

**I.D. EVALUATION SUMMARY - PART I**      60293 P      955

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.  
 2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

**IDENTIFICATION DATA**

<b>A. Reporting A.I.D. Unit:</b>  Mission or AID/W Office <u>S&amp;T/POP/R</u> (ES# _____)	<b>B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?</b> Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY _____ Q _____	<b>C. Evaluation Timing</b> Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
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**D. Activity or Activities Evaluated** (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
936-3044	Contraceptive Research And Development Program (CONRAD)	FY 86	Sept 91	28,000	20,118

**ACTIONS**

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
<p align="center"><b>Action(s) Required</b></p> <p>(Action decisions approved by mission or A.I.D. Office Director)</p> <p>Efforts need to be increased to solicit extramural proposals. The Senior Technical Staff (STS) and Technical Advisory Committee (TAC) need to be more actively involved in this process.</p> <p>The level of resources allocated to intramural subprojects should be reevaluated. Inhibit research should become an extramural subproject or be terminated.</p> <p>CONRAD management and A.I.D. should reexamine the portfolio of intramural and extramural subprojects in light of the objective for near-term versus long-term results. Efforts are clearly needed to increase the level of funding for extramural subprojects, and for clinical trials at the phase I and phase II stages.</p> <p>The management of CONRAD should be reformulated with special attention to ways in which the Director can be assisted in discharging his functions. The vacant position of Director of Administration should be filled.</p> <p>A thorough review is needed of the proper staffing level and better breakdown staff roles between extramural and intramural activities and within intramural research. (see attachment)</p>	<p>CONRAD STS and TAC</p> <p>CONRAD STS</p> <p>A.I.D. and CONRAD STS</p> <p>CONRAD STS</p> <p>CONRAD STS</p>	<p>ongoing</p> <p>Dec. 89</p> <p>ongoing</p> <p>Sept. 89</p> <p>Dec. 89 and ongoing</p>

**APPROVALS**

**F. Date Of Mission Or AID/W Office Review Of Evaluation:** \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

**G. Approvals of Evaluation Summary And Action Decisions:**

	Project/Program Officer	Representative of Borrower/Grantee	Evaluator Officer	Mission or AID/W Office Director
Name (Typed)	Jeff Spieler			Duff Gillespie
Signature				

**ABSTRACT**

**H. Evaluation Abstract (Do not exceed the space provided)**

The Contraceptive Research and Development Program (CONRAD), now at its midpoint, is funded to support the development of new and improved family planning methods for developing countries. The program was created under a five-year Cooperative Agreement (1986 to 1991) between the A.I.D. and the Eastern Virginia Medical School with a total authorized funding level of \$28 million. CONRAD represents a major new organizational approach, including both an intra- and extramural component, with the idea that this combination would provide a critical mass of views, expertise, approaches, and hands-on experience that would enhance bringing new family planning methods to market.

This midterm evaluation was to identify the accomplishments, strengths, weaknesses, and problems of the Program and to review the original concept and design of the project.

The CONRAD Program has already begun to contribute very significantly to the field of contraceptive research, especially in reproductive immunology and the development of hormone antagonists. This has been accomplished through the excellence of the intramural research, the funding of over 40 extramural subprojects, and the holding of two international workshops with published proceedings.

An excellent Technical Advisory Committee (TAC) has been assembled to help guide the work of the Program and the subprojects developed seem appropriate, needed, and feasible.

A major problem is that the Program management has not kept to the project design, which mandates that two-thirds of resources available for research go to the extramural component and one-third to the intramural, and that a programmatic bias be maintained toward subprojects that may yield products in the relatively near future.

The extramural component is not receiving the attention anticipated from the intramural staff. In particular, the expectation that they would play an active role in soliciting and monitoring extramural subprojects has not materialized. The TAC, too, has not been actively involved in seeking new subprojects. The project has gotten somewhat off course in these regards in large part because of a lack of firm management control.

The major recommendation of this evaluation is that the Program now take stock and make the difficult decisions necessary to permit reallocation of resources from intramural to extramural efforts and from longer to nearer-term subprojects.

**COSTS**

**1. Evaluation Costs**

1. Evaluation Team			Contract Number OR	Contract Cost OR	Source of Funds
Name	Affiliation	TDY Person Days	TDY Cost (U.S. \$)		
E. Edward Rizzo	Dual & Assoc. #DPE-3024-Z-00-8078-00	20 days	\$ 6,804.92	S&T/POP	
Samuel A. Pasquale, M.D.	"	10-13 days	3,713.23	"	
Koji Yoshinaka, Ph.D.	"	-	445.00	"	
Mahmoud F. Fathalla, M.D.	"	9 days	6,096.96	"	
Ph.D.	"				
Dorothy Wexler	"	-	426.77	"	

**2. Mission/Office Professional Staff**

Person-Days (Estimate) 10

**3. Borrower/Grantee Professional**

Staff Person-l



## A.I.D. EVALUATION SUMMARY - PART II

### SUMMARY

**J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)**

**Address the following items:**

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|--|--|
| <ul style="list-style-type: none"> <li>● Purpose of evaluation and methodology used</li> <li>● Purpose of activity(ies) evaluated</li> <li>● Findings and conclusions (relate to questions)</li> </ul> | <ul style="list-style-type: none"> <li>● Principal recommendations</li> <li>● Lessons learned</li> </ul> |
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**Mission or Office:**

S&T/POP/R

**Date This Summary Prepared:**

7/12/89

**Title And Date Of Full Evaluation Report:**

Mid-Term Evaluation of the Contraceptive Research and Dev. (CONRAD) Program - 7/12/89

**OVERVIEW:** At its midpoint, the Contraceptive Research and Development Program (CONRAD) has moved rapidly and successfully to initiate numerous activities in contraceptive research. The several mid-course corrections identified in this evaluation are designed to assist the program to shift resources from the intramural to the extramural program, from long-term to near-term projects to broaden the portfolio of the extramural program, and to improve the management and administration of the total program.

CONRAD, with total authorized funding of \$28 million, is operating under a five-year Cooperative Agreement between the U.S. Agency for International Development (A.I.D.) and the Eastern Virginia Medical School (EVMS). This midterm evaluation was to identify the accomplishments, strengths, weaknesses, and problems of the program and to consider whether the project had been conceptualized and designed in a manner that would permit it to meet its objectives efficiently and effectively.

**STRENGTHS:** The CONRAD program has already begun to make its mark in the world of contraceptive research, through the excellence of some of its intramural research (conducted in-house), its funding of over 40 extramural subprojects (with outside institutions), and the holding of two international workshops, with publication of proceedings either accomplished or under way. Excellent staff were recruited and put in place very quickly. The intramural program is making good progress in a number of areas of contraceptive research, such as the GnRh antagonist subproject, which involves suppression of gonadotropin secretion through the use of the compound NaI-Lys-GnRh antagonist and reproductive immunology efforts, which focus on identifying, characterizing and isolating sperm and egg-based antigens germane to fertilization. Research on spermicide and virucide screening is also under way supported, in part, by the National Institute of Child Health and Human Development as part of a new initiative by CONRAD on the mechanism and prevention of the heterosexual transmission of HIV. An excellent Technical Advisory Committee (TAC) has been assembled to help guide the work of the program. The program has established excellent working relations with other organizations, both national and international, that are involved in contraceptive research and development.

**WEAKNESSES:** Project weaknesses are primarily related to the over-emphasis on the longer-term leads in the research portfolio. This bias is evident in both the intramural and extramural components. In particular, the clinical research component of the intramural program has had a slower start than anticipated, but staff and facilities are now in place to accommodate a heavier load of subprojects if they can be identified.

**DESIGN ISSUES:** A major problem identified is that project management has not kept to the project design, which had mandated that two-thirds of project resources available for research would go to the extramural component and one-third to the intramural. The purpose of this mix was to ensure that the extramural outreach efforts, which were thought to be the most cost-effective way to develop new contraceptive leads, were supported by in-depth in-house scientific expertise, not to build an intramural research institution. It has turned out to be more expensive and time-consuming than anticipated to conduct in-house research, and considerable additional staff and a number of core laboratories have been added to support this work. Thus, at midpoint, about half of project resources are going to support intramural staff, is primarily on long-term leads.

By comparison, the extramural component is not receiving the attention anticipated from the intramural staff. In particular, the expectation that they would play an active role in

iciting and monitoring extramural subprojects has not fully materialized. The TAC, too, has not been actively involved in seeking out new subprojects.

MANAGEMENT ISSUES: The project has gotten somewhat off course (especially with regard to the balance between intramural and extramural, and between near-term and long-term subprojects) in large part because of a lack of firm management control. Planning of allocation of staff time and project resources needs improvement and staff have not routinely attempted either to articulate goals that are to be met or to identify progress indicators to measure movement towards those goals. Likewise, monitoring of allocation of both time and funds needs improvement; the budgeting system does not allow attribution of staff and core labs to intramural subprojects and, therefore, the project has not tracked the true expenditures of intramural subprojects as it has for extramural subprojects. It is highly likely that if a better tracking system had been in place, the program would not have gotten as far off track as it has. The lack of management oversight can be traced, in part to the Project Director being extremely overextended, compounded by the decision not to fill the position of Director of Administration after it became vacant early on.

THE FUTURE: The evaluation recognizes that because CONRAD is a research project, goal setting must be a flexible process whose priorities can change in response to research developments. The evaluation also recognizes that scientific staff of the calibre gathered together in the CONRAD program have multiple demands on their full time that has diverted their attention from the prime goals of this project.

The evaluation's major recommendation is that the program now take stock and make the difficult decisions necessary to permit reallocation of resources from intramural to extramural efforts and from longer to nearer-term subprojects. Specific programmatic changes suggested include more vigorous efforts to solicit a wider range of extramural and clinical subprojects and a careful reevaluation of the level of resources now devoted to intramural subprojects. At the same time, a major tightening of financial and staff planning and monitoring is recommended. First priority should go to improving the management and administration of the program, perhaps by hiring a Director of Administration, and external consultants should be brought in if necessary to assist staff to develop a planning system that ensures that objective setting, strategy formulation, workplans, budgeting and reporting are part of a coherent system that makes clear the role of each staff member.

**ATTACHMENTS**

**K. Attachments** (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Midterm Evaluation of the Contraceptive Research and Development (CONRAD) Program. Report No. 89-025-085. Population Technical Assistance Project. Dual and Associates, Inc. And International Science and Technology Institute, Inc. July 12, 1989

**COMMENTS**

**L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report**

The CTO concurs with the main findings of the evaluation. Efforts are in place to implement the programmatic changes suggested including improvements in project management.