 9.

Table 2

MONETARY VALUE OF FPIA ASSISTANCE: PY-9, BY REGION
(July 1, 1979 - June 30, 1980)

COMMODITIES (\$6,704,415)

PROJECTS (\$7,207,582)



TOTAL FPIA ASSISTANCE PY-9 (\$13,911,997)

Source: FPIA, Annual Report, Program Year 9.

Appendix C
LIST OF CONTACTS

Appendix C
LIST OF CONTACTS

American Public Health Association, Washington, D.C.

Dr. Susi Kessler, M.D., Director, International Health Programs
Ms. Suzanne Olds, Chief, Technical Advisory Services
Ms. Danielle Grant, Program Assistant, Technical Advisory Services
Ms. Judy Simmons, Program Assistant, Technical Advisory Services
Ms. Maureen Doallas, Editor, International Health Programs

U.S. Agency for International Development

Mr. Joseph Loudis, Department of State, Population
Mr. Robert Haladay, Department of State, Population
Mr. Dallas Voran, Department of State, Population
Mr. Richard Metcalf, Department of State, Population
Mr. Frank Campbell, Department of State, Population
Mr. Don Newman, Department of State, Population
Dr. Harold Peterson, Department of State, Population
Mr. David Denman, Department of State, Population
Ms. Carol Tyson, Bureau for Africa, Office of Development Resources
Ms. Carol Dabbs, Bureau for Africa, Office of Development Resources
Mr. John Paul James, Bureau for Africa, Office of Development Resources
Mr. William Trayfors, Bureau for Africa, Office of Development Resources

Mr. Edward Muniak, Bureau for Asia, Technical Resources, Office of Health, Population and Nutrition

Mr. Michael Jordan, Bureau for Asia, Technical Resources, Office of Health, Population and Nutrition

Ms. Maura Brackett, Bureau for Latin America and the Caribbean, Office of Development Resources

Mr. Robert Corno, Bureau for Latin American and the Caribbean, Office of Development Resources

Family Planning International Assistance

Dr. Daniel Weintraub

Ms. Mary McGovern

Ms. Gerri Stone

Ms. Cornelia O'Connor

Ms. Carol Klein

Ms. Toni White

Mr. Fred Williams

Ms. Tonia Papke

Mr. Ernest Murphy

Ms. Carmela Ferguson

Ms. Marcia Benjamin

Mr. Hans Groot

Mr. Richard Pomeroy

Planned Parenthood Federation of America

Mr. Gene Katz

Latin America Region

1. Brazil

a. Research Center for Integrated Service to Women and Children, Rio de Janeiro

Dr. Helio Aguinaga, Project Director

Ms. Lea Junqueira Kropsch, Assistant Director

Ms. Karen Lassner, Program Evaluator

Mr. Les Scofield, Program Coordinator

b. Research Center for Integrated Service for Women, Belem

Dr. Nelson Luiz de Olivera Santos, M.D., Project Director

c. Program of Mobilization of Community Resources for Family Planning (BEMFAM)*

Dr. Walter Rodrigues, Executive Secretary and Project Director

Mr. Marcio Ruiz Schiavo, Project Assistant,
Information, Education, and Communication

Ms. Rita de Cassia Passos, Program Coordinator

d. Rio de Janeiro State Program (BEMFAM)

Ms. Noemia Funke, Technical Coordinator

Ms. Norma Guerra, Technical Adviser

Dr. Luis Fernando Panico, Medical Supervisor

* BEMFAM = Sociedade de Bem Estar Familiar no Brasil

Mr. Mario Ludgero Santos, Administrator

Ms. Regina Pugliese, Training Section

Ms. Leonisia da Fonseca, Education Section

Ms. Telma Batella, Communication Section

Ms. Hilda Goncalves, Communication Section

Ms. Silvia Cristina Tavares, Evaluation Section

2. Peru

a. Fertility Regulation, Department of Obstetrics and Gynecology,
Cayetano Heredia University, Lima

Dr. Carlos Munoz, M.D., Project Director

Dr. Victor Diaz, M.D.

Dr. Lucy Jefferson, M.D.

Ms. Maria Huaranga, Social Worker

b. Human Fertility Study in City of Trujillo,
Obstetrics and Gynecology Section, MCH Department,
National University of Trujillo

Dr. Felix Guillen, Project Director

Ms. Maria del Carmen Herrera, Social Worker

Ms. Jana Lelis Moran, Auxiliary Nurse

3. Mexico

a. Urban Clinic No. 2, Rural Programs Nos. 1 and 2,
Suburban Program and Clinic No. 4,
Family Planning of Ciudad Juarez

Ms. Guadalupe de la Vega, Project Director

Mr. Alberto Parra Vidale, Financial Adviser
Mr. Manuel Castillo, Administrator
Ms. Rebeca Ramos, Program Supervisor
Ms. Evangelina Martinez, Suburban Module Coordinator
Ms. Natividad Lopez, Rural Module Coordinator
Ms. Consuelo Soto, Module Supervisor
Members, Board of Trustees
Mr. Federico de la Vega, Engineer
Mr. Filiberto Terrazas, Lawyer
Mr. Rodriguez Loya, Accounting

b. "CORA" Youth Center,
Center of Orientation for Adolescents, Mexico, D.F.

Dra. Anameli Monroy de Valasco, Project Director
Mr. Fernando Urzua, Administrator
Ms. Clay Ash, Research Director
Ms. Rose Garcia, Education Director

c. "CORA Center "Iztapalapa"

Dr. Roberto Aguilar, M.D., Director
Mr. Ricardo Soto, Psychologist
Ms. Olga Garcia, Social Worker
Ms. Laura Puga, Youth Promoter
Ms. Arcelia Ramirez, Youth Promoter
Ms. Nohemi Gonzalez, Youth Promoter

Mr. Daniel Jurado, Youth Promoter

Mr. Victor Cervantes, Youth Promoter

d. Family Planning Program of Baja California Norte

Ms. Guadalupe de la Vega, Acting Project Director

Dr. Enrique Suarez, Medical Director

Dr. Lorenzo Garibaldi, Medical Coordinator

Dr. Miguel Ortiz, Family Planning Physician

Mr. Nestor Davis, Administrator

Dr. Ricardo Marentez, Coordinator, Information,
Education, and Communication

Ms. Irene Chavez, Social Worker

e. Family Integration Program, Pro-Superacion Familiar Neolonesa,
A. C. Monterre

Ms. Yolanda Santos de Garza, Project Director

Dr. Jesus Gonzalez, Medical Consultant and Chief of Staff,
Ministry of Health, New Leone

Dra. Elizabeth Cordero, Group Head

Ms. Ausencia Segovia, Module Coordinator

Ms. Margarita Ibarra, Module Coordinator

Dr. Garcia Mercado, Director, Lolita Hospital

Dr. Francisco de la Garza, Chief, Department of Maternal
and Child Health, Ministry of Health, New Leone

f. Family Planning in "Ejidos" and Rural Communities,
Coordination Board, National Family Planning Program
(CPNPF)

Dr. Jose Manuel Septien, Project Director; Director, CPNPF

Dr. Pedro Perez, General Director of International Programs, CPNPF

Xavier Santillan, Secretariat for Agrarian Reform (SRA)

Fernando Armienta, SRA

Rafael Cervantes, SRA

Ignacio de las Fuentes, SRA

Francisco Torres, SRA

4. FPIA Latin America Regional Office (LARO)

Mr. Darryl Pedersen, Regional Director

Mr. Steven Orr, Administrator

Mr. Robert Murray, Assistant Regional Director

5. Others

Mr. Sam Taylor, Population and Family Planning (POP/FP) Officer, Brazil, USAID/L

Ms. Helene Kaufman, POP/FP Officer, Peru, USAID/L

Mr. Tom Donnelly, POP/FP Officer, Mexico, USAID/L

Ms. Cristina E. Colven, Regional Coordinator, International Fertility Research Program (IFRP)

Mr. George Wamsley, UNFPA Coordinator, Peru

Mr. Joop Alberts, UNFPA Coordinator, Mexico

Dr. Ricardo Subiria, Asociación para el Desarrollo Integral de la Familia (ADIFAM), Lima, Peru

Ms. Irma de Subiria, ADIFAM, Lima, Peru

East Asia and South Pacific Region

1. Philippines

Dr. Conrado L. Lorenzo, Jr., President and Executive Director, Philippines Commission on Population (POPCOM), Manila

Dr. Jose Rimon, Action Officer for Operations, POPCOM

Dr. Gloria Aragon, Board Member, POPCOM;
Dean, University of Philippines Medical School;
Director, Philippines General Hospital
(early FPIA Grantee)

Mr. Steven Sinding, Chief, Health, Population and Nutrition Division, USAID, Philippines

Mr. John Dumm, Population Officer, USAID, Philippines

Ms. Zinia Rionda, Population Adviser, USAID, Philippines

Mr. Sterling Schruggs, UNFPA Coordinator, Manila

Mr. Patrick Schilia, Acting UNFPA Coordinator,
United Nations Development Program

Dr. Mercedes Concepcion, Dean, Population Studies,
Population Institute, University of the
Philippines, Manila

Mr. Herbert Hopkins, Associate Director, East Asia and
South Pacific Regional Office (EASPRO), Family
Planning International Assistance (FPIA), Manila

Ms. Kei-Kit Leung, Program Management Specialist, EASPRO

Ms. Easter Damarinas, Program Officer EASPRO

Ms. Estrella Tajonera, Program Officer, EASPRO

Mr. Daniel Mendoza, Administrative Assistant, EASPRO

Ms. Carrie Lorenzana, Former Regional Director, EASPRO

Projects

- a. Action Center for Contraceptive Education and Support Services,
Cagayan de Oro City, Mindanao

Mr. Berchman D. Abejuela, Esq., Project Director

Mr. Manuel Caintic, Assistant Director

Staff

- b. Instant Sagot Sa Family Planning Service,
Institute of Maternal and Child Health, Quezon City

Mrs. Perla Sanchez, Project Director

Staff

- c. Ibanez Medical Clinic and Sterilization Center,
Malaybalay, Bukidnon, Mindanao

Dr. Alfredo G. Ibanez, Project Director

Staff

- d. Philippine Christian University Youth Project

Ms. Senena Martinez, Project Director

Staff

e. Ronn-Carmel Outreach Sterilization Program,
Ronn-Carmel Hospital, Manila

Dra. Carolina Gabriel, Project Director

2. Thailand

Dr. Somsak Varakamin, Deputy Director General,
Board of Directors, Association for Strengthening
Information (ASIN), National Family Planning Program
(NFPP), Ministry of Health

Dr. Kanchana Kanchanasinith, Senior Program Analyst,
MOH, Bangkok (Developing Refugee Proposal)

Dr. Nanata Auamkul, Medical Officer, Family Health Division,
MOH, Bangkok (Developing Refugee Proposal)

Ms. Chusie Sujploem, Chief of Training and Supervision,
MOH (Developing New Hill Tribes Proposal)

Dr. Chaiwatt, Director, NFPP; Planned Parenthood Association
of Thailand (PPAT), Bangkok (Developing Refugee
Proposals with MOH)

Mr. David Oot, Population Adviser, USAID/Thailand

Mr. Richard Moore, UNFPA Coordinator, Bangkok

Dr. Jarrett Clinton, Regional Representative,
Population Council

Projects

a. Thai Nurses Association

Ms. Khunying Samarnjai, President

Ms. Puangrat Bunyanurak, Project Director*

* Completed project and developing new proposal.

b. Voluntary Sterilization Project, ASIN

Dr. Vitura Sansingkeo, Project Director

Dr. Dephanom Muangman, Evaluation and Planning Adviser,
and Acting President, ASIN

Mr. Chaled Srisawangpan, Administrative Officer

Dr. Chaicharn Tanetsakunwatana, Director,
Chaicharn Clinic, Chiang Rai

Dr. Boonrerm Singhanetr, Chinda Hospital, Chiang Mai

Professor Tatchai Sansingkeo, Information Officer

Mr. Chaleo, Office Manager

Dr. Jamroon, Member, Project Staff

c. Hill Tribes Project

Dr. Edwin McDaniel, Director, McCormick Hospital,
Chiang Mai

Mr. Paul Lewis, Project Director, Chaing Mai

Dr. Arunee Fongsri, Former Medical Director,
Hill Tribes Project, Chiang Mai; Member,
ASIN; Mechai Project

Dr. Jamroon, Provincial Medical Officer

ASIN Project Staff, Chiang Mai

d. Thai Youth Project (Mechai)

Mr. Tawachai Tritongyu, Deputy Project Director

Mr. Praween Payapvipapong, Associate Project Director

Dr. Panit Jivanantapravat, M.D., Associate Project Director

Ms. Pimsuda Tiandum, Project Manager

Ms. Renu Kongnud, Counselor

3. Indonesia

Dr. Haryono Suyono, Deputy Chairman for Family Planning,
National Family Planning Coordination Board (BKKBN),
Jakarta

Rev. F. W. Raintung, Official, National Council of Churches,
Jakarta

Mr. Charles Johnson, Chief Population Officer,
USAID/Indonesia

Projects

a. Kardinah Hospital Sterilization Clinic, Tegal, Central Java

Dr. Harjo Joyodarmo, Project Director

b. New Method of Contraception in Selected Christian Hospitals,
Council of Churches of Indonesia

Rev. F. W. Raintung, Authorized Official, National Council
of Churches

Dr. O. E. Mesach, Project Director

Staff

Dr. Haryonto, Council of Churches Affiliated Hospital,
Clinic, Semarang, Java

Dr. Mary Indriari, Council of Churches Affiliated Hospital,
Clinic, Semarang, Java

Dr. Poedjihardjo, Tayu Christian Hospital, Central Java,
Clinic

c. Clinic Support to 90 Family Planning Clinics,
Council of Churches

Dr. O. E. Mesach, Project Director

Dr. Lukas Budi Gunawan, Clinic Director, Bethesda Hospital,
Jakarta

Staff, Bethesda Hospital

d. KNPI Youth Family Planning and Population Education

Mr. Akbar Tanjung, President, KNPI

Dr. Albert Toruan, Project Director

Hon. Marzuk Darisman, M.P.

e. Integrating Family Planning into Community Health Activities
in Kecamatan Penjaringan, Atma Java Hospital, Jakarta

Dr. H. Gandawidjaja, Hospital Director

Dr. Regis Rukmarata, Project Director

Staff

Southwest Asia Region

1. Bangladesh

Mr. Phillip Brandt, Director, FPIA Regional Office

Ms. Wilda Campbell, Associate Regional Director

A.N.M. Sayeed, Assistant Regional Director

Abdul Hashem, Program Officer

Fatema Alauddin, Program Officer

Akmal Hossain, Deputy Secretary (Coordination),
Population Control and Family Planning Division,
Ministry of Health and Population Control

Dr. Charles Gurney, Chief, Population,
Health and Women's Division, USAID/Bangladesh

Shanti Conly, PVO Coordinator,
Population, Health and Women's Division

Bal Gopal, K.C., UNFPA Coordinator

Vorashadi Arora, Assistant UNFPA Coordinator

Dr. A. P. Satterthwaite, Adviser to Government, Family Health

Dr. Abdus Subhan Choudhuri, Country Representative,
Pathfinder Fund

Mr. Ian McCabe, Representative, Asia Foundation

Ms. Suzanne Wallen, Assistant Representative, Asia Foundation

Mozzamil Huq, Executive Director,
Bangladesh Family Planning Association

Kohinoor Begum, Women's Project Director,
Bangladesh Family Planning Association

Projects

a. Model Family Planning Clinics in Medical Colleges

Itakharul Amin, Office Manager

Anorara Begum, Counselor

Two Medical Officers in Training

b. National Doctors' Family Planning Program

Dr. Khan Amanur Rahman, Chief Medical Officer,
Bangladesh Jute Mills Corporation;
Medical Consultant to FPIA

c. Rural Family and Child Welfare Project

Mr. Peter Amache, Administrator and Project Coordinator

d. Family Planning Services and Training Center

Abdur Rouf, Chief Executive Officer

e. Chittagong Women's Family Planning

Razia Hossain, President

Halima Choudhury, Project Director

Rehana Haque

f. Concerned Women's Family Planning Project

Mufaweza Khan, Project Director

Fazilatun Nessa, Assistant Director (Health)

Staff, Tangail Family Planning CBD Center

2. Nepal

Ratna Sansar, FPIA Auditor

Chandra Bir Gurung, Member-Secretary, Social
Services National Coordinating Council

Tara Dev Bhattara, Member-Secretary,
Health Services Coordinating Committee

Surendra Man Joshi, Chairman,
Youth Activities Coordinating Committee

Bedh Prakash Upreti, Executive Director,
National Population Commission

Mr. Dennis Brennan, Mission Director, USAID/Nepal

Dr. Jacob van der Vlugt, Chief,
Office of Health and Population, USAID/Nepal

Ms. Sigrid Anderson, Health Nutrition Adviser

Projects

a. Mothers' Clubs-Based Family Planning Project

Rana Begum, Distinguished Project Supporter

Shanta Pokrell, Chairwoman

Padma Shrestha, Project Director

Shanti Bharal, Organizer, Pokhara Distribution Office

Subhadra Parajuli, Assistant, Pokhara Nagar Mothers' Club

Bishnu Adhikari, Motivator, Pokhara Nagar

Radda Adhikari, Begum Mothers' Club

b. Youth Clubs' Family Planning

Surendra Man Joshi, Acting Project Director

c. Nepal Red Cross
Family Planning and Primary Health Care Project

Hare Krishna Lovely Shrestha, Project Director

Mr. Thapa, Administrative Officer-Accountant

5. Sri Lanka

Bradman Weerakoon, Secretary to the Prime Minister

Wikrema Weerasooria, Secretary, Ministry of Plan
Implementation

V. S. Wijegunsaekera, Director, Office of Population
and Family Health, Ministry of Plan Implementation

Elina Visuri, UNFPA Coordinator

Janaki Ranmutugala, Program Officer

Mr. Victor Seneratna, Regional Director, IPPF Re-
gional Office

Mr. James Collins (Ret.), Formerly Head of Finance

Daya Abeywickrema, Executive Director,
Family Planning Association of Sri Lanka

Dr. Sriani Basnayake, Clinical Services Director

Ms. Sara Jane Littlefield, Director, USAID/Sri Lanka

Projects

a. Ayurvedic Practitioners' Contraceptive Distribution Project;
Vasectomy Marketing Project

Brigadier General Dennis Hapagalle, Director,
Community Development Services

C. P. Hewagama, Project Administration Officer
Captain Dias, Deputy Project Administration Officer (Retired)
Dr. Siva Chinnatamby, Medical Director
Wilmot Ratnayika, Area Manager; Field Coordinator

Africa Region

1. Kenya

Mr. Freeman T. Pollard, Africa Regional Director,
Regional Office, FPIA

Mrs. Nancy P. Harris, Deputy Regional Director,
Regional Office, FPIA

Mr. Andrew J. Franklin, Associate Regional Director,
Regional Office, FPIA

Mr. Paul Sossa, Program Officer, Regional Office, FPIA

Ms. Altrena Gadison, Program Officer, Regional Office, FPIA

Mr. Simmiyu Masinde, Program Officer, Regional Office, FPIA

Ms. Lorraine Anderson, Program Officer, Regional Office,
FPIA

Mr. Jean Karambizi, Program Officer, Regional Office, FPIA

Ms. Wambui Chegeh, Administrative Assistant,
Regional Office, FPIA

Mr. Willie Mutwota, Administrative Assistant,
Regional Office, FPIA

Mr. Spencer Silberstein, Population Officer, USAID

Dr. Anita Mackie, REDSO, USAID

Mr. Christopher P. Metcalf, Acting Resident Representative,
UNDP and UNFPA

Mr. James Kuriah, Acting Resident Representative,
UNDP and UNFPA

Mr. Charles Olenja, Acting Resident Representative,
UNDP and UNFPA

Ms. Bernadette Prat, Field Director for Africa, OXFAM

Mr. Michael Sozi, Regional Director, IPPF

Mr. Gabriel Roberts, Assistant Regional Director, IPPF

Dr. Marasha Marasha, Representative for Africa,
Pathfinder Fund

Mrs. A. Gethy, Secretary-General,
Family Planning Association of Kenya

Projects

a. Kwangware Health Care Outpost (Project Kenya-04)

Dr. Robert R. Rafos, Accountant

Mrs. Virginia Black, Director of Motivation

Mr. Samuel Were, Counterpart

Mr. Mas Ikawakamana, Accountant Counterpart

b. Mkomani Harambee Clinic (Project Kenya-06)

Mrs. Hayati Anjarwalla, Chairperson

Dr. Varinder Sur, Doctor-in-Charge

Mrs. Beatrice Obaga, Nurse

Mrs. Ause Sondhi, Committee Member

Mzee Ali Hamisi, Donor of Clinic Land

2. Zambia

Father Pierre Dil, Makeni Ecumenical Center

Mr. Tyson Zulu, Makeni Ecumenical Center

Mr. Sekala, Makeni Ecumenical Center

3. Tanzania

Mr. Alfred Tandau, M.P., Secretary-General, Juwata,
Minister for Labour and Social Welfare, Juwata

Ms. Jane Mbeti, Manpower Development Officer, Juwata

Mrs. Nagy L. Kaboyoka, Assistant Secretary,
ILO Desk, Juwata

Mr. Moses T. Kachima, Assistant Secretary for
International Affairs

Dr. Schwebe, Juwata Clinic

Kr. Kanuma, Juwata Clinic

Mr. Gabriel Raimuna, Protocol Officer, Juwata

Mr. John Burdick, Population Officer, USAID

Dr. Albert Henn, Division Chief, USAID

Mr. Edward Greeley, USAID/REDSO/EA

Dr. Kenneth Hart, M.D., Project Director,
Seventh Day Adventist

Mr. J. Tenga Elinihaki, Project Coordinator,
Seventh Day Adventist

Mr. Allan Johnston, Rural Development Planning Officer,
Arusha Regional Planning

4. Ghana

Mr. Alfred Sarkodee, Project Coordinator (Ghana-03)

Mr. David Dartey, Project Director (Ghana-04)

Mrs. Rose Agbola, Regional Secretary (HO) (Ghana-04)

Mrs. Fanny Dontoh, Project Director (Ghana-05)

Mr. Lawrence Eicher, Acting Population Officer, USAID

Mr. John Thomas, IDI, USAID

Dr. Ester Boohinee, Maternal and Child Health,
Ministry of Health

Dr. H.K. Menokpoe, Regional Medical Officer (HO),
Ministry of Health (Ghana-04)

Mr. S.E. Nyame, Project Director, Ministry of Health
(Ghana-03)

Appendix D

BIOGRAPHICAL INFORMATION ON EVALUATION TEAM

SHARON EPSTEIN

Queens College, CUNY, B.A., 1969, History and Political Science; School of International Affairs, Columbia University, M.I.A., Economic Development, 1971. Columbia University International Fellows Program, 1970-1971; Department of Maternal and Child Health, School of Public Health, University of North Carolina, M.P.H. (accepted for admission in September 1981); UNFPA Program Officer-in-Charge, Bangladesh, Sri Lanka, Malaysia, Nepal, and Korea, 1973-1974; UNFPA Program Officer-in-Charge, Bangladesh, Sri Lanka, Iran, Pakistan, and Thailand, December 1974 - September 1976; UNFPA Coordinator a.i., Bangladesh, April 1974 - November 1974; UNFPA Regional Field Coordinator for the South Pacific and Papua, New Guinea, September 1976 - February 1979; UNFPA Coordinator, Pakistan, March 1979 - February 1981.

Home: Far Rockaway, New York

ALCIDES ESTRADA

Cauca University School of Medicine, M.D., 1962. Professor and Chairman, Department of Preventive Medicine and Public Health, Cauca University School of Medicine, 1963-1965; Dean, School of Medicine, Cauca University, 1967-1969; Regional Population Coordinator, Cauca University, 1966-1969; Director, Evaluation Unit, Division of Population Studies, Colombian Association of Medical Schools, 1969-1972; Chief, Evaluation Division, Colombian Association of Medical Schools, Bogota, 1972-1973; Associate Director, Evaluation Area, Corp. Population, Regional Center, Bogota, 1973-1977; President and Researcher, Association of Medical Pharmacists' Society (SOMEFA), Bogota, 1974-1977; Executive Secretary, International Committee on Applied Research in Population for Latin America (ICARPAL), 1975- ; General Secretary, Corp. Population, Regional Center, Bogota, 1977- ; President and Director, SOMEFA, 1977- . Lecturer; Author and Co-Author, Articles on Population; Consultant, National and International Studies and Evaluations.

Home: Bogota, Colombia

WINTON LANE

Education, Private and Secondary Schools, France and England, and London School of Economics. Staff Officer (Major), War Office, London, Pentagon, Headquarters of Supreme Allied Commander, Southeast Asia and Ceylon; Chief, Dr. Commonwealth Desk; Intergovernmental Committee for Refugees, London; Resettlement Officer, IRO, Geneva and Paris; Permanent Secretary to the Prime Minister and the President of The Gambia; Permanent Secretary to the Cabinet; Chairman, City Council; United Nations Regional Development Adviser, The Gambia; Adviser on Public Administration; IPPF Regional Director for Africa; Nairobi, Kenya; UNFPA Coordinator, Bangkok, Thailand (also responsible for Vietnam, Cambodia, and Laos); UNFPA Coordinator, Tunisia (also responsible for Morocco, Algeria, Libya, and Malta); UNFPA Coordinator, Morocco.

Home: Somers, New York

WILLARD C. MULLER

Stanford University, B.A., Government and Economics, 1941; Maxwell Graduate School of Public Administration, M.S.P.A., 1943. U.S. Navy, Pacific, Ensign to Lieutenant, 1943-1945; Office of Military Government, Bavaria and U.S. High Commission, Germany, Program Officer, Civilian, 1948-1951; District Administrator and American Consul, Central Carolines, Office of Territories, USDI, 1951-1956; U.S. Department of State, AID; Deputy Director, USOM, Nepal, 1956-1958; U.S. Aid Representative and Mission Director, Somali Republic, 1958-1961; National War College, 1961-1962; Area Office Director, Eastern and Southern Africa, AID/W, 1962-1965; Director, USAID, Uganda, and Member, Regional Projects Committee for East Africa, 1965-1970; Associate Director, USAID, Vietnam (with special responsibility for National Land Reform Program), 1970-1973. Freelance Writer, Newspapers and Magazines.

Home: Port Angeles, Washington

PETRA S. REYES

University of Kansas, B.A., Anthropology and Philosophy, 1962; M.S., Cultural Anthropology, 1968; University of California, Berkeley, M.P.H., Health Education and Medical Care Administration, 1971; Johns Hopkins University, School of Hygiene and Public Health, Sc.D., Health Administration, 1980. Research Assistant, Institute for Research in Childhood Health and Education, Walnut Creek, California, 1966-1968; Staff Assistant, Comprehensive Health Planning, University of California, Berkeley, 1968-1969; Assistant Administrator, New York City Department of Health, 1970; Staff Associate, Nursing Home Trainer Project, Management Services, United Hospital Fund of New York, 1971-1972; Consultant, Education and Training, International Postpartum Program, The Population Council, New York, 1972-1974; Staff Associate, MCH/FP Program, and Grant Manager, International Postpartum Program, The Population Council, New York, 1974-1975; Consultant, Program Design, Evaluation, and Development, Health Services Planning, and Training, 1979-Present.

Home: Baltimore, Maryland