

**EVALUATION OF THE
PATHFINDER INTERNATIONAL
FAMILY PLANNING SERVICES
PROJECT (936-3062)**

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by

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PROJECT IDENTIFICATION DATA

- 1. Scope:** Worldwide
- 2. Project Title:** Family Planning Services Project of Pathfinder International
- 3. Project Number:** 936-3062
- 4. Cooperative Agreement Number:** CCP-3062-A-00-2025-00
- 5. Critical Project Dates:**
Cooperative Agreement Signed: September 30, 1992
Final Obligation: July 31, 1996
Project Assistance Completion Date: July 31, 1997
- 6. Project Funding:**
5-year Cooperative Agreement Amount: \$136,000,000 (\$122,800,000 Core;
\$13,200,000 Missions Add-ons)
- 7. Mode of Implementation:** Cooperative Agreement between the Office of Population, Family Planning Services Division (FPSD) and Pathfinder International
- 8. Grantee:** Pathfinder International
Nine Galen Street, Suite 217
Watertown, MA 02172-4501
- 9. Subcontractors:** None
- 10. USAID/Washington Project Manager:** Richard Martin
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- 11. Previous Evaluations:** USAID Management Review, Dec. 15, 1993
(Jinny Sewell, Craig Carlson, Richard Martin)

ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANE	Asia/Near East
ANERO	Asia/Near East regional office
ARO	Africa regional office
AVSC	Association for Voluntary and Safe Contraception
BKKBN	National Family Planning Coordinating Board, Indonesia
CA	cooperating agency
CBD	community-based distribution
CBS	community-based services
CEDPA	Centre for Development and Population Activities
CIES	Centro de Investigación, Educación y Servicios
CO	country office
CONAPO	Consejo Nacional de Población (National Population Council), Mexico
COTR	contracting office's technical representative
CR	country representative
CYP	couple years of protection
DEPKES	Department of Health, Indonesia
ESA	East and Southern Africa
FGM	female genital mutilation
FHI	Family Health International
FP	family planning
FPMD	Family Planning Management Development (project)
FPSD	Family Planning Services Division (Office of Population)
FTE	full-time equivalent
FY	fiscal year
G/PHN/POP	Office of Population, USAID
GOT	Government of Turkey
HIV	human immunodeficiency virus
HQ	headquarters
HRDF	Human Resource Development Foundation
IAKMI	Indonesian Public Health Association
ICPD	International Conference on Population and Development
IEC	information, education, communication
IMSS	Instituto Mexicano de Seguridad Social (Mexican Social Security Institute)
IPPA/PKBI	Indonesian Planned Parenthood Association
ISSSTE	Social Security Institute for Federal Workers, Mexico
JHPIEGO	Johns Hopkins Program for International Training in Reproductive Health
JHU-CCP	Johns Hopkins Center for Communication Programs
LARO	Latin America regional office
LASO	Latin America South office
LNA	letter of notification of award
LogFrame	logistical framework
MCH	maternal and child health
MIS	management information system
MOU	memorandum of understanding
MYWOM	Maendeleo ya Wanawake Organization

NCA	new cooperative agreement
NGO	non-governmental organization
OTTU	Organization of Tanzania Trade Unions
PCN	project change notice
PCS	Johns Hopkins Center for Communication Programs
PHN	population, health, nutrition
PI	Pathfinder International
PKMI	Indonesian Association for Secure Contraception
PROCOSI	Programa de Coordinación en Supervivencia Infantil
PROMEFA	Programa Médico Familiar
PSS	project support system
QOC	quality of care
REDSO	Regional Economic Development Services Office (USAID)
RO	regional office
RTI	reproductive tract infection
RVP	regional vice president
SDACHS	Seventh Day Adventist Church Health Services
SDES	Service Delivery Expansion Support (program)
SMT	senior management team
SSA	Secretary of Health, Mexico
STD	sexually transmitted disease
SVP	senior vice president
TA	technical assistance
TBA	traditional birth attendant
TESK	Turkish Confederation of Tradesmen and Craftsmen
TOHS	Tanzanian Occupational Health Services
TSPO	Technical Services and Program Operations
UMATI	Uzazi Na Malezi Bora Tanzania, Tanzanian Family Planning Association
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development, Washington, DC
VP	vice president
VSC	voluntary surgical contraception
WYDO	women and youth directorate

EXECUTIVE SUMMARY

Background

The Family Planning Services Project is a five-year cooperative agreement between Pathfinder International (PI), Boston, Massachusetts and the Agency for International Development (USAID). This cooperative agreement is the most recent of a series of funding agreements between PI and USAID whose partnership dates back to 1967. As a direct follow-on to a prior cooperative agreement (1986-1991), the current cooperative agreement (New Cooperative Agreement CCP-3062-A-00-2025-99) provides \$136 million over the five year period 1992-1997 for family planning services. As of December 1994, after 27 months of activity, PI had expended \$49.8 million. This is a report of the external evaluation of project activities in the third year of activities (March 1995).

The new cooperative agreement (NCA) specifies four goals: 1) increase access to and expand the availability and use of family planning services in a set of key developing countries; 2) improve the quality of services and promote an appropriate method mix; 3) increase the cost-effectiveness and financial sustainability of services; and 4) build the capacity of local institutions to deliver safe, acceptable, and cost-effective family planning services.

Decentralization

Prior to the initiation of activities under the NCA, PI began a process of decentralizing program responsibility with the objective of becoming a more field-driven organization. As part of this process, PI established regional offices in Asia, Africa and Latin America under the direction of regional vice presidents. In turn, both regional and country offices were given greater authority and responsibility for the development and management of country programs. As part of this decentralization process, and in response to the goals of the NCA, PI also began to consolidate its global program, reducing the number of subprojects and the number of countries in its portfolio.

Program Activities

Planning

In order to achieve the NCA goals and objectives, PI has relied on a bottom-up approach to program development, starting at the country level. Although PI country offices are to undertake needs assessments and develop strategic plans prior to the initiation of subproject activities, in practice this rarely occurs. Instead, country portfolios are developed and revised at PI annual regional work plan sessions. These work plans, which must be approved by both USAID/W and respective Missions, tend to be compilations of ongoing and anticipated activities, rather than true strategic planning documents. Little attention is paid to their strategic importance on the national level, or to mechanisms for leveraging investments to maximize impact and sustainability. This lack of true strategic planning is due, in part, to PI's desire to remain flexible and responsive to USAID requests for assistance. Nonetheless, the team concluded that a more proactive, analytical and strategic approach to the development of country programs, and a better balance between field initiatives and top-down direction and focus would enhance the impact of PI's overall program.

Technical Assistance

One anticipated result of decentralization was the shifting of technical capacity to the field where it would be more readily accessible to subgrantees. At headquarters (HQ), the technical staff are limited, consisting primarily of medical and evaluation staff. Yet even in these areas, the staff do not appear to be optimally deployed, nor are there adequate linkages between HQ and field technical experts. The depth of technical expertise in each regional office differs, but in some cases is weak, in others ill-deployed, and is generally overextended. While PI has done very well at helping subgrantees comply with administrative and financial requirements, it has not provided leadership or assistance in many technical and substantive areas of family planning service delivery. In large part, this is due to an imbalance in the allocation of staff resources between the two areas. The emphasis on financial and administrative management has been excessive and has contributed to inadequate technical assistance to subgrantees.

Monitoring and Evaluation

As a result of PI's strong systems for subgrant administration and financial reporting, there is a great deal of information available for program monitoring and evaluation. However, this information is used primarily for grants administration and financial management and not for evaluative program management. Despite increased attention to evaluation in recent years, very few subprojects have been evaluated and indicators focus on very limited aspects of service delivery. A more analytical approach to program monitoring and more emphasis on process indicators and qualitative evaluation are needed.

Program Achievements

PI has done very well at expanding the availability of family planning services under the NCA. To date, PI has supported 71 subprojects in 18 countries, two-thirds of which are service delivery projects. A significant 65 percent of NCA funds have been transferred to host-country institutions, mostly NGOs, while just 30 percent of funds have supported program management and overhead. In addition to expanding family planning services, PI has also supported improvements in the quality of care in some countries, most notably through provider training and expansions in the method mix.

PI has also developed strong administrative and financial systems for processing proposals, channeling and accounting for funds, and tracking program activities. These systems have evolved to handle significantly greater funding volumes over recent years, although there is need for further improvement. The Indonesia and Mexico Service Delivery Expansion Support (SDES) programs demonstrate PI's capacity to fulfill grants management functions for multi-million dollar programs of great complexity.

Overall, PI appears to be on track in meeting the quantitative objectives for couple years of protection (CYP), new users, persons trained and persons informed established in the NCA (without SDES). In 27 months, PI had distributed 1.5 million CYP out of 4.3 million projected for the life of the project, trained 12,278 out of 30,000 persons, and informed 3.3 million out of 6.7

million persons. When SDES activities are included, PI has already far exceeded most of these original targets. Revised targets are needed, but have not been set by PI or USAID.

PI has also made progress toward its goals of expanding access and improving quality. PI reports that, through December 1994, 3.5 million new users have been reached through NCA-supported activities. New channels for service delivery have been developed and expanded in many countries. While the two SDES programs have done well to support large-scale family planning efforts, PI should reorient more of its resources in other countries to the public sector and concentrate on scaling-up programs to have a national-level impact.

The quality of care is generally good in PI-supported subprojects. Providers are well-trained, and facilities are typically clean and properly maintained. Nonetheless, despite the apparent expertise at HQ in medical services, little technical assistance is provided to subprojects in the area of medical quality of care, choice of methods, client-provider interactions and client satisfaction.

It is more difficult to assess PI's performance toward its goals of improving sustainability, institutional strengthening and cost-efficiency/effectiveness. Not only do countries differ greatly in their progress in these areas, but PI's contributions are difficult to track. While PI reports supporting 19 institutions, and declining cost-per-CYP, these are not sufficient indicators to track progress in these important areas. New indicators need to be developed which relate to all of the goals of the NCA.

Management Issues

PI's decentralized structure has led to streamlined decision making and has enabled PI to be flexible and responsive in its field activities. Communication has improved with both USAID Missions and subgrantees and experiences are more easily shared at the regional level. The regional offices have also been of strategic importance in PI's ability to diversify its funding, obtaining bilateral USAID contracts and UNFPA assistance in several countries.

However, decentralization has not been balanced by sufficient oversight and support of the PI regional offices by HQ. Regional vice presidents have become overly autonomous, and there is need for these senior staff to be held accountable for meeting PI's overall goals and objectives in their respective regions. Vacancies in the position of senior vice president at HQ have exacerbated this problem, and in some instances, senior management appears unaware of the severity of problems in some countries, such as Turkey and Tanzania.

Financial Management

PI has successfully implemented a comprehensive financial management system which carefully tracks grants, disbursements and expenditures within PI, by subgrantee, and by funding source. Approximately 95 percent of subprojects are audited yearly. The down side of this system is the extensive reporting and documentation required of subgrantees. PI needs to review these requirements with an eye toward increasing flexibility and reducing paperwork, while maintaining accountability. As noted above, the emphasis on financial management has detracted from program content.

Relations with USAID

The cooperative agreement allows USAID to be very involved in both program management and implementation. USAID reviews all subgrants and annual work plans, and thus has complete approval authority over NCA-funded activities. Nonetheless, some USAID staff are not well informed about PI's activities. Better communications, through improved reporting which addresses the information needs of all parties and through more frequent face-to-face briefings, could improve this situation.

USAID Missions' expectations of PI vary greatly throughout the regions. By and large, PI has done well in meeting Mission requests, even in areas which are not within its scope of expertise, such as setting up and maintaining a reproductive health database in Bolivia. In two notable cases, however, the Missions feel that PI has been unresponsive and program activities have been neglected. Top PI management needs to address these problems immediately to prevent further negative consequences.

Future Directions

Overall, PI's performance under the NCA has been good, but there are important weaknesses in management and implementation of activities which are in urgent need of attention. Some of these weaknesses, however, result from PI's efforts to be responsive to USAID, or reflect difficulties inherent in working in a bureaucratic context with U.S. government funds.

Despite these weaknesses, the evaluation team felt that there is a clear, continuing need for a general, multi-purpose family planning service delivery project like the current Family Planning Services cooperative agreement. Such a project should identify and present strategies for expanding family planning services while also responding to the changing needs of both USAID and host-country institutions, especially in providing a broader spectrum of related family planning expertise.

SUMMARY OF RECOMMENDATIONS

1. PI headquarters (HQ) should create an NCA global action plan which establishes global goals, priorities, and resource commitments, as well as mechanisms and responsibilities for their achievement. Such a plan should balance the need for overall direction from HQ with the need for field innovation and flexibility. (p. 5)
2. While remaining responsive to USAID, PI should place greater emphasis on strategic planning at all levels, including better articulation of country program priorities and a stronger consideration of mechanisms ensuring expansion and impact. (p. 7)
3. PI should consider carrying out needs assessments on a periodic basis in the countries where it works, independent of existing activities, to identify those areas where its resources could have the greatest impact. (p. 7)
4. PI should develop strategically oriented criteria for initiating and for graduating subprojects so that country portfolios, while consistent with USAID Mission objectives, respond to PI's goals and objectives for promoting expansion and sustainability. (p. 7)
5. PI subproject documents should more explicitly articulate how subprojects contribute to national-level objectives and how they will continue after PI assistance ends. For example, PI should consider adopting the logical framework methodology for subproject design and incorporating sections on subproject strategic importance and long-term plan for PI assistance in subproject proposals. (p. 8)
6. PI should increase participation of subgrantee leadership, including those from emerging institutional settings, in the program design and planning process in order to promote relevance and ownership of activities. (p. 11)
7. PI should ensure adequate technical oversight of subproject activities by:
 - Making changes in systems, procedures or structural relations to ensure that HQ and RO specialists are linked and have more direct responsibility for subproject technical content.
 - Enabling existing technical staff to spend more time providing technical assistance to subgrantees as opposed to grants management.
 - Improving the programmatic and technical backstopping skills of staff.
 - Making more use of consultants to provide technical assistance to subprojects. (p. 13)
8. In order to increase attention to issues of sustainability and cost-effectiveness, PI should develop and deploy greater technical capacity in the areas of institution strengthening and cost-related analyses through a combination of in-house capacity and external consultants. (p. 13)

9. PI should place representatives in-country where possible to facilitate monitoring of subprojects. Where this is not feasible, off-site CRs and ROs should make special efforts to maintain contact with subprojects in-country. (p. 14)
10. PI needs to focus more on evaluation of subprojects and use the results more directly for programmatic decision-making and for assessing program impact. More specifically, PI should:
 - Establish and track indicators which capture aspects of service delivery beyond CYP and new users (i.e. the effectiveness and impact of training, progress towards institutional strengthening, cost-effectiveness, client perspectives on service quality, process, etc.). Indicators of limited usefulness, such as "persons informed" and "persons trained" should be dropped or made relevant to service delivery.
 - Balance current quantitative focus with more qualitative evaluation.
 - Incorporate substantive, but realistic, evaluation plans into subproject designs.
 - Make greater use of and routinely analyze existing data in the PSS.
 - Conduct more mid-term and final evaluations of support to organizations, especially those with large budgets, those which have received long-term funding, or those with multiple subgrants.
 - Make greater use of external consultants to conduct and complete evaluations in a timely manner.
 - Develop mechanisms to ensure and track use of evaluation findings for subproject adjustments, possible terminations, application to related activities, strategic planning, sharing of lessons learned across regions, etc. (p. 15 and 16)
11. PI should improve its dissemination of project accomplishments and lessons learned to those within the organization, among collaborators and partners, with other NGOs and the donor community, as well as within the broader reproductive health field. The Technical Communications Unit at HQ should be refocused toward this goal. (p. 16)
12. PI should do more to increase the scale of its activities to reach more clients, including the linking of private and public sector organizations and programs to achieve national impact. (p. 18)
13. All PI Country and Regional offices should be required to provide more attention and technical assistance to quality of care issues within subprojects, including medical quality assurance, choice of methods, client-provider interactions, and client satisfaction. (p. 19)
14. PI and USAID should develop and report indicators which track sustainability and institutional strengthening outcomes in areas such as subgrantee project and personnel management skills, and use of management information for evaluation. (p. 20)
15. Given that SDES has evolved as projectized rather than cash assistance, PI should move beyond administrative monitoring and implementation issues to focus on the content of

SDES programs and provide more technical assistance, both itself and through other CAs. Mechanisms to simplify the paperwork should also be explored. (p. 23)

16. PI should use its leverage as a major source of funds to influence SDES recipient institutions with respect to program content, especially quality of care issues. (p. 23)
17. PI should use its staff or consultants to undertake process and impact evaluations of SDES. (p. 23)
18. PI should document and compare SDES experiences and lessons learned in Mexico and Indonesia. Similarly, PI/Mexico and PI/Indonesia should develop both formal and informal methods of sharing their expertise and experiences in managing SDES. (p. 23)
19. PI needs to improve the definition and focus of those innovative activities where it sees itself as having a comparative advantage. PI should develop clear strategies for focusing its work in a few, selected, innovative areas and make better use of lessons learned in the field to design and develop activities. At the same time, PI needs to ensure that organizational structures, staffing, and subgrant portfolios adequately cover current programmatic and technical leadership tasks. (p. 24)
20. To respond to weaknesses in technical capacity, PI should strengthen its technical capabilities at all levels to match the thoroughness and competence of its fiscal management. Although this may require the recruitment of some additional staff, this can largely be accomplished through improved deployment and utilization of existing staff (see also Recommendations 7 and 22), and by further enhancing existing partnerships with other more specialized CAs. (p. 33)
21. The senior vice president at HQ should have clear authority over the RVPs and should hold them accountable for achieving programmatic and technical goals of the organization. He should also be vested with the authority and resources necessary to ensure that programmatic and technical expertise is strengthened throughout the organization. Specifically, the SVP should:
 - Conduct or lead an organization-wide review of staffing and skills mix to ensure the most appropriate use of staff, identify gaps in staff or skills, and remedy problems identified.
 - Review the appropriateness of the location and existence of each Regional and Country Office. Consideration should be given to 1) relocating the LARO to Lima, Peru; 2) identifying a full-time Tanzania Country Officer who will make regular trips to the country; 3) establishing a Turkey Country Office in Ankara.
 - Conduct performance evaluations of the VPs he supervises. (p. 34)
22. The SVP and the VP for TSPO should establish better linkages and mechanisms for communication between HQ technical experts and the field in order to: 1) strengthen the oversight role of HQ experts, 2) more effectively use existing technical departments at HQ, and 3) make appropriate use of technical consultants. (p. 34)

23. PI should make subgrant financial and administrative systems and procedures more user-friendly from the perspective of subgrantees (i.e. adopting a "client-orientation" to ensure that subgrantee needs are considered along with PI accountability and management concerns). (p. 37)
24. Financial documentation and reporting requirements at the subproject level should be reviewed with a goal of increasing flexibility and extending the duration of projects, thereby reducing paperwork at all levels. In particular, PI should find ways to allow subgrantees limited line item flexibility. (p. 37)
25. USAID and PI should agree on a new format for reporting which meets current information needs. PI should take the initiative to design and propose alternative formats. (p. 39)
26. USAID and PI senior managers and staff should use this evaluation report and other recent feedback and planning information to review progress and set/confirm revised NCA goals and priorities for the balance of the grant (including SDES). (p. 39)
27. USAID and PI should add new communication channels and regular, face-to-face meetings to expand the understanding of NCA activities within USAID and other appropriate CAs. PI field staff should also expand regular communications with USAID Mission staff. (p. 40)
28. Top PI management attention is needed in Tanzania and Turkey. An in-country presence of an individual with strong management skills who will respond to Tanzanian subgrantee and Mission needs is required if PI intends to continue to be active in Tanzania. A PI representative should spend an extended period of time in Ankara to resolve current problems, improve relationships with key institutional actors (especially USAID staff), and explore strategic opportunities for future PI assistance in Turkey. (p. 41)

1 INTRODUCTION

1.1 Pathfinder History and Background

Pathfinder International (PI), a non-profit family planning organization, was incorporated in 1957. Dr. Clarence J. Gamble, the founder of PI, was a pioneer in establishing family planning clinics in both the United States and in developing countries beginning in the late 1920s. Many of the family planning associations in developing countries today owe their start to the efforts of Dr. Gamble and other "pathfinders." Throughout its 38-year history, PI's organizational mission has been to increase the number of individuals in developing countries who have access to and voluntarily use high quality family planning services.

1.2 USAID Assistance to Pathfinder

PI has been a partner of the Office of Population (G/POP) of the U.S. Agency for International Development (USAID) for more than two decades. Since 1967, PI has been awarded a series of funding agreements totaling \$277.2 million, including the current cooperative agreement. USAID assistance has allowed PI to grow from an organization with 16 employees and four field offices in the late 1960s to 243 employees and 17 field offices in 1995.

In 1986, PI received a worldwide cooperative agreement (DPE-3042-A-00-5045-0; CA/Washington or CAW) from USAID/Washington which provided \$59.5 million over five years for family planning services. This cooperative agreement allowed PI to expand its geographic and organizational scope, as well as leverage other USAID and private funds in its mission to provide family planning services throughout the world.

In 1991, PI submitted to USAID/W an unsolicited proposal for continuation of its activities under a new, expanded cooperative agreement. PI was awarded the current, non-competitive cooperative agreement (New Cooperative Agreement, or NCA, CCP-3062-A-00-2025-00;) September 30, 1992. The Family Planning Services Project NCA provides \$136 million over the five-year period, 1992-1997. The project completion date is July 31, 1997.

1.3 Pathfinder Program: Recent Trends and Developments

PI's organization and the scope of its activities have undergone some significant changes in the past five years, partly due to the NCA, and partly in response to the recommendations of a Pathfinder-funded management audit performed by Coopers and Lybrand in 1989. In 1990, PI began a process of decentralizing program responsibility with the objective of becoming a more field-driven organization. This decentralization process was designed to increase organization-wide accountability, and strengthen technical capacity in field offices. The position of Senior Vice President for International Programs was created to provide direction to the field operations, and to improve relations with USAID/Washington. Most authority for program (as opposed to financial) decision-making has been transferred from the Boston headquarters (HQ) to the three regional offices in Africa (ARO), Asia-Near East (ANERO), and Latin America (LARO). Each of these offices is directed by a regional vice president (RVP) who, along with senior staff at HQ, comprise the senior management team (SMT) of PI. In turn, the regional offices (ROs) supervise and support country offices (COs) in each region, who have

been given greater responsibility for the development and management of country programs.

The NCA specifies four goals: 1) increase access to and expand the availability and use of family planning services in a set of key developing countries; 2) improve the quality of services and promote an appropriate method mix; 3) increase the cost-effectiveness and financial sustainability of services; and 4) build the capacity of local institutions to deliver safe, acceptable, and cost-effective family planning services.

As part of the decentralization process, and in order to respond to these NCA goals, PI has worked to consolidate its portfolio, reducing both the number of countries and subprojects, and increasing the duration and budget of subprojects (see Table 1).

TABLE 1

PATHFINDER INTERNATIONAL PORTFOLIO UNDER CA/WASHINGTON AND NCA		
	CA/Washington (1986-1991)	NCA (1992-1997)
Countries:		
Latin America	10	6
Africa	15	10
Asia/Near East	7	2
# Subprojects	367	71 (61 excluding SDES)
Average Budget (\$)	\$64,800	\$474,802 (\$244,368 excluding SDES)

Source: Pathfinder International. "Pathfinder's Response to the Midterm Evaluation Issues," page 27, February 1995.

Under the NCA, PI has significantly expanded both its budget and its staff. Between 1990 and 1994, the total budget from all sources increased from \$14.6 million to \$40.3 million. The staff grew from 149 to 236 people during the same period, with most of the growth occurring in the field (see Section 3.1.1 for more detail).

Although 95 percent of PI's annual budget comes from various USAID sources, decentralization has allowed PI to diversify its funding sources and supplement its central USAID funding with other USAID contracts and agreements, and with support from private and multilateral donors (see Table 2). In 1995, 38 percent of PI's revenue came from non-NCA USAID sources. PI has pursued private funding throughout its history which has allowed the organization some flexibility and the ability to pioneer in areas that USAID funds cannot support. Four percent of PI's FY 1995 revenue came from private funds.

TABLE 2

PATHFINDER REVENUES BY SOURCE PROJECTED FY 1995 (ENDING JUNE 30, 1995)		
FUNDING SOURCE	AMOUNT	% OF TOTAL
NCA-Non SDES	15,260,700	32%
NCA-SDES	15,063,800	31%
Other USAID CAs	5,090,300	11%
USAID Contracts	9,407,400	19%
Private-Unrestricted	815,000	2%
Private-Restricted	1,170,000	2%
USAID 2nd tier (Sub-contract income)	1,549,400	3%
Investment Income	100,000	0%
TOTAL	\$ 48,456,600	100%

Source: Pathfinder International. "Statement of Revenues." (Handout, February 1995)

PI's "pathfinding" role has diminished, in part reflecting the maturity of family planning programs in the countries where it works, and in part due to USAID's insistence that PI focus on contributing to national-level programs. The organization's new vision has PI concentrating less on "pathfinding" and more on full-service reproductive health programs (see Table 3). While PI is noted for its broad-based support for family planning service delivery, it is not a full-service cooperating agency and it correctly recognizes the need to obtain the assistance of specialized CAs to complement its own areas of expertise. As the organization moves toward assisting national-level programs, its ability to provide a wide range of services with the assistance of other population organizations is becoming more important.

PI's new organizational vision is summarized in Table 3.

TABLE 3

PATHFINDER'S CHANGING ORGANIZATIONAL VISION	
PAST	PRESENT AND FUTURE
Family Planning (FP) Services	Reproductive Health Services
Pathfinding	Full Services
Innovative Projects	National Programs
Centrally Managed	Decentralized Field-Driven
Single Funder	Multiple Funders
U.S.-Based Internationally Focused NGO	Global NGO Based in U.S.

Source: Pathfinder International. Handout to Evaluation Team, February 1995.

PI's decision to move toward working with national programs reflects an emerging trend under the NCA. The NCA established a new mechanism designed to provide significant levels of financial support to selected countries with mature family planning programs. This mechanism, Service Delivery Expansion Support (SDES), has been implemented by PI in two countries, Mexico and Indonesia. One-third of PI's total FY 1995 budget (approximately 44 percent of total NCA funds) is committed to the SDES program in these two countries (see also Sections 2.3 and 3.4).

1.4 Context, Scope and Methodology of Evaluation

This report presents the findings of an external evaluation carried out in year three of the Pathfinder International Family Planning Services Project, as required in the cooperative agreement. The agreement also requires an impact evaluation at the end of the project. Apart from annual management reviews by USAID/G/POP, PI's centrally-funded activities have not been evaluated by an external team since 1985.

The evaluation focuses on two key issues: the extent to which PI's field activities are contributing to national family planning efforts, and the effectiveness of PI's administrative and management practices in supporting field-level activities (see Appendix A for the Scope of Work). The evaluation team consisted of nine members working for four weeks. The team spent the first week together establishing the evaluation design, reviewing documents, and in briefings by USAID/W and PI headquarters staff in Boston (Watertown). The group then divided into four subteams that spent two weeks in the field covering PI's headquarters; the Asia-Near East (ANE) region, including visits to Turkey and Indonesia; the Latin America (LA) region, including visits to Mexico and Bolivia; and the Africa (AFRICA) region, including visits to Kenya and Tanzania. During the fourth week the team reconvened to share its findings, and develop overall conclusions and recommendations.

2 PROGRAM ACTIVITIES

2.1 Program Development and Strategic Planning

2.1.1 *Worldwide Strategy for Cooperative Agreement*

The overall goal of the NCA is to enhance the freedom of individuals in developing countries to choose the number and spacing of their children, and to encourage a population growth rate consistent with each country's social and economic development goals. PI has not articulated a worldwide strategy for achieving this goal. Instead, PI senior management has identified a number of activities within each of the four programmatic goals established in the NCA agreement: expand access (*quantity*), improve *quality*, ensure *cost-effectiveness* and *efficiency*, and strengthen *institutional development*. In addition to these goals, PI reports it is working on several special initiatives, including adolescent programs, postpartum/post-abortion services, program integration, service delivery expansion and support, and policy (see Appendix D for more detail). However, PI does not have adequate mechanisms to translate these goals and proposed activities into regional and country portfolios.

It appears that PI, with a strong push from USAID, has gone too far in decentralizing program decision making to the regional and country levels. As a result of decentralization, HQ senior staff have shifted to a less active role in overseeing field planning and ensuring that the overall portfolio adequately covers global objectives and special initiatives. Decentralization has not occurred within a global strategic planning framework. Central management defers to the RVPs on many issues, including the development of regional and country portfolios. Consequently, the inclusion of overall goals and initiatives seems to depend on the interest of the respective RVPs.

Additionally, no specific global targets and outputs have been identified against which to measure the achievement of the global goals. Apart from the indicators identified for the NCA (CYP, persons trained, persons informed, institutions strengthened, and special studies and technical reports completed) PI has not identified measurable indicators and the means for their verification for each of its programmatic strategies. As such, it is impossible to evaluate how the organization is performing in achievement of its specific activities and programs. Based on the information provided to the evaluation team, PI assumes that its activities are appropriate so long as achievement of the overall NCA targets is on track. Conversely, the evaluation team found that the absence of a global strategy for the NCA and the lack of programmatic goals and outputs limit the impact of the overall project, especially in terms of management, leadership and program development. More complete program strategies, which include targets and indicators, would allow both the field and headquarters to better monitor and adapt program activities to expand family planning services in an efficient and effective manner.

Recommendation

1. **PI headquarters (HQ) should create an NCA global action plan which establishes global goals, priorities, and resource commitments, as well as mechanisms and responsibilities for their achievement. Such a plan should balance the need for overall direction from HQ with the need for field innovation and flexibility.**

2.1.2 *Regional and Country Strategies*

PI claims to have both regional and country strategies, yet the approach to developing these plans and their "strategic content" vary across regions. In general, all strategies are developed from the bottom-up, starting at the country level. In theory, the CO develops a long-range strategic plan which includes an introduction, environmental and donor analyses, family planning institutional overview, and problem identification. The RO reviews the plan and assists each country representative (CR) to prepare five-year goals, strategy, outputs, and work plans. After receiving comments from HQ and the USAID Mission, the plan is finalized and becomes the guiding document for all PI activities in a given country for the next three to four years.

In reality, this process has only taken place in Latin America. In Africa and ANE, country-level strategic planning, to the extent that it occurs, takes place in the context of the development of annual work plans. Strategic planning in the two SDES countries, Mexico and Indonesia, has occurred although through a different process (see Section 2.3.1 for more information).

Regional Planning. Every year, the CRs and the RVP meet to review country activities and develop country work plans for the coming year, often with the participation of PI headquarters program staff. These work plans are used to update the country and regional strategic plans before becoming part of PI's Annual Work Plan submitted to USAID. These work plans tend to be a compilation of on-going and anticipated country activities, rather than true strategic planning documents. No effort is made to prioritize program strategies or discuss potential mechanisms for leveraging current investments to maximize expansion and impact in the future. Aside from the compilation of annual regional work plans, the evaluation team did not find evidence of regional strategic planning.

Country Planning and Portfolio Development. At the country level, too, there is little evidence of strategic approaches to the development of country work plans and to the development of subproject activities. There does not appear to be a concerted effort by PI to assess the "big picture" of family planning in each target country, and then identify potential, complementary activities which have strategic potential for impact on the national level. The one partial exception is Latin America, where the evaluation team found greater evidence of adherence to a strategic approach, both in selection of subprojects and in development of country strategies.

As a result, country portfolios are often not developed strategically, but rather consist of an array of projects taken on for diverse reasons. Some of these reasons were historical, that is, PI had provided support for a subgrantee over a period of time and had no clear plan for graduating the activity. PI supports other projects because the USAID Mission has requested PI's assistance (for example, in Kenya and Bolivia), and still others because they represent a key approach or channel for furthering reproductive health and family planning goals in the country. While PI country work plans undergo intensive review by respective USAID Missions, an emphasis on strategic program importance at the national level, including more guidance from PI HQ, would strengthen the process of portfolio development within countries. This is not to say that PI should be developing strategic plans for USAID assistance within countries (unless specifically asked to do so by a Mission). A PI strategic country plan would identify and justify PI's planned activities in a country within the context of all current and planned family planning activities of both governmental and non-governmental agencies.

This lack of a strategic orientation and clear objectives for PI interventions is reflected in the omission in subproject proposals of a specified time-frame or phase-out plan for PI assistance.

Eventual graduation from PI assistance relates to a project's potential sustainability, as emphasized in the NCA, and its ability over time to assume ownership of the activities and should be considered before initiating activities. In fact, PI employs a mechanism--pre-project assessments--for predicting institutional viability and sustainability, but these do not appear to be used to determine the appropriate timing for graduation of subprojects, nor are there criteria or systems for doing so. Indeed, the evaluation team found that most subproject terminations to date had been at the request of USAID Missions. Others resulted from the failure of local institutions to attain and maintain the administrative and fiscal standards set by PI.

PI's lack of strategic orientation is no doubt caused, in part, by its desire to remain flexible to respond to USAID/W and USAID Mission requests and needs. In fact, it can be concluded that PI's strategy purposely (and, often, successfully) follows that of USAID. The evaluation team saw direct evidence of how PI is torn between being proactive and remaining responsive to USAID. In Bolivia, for example, PI prepared a strategic plan in August 1994, which, by the time of its release by HQ in February 1995, was already out of date because the Mission had redefined PI's role within the country program. On the other hand, in Kenya, PI has yet to articulate a strategic plan because it is waiting for the USAID Mission to finalize its bilateral project. While the evaluation team recognizes PI's interest in being responsive to USAID, it concluded that a strategic framework would enhance the impact of PI's country programs.

In a number of instances where USAID Missions have called on PI to take a more strategic approach, PI has fallen short. In Turkey, the RO staff had difficulty formulating a proposal to expand its small-scale, community-based services project into a program of national scope and impact which was acceptable to the USAID staff in Ankara. USAID staff also rejected the RO's proposal for institutional development of the NGO sector as too narrow in scope and lacking a strategic orientation. Similarly, in Tanzania, the Mission was dissatisfied with PI's proposed strategy for community-based distribution (CBD) in the country. Instead of being an innovative, strategic plan, the document appeared to the Mission to be a project proposal for continued assistance to the same organizations already struggling to provide CBD in Tanzania. These examples show that PI may need to recruit staff with different skills in order to bring a more strategic focus to country portfolio and subproject development.

Recommendations

- 2. While remaining responsive to USAID, PI should place greater emphasis on strategic planning at all levels, including better articulation of country program priorities and a stronger consideration of mechanisms ensuring expansion and impact.**
- 3. PI should consider carrying out needs assessments on a periodic basis in the countries where it works, independent of existing activities, to identify those areas where its resources could have the greatest impact.**
- 4. PI should develop strategically oriented criteria for initiating and for graduating subprojects so that country portfolios, while consistent with USAID Mission objectives, respond to PI's goals and objectives for promoting expansion and sustainability.**

5. **PI subproject documents should more explicitly articulate how subprojects contribute to national-level objectives and how they will continue after PI assistance ends. For example, PI should consider adopting the logical framework methodology for subproject design and incorporating sections on subproject strategic importance and long-term plan for PI assistance in subproject proposals.**

2.2 Subprojects

2.2.1 Subproject Profile

PI has been working in 26 countries altogether, 18 of which are NCA countries (see Table 4). In addition, PI has extensive activities in Egypt, Bangladesh, Peru and Uganda with USAID Mission funding, and in Viet Nam with private funding.

TABLE 4

PATHFINDER COUNTRIES			
	LATIN AMERICA	AFRICA	ASIA/NEAR EAST
NCA CENTRAL AND ADD-ON FUNDS			
NCA PRIORITY	Brazil*	Ethiopia*	Indonesia*
	Mexico*#	Kenya*#	Turkey#
	Peru*	Nigeria*	
		Tanzania	
	Uganda*		
NCA NON-PRIORITY	Bolivia*	Benin	
	Ecuador	Burkina Faso	
	Honduras	Côte d'Ivoire	
		Senegal	
		Zambia	
OTHER FUNDING			
	Colombia	Swaziland	Bangladesh*
	Dominican Republic		Egypt*
			Jordan*
			Pakistan*
			South Pacific
			Viet Nam*

* Country Office

Regional Office

Source: Pathfinder International. Handout to Evaluation Team, February 1995.

Under the NCA, PI has supported 71 subprojects. At the time of the evaluation, there were 40 active subprojects in 11 countries. (A number of subprojects are awaiting renewal, consequently the number of countries and subprojects constantly fluctuates). Ten of these subprojects represent SDES activities in Mexico and Indonesia.

As Figure 1 shows, two-thirds of PI's subprojects focus on service delivery, 14 percent on training, 8 percent on adolescents, and 12 percent on information, education, and communication (IEC), institutional strengthening, and other activities combined. The majority of subprojects are in the private sector (primarily working with NGOs) and focus on a mix of urban and rural populations. Only 6 percent are directed solely toward rural areas. About one-third of subprojects focus on clinical family planning services, while 42 percent cover a mix of clinical and CBD activities. The average duration of subprojects, including SDES activities, is 21 months, but most subprojects are routinely renewed. Approximately 95 percent of subprojects are audited yearly.

FIGURE 1

2.2.2 Subproject Development and Design

A CO often has more requests for assistance than it can fulfill. As described above, subprojects are selected for a variety of reasons, including the CO's assessment of the potential subgrantee's capacity to adhere to USAID procedures and regulations.

PI has developed a thorough, if cumbersome and mechanical, document to guide the development of subprojects. This includes comprehensive management tools such as time-line implementation plans and anticipated outputs, but conveys little sense of the expected impact of the subproject activities. The process of subproject development, which averages two months, involves coordination between the COs and ROs, HQ, and the USAID Mission. The same process is also followed for subproject renewal. The degree of participation of the subgrantee depends on its organizational maturity, although PI recognizes that such involvement helps foster ownership of the program, an objective identified by ROs as contributing to sustainability.

The degree of involvement of subgrantees is clearly demonstrated in Africa. For example in Kenya, Maendeleo ya Wanawake Organization (MYWO), a long-term subgrantee of PI, defines itself as a "partner" with PI. MYWO now asks for assistance and, importantly, gets what it needs from PI. This process has been empowering for MYWO which feels itself to be on the verge of becoming a resource to other organizations. In Turkey and Indonesia, too, host country institutions interviewed by the team appeared to have played a key role in the design of subprojects.

The experience of subgrantees in Tanzania, where subgrantee institutions are new to USAID assistance, is vastly different. The workplace project, carried out substantially by the Organization of Tanzanian Trade Unions (OTTU) was designed by PI in response to the USAID Mission's request to work both with OTTU and a private agency, Tanzanian Occupational Health Services (TOHS). Not only was the design task difficult, but the outcome was compromised by the lack of full involvement of the principal parties designated to carry out the project. Similarly, subgrantees in Bolivia noted that once they have submitted a proposal, their input is no longer solicited despite the fact that numerous revisions are made by PI and USAID.

These contrasts underscore the need for PI to encourage more consistently the participation of recipient institutions, regardless of their maturity, in the program planning process. Meaningful involvement in program design and planning will significantly improve project ownership, accountability and ultimate sustainability.

Recommendation

- 6. PI should increase participation of subgrantee leadership, including those from emerging institutional settings, in the program design and planning process in order to promote relevance and ownership of activities.**

2.2.3 *PI Interventions*

Technical Assistance. PI's decentralization process has sought to shift technical capacity from Boston to the ROs in order to expand subgrantee access to a wide range of technical expertise. As a result, technical staff at HQ are relatively few in number, and tend to be concentrated in the medical services and evaluation departments. However, even in these areas, linkages between HQ technical staff and field offices are not clearly articulated and appear inadequate (see Section 3.2).

PI's capacity to provide technical assistance varies across regions and countries, but overall, leaves room for considerable improvement. Medical expertise has been strong in the Latin America region, but technical assistance to subgrantees is limited by the time that staff have to devote to grants management and administration. Technical support from HQ has focused on evaluation methodologies. Greater technical involvement by HQ would be welcome, provided it is in support of regional priorities.

In the ANE region, until recently, technical staff were stretched quite thin. Regional program officers have carried out administrative and financial monitoring and processing of project documentation. COs have received some assistance in evaluation but the overall technical assistance provided has been very limited. However, the recent addition of two highly qualified professionals to the staff should improve the ability of the RO to provide technical family planning assistance to subprojects, if they are properly deployed.

The technical services department of the Africa RO, created in January 1992, consists of highly competent professionals, but was not fully staffed until May 1994. In Kenya, subprojects appear to be receiving technical assistance as needed and subgrantees are pleased with the assistance provided. However, in Tanzania, the subgrantee UMATI describes technical assistance from PI as erratic and not planned in conjunction with UMATI. Nonetheless, even subprojects that had difficulty receiving the technical support they needed from PI reported that assistance they received was of high quality.

Overall, PI provides substantial assistance to subprojects in the areas of reporting requirements and financial management. However, RO backstopping of country programs and subprojects frequently lacks adequate technical family planning input. Although there are staff in every regional office with technical expertise, they are often unable to provide technical assistance to subprojects in their areas of expertise because administrative and financial management tasks consume so much of their time, and because the demand for technical assistance often outweighs the available capacity. Where PI staff provide technical assistance, it does not necessarily address the needs of subprojects, nor does it cover all relevant technical areas.

PI staff do not have the technical capacity to provide assistance in all areas, and assistance is sometimes requested of other complementary organizations. For example, the Africa RO makes good use of national training teams (within partner agencies or the MOH) and of other collaborating CAs. Nonetheless, PI lacks expertise in some of the very areas in which the organization has decided to focus. For example, PI's objectives of institution building and cost-efficiency are unsupported by expertise in management training or cost-analysis.

Recommendations

7. **PI should ensure adequate technical oversight of subproject activities by:**
 - **Making changes in systems, procedures or structural relations to ensure that HQ and RO specialists are linked and have more direct responsibility for subproject technical content.**
 - **Enabling existing technical staff to spend more time providing technical assistance to subgrantees as opposed to grants management.**
 - **Improving the programmatic and technical backstopping skills of staff.**
 - **Making more use of consultants to provide technical assistance to subprojects.**

8. **In order to increase attention to issues of sustainability and cost-effectiveness, PI should develop and deploy greater technical capacity in the areas of institution strengthening and cost-related analyses through a combination of in-house capacity and external consultants.**

Commodities. Commodities, including contraceptives, medical kits, clinical supplies, and equipment, are supplied by HQ directly to subprojects. Commodities account for three percent of NCA funds expended between October 1992 and December 1994. There are four staff at HQ and two field staff who are responsible for commodities.

In general, the procurement of commodities appears to function smoothly. The evaluation team noted, however, that delays in the arrival of commodities to subgrantees in Bolivia had occasionally disrupted the operation of some programs.

Funds. Funding of subprojects is the most important input from PI. As previously noted, 65 percent of NCA funds are transferred, in the form of subgrants, to host-country institutions. In most subprojects (excluding SDES), the majority of subproject funds are committed to subgrantee staff salaries and operating expenses.

PI typically advances funding for one or two quarters to a subgrantee, thereafter requiring the subgrantee to provide financial and narrative reports before receiving additional funds. All funds are disbursed by HQ, upon approval by the CR. The system runs very smoothly, although scattered problems were reported to the evaluation team. In Africa, the start-up of one subproject was delayed by several months while waiting for funds from HQ. Until January 1995, the Bolivia CO had been completely dependent on the Latin America South Office (LASO) in Peru for all funding transactions. As a result, there have been long delays caused by the multiple layers of communications and decision making -- from Bolivia to Peru to HQ. With Bolivia now dealing directly with the RO in Mexico and with HQ, these problems should be minimized.

Monitoring. PI has well-developed mechanisms for quarterly subproject reporting, especially for financial reporting. Both program and financial information from these reports is entered into the project support system (PSS) database in the RO and forwarded to HQ on a monthly basis. Although the database was not developed as a program evaluation and monitoring tool, it contains much useful data which evaluators, program monitors, and program managers could and should be using. Currently, the only data consistently tracked and reported are those identified in the NCA document: CYPs distributed, new users, persons trained, and persons informed. However, these and other data in the PSS could be analyzed to determine trends, identify trouble spots, and compare projects, countries and regions. Although the PSS does not have the built-in

capability to do these types of analyses, data could be exported to a spreadsheet or statistical analysis package for use by program monitors and evaluators.

On-site monitoring of subprojects does occur, although the evaluation team found that the frequency and quality of monitoring is highly variable. In some cases, the presence of a CO and proximity to the PI RO led to better and more frequent field monitoring of subprojects. For example, it was clear that the subprojects visited by the evaluation team in Kenya were accustomed to frequent monitoring visits by PI staff. On the other hand, in Tanzania, where PI does not have a resident CR, and where communications are very unreliable, the team found instances where the PI representative did not know the names of key players, and did not seem aware of significant problems.

Proximity, however, does not ensure that a country program gets necessary attention. In Turkey, where the RO functions as the CO, the lack of a dedicated CO has led to neglect of the Turkey program. A USAID evaluation of clinics operated by the Turkish Confederation of Tradesmen and Craftsmen (TESK), a PI subgrantee, noted the absence of site visits to these clinics by PI ANERO staff. Even when on-site monitoring of subprojects does occur, it is often limited to providing assistance with reporting for the PSS and in financial management. These are missed opportunities for technical programmatic monitoring and assistance.

Recommendation

- 9. PI should place representatives in-country where possible to facilitate monitoring of subprojects. Where this is not feasible, off-site CRs and ROs should make special efforts to maintain contact with subprojects in-country.**

Evaluation. Despite the fact that PI has developed comprehensive reporting systems, the information is not used for evaluative program management. A great deal of quantitative information is gathered, but not analyzed to assess subproject performance. Another problem, not unique to PI and the NCA, is that the quality and relevance of these data are questionable. For example, the categories of "persons informed" and "persons trained" are not useful for qualitative program monitoring. In addition, there is often no attempt made by PI or the subgrantee to attribute CYP to PI inputs where there are multiple funding sources (one exception is Mexico). Therefore, total CYP distributed is sometimes claimed by several donor organizations. Similarly, subgrantees do not use uniform criteria for defining and reporting "new" and "continuing" users. In addition to these common problems, PI has not identified indicators to track other activities such as training, institutional strengthening, quality improvement, and cost-recovery.

While fertility reduction is an NCA goal (particularly for SDES countries), evaluation of the program's impact on fertility rates is not seen by PI as its responsibility. Although PI says it has been advised that such impact measurements will be made under the Evaluation Project and other USAID activities, unless these separate evaluation activities are linked to the NCA program areas, it is likely that USAID and PI will not be able to pinpoint the demographic impact of their planned investment of \$136 million over the five-year NCA life-span (1992-97).

It is also difficult to evaluate PI's "special initiatives." They appear to vary in quality, and have not been placed within a strategic framework which would clarify goals and objectives. The evaluation team could find little information about actual achievements in such areas as postpartum/post-abortion care, and adolescent services. It appears that little progress has been made and/or PI's reporting is deficient.

PI has placed increased emphasis on evaluation, although achievements have been mixed. In addition to the Evaluation Department at HQ, there are evaluation officers in each RO and in some COs. These experts are working on a variety of evaluation tools and methodologies. In the Africa region, which appears to be more active in this area than the other regions, the various evaluation approaches used include mid-term and end-of-project assessments, situation analyses, catchment area surveys and special studies on cost-sharing and income generation potential. PI is also developing a continuous assessment approach to serve as a basis for evaluation in the region.

The Latin America RO has worked on several methodological evaluation activities with the HQ Evaluation Department, but few evaluations of subproject activities have been completed. The 1995 Work Plan identifies numerous evaluation activities proposed by Latin America COs, but which the RVP feels are overambitious and in need of prioritization. Given the fact that several evaluation activities in the LARO have been in process for over one year, these misgivings are justifiable.

In the ANE region, the evaluation team saw few examples of completed evaluations of NCA activities, in part because SDES activities in Indonesia had only recently been initiated. In Turkey, the team reviewed a draft evaluation to assess the impact of the community-based services (CBS) project. Although the evaluation, involving a survey, was relatively well designed and implemented, it failed to address the cost-effectiveness of the program, an issue of critical concern to the USAID population staff in deciding whether to approve an expansion of the activity. The evaluation had also not been finalized more than six months after the completion of field work.

Recommendation

10. PI needs to focus more on evaluation of subprojects and use the results more directly for programmatic decision-making and for assessing program impact. More specifically, PI should:

- **Establish and track indicators which capture aspects of service delivery beyond CYP and new users (i.e. the effectiveness and impact of training, progress towards institutional strengthening, cost-effectiveness, client perspectives on service quality, process, etc.). Indicators of limited usefulness, such as "persons informed" and "persons trained" should be dropped or made relevant to service delivery.**
- **Balance current quantitative focus with more qualitative evaluation.**
- **Incorporate substantive, but realistic, evaluation plans into subproject designs.**

- **Make greater use of and routinely analyze existing data in the PSS.**
- **Conduct more mid-term and final evaluations of support to organizations, especially those with large budgets, those which have received long-term funding, or those with multiple subgrants.**
- **Make greater use of external consultants to conduct and complete evaluations in a timely manner.**
- **Develop mechanisms to ensure and track use of evaluation findings for subproject adjustments, possible terminations, application to related activities, strategic planning, sharing of lessons learned across regions, etc.**

Dissemination of Program Findings and Accomplishments. Dissemination of program findings at all levels within PI can be improved. Within Africa, some findings are well disseminated to relevant groups yet it is not clear that these efforts were initiated by PI.

While PI has substantial experience in the delivery of family planning services in diverse situations, the evaluation team found a paucity of written materials for external distribution to help other agencies learn about findings and achievements, either materials published by PI or articles published in professional or scholarly journals. In fact, even at HQ, the evaluation team had difficulty locating descriptive and analytical articles which document project accomplishments. Obviously, those farther from the source would be even more disadvantaged.

Recommendation

- 11. PI should improve its dissemination of project accomplishments and lessons learned to those within the organization, among collaborators and partners, with other NGOs and the donor community, as well as within the broader reproductive health field. The Technical Communications Unit at HQ should be refocused toward this goal.**

2.2.4 Subproject Outcomes

Overall, PI appears to be on track in meeting the quantitative objectives established in the NCA when SDES activities, which were not originally incorporated in these objectives, are excluded. With SDES, PI has significantly surpassed the original NCA service delivery and training objectives, as documented in Table 5 below. Since the original targets have already been attained, PI and USAID need to set revised targets which incorporate SDES.

TABLE 5

NCA OUTPUTS OCTOBER 1992–DECEMBER 1994					
OUTPUTS/ INDICATORS	PLANNED IN NCA LOGFRAME (Five years, without SDES)	ACTUAL 10/92 - 12/94			ACTUAL AS % OF PLANNED
		NON-SDES	SDES	TOTAL	
CYPs Distributed	4.3 million	1.5 million	3.5 million	5 million	116 %
People Informed	6.7 million	3.3 million	2.5 million	5.8 million	87 %
Providers/ Managers Trained	30,000	12,278	137,037	149,315	500 %
Organizations Strengthened	up to 27	19			70%
Technical Reports	up to 10	2			20%
New Users (not in LogFrame)	2.9 million	3.6 million			124 %

Sources: 1) Planned outputs (except new users) are from LogFrame dated March 3, 1992. 2) Actual outputs are from Pathfinder briefing paper "Project Outputs" February 15, 1995. (Summary sheet "Outputs and Achievements"). The "institutional strengthening" output of 19 comes from a briefing sheet, February 1995. 3) New user objectives (planned) are from above Pathfinder paper "Project Outputs" and are a summation of all subgrant objectives.

Access. Increasing access to family planning services is one of the major goals of PI and of the NCA itself. PI has done very well at expanding access. From October 1992 - December 1994, PI reported that subprojects had provided services to more than 3.5 million new users. PI expands access by increasing the capacity of existing service delivery channels, by training more and new types of service providers, and by targeting new and special populations. Importantly, subgrantee institutions are frequently selected based on their potential to expand services through an existing network, for example with church groups, women's organizations and family planning associations.

PI developed a reputation as a pioneer in the development of CBD and CBS, especially in Africa. Through these programs, which use local human resources, PI has successfully provided family planning services to less accessible members of the community. PI is now increasingly focusing on improving the linkages and referrals between CBD and clinical activities, improving coverage within community catchment areas, and collaborating with other organizations on standardizing curricula, protocols and guidelines for community-based services within a country.

One area which is key to expanding access and which needs improvement is IEC. PI admits that IEC is not one of the organization's areas of expertise, and only three percent of subprojects focus on this area. Although IEC is identified as a priority activity in the Africa Region to motivate

potential clients, printed materials are often lacking or unused and the promotion of services is poorly developed. PI has collaborated with JHU/PCS in some countries to provide IEC.

The majority of PI assistance goes to support private institutions (55 percent of subprojects), primarily NGOs. While PI states that they are shifting their focus to the public sector, and are scaling up to larger activities, this is not yet apparent in the profile of subprojects outside the two SDES programs. However, in Latin America some subprojects with NGOs are being discontinued and new activities initiated with the public sector. In order to have a greater impact, PI should continue to pursue programs which effectively link the innovative approaches of NGOs with the broader client coverage offered through public sector programs.

Recommendation

- 12. PI should do more to increase the scale of its activities to reach more clients, including the linking of private and public sector organizations and programs to achieve national impact.**

Quality of Care. Attention to improving the quality of care (QOC) in family planning services is one of PI's overall goals. In general, the evaluation team found during their visits that providers were well trained, they understood the importance of counseling, and facilities were typically clean and properly maintained.

PI has been most active in training providers to improve medical QOC. In Latin America, PI has supported training of high-level medical personnel in order to reduce medical barriers, and to improve the delivery of surgical and postpartum family planning. Workshops have also been held on counseling.

The evaluation team also found instances where PI should focus more attention. In Mexico, the team found that some providers defined "quality" as the percentage of new users adopting long-term methods. The team also learned that women receiving postpartum IUDs through the IMSS hospital in Oaxaca (SDES) are often not adequately counseled and, in some cases, have not given their consent. In Indonesia, the team also found a need for greater medical oversight of the provision of voluntary surgical contraception (VSC) in PI-supported subprojects, as well as a need to monitor the effect of the SDES emphasis on long-term methods.

The PI ARO addresses QOC issues in a number of ways including QOC assessments, contraceptive technology update sessions and infection control workshops. These are in addition to generally assisting subprojects to upgrade their range of contraceptive methods, improve client counseling, promote informed choice, remove medical barriers and foster integrated reproductive health services. Method expansion is focused on long-acting and permanent methods, with the Association for Voluntary and Safe Contraception (AVSC) collaborating to help expand provision of VSC at clinics and by referral from CBD agents. Similarly, PI has supported the expansion of contraceptive choices by introducing vasectomy in Turkey, and by providing assistance for voluntary sterilization services in Indonesia.

Despite these activities aimed at improving the quality of services, there was little evidence within PI subprojects of attention to client concerns, the acceptability of services and unmet needs from the client's perspective.

Recommendation

- 13. All PI Country and Regional offices should be required to provide more attention and technical assistance to quality of care issues within subprojects, including medical quality assurance, choice of methods, client-provider interactions, and client satisfaction.**

Sustainability and Institutional Strengthening. Sustainability and the strength of institutions differ greatly by region and by country. The extremes are illustrated by Tanzania, where family planning is nascent, institutions are just being created, and per capita income is extremely low, and Indonesia, where family planning is well institutionalized through BKKBN (the national family planning coordinating board) and the national family planning program.

In Africa, financial sustainability of family planning activities is problematic, and not a realistic goal at this time. In fact, the evaluation team was told by the Kenyan Mission that "sustainability is not an issue." Nonetheless, PI is making some effort in this area, including a survey with questions about willingness to pay in Mombasa, Kenya that indicated family planning clients' willingness to pay for higher quality services than those offered free of charge at public clinics. PI also supports cost studies in Kenya, Swaziland, and Zambia; and income generating strategies in Uganda and Tanzania.

In Indonesia, under the SDES program, PI is supporting a variety of cost-recovery efforts in response to the BKKBN's desire to expand the role of the private sector. However, staff in the PI Indonesia CO have little expertise in this area. The same is true for regional office staff responsible for Turkey who were perceived as resisting various sustainability initiatives proposed by USAID staff at the Embassy.

Institutional strengthening is a prerequisite to sustainability, and PI's contributions in this area are extremely important. The NCA calls for PI to support up to 27 institutions, and they report having assisted 19 institutions as of December 1994. The evaluation team found it difficult to determine the criteria used to evaluate institutional strengthening, an outcome which is certainly not captured by "CYP", "persons trained" or "persons informed."

In some instances, however, it is clear that PI has significantly assisted subgrantees in their development. For example, in Kenya, PI's efforts to build skills and capacity have enabled MYWO to perform evaluations without PI assistance. In Indonesia, PI is using the national public health association, IAKMI, to help strengthen less mature indigenous NGOs.

Although PI technical assistance in Latin America has paid little attention to cost recovery or other financial aspects of program sustainability, PI's financial support has often facilitated the strengthening of organizations such as CIES by allowing them to recruit administrative and managerial staff and to develop systems.

Recommendation

- 14. PI and USAID should develop and report indicators which track sustainability and institutional strengthening outcomes in areas such as subgrantee project and personnel management skills, and use of management information for evaluation.**

2.2.5 Cost-Efficiency/Effectiveness

Although improving the cost effectiveness and efficiency of services is one of PI's NCA goals, it is difficult to track progress in this area. Virtually the only indicator of cost-efficiency reported by PI is cost per CYP. Given the problems already noted with CYP, this indicator clearly lacks reliability. In Africa, reported cost per CYP has dropped from \$16 in 1990 to \$10.17 in 1994. In Latin America, cost per CYP has also declined, from \$11.90 to \$4.92 between 1992 and 1994.

PI has also made an effort to focus on fewer subprojects with larger budgets. Under the previous cooperative agreement, PI supported 367 subprojects with an average budget of \$64,800. Under the NCA, there are 71 subprojects with an average budget of \$474,802 (without the SDES activities, there are 61 subprojects with an average budget of \$244,368). Whether or not this translates into improved cost-efficiency and effectiveness is unclear.

2.3 SDES Program

The Service Delivery Expansion Support (SDES) program was created by USAID as a mechanism for transferring substantial funds for family planning service delivery to mature family planning institutions in demographically significant countries. According to original assumptions, such a process would reduce both overhead costs and the administrative burden to USAID, enabling funds to be more directly channeled to programs. It was also assumed that, because of their experience, these institutions would require little or no technical assistance. SDES would, in effect, be a cash transfer mechanism. Despite the inaccuracy of a number of these assumptions, the evaluation team found that PI has implemented SDES very effectively.

2.3.1 SDES Program Development

Two SDES programs have been funded under the NCA. The Indonesia SDES is a five-year, \$50 million program which funds to the BKKBN and mature NGOs. The program was developed as a mechanism for the Office of Population to continue family planning assistance to Indonesia when the USAID Mission phased out bilateral support. Planning for the program was initiated in October 1992 between USAID/Washington, USAID/Indonesia, PI, and BKKBN. Overall strategic direction for SDES activities in Indonesia has come from USAID as well as from the BKKBN. Projects were approved in late 1993, and activities began in 1994. Six subprojects were developed: two large, multi-component activities with BKKBN involving both the public and private sectors, and four with NGOs. The subprojects were largely designed by the recipient institutions. The SDES targets seven of the most populated provinces in Indonesia, and within these, focuses on underserved populations.

The SDES in Mexico began with the preparation of the USAID/Mexico population strategy in November 1991. This strategy proposed to consolidate and focus USAID assistance on a few high impact activities, to concentrate assistance in nine rural states and in Mexico City's lowest-income communities, and to mobilize additional government and non-governmental resources for public and private sector family planning activities.

Representatives from USAID/Mexico, the National Population Council of Mexico (CONAPO), the Mexican Secretary of Health (SSA), the Mexican Social Security Institute (IMSS), the Mexican Social Security Institute for Federal Workers (ISSSTE), and the Treasury Department signed a memorandum of understanding (MOU) in June 1992 which established that service delivery, training, and IEC activities would be strengthened, and that these activities would take place in eight to ten states in the south and central states of Mexico. The MOU confirmed that \$50 million in financial support, comprising \$25 million USAID funds and a GOM funding match, would be provided over a five year period.

With the objective of operationalizing the MOU and in order to have a more precise framework for the preparation of the institutional proposals, the Mexican institutions prepared the Program to Support the Extension of Reproductive Health and Family Planning Services in July 1992. An important aspect of the program is the selection of nine states for project implementation using demographic and institutional criteria. As in Indonesia, the design of subprojects was undertaken by local institutions, and activities began in May 1993.

2.3.2 PI SDES Inputs

PI's main inputs to the two SDES programs have been the development of detailed subproject documents, the provision of funds, and the monitoring and oversight of program implementation. PI has COs in both Jakarta and Mexico City. The LARO was moved to Mexico in order to support SDES, but SDES Mexico now reports directly to PI/Boston, thus by-passing the RO (this is discussed in more detail in Section 3.1.3). The Indonesia CO has 13 full-time staff; the Mexico office has a staff of six.

In Mexico, PI has a low profile, non-directive role, focusing on grants administration, financial monitoring, and inter-agency relations. In Indonesia, PI has a higher profile role in coordinating program activities. PI has done a good job of monitoring field activities and maintaining good relations with both public and private sector institutions.

2.3.3 SDES Implementation

Despite longer than anticipated start-up periods in both Indonesia and Mexico, implementation has proceeded smoothly in both countries. Substantial strategic planning and coordination between all involved parties prior to the initiation of activities has been key to the success of the SDES programs to date. In both Indonesia and Mexico, PI pays the local costs for field programs of some other cooperating agencies, thus reinforcing joint planning and programming. In Mexico, the decision to fund only one SDES project with each host country institution also encouraged a high level of coordination among all concerned agencies. Although the explicit designation by USAID/Mexico of PI as the "lead CA" initially led to some institutional jealousy from other CAs, this has also increased collaboration among the CAs and counterparts.

The USAID Missions have also supported SDES. In Indonesia there is good collaboration with the Mission. USAID/Mexico has also been very supportive of SDES and provides good strategic leadership.

2.3.4 SDES Assessment

Under SDES, PI has been very successful in developing, negotiating and launching large-scale projects with multiple stakeholders. PI has done an excellent job of providing and monitoring funds and in collaborating with other organizations. Yet, as a model, SDES has evolved differently than had been anticipated. SDES is projectized assistance on a large scale, and, as such, is not administered differently by PI than their other subprojects although, as a result of the level of financial resources involved, there is more attention to up-front planning and strategic focus. The projectized mode, however, has forced incrementality of assistance provided. In summation, the team concluded that "SDES looks great, although it hasn't turned out as planned."

Although it is too early to assess the impact of the activities, SDES accounts for 70 percent of CYP distributed, 92 percent of persons trained, and 43 percent of persons informed under the NCA between 1992 and 1994. As a result, PI has already surpassed its original five-year objectives which did not take into account the potential contribution of SDES.

Strategic Focus. One of the strengths of SDES lies in its strategic focus. Activities have been designed to address gaps in national programs and appear to have a mutually reinforcing effect on family planning efforts within the country. In Mexico, a new subproject has just been initiated which will undertake household surveys to evaluate the impact of SDES. Similarly, in Indonesia PI staff are trying to track the added impact of SDES on the family planning program. However, the draft evaluation plan in Indonesia appears overambitious and focuses too heavily on quantitative measures.

Technical Assistance Needs. The original assumptions greatly underestimated the need for technical assistance by SDES partners. PI feels it is accountable for the large sums of money being distributed through SDES, and has focused on tracking and monitoring these funds. The level of financial detail and length of subproject budgets are overwhelming. At the same time, little or no technical assistance is provided to subprojects by PI. However, substantial technical assistance has successfully been provided by other, specialized CAs. The evaluation team does see a need for more programmatic and technical oversight of activities by PI, especially with respect to evaluation, quality of care, and client perspectives. For example, SDES is financing the training of thousands of providers, and PI's current emphasis is to track the numbers and categories of persons trained, and the location, duration, and cost of the training. There is no effort to assess the quality or impact of training, or the adequacy of curricula and materials. This represents a missed opportunity. Given the large financial contribution of SDES, PI does have some leverage and could do more to influence program content than is currently the case.

To its credit, PI in Indonesia is beginning to move in this direction. For example, second year activities under SDES will undertake to correct deficiencies in service delivery identified by a situation analysis recently conducted by the Population Council.

It is important to note that, to date, PI has been focusing on the initiation of the SDES programs and little attention has been paid to the sustainability and continuation of activities at the end of

PI sees itself as providing leadership and innovation in the following areas: medical/technical innovations, adolescent services, integrated health services (especially, HIV/AIDS), traditional healers, continuous assessment systems, work-based family planning, and integrating family planning into environmental programs. PI is no longer a pioneer in many of these areas, however, and the evaluation team did not find PI's work in many of these areas to be significantly innovative or on the cutting edge.

Many staff at PI seem to see the shift towards "scaling up" through the public sector as a move away from innovation. This need not and should not be the case. Within national level public sector family planning programs there is an acute need for testing, evaluating, and replicating innovative approaches. One example is the training of paramedical personnel in Latin America.

Factors which constrain technical leadership and innovation include the emphasis on grants management and CYP production, the absence of clear systems for implementing technical initiatives, and the lack of authority vested in HQ technical personnel. Risk-taking and innovation may also have been stifled by PI's fear of a negative audit by USAID.

Recommendation

- 19. PI needs to improve the definition and focus of those innovative activities where it sees itself as having a comparative advantage. PI should develop clear strategies for focusing its work in a few, selected, innovative areas and make better use of lessons learned in the field to design and develop activities. At the same time, PI needs to ensure that organizational structures, staffing, and subgrant portfolios adequately cover current programmatic and technical leadership tasks.**

2.4.2 Special Regional Initiatives

PI has done well in responding to USAID's requests that it assume a leadership role in promoting specific regional initiatives. For example, in Kenya, PI is coordinating efforts to integrate HIV/AIDS/RTI services within family planning programs. In addition to coordinating with other CAs, PI is integrating these activities in several of its own subprojects in Kenya and plans to apply lessons learned to projects in Tanzania and Uganda. At the regional level, PI is collaborating to develop an inventory of integrated activities to share with others in the region, establishing a set of guidelines on the issue, and is developing small scale operations research studies. Also at the request of USAID/Kenya, PI began coordinating activities aimed at combatting female genital mutilation (FGM). Although primarily working in Kenya, PI plans to replicate certain interventions in Ethiopia and Uganda.

In Latin America, PI's regional activities have included the development of materials for adolescents, translation of a manual developed by FPMD on management, and pilot projects on population and the environment. The RO devoted an estimated 20 percent of staff time and \$150,000 to these initiatives in 1994. This investment of senior staff resources appears disproportionate to the importance of the activities involved.

In ANE there have been no special regional initiatives, other than support for the Cairo population conference.

2.4.3 *Special Events*

PI responded well to USAID's request that it take the initiative in events leading up to the International Conference on Population and Development (ICPD) and at the meeting itself in Cairo. These activities included assistance to governments in preparing for the conference, sponsoring participants at preparatory meetings and at the conference, and sponsoring an adolescent theatrical production at the conference.

In Turkey, PI reportedly did well in organizing media events leading up to ICPD, working in close collaboration with the local PCS representative. USAID staff, however, commented that PI-sponsored participants at the conference were not provided the same level of guidance and direction as, for example, were CEDPA-sponsored participants. ICPD-related activities were a one-time effort, and do not appear likely to be repeated.

3 MANAGEMENT ISSUES

3.1 Management Structure Overview

PI has four structural levels: the board of directors, headquarters, regional offices, and country offices (see organizational chart in Appendix B). Management of PI is decentralized, with an emphasis on being field-driven. Most authority for program (as opposed to financial) decision-making has been transferred from the Boston headquarters (HQ) to the three regional offices, ARO, ANERO, and LARO. PI's decentralized structure has led to streamlined decision-making and has enabled PI to be flexible and responsive in its field activities. Through the ROs, expertise is concentrated close to the field, communication is facilitated with USAID and subgrantees, and experiences are more easily shared between countries and regions. As a result of this positioning, the ROs have been of strategic importance in obtaining bilateral contracts from USAID Missions and UNFPA assistance in several countries.

3.1.1 Overall Staffing

The NCA supports 109.6 full-time equivalent (FTE) positions; the remaining positions are covered primarily by overhead on the NCA, and secondarily by other USAID contracts and private funds. PI staff charged directly to the NCA are concentrated in the field. At every position level, including management, more FTE staff are located in the field than at headquarters (see Table 6). The ratio of field to HQ staff is 2.3 to 1.

The size of the PI staff supported by its centrally-funded USAID agreements has grown significantly over the past five years, from 67.6 full-time positions in 1990 to the current 109.6 (see Table 6). While the overall HQ staff increased by just four support staff FTEs, the field staff - both professional and support - practically doubled in size during this period.

In the ROs, the growth has been most significant among field support staff which reflects PI's emphasis on monitoring of subproject financial and program output data. Technical staff, although greater in number than in 1990, are still outnumbered by field support staff. This imbalance is greatest in the ANE region where technical staff make up just 5 percent of the professional staff FTEs, as compared to 30 percent in Africa and 19 percent in Latin America. However, two new technical staff have recently been added to the ANE staff which should help correct this situation. There are also a substantial number of support staff (secretaries, drivers, etc.) in the field.

TABLE 6

NCA FILL-TIME EQUIVALENT POSITIONS (FTEs)			
LOCATION/LEVEL	1990	1992	1995
Headquarters	29.8	22.8	33.6
Professional	20.0	14.7	19.4
Management	1.7	0.9	1.6
Technical	4.9	5.2	8.9
Field Support	13.4	8.5	8.9
Support Staff	9.9	8.2	14.3
Field	37.7	57.4	76.0
Professional	21.9	39.1	50.0
Management	0	2.4	2.4
Technical	2.7	8.5	11.3
Field Support	19.3	28.3	36.5
Support Staff	15.8	18.4	26.0
Ratio Field/HQ	1.3/1	2.5/1	2.3/1
Africa	6.6	21.2	27.1
Professional	4.6	15.3	21.1
Management	0.0	0.8	0.9
Technical	0.8	0.8	6.4
Field Support	3.8	13.6	13.9
Support Staff	2.0	6.0	6.0
Asia/Near East	11.8	21.6	18.0
Professional	6.8	12.1	8.1
Management	0.0	0.6	0.5
Technical	0.0	5.7	0.9
Field Support	6.8	5.9	6.7
Support Staff	5.0	9.5	10.0
Latin America	19.3	14.6	30.8
Professional	10.5	11.7	20.8
Management	0.0	1.0	1.0
Technical	1.9	2.0	4.0
Field Support	8.7	8.8	15.9
Support Staff	8.8	2.9	10.0
TOTAL	67.6	80.1	109.6

Source: PI handouts to the Evaluation Team, March 1995.

3.1.2 Pathfinder Headquarters

PI headquarters in Watertown, Massachusetts has a staff of 82 (33.6 FTEs under the NCA). The president is responsible for overall management of the organization, and leads the SMT comprised of seven vice presidents. He is assisted directly by the VP of Finance and Administration, the senior VP (SVP), the director of Human Resources, and the VP for

Development. The three Regional VPs and the VP of Technical Services and Program Operations (TSPO) report to the SVP (see organizational chart in Appendix B for more detail).

PI's HQ technical support (8.9 FTEs) is concentrated in medical services, evaluation/MIS, technical communications, and commodities/logistics. There is also one associate for institutional development. The SVP and VP for TSPO supervise the HQ technical departments.

Nine FTEs at headquarters concentrate on field program support. This figure includes 2.6 FTEs divided among the director, deputy director and coordinator of program operations, leaving about six FTEs to backstop ten country offices, three regional offices, and monitor projects in 14 countries.

The department of Finance and Administration (F&A) is an important driving force at HQ, and its influence is felt throughout the organization. As previously discussed in Section 2.2.3, this influence has both positive and negative aspects. The department is staffed by qualified financial management professionals. They have developed excellent systems for tracking and monitoring financial information from the field and retain strict financial control over operations at every level. However, the strength of the F&A department has eclipsed the technical and programmatic side of PI HQ. This is due, in part, to the high turnover in the key position of SVP. As a result, there has been weak technical and programmatic leadership at HQ. Although the VP of TSPO has done a good job of taking on some of the SVP's responsibilities, there is a vital need for an effective SVP. This position has recently been filled by the third incumbent in four years, and it is hoped he can revitalize the "content" side of HQ's management and leadership.

The overwhelming influence of F&A and imbalances in program emphasis may, however, also have contributed to professional frustration and high turnover among senior technical staff. At the time of the evaluation, three of the four technical department heads had either recently left, or had announced their intent to leave their positions. The evaluation team members later learned that the VP of TSPO was also leaving PI. To improve the morale of senior PI technical staff, PI's leadership must enhance their role vis-à-vis the F&A function in the organization.

3.1.3 Regional and Country Offices

The RVPs have a great deal of autonomy. They provide leadership and guidance to PI staff in their regions and approve proposals for subprojects developed by CRs. RVPs and their staff develop regional assistance strategies and projects, provide technical assistance, and review country activities. CRs develop subproject activities and budgets with assistance as needed from regional offices and headquarters. USAID Missions often set directions and identify institutions for PI assistance. CRs monitor subprojects and review their reports. After approval by CRs, financial and program data from these reports are entered into the PI PSS database. This information is then sent by disk to the RO and, with the original financial reports, to headquarters. COs also provide or obtain technical assistance for subprojects.

Africa Regional Office (ARO). The ARO, located in Nairobi, Kenya, manages PI activities in eight countries, six of which currently have activities under the NCA. The ARO (which includes the Kenya Country Office) is staffed by 31 people, the majority of whom are supported by the NCA. The ARO is generally very well managed by the RVP, despite the challenge of managing a large but overextended staff, supporting numerous subgrantees in many diverse (and often politically unstable) countries, fulfilling many reporting requirements, and satisfying the expectations of

diverse clients. Despite these challenges, the staff are well-respected by the Kenya USAID Mission, subgrantees, and other CAs in Kenya. The team found that PI staff were known in the region as dedicated, intelligent, valuable contributors and hard workers.

The ARO now has a sufficient body of both regional and technical expertise, that an atmosphere of synergy is generated. The sum of the whole is now greater than the parts as staff confer with one another and share their expertise. However, staff capacity is insufficient to handle the workload, and deployment does not seem to be working in Tanzania. RO management did not appear to be aware of the depth and intensity of the problems in Tanzania at the time of the evaluation, and neither the RVP nor her deputy had traveled there during the previous year.

Africa Country Offices. Within the Africa region, PI has COs in Ethiopia (one staff; now a bilateral activity), Kenya (part of the RO), Nigeria (seven NCA staff), Swaziland (three staff, non-NCA), and Uganda (12 staff, non-NCA).

The evaluation team visited two countries, Kenya and Tanzania. The Kenya office, co-located with the RO, benefits from this association. The CR has long-standing relationships with all programs, and makes use of the technical resources in the RO to the great advantage of Kenya's programs. In Tanzania, however, PI does not have a CO and lacks any resident representation. The Mission and Ministry of Health are sufficiently dissatisfied with PI's responsiveness and programs, that the planned CO may not be realized. Moreover, the programs PI has nurtured through some difficult years (with their strategically valuable private funds) are in danger of being de-funded unless strong management and responsive technical assistance are applied very soon.

Asia/Near East Regional Office (ANERO). The Asia/Near East Regional Office (ANERO) is located in Istanbul, Turkey. This location is largely historical, having been the site of the Turkey CO prior to PI's decentralization process, at which time the Turkey CR became the ANE RVP. The ANERO manages activities in six countries, two of which, Indonesia (SDES) and Turkey, are supported by the NCA (PI activities in Egypt and the South Pacific are managed directly by HQ). There are 18 staff in the RO, which also covers the Turkey country program. The NCA directly supports about eight FTEs. Although located far from South and Southeast Asia, Istanbul affords good communications and relatively good air travel connections to other countries.

The evaluation team found that given the range, relevance, and importance of program activities pursued by the ANERO, the *overall* PI program in the region is probably strengthened by having a well-staffed regional office. However, from the perspective of the NCA, value added by the ANERO appears to be very limited. PI serves just two NCA countries in the region, Turkey and Indonesia. All of the Asian NCA activities are with the SDES in Indonesia, and, although the RVP spent much of her time helping that CO and program get up and running, the Indonesia office is now quite self-contained and self-supporting. The Turkey program, in the opinion of the evaluation team, has been neglected by virtue of the fact that the ANERO has not, until recently, been adequately staffed with technical personnel, and by claims made of the ANERO staff by all activities in the region. The RVP, for example, is often away for weeks at a time, but has not had a clearly designated deputy. Strong country offices in both Turkey and Indonesia, with periodic assistance from outside, could well handle most functions required under the NCA.

ANE Country Offices. PI has seven country offices in the ANE Region: Turkey (part of the Regional Office), Bangladesh (43 staff, non-NCA), Egypt (nine staff, non-NCA), Indonesia (13

staff, SDES), Jordan (one staff, non-NCA), Pakistan (one staff, non-NCA), Viet Nam (one staff, non-NCA).

The evaluation team visited both the ANERO in Turkey and the CO in Indonesia. The Turkey country program, managed out of the RO, is ineffectively served by this office. The previous Turkey CR did not provide adequate technical guidance and leadership to the program. The USAID representatives and other CAs working in Turkey are located in Ankara, thus PI has been physically isolated and out of the communications loop. Serious problems have developed between USAID and PI in Turkey, and PI's last remaining activity in the country is in real jeopardy, PI having already closed out other subprojects at the request of the USAID representatives.

In contrast, the evaluation team found the Indonesia CO to be well managed and doing an excellent job of managing the SDES activities. The office is well staffed, although the team would recommend that the current vacancy for a program associate be filled by a person with strong family planning experience and skills.

Latin America Regional Office (LARO). LARO is located in Mexico City. PI has recently had activities in eight Latin American countries, five of which are currently supported by the NCA. The LARO is staffed by nine people, most of whom are directly supported by the NCA.

In terms of regional office oversight of COs, Brazil is the only country which conforms to the "typical" PI structure. Although the RO is located in Mexico City, the Mexico Country Office (SDES) is separate and independent of it, reporting directly to HQ. The Bolivia CO is only now being constituted as such, having been managed directly from the Peru office, known as the Latin America South Office (LASO). The Peru office was, until early 1995, responsible for administrative, financial and program management in Peru, Bolivia and Ecuador.

The RO was moved from Lima to Mexico City in 1992 at the suggestion of USAID because of the anticipated complexity and importance of the SDES program in Mexico, and because of the poor security situation in Peru at the time. The RVP and CR were unable to work together; USAID intervened to ensure that the dispute was resolved in favor of the latter in order to protect the continuity of management of the SDES activities. As of January 1994, the LARO and Mexico CO have been physically separated and the LARO has had minimal involvement in the Mexico program. Since most of the activities overseen by the LARO are in Peru, Bolivia and Brazil, its relocation to Mexico City has turned out to be logistically disadvantageous and inefficient. Activities in countries that do not have COs have been managed from the LASO (Colombia, Ecuador) and LARO (Honduras, Dominican Republic).

Medical skills of staff in the region are strong: in addition to the regional medical director (vacant since July 1994), CRs in Peru, Bolivia and (until February 1995) Brazil have been physicians. The RVP would like additional staff with skills in information systems management and English language writing. Although the Bolivia office has been considerably strengthened, additional senior program management capacity would enable it to better respond to USAID/Bolivia's ambitious expectations. One program officer, located in Cochabamba and dedicated full-time to the four subgrantees, is a non-technical person and may be more accurately considered an administrative coordinator.

LARO Country Offices. There are four COs in the Latin America region: Mexico (SDES, five NCA-supported staff), Bolivia (five NCA-supported staff), Brazil (nine staff, five FTEs supported by

NCA), and Peru (six staff, 5.85 FTEs supported by NCA). There is a second PI office in Peru for the Project 2000 contract.

The evaluation team visited both Mexico and Bolivia. As mentioned, the Bolivia CO became independent of the Peru office only in January, 1995. The office has been very reliant on Peru, especially for disbursements, and this has caused delays and a severe lack of flexibility. The staff is small and often stretched thin. The CO staff do not have the time to provide sufficient technical assistance to subproject activities and some staff have voiced the concern that their responsibilities have expanded too rapidly for them to follow adequately subproject operations. At the request of the USAID Mission, PI is the "lead" CA in Bolivia, responsible for coordinating the activities of all CAs in the country. Also in response to USAID, the CO manages a database for monitoring all USAID-funded reproductive health activities, and is considering assuming a similar responsibility for USAID-supplied commodities logistics.

With the exception of Bolivia prior to 1995, authority and capacity for decision-making have been effectively decentralized in the LA region since at least 1992. For Mexico, Peru and Brazil this process seems to have resulted in effective decentralization to the CO level, with appropriate support, oversight and coordination functions retained at the regional level. With the consolidation of the Bolivia CO, PI structures, capacities and systems in Latin America are appropriate for decentralized, field-driven management of the NCA.

The Mexico CO manages the SDES program and is entirely independent of the LARO, reporting directly to HQ. The five person staff does an excellent job, considering their limited mandate to administer the SDES and coordinate the activities of all the SDES partners.

3.2 Functioning of the Overall Structure

Communication has been key to the functioning of the different levels of PI. While the evaluation team found instances where poor or inadequate communications have caused problems (see Section 3.6 for more detail), in general, PI has established effective communications between its structural levels. The quarterly meetings of the SMT are particularly valued by the RVPs for coordinating management. Similarly, the biannual regional meetings for work plan development and for programming and progress review are viewed as important for program management and staff networking.

The recently-established e-mail system has permitted greater and more rapid communication among PI offices worldwide. E-mail has also substantially reduced mailing and conference call costs. The RVPs make concerted efforts to keep in regular contact with COs.

The decentralized structure of PI functions relatively well, although, as previously mentioned, the process may have gone too far. Although the clear definition of the role and responsibilities of the RVPs, as well as their decision-making powers and authority to commit corporate resources have improved the functioning of PI in the field, the effectiveness of HQ technical personnel has been undermined. HQ is seen by the ROs as providing good, basic back-stopping functions, particularly in serving as the main point of contact with USAID/W for annual reports, work plans, etc., yet the perceived impact of HQ technical departments at the regional and country levels is mixed. For example, while the Medical Department is perceived as serving a very useful function as a communications link with the Office of Population, it appears to have a limited impact in the field.

The support of the Evaluation Department in developing methodological documents was recognized by some ROs, but was perceived to be of little assistance in documenting lessons learned. Both the Technical Communications Department and the Institutional Development Department have had little impact on the field.

These departments do not provide coherent, integrated standards or direction for monitoring and assisting the family planning performance of subprojects relative to PI's goals of expanding service delivery and enhancing quality of care. Clear direction and leadership need to be established for technical services, while taking care to avoid the problems often associated with management from a distance and maintaining the benefits which have resulted from decentralization.

Overall, however, PI senior management in Boston does not appear to have actively monitored the decentralization process or provided adequate support to the RVPs. The lack of an SVP has exacerbated this problem. In some instances, senior management appear unaware of the severity of problems at the regional level in ANE and Africa, or unable to address these problems effectively. Visits by senior management from HQ for routine monitoring of RO operations have been relatively rare; most direct contact is through the RVPs' travel to HQ. However, HQ staff also regularly organize cross-regional workshops which facilitate communication and organizational cohesion. These are not, however, a substitute for regular supervision of RO operations.

USAID and PI also need to review the value added by each organizational level and unit under the decentralized system. For example, an assessment of the ANERO from a strictly NCA viewpoint may conclude that it is not very cost-effective because it is providing services to only Turkey and Indonesia.

Recommendations

- 20. To respond to weaknesses in technical capacity, PI should strengthen its technical capabilities at all levels to match the thoroughness and competence of its fiscal management. Although this may require the recruitment of some additional staff, this can largely be accomplished through improved deployment and utilization of existing staff (see also Recommendations 7 and 22), and by further enhancing existing partnerships with other more specialized CAs.**

21. **The senior vice president at HQ should have clear authority over the RVPs and should hold them accountable for achieving programmatic and technical goals of the organization. He should also be vested with the authority and resources necessary to ensure that programmatic and technical expertise is strengthened throughout the organization. Specifically, the SVP should:**
- **Conduct or lead an organization-wide review of staffing and skills mix to ensure the most appropriate use of staff, identify gaps in staff or skills, and remedy problems identified.**
 - **Review the appropriateness of the location and existence of each Regional and Country Office. Consideration should be given to 1) relocating the LARO to Lima, Peru; 2) identifying a full-time Tanzania Country Officer who will make regular trips to the country; 3) establishing a Turkey Country Office in Ankara.**
 - **Conduct performance evaluations of the VPs he supervises.**
22. **The SVP and the VP for TSP0 should establish better linkages and mechanisms for communication between HQ technical experts and the field in order to: 1) strengthen the oversight role of HQ experts, 2) more effectively use existing technical departments at HQ, and 3) make appropriate use of technical consultants.**

3.3 Financial Management

PI successfully implemented a comprehensive financial management system as part of its decentralization process in 1990. The system carefully tracks grants, disbursements and expenditures within the organization, by subgrantees, and by funding source. PI also monitors compliance with donor requirements as part of the system. PI has its own internal audit system in addition to its annual external audit.

Paradoxically, PI's emphasis on financial management and administration has been both a strength and a weakness of the organization. While it has ensured responsible management of U.S. government funds, it has led to the neglect of technical program content. In large part, this has been driven by PI's audit-related concerns stemming from a negative audit under the previous cooperative agreement.

3.3.1 Management Costs by Cost Center

Sixty-five per cent of the NCA funds PI received through December 1994 were committed to subgrants to host-country institutions; another three percent have financed commodities. Relative to other CAs, this is a high proportion. Charges to the NCA for headquarters direct management and backstopping of the NCA were only 6.9 percent of the total NCA funding. That figure is less than half the cost of field operations attributed to NCA, which was 16.4 percent. These figures reflect PI's strong commitment to field operations made in its decentralization plan. Subcontractors and freight accounted for the remaining 1.5 percent (see Figure 2).

For the fiscal year 1994 (July 1, 1993 through June 30, 1994), PI's audited indirect cost rate (overhead rate) was 19.25 percent of direct costs. However, by agreement with USAID concerning the SDES subgrants in Mexico and Indonesia, this overhead rate is applied only to the first \$100,000 per subgrant per year for SDES subgrants. As a result, of the almost \$50 million of NCA funds that PI expended or committed through December 1994, only 10.1 percent went for overhead costs. Overall, roughly 70 percent of NCA funds have been directly expended on program activities, with the balance supporting PI's direct and indirect program management costs.

FIGURE 2

3.3.2 *Subgrants: Financial Management, Reporting, Accountability*

PI's strong financial management, reporting and accountability reaches to all levels. The pre-award surveys to assess fiscal responsibility, the clear and well-documented procedures for preparing subgrant proposals and budgets, the reporting requirements for expenditures, the reviews that reports are subjected to at the country level, the computerized tracking system and disbursement control system, and the local annual audits all add up to a thorough, functioning system to assure fiscal responsibility. PI also often provides administrative and technical assistance as required to upgrade subgrantee capabilities in these areas.

Subgrantees are provided with a letter of notification of award (LNA) from Boston. Funds transfers are made from Boston according to a quarterly schedule. Subgrantees complete a quarterly report in which they report expenses for the period accumulated against nine possible budget line items, as well as funds received and the available balance. Subgrantees are required to annex to quarterly financial reports justification of under- or over-expenditure, a list of all employees paid by the project, details of all equipment and supplies purchased by the project, and bank statements. Copies of this report are maintained at HQ, the RO, the CO and the subgrantee. Subgrantees must request approval in writing for any variation from budget line items; the CO issues a project change notice (PCN) and informs the RO and HQ. There may be dozens of such changes per project per year, although they are consolidated into just a few PCNs. Although subgrantees have become accustomed to this system over time, many continue to see it as excessive, especially the requirement to seek prior approval for even minor modifications to budget line items. A severe, negative aspect of these systems is their excessive paper work burden for subprojects.

Much of PI's institutional strengthening effort is directed toward ensuring that subgrantees have the management capability to track funds and report on their use and results. PI is especially motivated to track and account for all funds because of the negative audit by USAID several years ago. This history has allowed the Finance and Administration Department to develop considerable influence over all PI activities.

Recommendations

- 23. PI should make subgrant financial and administrative systems and procedures more user-friendly from the perspective of subgrantees (i.e. adopting a "client-orientation" to ensure that subgrantee needs are considered along with PI accountability and management concerns).**
- 24. Financial documentation and reporting requirements at the subproject level should be reviewed with a goal of increasing flexibility and extending the duration of projects, thereby reducing paperwork at all levels. In particular, PI should find ways to allow subgrantees limited line item flexibility.**

3.4 Management of Service Delivery Expansion Support (SDES)

The USAID project authorization memorandum prepared in 1992 by the Office of Population noted that PI would charge overhead (then 20.54 percent) only on the first \$100,000 of each SDES subgrant. Therefore, USAID estimated that it would cost an average of \$20,540 for the design and monitoring of each SDES subgrant since technical assistance would be minimal. As previously noted, technical assistance needs have been far greater than anticipated (but, mostly provided by other CAs) and a great deal of assistance has been provided for administration. Nonetheless, an analysis of country funding attributions suggests that SDES overhead and technical assistance average about 25 percent. Moreover, overall support costs are lower for SDES than for other large NCA countries, and the majority of SDES funds go to subgrants.

Systems for financial and administrative management of multi-million dollar SDES subgrants in Mexico and Indonesia follow the same basic principles as those for subgrants as small as \$25,000. In Mexico, the main management differences developed for SDES lie in the direct relationship between the Mexico CO and PI HQ, and the new direct communication reportedly developing with USAID/W. The ANE RVP responsible for SDES Indonesia has also periodically met directly with USAID/W staff.

Both the Mexico and Indonesia COs have developed a matrix system to establish budgets and track expenditures by principal activity (i.e., TBA training, clinic equipment, etc.) as well as by budget category. While the potential for performance-based budgeting and cost analysis is interesting, the complexity of tracking every expenditure against budget is considerable, and of limited management utility.

On balance, SDES management and administration have proved very successful, especially in shifting the management and coordination functions from the Missions to PI. As a result, PI has the ability to program a great deal more money in Indonesia and Mexico, and possibly in other countries as well. The SDES approach may be appropriate in countries where family planning programs are well-established, where the USAID presence is limited, and/or where a phase-out of USAID assistance is planned.

3.5 USAID Management of the Cooperative Agreement

The cooperative agreement is a flexible funding instrument that allows USAID project officers to have some direct involvement in implementation activities. While USAID put few details of performance goals into the NCA, more specific output targets are defined in the NCA logical framework (see Appendix C). The NCA provides USAID with a convenient mechanism for using available funds each year without having to provide a detailed justification for every incremental obligation. The cooperative agreement mechanism can also accommodate the need to set more specific goals if this should become necessary under current efforts in USAID to promote performance-based management.

Given the general nature of the NCA documentation, USAID and PI use the annual work plan as the primary medium for defining implementation tasks, including those for the SDES programs in Mexico and Indonesia. Target setting and progress monitoring have focused primarily on increasing the level of new acceptors and CYP.

Management of the NCA by several different contracting office's technical representatives (COTRs) has forced PI to adapt to various reporting requirements and management styles. Unfortunately, past COTRs have had a tendency to micro-manage the NCA instead of providing overall direction and guidance.

A further issue is that the current quarterly and annual NCA reports are not very useful in tracking worldwide progress, and fail to meet the information needs of either PI or the COTR. It is also difficult to assess program achievements over time, since the reports focus on only one fiscal year of activity. Because subgrant output reports are often late, the FY 1994 annual NCA report submitted to USAID reflected less than half of the actual CYP output for the year. The PSS database appears to be flexible enough to begin accumulating new types of subgrant data which could be included in a new report format. However, PI staff at all levels also need to include more analytical discussion in the reports, instead of relying only on statistics to tell their story.

Recommendations

- 25. USAID and PI should agree on a new format for reporting which meets current information needs. PI should take the initiative to design and propose alternative formats.**
- 26. USAID and PI senior managers and staff should use this evaluation report and other recent feedback and planning information to review progress and set/confirm revised NCA goals and priorities for the balance of the grant (including SDES).**

3.6 Relationships with USAID and Other Cooperating Agencies

3.6.1 Relations with USAID Office of Population

The NCA provides very detailed USAID Office of Population control over PI staffing, operations, and reporting. The annual work plan and all subgrants are approved by USAID/W, and Missions approve subgrants in their countries. In short, USAID has the authority to control all subgrants. In spite of this, some USAID staff are uninformed about the type of activities supported. While other factors may contribute to this problem, better communication between PI and various USAID offices would probably improve understandings and relationships. In this context, the SVP has an important role to play in becoming USAID's primary point of contact at PI, and in overseeing improved written reporting of activities.

PI also needs to improve the style and appearance of its publications and special reports, so that these receive more attention from USAID and other important audiences in the health and population field. Since many PI stakeholders and critics do not have the time or motivation to read the lengthy, regular progress reports, other communication media and channels could be used to provide information.

Recommendation

- 27. USAID and PI should add new communication channels and regular, face-to-face meetings to expand the understanding of NCA activities within USAID and other appropriate CAs. PI field staff should also expand regular communications with USAID Mission staff.**

3.6.2 Relations with USAID Missions

PI relations with USAID Missions are generally very good, although, as previously noted, there are serious problems in Tanzania and Turkey. (It should also be pointed out that the evaluation team only visited six of the 18 countries where PI has had activities under the NCA). Responses by USAID Missions to a questionnaire prepared for the evaluation uniformly reflect a perception that PI has the capacity to implement subprojects, but can provide only limited technical support. In choosing an overall characterization of PI, none of the Missions responded that "PI is an effective/useful "full-service" organization." All of them selected the response, "PI has not shown particular strength as a "full service" organization, but has demonstrated special strengths in the following areas." Although many Missions did not identify any areas of special strength, those that did most frequently mentioned "CBD."

PI's experiences worldwide indicate a great deal of variety in what USAID Missions expect of PI, and how they make use of PI in-country. In Mexico, where there is no USAID Mission, the USAID representative and one program officer actively manage CAs; PI performs grant management functions for the SDES, but defers to USAID in more substantive matters relating to the other CAs. In Bolivia, on the other hand, Mission staff rely on PI to keep them informed of developments in the sector, although they, too, play a very active role in determining which CAs will work with which counterparts and how. USAID/Bolivia was dissatisfied with the Bolivia CO's dependence on the Lima office, but feels that PI is better able to meet its needs now that the Bolivia CO is being strengthened.

In Kenya, the Mission is very clear that PI is relied upon as an important player in the Mission's strategic plan for the country. PI was recently selected as the home for Kenya's HIV/AIDS/STD integration coordinator. The Mission views PI, not as a "one-stop-shop," but rather as the country's major family planning generalist, while other CAs are tapped for specialized areas of expertise. This Mission clearly orchestrates the activities of the country's CAs.

In Tanzania, PI is viewed by the Mission as non-responsive, unreliable, and lacking in innovation. The Mission would like PI to take on more of a leadership role. PI is regarded as somewhat arrogant in dealing with the region, insisting that scheduled visits meet PI's needs, rather than being negotiated for mutual convenience. The PI staff person responsible for Tanzania has changed over time, and the Mission reports not knowing who their appropriate contact is at PI. Clearly better communication and more responsiveness by PI is needed.

In Turkey, the USAID staff are disappointed in PI and with the level of technical expertise and assistance provided to the Turkey program. Poor communications, lengthy absences of the RVP, and the misuse of key technical terms by ANERO staff have all contributed to a perception of weak technical capacity and a lack of responsiveness by PI, jeopardizing the organization's potential to maintain a program in Turkey in the future.

Recommendation

- 28. Top PI management attention is needed in Tanzania and Turkey. An in-country presence of an individual with strong management skills who will respond to Tanzanian subgrantee and Mission needs is required if PI intends to continue to be active in Tanzania. A PI representative should spend an extended period of time in Ankara to resolve current problems, improve relationships with key institutional actors (especially USAID staff), and explore strategic opportunities for future PI assistance in Turkey.**

3.6.3 Relations with other CAs and Multilateral Agencies

PI's relations with other CAs are good. The Africa team spoke with six CAs in Kenya, and found that PI generally enjoys their respect. There are frequent interactions, and the Mission encourages collaboration on cross-cutting issues such as integration of STD/HIV/AIDS into family planning initiatives. All CAs feel somewhat ambiguous about these collaborative relationships; they are asked by USAID to collaborate, and then find themselves competing against one another for contracts. The CAs are not adverse to the idea of PI as a "general contractor," orchestrating the activities of other CAs, but they are concerned about equity of resource distribution. The relationships between PI and other CAs under the SDES in Mexico were difficult at first but have become easier as roles and expectations have been clarified. In Indonesia, PI has generally excellent working relationships with other CAs.

4 FUTURE DIRECTIONS

Overall, Pathfinder's performance under the NCA has been good, but there are important weaknesses in management and implementation of activities under the NCA that are in urgent need of attention. Some of these weaknesses, however, result from PI's efforts to be responsive to USAID, or reflect difficulties inherent in working in a bureaucratic context with U.S. government funds.

Despite these weaknesses, the evaluation team felt strongly that the NCA provides many benefits to USAID. It provides a flexible channel through which USAID can support a broad range of family planning service delivery initiatives, and represents an easily and quickly accessible mechanism through which priority in-country activities can be funded. The SDES programs in Mexico and Indonesia best demonstrate the utility of such a vehicle from USAID's perspective. In the SDES case, PI was quickly able to channel and program very significant resources to countries where no USAID bilateral channel was available. The SDES case again illustrates PI's overall responsiveness to USAID.

In the context of global family planning needs and USAID's overall population program, the team also felt strongly that there is a clear, continuing need for a general, multi-purpose family planning service delivery project like the current NCA. Despite a perception in some quarters that family planning programs require only more specialized expertise as they mature, the SDES experience has shown the utility of an organization with a broad mandate. In its country visits too, the evaluation team found numerous examples of the continuing need for a broad-based service delivery CA. For example, in Turkey, there appear to be missed opportunities in the area of training private physicians in family planning and linking family planning to post-abortion services, that could best be met by a multi-purpose service delivery CA.

Although USAID supports a similar mechanism through the SEATS project, SEATS has primarily (and appropriately) focused on low prevalence countries, especially in Africa. Moreover, there is room for overlap and for more than one general service delivery project, given the limited capacity of any single institution. For a variety of reasons, USAID/W and Missions are also likely to prefer and benefit from a situation where they have more than one choice with respect to implementing organizations.

The evaluation team felt that a "second generation" general service delivery CA would need to respond to changing needs on the part of USAID/W and Missions, especially in providing a broader spectrum of related expertise. Such a CA would also need to play different roles depending on country and Mission needs. For example:

The need to directly finance services is likely to diminish as national programs gather momentum, but there is still likely to be a need for *traditional subgrant support* in some instances, especially in the NGO sector. Such support could be provided either on a "retail" basis as at present under the NCA and SEATS activities, or on a "wholesale" or indirect basis through host country intermediary institutions.

In other cases, the need may be for a *"lead CA"* to orchestrate USAID assistance, especially in USAID Missions lacking direct-hire population personnel.

In yet other instances, the need may be to *fill gaps in funding or provide/arrange for specific technical assistance*. Such an arrangement would not substitute for specialized CA expertise; indeed, ideally, the general service delivery CA would play an active role in drawing in specialized assistance when needed.

The evaluation team therefore strongly recommends that USAID develop and support a follow-on, general service delivery project to the current PI NCA. The team makes no recommendation as to whether such an activity should be implemented by Pathfinder or another institution(s). The appropriate implementation arrangements will depend on the design of such a project and should be further explored during the development of such an activity.

APPENDICIES

APPENDIX A

SCOPE OF WORK: PATHFINDER EVALUATION

I. Project Information

A. Project Data

Project Name: Family Planning Services: Pathfinder International
Project Number: 936-3062
Cooperative Agreement: CCP-30620A-00-2025-00
Grantee: Pathfinder International, Watertown MA
Initial Date: September 25, 1992.
PACD: July 31, 1997.
Final obligation: July 31, 1996
LOP Budget: \$136,000,000.

B. Project Objectives

The goal of the Pathfinder Family Planning Services Project is to enhance the freedom of individuals in developing countries to choose the number and spacing of their children, and to encourage a population growth rate consistent with each country's social and economic development goals. The purpose of this project is to lower fertility rates by increasing access to safe and acceptable family planning services.

The project has four main objectives:

1. facilitating access to the broadest possible range of modern methods for increased numbers of clients (quantity);
2. supporting family planning services to meet and surpass high standards of excellence (quality);
3. delivering family planning services through public and private sector institutions that demonstrate the capacity for sustained operations (sustainability); and
4. designing culturally-sensitive ways to deliver family planning services at the lowest cost (cost-effectiveness).

II. Purpose of the Evaluation

According to the Cooperative Agreement, the external evaluation of the Pathfinder project will take place in 1995, final obligations to the project will be made in 1996, and activities will end in 1997. In the past, the transition from one Pathfinder Cooperative Agreement to another similar follow-on Pathfinder Cooperative Agreement in this ongoing series of projects required an overlap period of a year or more. However,

even more lead time is required in this case since FPSD intends to design a new and different follow-on mechanism rather than just continue the established program. FPSD estimates that 18 to 24 months will be required to digest the results of the evaluation, design a different activity, develop new project documentation, and launch implementation in such a way that ongoing activities can be smoothly transferred from the old project to the new mechanism.

The need for this evaluation is particularly acute because of management problems that have only recently become apparent. Problems that have surfaced recently suggest possible deeper management weaknesses. Because of the size and importance of some critical Pathfinder subprojects, such as the \$50 million SDES subproject in Indonesia and the \$25 million subproject in Mexico, it is important for the Office of Population to reassess Pathfinder's management capability. Furthermore, FPSD intends to use the evaluation to initiate a reexamination of the assumptions, objectives, and approaches on which the project is based in order to identify alternatives for follow-on activities that may depart significantly from the old and established USAID-Pathfinder relationship.

III. Scope of Work

The evaluation will have two parts. The first is an evaluation of Pathfinder's administrative and management practices. The second is an evaluation of its field activities.

A. Evaluation of Administration and Management

The following issues will be addressed by the evaluation:

1. **Decentralization.** How effectively has Pathfinder decentralized its program? Is authority effectively delegated to regional and country offices? Has decentralization improved the performance of country programs? Has it reduced costs and improved efficiency?
2. **Central Office Activities.** What USAID-supported activities take place in Pathfinder's U.S. headquarters? What are all the costs, direct and indirect, of those U.S.-based activities that are charged to the Cooperative Agreement? What is the contribution of headquarters activities toward achieving USAID's "service delivery" objectives for the project? Is the management support and technical support provided to the field by Pathfinder headquarters efficient? What is the quality and impact of Pathfinder's project-supported "special studies" and of its centrally-managed evaluation program?

3. Efficiency. Overall, are the activities financed by the Cooperative Agreement a good value? Compared with other similar projects, are Pathfinder's operating costs (salaries, travel, rent, etc.) advantageous to USAID? Is there evidence that project costs are reasonable for the kinds and magnitudes of impact that are obtained? (Note: this issue evaluates performance in meeting Objective 4 in I.B., above.)

4. Accounting Practices. In what ways are funds from the Cooperative Agreement used to indirectly support Pathfinder's privately-funded activities or to indirectly support the development or implementation of other bilaterally-funded USAID contracts? Is this kind of cross-fertilization useful and is it consistent with the spirit and letter of the Cooperative Agreement?

B. Evaluation of Field Activities

1. Support for Expanding Access (Objective 1, above). How effectively has Pathfinder supported national efforts to expand access to services? In what access-related activity areas (new clinical equipment and facilities, IEC, preservice training of new staff, expanding CBD and social marketing, providing commodities, etc.) has Pathfinder been successful and unsuccessful?

2. Support for Quality of Care (Objective 2, above). How effectively has Pathfinder supported national efforts to improve the quality of care provided to clients? In what quality-related activity areas (inservice training, technical assistance to service providers in counseling, upgrading facilities, etc.) has Pathfinder been successful and unsuccessful?

3. Support for Sustainability (Objective 3, above). How effectively has Pathfinder supported national efforts to improve sustainability? In what sustainability-related activity areas (cost recovery, commercialization and privatization, institutional strengthening, etc.) has Pathfinder been successful and unsuccessful? What are the tradeoffs between Pathfinder's willingness to subsidize local providers' operating costs and the sustainability prospects of its subprojects? Overall, is Pathfinder's emphasis on sustainability adequate?

4. Focus. Are Pathfinder's country programs designed strategically? How closely integrated are Pathfinder's activities into USAID country mission strategic designs? Does it appear that Pathfinder is overextended in terms of number of countries in which it works, number of subprojects, size of subprojects, or the range of technical interventions it undertakes?

5. Leadership and Innovation. How effective has Pathfinder been in promoting "cutting edge" interventions such as adolescent services and post abortion services? Is there evidence that it is effective for USAID to have Pathfinder work in sensitive areas such as these where direct USG activity might be politically controversial? How effective has Pathfinder been in carrying out special assignments requiring leadership and initiative, such as its work on the NGO forum at Cairo, the "lessons without borders" initiative, and the experimental female genital mutilation (FGM) activity in Africa?

6. Service Delivery Expansion Support (SDES). How effectively have the two large "Service Delivery Expansion Support" (SDES) components in Indonesia and Mexico been planned and implemented? Are there early signs that impact will meet USAID's expectations? Is there evidence that this experimental approach could usefully be replicated in other countries or with other CAs?

7. The "Full Service" Model. What are the tradeoffs between a broad, generalized CA like Pathfinder, and more specialized CAs? Based on USAID's experience, for what kinds of tasks is a "full service" CA best-suited? How effective has it been to have Pathfinder serve as a "lead" or "coordinating" CA, assuming some of the management burden of running a USAID-supported country program?

8. Contracting Mechanism and USAID Management. How appropriate is the Cooperative Agreement as a mechanism for supporting Pathfinder's activities? In light of new directions in the Population Program, would some alternative mechanism better serve the "service delivery" objectives of this project? How can the freedom of a Cooperative Agreement be reconciled with the need to program strategically and support achievement of Mission strategic objectives? In what ways have USAID management practices been helpful and/or detrimental to Pathfinder's performance under the Cooperative Agreement?

IV. Methods and Procedures

FPSD estimates that the evaluation will take four weeks to accomplish, and will require four teams of two or three people each. The first team will examine Pathfinder's administration, management, and centrally-implemented activities (III.A., above) at its Boston headquarters. This team will consist of an expert in business administration with family planning management experience, an economist, and an expert in project accounting. The other three teams will evaluate field activities, one in Africa, one in Asia, and one in Latin America. Each will consist of an expert in family planning services and an expert in a related field such as sustainability, training, institution building, or project management. Field team members will need language skills appropriate for the countries they will visit.

All four teams will begin their work in Washington, where a detailed evaluation design will be completed and general interview protocols developed. During that period, the three field teams will develop a standardized approach to fieldwork in the three regions. All four teams will then visit Pathfinder headquarters for a one or two day orientation.

During the first week of work, the teams will review relevant project documentation, including but not limited to the following: documentation from previous Pathfinder projects and evaluations, Pathfinder's proposal to USAID, the Cooperative Agreement, management review documentation, and annual work plans.

The headquarters team will then spend two weeks in Pathfinder's Watertown office interviewing all staff members, reviewing file documentation, observing working and management practices, and examining accounting practices and accounts. For comparative purposes, the U.S. team may decide to interview representatives of other USAID-supported CAs to get information on the scale and costs of their central management units. The headquarters team will also interview USAID Office of Population staff in Washington who have had dealings with or knowledge of the Pathfinder program. Interviews with USAID staff will be done to develop a historical overview of the evolution of the current program, summarize USAID perceptions of Pathfinder's strengths and weaknesses, and develop ideas for alternative approaches in the future that would be more consistent with new USAID priorities and approaches.

The three field teams will each spend about two weeks overseas, visiting Pathfinder facilities and subprojects. Each regional field visit will involve evaluation of administration and management of project activities at both the regional and country levels. All three of the Pathfinder regional management offices (Nairobi, Mexico City, and Ankara) will be visited. Regional Pathfinder staff will be interviewed, work and administrative practices will be observed, and regional office operating costs will be tabulated.

Then the field teams will visit country programs in the three regions. Visits to country programs will include: (1) gathering existing data relevant to subproject performance and results; (2) visiting subgrantee executives to determine their working relationships and satisfaction with Pathfinder; (3) visiting subgrantee beneficiaries of project services (project-trained clinicians, recipients of technical assistance, etc.) to determine the quality and relevance of services they received; (4) interviewing Pathfinder country staff to determine the amount and quality of support they received from the Pathfinder regional office and Pathfinder's Boston headquarters; (5) traveling to project sites to observe the quality of field activities; (6)

interviewing clients to determine their satisfaction with Pathfinder-supported family planning services; and (7) meeting with USAID Mission officials to determine the strategic relevance of Pathfinder's activities in their countries, the adequacy of communication and coordination between USAID and Pathfinder, and Pathfinder's working relationships with national providers and other donor-supported organizations.

All four teams will then spend a final week in Washington, preparing written reports and briefing USAID on their findings and conclusions.

The following schedule is illustrative. Team 1 is the management team, team 2 is the ANE team, team 3 is the LAC team, and team 4 is the Africa team. The schedule for the four teams will be approximately as follows:

	Week 1	Week 2	Week 3	Week 4
Washington/ BOSTON	1,2,3,4			1,2,3,4
Boston		1	1	
Indonesia		2	2	
Turkey		2	2	
Mexico		3	3	
Brazil		3	3	
Kenya		4	4	
Tanzania		4	4	

The teams will submit two products. The first will be a formal written evaluation report covering all of the evaluation topics discussed in Section III.A. and Section III.B., above. The team will present an oral report to the Office of Population during its fourth and final week of work, explaining its principal findings and showing the outline of the final report. A draft of the final report will be submitted to FPSD within a month of completion the team's work together. The final draft will be due two weeks after receipt of FPSD comments on the initial draft.

The second product will be a memorandum to the USAID Office of Population identifying at least three administrative alternatives to the present arrangement of serial centrally-funded noncompetitive cooperative agreements with Pathfinder. Based on insights and findings from the full evaluation, this memorandum will discuss advantages and disadvantages of each alternative and will make recommendations to USAID concerning how to maximize the impact of FPSD service delivery activities with the greatest

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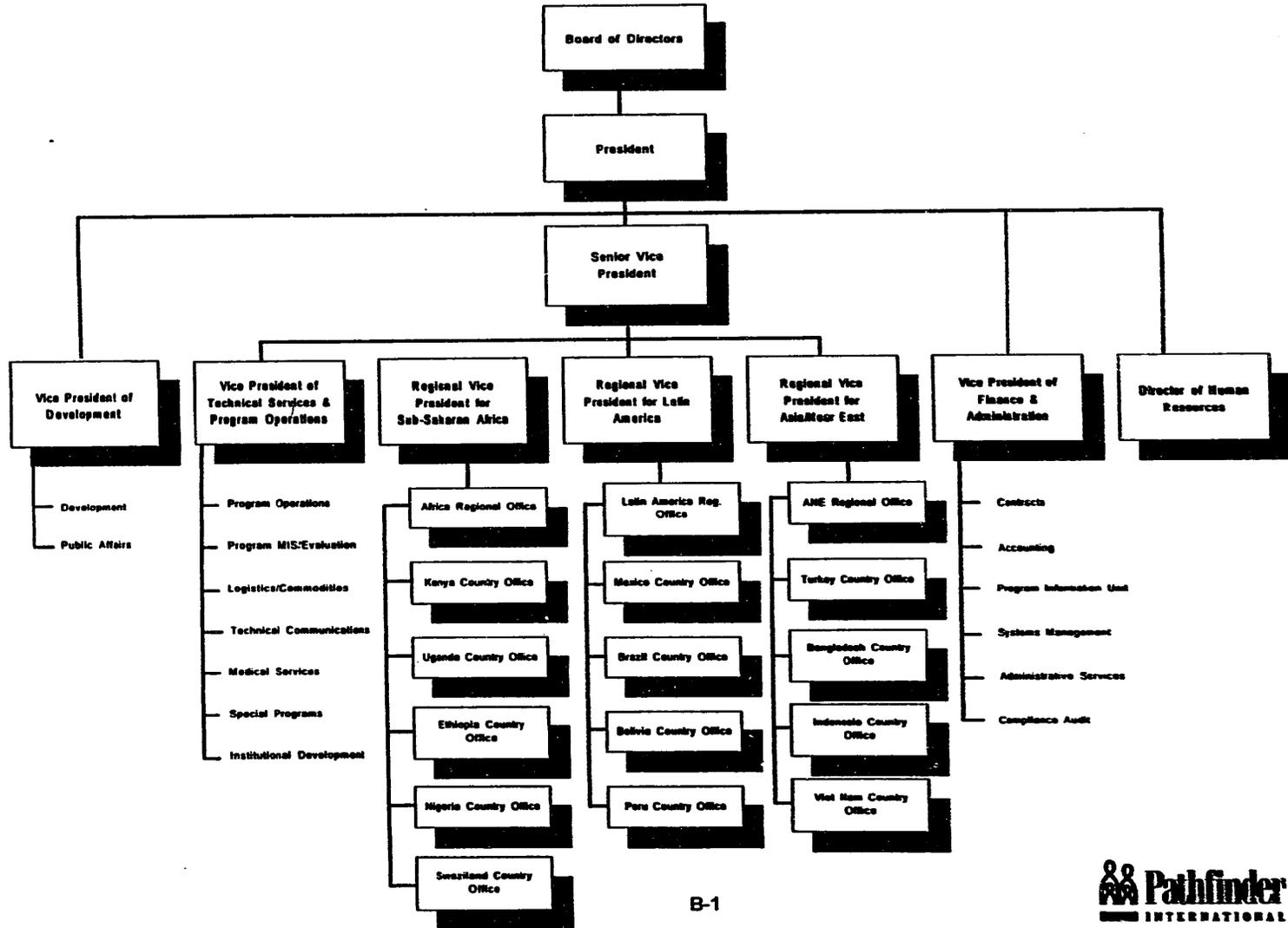
possible efficiency in the future. This memorandum will be due at the completion of the team's four weeks of work together.

V. Funding and Logistical Support

All funding and logistical support for the evaluation will be provided through POPTECH. Activities that will be covered include recruitment of the evaluation team, payment of evaluation team members for a six day work week, support for all expenses related to the evaluation, logistical support, and publication of the draft and final reports.

APPENDIX B

Pathfinder International Organizational Structure



APPENDIX C

Project name : Family Planning Services; Pathfinder Int
 Date of Completion : 09/30/98
 Date of Revision: 03/03/92
 Design Team : LogFrame FY 1992-96

Narrative Summary (NS)	Measurable Indicators (MI)	Means of Verification (MOV)	Important Assumptions
Goals: 1 To enhance the freedom of individuals in developing countries to voluntarily choose the number and spacing of their children.	1.1 For developing country couples, actual and desired fertility are consistent; 1.2 safe and affordable contraceptives are available to couples desiring them; 1.3 fertility declines.	1.1 Demographic and Health Survey data; 1.2 contraceptive prevalence surveys; 1.3 census data	(Goal to Supergoal) 1 Accepting couples have access to and can afford contraceptives. 2 Contraceptives are used appropriately.
Purposes: 1 To lower fertility through increased access to safe acceptable family planning services via Pathfinder's worldwide network of family planning service delivery organizations.	1.1 2% increase annually in CPR in subproject areas 1.2 Increase in utilization of modern long-lasting contraceptives 1.3 Increase in continuation rates 1.4 Improvements in quality of services occur.	1.1 service delivery statistics, country workplans 1.2 program evaluation, service delivery statistics 1.3 service statistics 1.4 program evaluation, client surveys	(Purpose to Goal) 1 Population policies and budget are supportive of family planning 2 Quality services lead to higher client retention
Outputs: 1 Services provided 2 Providers trained 3 People informed 4 Local organizations strengthened	1.1 4.3 million CYPs distributed in 5 years 2.1 4,100 program managers and 25,500 service providers trained 3.1 6.7 million people informed about family planning benefits and service availability 4.1 27 local organizations strengthened to provide high quality cost-effective contraceptive services 4.2 cost/user within AID targets 4.3 cost/CYP within AID targets	1.1 Service statistics and CYP calculations 2.1 Quarterly and annual subproject reports 3.1 Quarterly and annual subproject reports 4.1 Special studies, operations research reports; Annual and final project reports; site visits; evaluations; professional presentations and papers 4.2 Service statistics and CYP calculations, Annual Office of Population CYP Survey 4.3 Service statistics and CYP calculations, Annual Office of Population CYP Survey	(Output to Purpose) 1 Adequate support by RD/POP, USAID Missions, and Regional Bureaus. 2 Proper selection of institutions and personnel. 3 Host country political stability. 4 Pathfinder can develop and implement effective programs.
Activities: 1.1 RD/POP funding 2.1 Pathfinder technical expertise and administrative ability 3.1 AID/W monitoring 4.1 AID in-kind contraceptives	Inputs/Resources: Approximately US \$136 million funding: Personnel 12,415 Benefits 2,974 Consultants 2,440 Travel and Living 3,880 Other Direct Costs 2,804 Subcontractors 728 Project Support 39,099 Overhead 17,240 Bulk Commodities/Freight 4,420 SOES 86,000 SOES 50,000	1.1 Financial records and reports 2.1 vouchers 3.1 AID and contractor audits 4.1 Contraceptive Procurement Tables	(Activity to Output) 1 Project funding is approved at requesting level. 2 Pathfinder can recruit and retain high quality professional staff.

APPENDIX D

NEW COOPERATIVE AGREEMENT GOALS AND ACTIVITIES

Goal 1: Expand access (QUANTITY)

Activities: (a) Consolidate the SDES programs; (b) assist family planning expansion in public sector programs; (c) extend community-based services; (d) expand hospital-based post-partum and post-abortion counseling and services; (e) link community-based distribution to clinic services; and (f) reach sexually active adolescents.

Goal 2: Improve QUALITY

Activities: (a) Maximize access and quality, and remove medical barriers; (b) strengthen family planning service guidelines; (c) update and standardize training; (d) disseminate medical/technical information; (e) expand method mix; (f) integrate STD/HIV/AIDS prevention; and (g) develop and implement tools for continuous assessment.

Goal 3: Ensure COST-EFFECTIVENESS and EFFICIENCY

Activities: (a) Improve cost-effectiveness of service delivery programs; (b) improve efficiency of service models; and (c) increase financial sustainability.

Goal 4: Strengthen INSTITUTIONAL DEVELOPMENT

Activities: (a) Develop the management capability of grantees; (b) strengthen key management systems; and (c) increase the capacity of NGOs to become sustainable.

PI SPECIAL INITIATIVES

- 1) Adolescent programs : (a) Hospital and clinic-based; (b) family life education; (c) peer outreach; (d) university-based.
- 2) Post-partum/post-abortion services: (a) Family planning services; (b) counseling; (c) post-abortion care; (c) provider training; (d) referral.
- 3) Program integration: (a) Introduction of family planning into existing maternal and child health (MCH) services; (b) strengthening MCH services to facilitate access to family planning; (c) develop integrated STD/HIV/AIDS prevention activities; (d) develop integrated family planning and environmental initiatives; (e) address harmful traditional practices.
- 4) Service delivery expansion and support: (a) National program; (b) multi-million dollar funding; (c) joint planning.
- 5) Policy: (a) International Conference on Population and Development.

APPENDIX E

03/15/95

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Commitments/Disbursements for Ongoing Projects
 Ongoing Projects for the Period 09/01/92 through 02/28/95
 Total Project Commitments and Disbursements through 01/05/95
 Source: NCA
 Office: All

Pin	Title	Grantee	Begin	End	Prim. Act.	Total Project Commit. ^a	Total Project Disb. ^a	Number of Projects
Africa Region								
Africa Regional NCA/AFR:007-1	FRENCH TRANSLATION/ADAPTATION OF FP MANAGERS HANDBOOK	PATHFINDER INTERNATIONAL/BOSTON	11/01/93	01/31/95	01	43,750.00	0.00	
NCA/AFR:006-2	REGIONAL FP SUPPORT PROJECT	(1) DR BOATENG WIAGE, (2) REVEREND PIERRE J. DILL (3) MRS. R	01/01/93	12/31/93	SD	213,893.16	180,447.93	
NCA/AFR:006-3	Regional Family Planning Support Project	Pathfinder Kenya	01/01/94	12/31/94	SD	119,022.00	95,446.75	
NCA/AFR:TIN 013	PROGRAM/FINANCIAL WKSHP FOR GRANTEES IN SUB SAHARAN AFRICA	PATHFINDER INTERNATIONAL KENYA	04/01/93	06/30/93	TC	46,128.00	31,526.34	
NCA/AFR:TIN 015	CAFS Community Based Distribution Course	Pathfinder Nairobi	07/01/94	10/31/94	TC	30,102.00	18,410.50	
Africa Regional Total						452,867.16	325,829.52	5
Benin								
NCA/BEN:TIN 001	OPERATIONS RESEARCH WORKSHOP COTONOU	MINISTRY OF HEALTH, COTONOU, BENIN	01/01/94	03/31/94	TC	33,068.00	18,376.99	
Benin Total						33,068.00	18,376.99	1
Burkina Fasso								
NCA/BKF:TIN 001	Lactation Management Education Program	Dr. Jules Bazier	05/01/94	07/31/94	TC	26,740.00	21,034.10	
Burkina Fasso Total						26,740.00	21,034.10	1
Ethiopia								
NCA/ETH:001-1	Bridging FP Services Expansion in Ethiopia	Family Guidance Association of Ethiopia	07/01/94	12/31/95	SD	360,965.00	205,977.02	
Ethiopia Total						360,965.00	205,977.02	1
Ivory Coast								
NCA/IVC:006-1	FAMILY PLANNING SERVICES IN TREICHVILLE AND YOPPOUGON	ASSOCIATION IVOIRIENNE POUR LE BIEN-ETRE FAMILIAL (AIBEF)	10/01/92	09/30/94	SD	513,445.05	269,931.02	
NCA/IVC:TIN 012	TRAINING OF EIGHT PARTICIPANTS IN MANAGEMENT OF HEALTH PROJECTS	DR. ESTELLE SHAW, DR. DAMON KASSI, DR. CYRILQUE GHIYONGDE, D	10/01/92	11/11/92	TC	49,639.00	44,384.75	
Ivory Coast Total						563,084.05	314,315.77	2
Kenya								
NCA/KEN:024-3	KENYATTA UNIVERSITY FAMILY WELFARE AND COUNSELLING PROJECT	KENYATTA UNIVERSITY	07/01/93	06/30/95	AD	249,468.00	111,512.64	
NCA/KEN:028-3	EGERTON UNIVERSITY HEALTH CENTER PROJECT	EGERTON UNIVERSITY, NJORO, KENYA	07/01/93	06/30/95	AD	204,052.00	93,146.17	
NCA/KEN:029-2	HIGH RISK URBAN CLINIC IN NAIROBI	UNIVERSITY OF NAIROBI, DEPARTMENT OF OBSTETRICS AND GYNECOLO	07/01/93	06/30/95	AD	63,695.00	67,835.37	
NCA/KEN:001-9	INTEGRATED MCH & CB FP PROJECT	MAENDELEO YA WAMAAKAE ORGANIZATION	07/01/93	06/30/95	SD	1,231,778.00	787,647.29	
NCA/KEN:005-4	FP AND SERVICES THROUGH PRIVATE PRACTITIONERS	THE KENYA MEDICAL ASSOCIATION	07/01/93	06/30/95	SD	727,341.00	448,559.90	
NCA/KEN:031-3	NAIROBI CITY COUNCIL FP PROJECT	NAIROBI CITY COUNCIL, DEPARTMENT OF PUBLIC HEALTH	07/01/93	06/30/95	SD	172,257.00	327,124.90	
NCA/KEN:032-2	MKOMANI CLINIC SOCIETY FP AND COMMUNITY-BASED SERVICES PROJECT	MKOMANI CLINIC SOCIETY	07/01/93	09/30/94	SD	253,531.54	254,937.66	
NCA/KEN:032-3	Mkomani Clinic Society Project	Mkomani Clinic Society	10/01/94	09/30/95	SD	281,590.00	0.00	
NCA/KEN:033-2	MASENO WEST FP PROJECT	DIOCESE OF MASENO WEST (CPK)	07/01/93	06/30/96	SD	548,191.00	320,655.55	
NCA/KEN:034-1	CPK Eldoret CBD Family Planning Project	Diocese of Eldoret CPK	07/01/94	06/30/97	SD	287,033.00	93,712.00	
NCA/KEN:TIN 025	National CBD Policy Issues Workshop, Kenya	Pathfinder International/Kenya	04/01/94	06/30/94	TC	17,215.00	7,578.20	
Kenya Total						4,856,151.54	2,519,910.48	11

*Total Project Commitments and Disbursements include bulk and inkind amounts.

03/15/95

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Commitments/Disbursements for Ongoing Projects
 Ongoing Projects for the Period 09/01/92 through 02/28/95
 Total Project Commitments and Disbursements through 01/05/95
 Source: NCA
 Office: All

Pin	Title	Grantee	Begin	End	Prim. Act.	Total Project Commit. ^a	Total Project Disb. ^a	Number of Projects
Africa Region								
Nigeria								
NCA/NIR:001-1	PPFH FP ENHANCEMENT PROJECT	PLANNED PARENTHOOD FEDERATION OF NIGERIA (PPFH)	11/01/93	10/31/96	SD	540,995.00	47,904.93	
NCA/NIR:002-1	Consultation Skills Workshop for Mgmt Network Mbrs & Clin Serv Res. Trnrs	Family Health Services	02/01/94	04/30/94	TG	33,143.00	23,376.77	
Nigeria Total						583,138.00	71,281.70	2
Senegal								
NCA/SEN:001-2	EXTENSION OF FP SERVICES IN SENEGAL	ASSOCIATION SENEGALAISE POUR LE BIEN-ETRE FAMILIAL (ASBEF)	04/01/93	03/31/95	SD	287,610.00	118,414.88	
Senegal Total						287,610.00	118,414.88	1
Tanzania								
NCA/TAN:001-4	DAR-ES-SALAAM RURAL CID PROJECT	THE FP ASSOCIATION OF TANZANIA (URATI)	07/01/93	03/31/97	SD	322,842.00	230,419.83	
NCA/TAN:004-5	SDA FP SERVICES PROJECT	TANZANIA UNION OF THE SEVENTH DAY ADVENTIST CHURCH	07/01/93	06/30/96	SD	347,219.40	335,353.20	
NCA/TAN:007-1	Work Place FP Services Project	Organization of Tanzania Trade Unions	07/01/94	06/30/97	SD	177,578.00	63,861.68	
Tanzania Total						847,639.40	628,634.71	3
Uganda								
NCA/UGA:001-3	FAMILY LIFE EDUCATION PROJECT	BUSOGA MULTI-SECTORAL RURAL DEVELOPMENT	11/01/92	06/30/95	SD	1,276,754.75	1,131,208.89	
NCA/UGA:004-2	EAST ANKOLE DIOCESE FAMILY PLANNING SERVICES PROJECT	DIOCESE OF EAST ANKOLE, CHURCH OF UGANDA	01/01/93	06/30/95	SD	485,850.22	294,129.76	
NCA/UGA:005-1	Family Planning Service Support Project	FP Association of Uganda	03/01/94	02/28/95	SD	217,412.00	133,676.61	
Uganda Total						1,980,016.97	1,559,015.26	3
Africa Region Total						9,629,300.12	5,783,870.43	30

^aTotal Project Commitments and Disbursements include bulk and in-kind amounts.

Commitments/Disbursements for Ongoing Projects
Ongoing Projects for the Period 09/01/92 through 02/28/95
Total Project Commitments and Disbursements through 01/05/95
Source: NCA
Office: All

Pin	Title	Grantee	Begin	End	Prim. Act.	Total Project Commit.*	Total Project Disb.*	Number of Projects
Asia/Near East Region								
Indonesia								
NCA/IND:055-1	IMPROVING QUALITY OF FP SERVICES AND FAMILY LIFE EDUCATION	THE INDONESIAN PLANNED PARENTHOOD ASSOCIATION (IPPA)	02/01/94	01/31/95	SD	104,941.00	156,106.00	
NCA/IND:057-1	Strengthen & Expand VSC SD in Indonesia	PIPII	04/01/94	03/31/95	SD	1,462,308.00	1,106,100.91	
NCA/IND:058-1	East Java Service Delivery Expansion Support	BKKBN of East Java Province	05/01/94	04/30/95	SD	1,449,594.00	1,309,289.60	
NCA/IND:059-1	Strengthening Private Practitioner FP Services Delivery	Indonesian Medical Doctor Association	06/01/94	05/31/95	SD	250,687.00	189,195.00	
NCA/IND:060-1	Service Expansion to Six Provinces and Six NGOs through Central BKKBN	BKKBN	05/01/94	04/30/95	SD	5,543,358.00	4,481,007.00	
NCA/IND:056-1	STRENGTHENING NGOS AND PUBLIC HLTH PROF. IN THE FP MOVEMENT IN INDONESIA	THE INDONESIAN PUBLIC HEALTH ASSOCIATION (IAKHI)	02/01/94	01/31/95	TG	116,137.00	76,682.00	
Indonesia Total						9,015,105.00	7,238,668.51	6
Turkey								
NCA/TUR:034-1	Supporting Activities for ICPD 1994	HRDF	03/01/94	11/30/94	IEC	29,992.00	34,606.75	
NCA/TUR:022-4	VOLUNTARY VASECTOMY SERVICES IN TURKEY	HUMAN RESOURCE DEVELOPMENT FOUNDATION	07/01/93	06/30/94	SD	142,683.00	128,628.61	
NCA/TUR:027-4	HRDF'S COMMUNITY BASED SERVICES	HUMAN RESOURCE DEVELOPMENT FOUNDATION	07/01/93	12/31/94	SD	381,400.00	272,384.06	
NCA/TUR:032-3	FP Education & Services in Gazaintep & Diyarbakir	Foundation for the Advancement & Recognition of Turkish Women	07/01/93	03/31/94	SD	111,764.00	134,973.24	
NCA/TUR:033-2	EXPANSION OF FP EDUC. & SRVCS. PROJECT	TURKIYE ESMAF VE SAMATKARLAR	04/01/93	11/30/94	SD	281,046.00	239,882.31	
Turkey Total						946,885.00	810,394.97	5
Asia/Near East Region Total						9,961,990.00	8,048,655.48	11

*Total Project Commitments and Disbursements include bulk and in-kind amounts.

Commitments/Disbursements for Ongoing Projects
 Ongoing Projects for the Period 09/01/92 through 02/28/95
 Total Project Commitments and Disbursements through 01/05/95
 Source: NCA
 Office: All

Pin	Title	Grantee	Begin	End	Prim. Act.	Total Project Commit.*	Total Project Disb.*	Number of Projects
Latin America Region								
Bolivia								
NCA/BOL:014-5	FP AND HEALTH SERVICES FOR ORGANIZED WORKERS	CENTRO DE INVESTIGACION, EDUCACION Y SERVICIOS (CIES)	07/01/93	12/31/94	SD	189,345.00	199,482.13	
NCA/BOL:017-3	ADOLESCENT HEALTH SERVICES	FUNDACION SAN GABRIEL	07/01/93	09/30/94	SD	187,851.00	187,149.00	
NCA/BOL:018-3	NAT'L REPROD. HLTH. PROGRAM THROUGH PRIVATE AND INSITUT. MEDICAL CENTERS	FUNDACION DE ASISTANCIA MEDICO-SOCIAL (FAMES)	07/01/93	12/31/94	SD	73,432.00	73,427.00	
NCA/BOL:019-3	PROSALUD FP PROGRAM	PROSALUD	07/01/93	12/31/94	SD	147,172.00	115,317.84	
NCA/BOL:020-1	PROV. OF FP SRVCS. TO RURAL POP. OF BOL. THRU A MEDICAL RAILROAD WAGON	ASOCIACION BOLIVIANA DE AYUDA A LA COMUNIDAD Y A LA FAMILIA	07/01/93	12/31/94	SD	99,431.00	99,384.68	
NCA/BOL:021-1	INTEGRATED REPRODUCTIVE HEALTH PROGRAM	PATFINDER INTERNATIONAL/PERU	12/01/93	08/31/94	SD	117,384.00	128,713.51	
NCA/BOL:016-3	MATERNAL & CHILD HEALTH PROGRAM WITH CAJA NACIONAL DE SALUD	CAJA NACIONAL DE SALUD (CNS)	07/01/93	12/31/94	TG	53,914.00	46,833.78	
Bolivia Total						788,529.00	761,349.78	7
Brazil								
NCA/BRA:077-1	PATHFINDER PRODUCTION OF FP EDUCATIONAL MATERIAL FOR ADOLESCENTS	THE PATHFINDER INTERNATIONAL/BRAZIL	07/01/93	12/31/94	AD	53,582.00	1,566.72	
NCA/BRA:079-1	Education, Health and Environment in the Jiquirica Valley	Jiquirica Valley Intermunicipal Consortium	08/01/94	07/31/95	IEC	24,998.00	8,585.00	
NCA/BRA:063-3	ABEPF IEAC ACTIVITIES	ASSOCIACAO BRASILEIRA DE ENTIDADES DE PLANEJAMENTO FAMILIAR	07/01/93	06/30/95	OT	106,899.00	183,648.36	
NCA/BRA:072-2	COMMODITIES DISTRIBUTION, MANAGEMENT AND TRAINING BENFAM: FP WITH EMPHASIS ON IUDs, THROUGH	THE PATHFINDER INTERNATIONAL/BRAZIL	07/01/93	06/30/96	OT	449,395.85	185,293.37	
NCA/BRA:071-3	NORTHEAST HEALTH CENTERS	SOCIEDADE CIVIL BEM-ESTAR FAMILIAR	07/01/93	06/30/96	SD	1,891,882.19	379,543.17	
NCA/BRA:075-2	FP FOR POST-PARTUM/POST-ABORTION WOMEN IN NORTH/NORTHEASTERN BRAZIL	NO BRAZIL - BENFAM	07/01/93	06/30/96	SD	267,078.54	182,942.11	
NCA/BRA:076-1	FP SRVCS. WITHIN THE STATE OF BAHIA SECRETARIAT OF HEALTH NETWORK	FUNDACAO INSTITUTO MIGUEL CALMON DE ESTUDOS SOCIAIS E ECONOMICOS	03/01/93	09/30/94	SD	587,934.75	481,619.21	
NCA/BRA:078-2	TRAVEL & TRAINING GRANT FOR HEALTH PERSONNEL AND KEY FP OFFICIALS	PATFINDER INTERNATIONAL BRAZIL	07/01/93	06/30/96	TG	182,700.00	56,968.11	
Brazil Total						2,689,781.44	1,248,888.85	8
Ecuador								
NCA/ECU:003-8	FP CLINICAL, CBD AND IEC PROGRAM IN 8 ECUADORIAN PROVINCES	APROFE	01/01/93	12/31/93	SD	123,476.00	128,852.92	
Ecuador Total						123,476.00	128,852.92	1
Honduras								
NCA/HON:003-1	Integrated Reproductive Health and Conservation Project	World Neighbors	09/01/94	08/31/95	OT	21,462.00	5,000.00	
Honduras Total						21,462.00	5,000.00	1
Latin America Regional								
NCA/LAR:012-2	FOLLOW-UP OF THE LATIN AMERICA SYMPOSIUM: PRODUCTION OF FP ADOLESC. MANL.	LATIN AMERICA REGIONAL OFFICE	07/01/93	03/31/94	AD	20,000.00	4,484.87	
NCA/LAR:TIN 013	TRAVEL GRANT TO SELECTED PARTICIPANTS TO THE FELASSA AND CPO WORKSHOPS	PATFINDER INTERNATIONAL/LARO	02/01/94	04/30/94	AD	6,005.80	9,884.16	
NCA/LAR:014-2	TRANSLATION/ADAPTATION OF THE FP MANAGER'S HANDBOOK	THE PATHFINDER INTERNATIONAL/LATIN AMERICA OFFICE	08/01/93	07/31/94	OT	32,682.00	25,758.41	
NCA/LAR:TIN 012	SUPPORT TO WORKSHOPS ON FP & ENVIRONMENT CONSERVATION	LATIN AMERICA REGIONAL OFFICE	02/01/93	04/30/93	OT	5,197.00	5,537.41	

*Total Project Commitments and Disbursements include bulk and inkind amounts.

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Commitments/Disbursements for Ongoing Projects
 Ongoing Projects for the Period 09/01/92 through 02/28/95
 Total Project Commitments and Disbursements through 01/05/95
 Source: NCA
 Office: All

Pin	Title	Grantee	Begin	End	Prim. Act.	Total Project Commit. ^a	Total Project Disb. ^a	Number of Projects	
Latin America Region									
						Latin America Regional Total	63,894.30	45,576.85	4
Mexico									
NCA/MEX:047-1	COMMUNICATION PROJECT IN FP WITH CONAPO	CONSEJO NACIONAL DE POBLACION (CONAPO)	07/01/93	06/30/95	IS	2,443,290.90	986,274.01		
NCA/MEX:044-1	EXTENSION OF REPRODUCTIVE HEALTH AND FP SERVICES IN THE IMSS	INSTITUTO MEXICANO DEL SEGURO SOCIAL (IMSS)	07/01/93	06/30/95	SD	3,518,736.00	998,828.56		
NCA/MEX:045-1	EXTENSION OF REPRODUCTIVE HEALTH AND FAMILY PLANNING SERVICES IN THE SSA	DESARROLLO E INVESTIGACION DE LA PLANIFICACION FAMILIAR, A.C	07/01/93	06/30/95	SD	3,681,920.00	1,929,754.28		
NCA/MEX:046-1	EXTENSION OF REPRODUCTIVE HEALTH AND FP SERVICES IN THE ISSSTE	SOCIAL SECURITY AND SERVICES INSTITUTE FOR GOVERNMENT EMPLOY	01/01/94	12/31/97	SD	225,393.00	219,970.36		
						Mexico Total	9,789,329.00	4,054,827.15	4
Peru									
NCA/PER:012-5	FP SERVICES THROUGH 22 MUNICIPALITIES AND REFERRAL SYSTEM TO VSC PROGRAM	INSTITUTO FERNANDO DE FERNANDEZ RESPONSABLE (INFPARES)	01/01/93	06/30/94	SD	123,548.00	122,787.74		
NCA/PER:012-6	Diversified FP Services with Inppares	Inppares	07/01/94	06/30/95	SD	94,956.00	49,789.45		
NCA/PER:029-3	SUPPORT OF CLINICAL AND CBD RURAL SERVICES IN HUARAL AND CHIMBOTE	ASOCIACION DE PROFESIONALES PARA LA PROMOCION DE LA SALUD	01/01/93	06/30/94	SD	55,789.00	65,254.20		
NCA/PER:033-3	FP PROGRAM INCLUDING FSC SERVICES IN CHICLAYO	ASOCIACION MARCELINO	07/01/93	06/30/94	SD	74,176.94	63,451.98		
NCA/PER:033-4	Expansion of FP Program in Chiclayo	Asociacion Marcelino	07/01/94	06/30/96	SD	70,232.00	32,389.28		
NCA/PER:034-3	FP SERVICES IN TRUJILLO	CENTRO NOR-PERUANO DE CAPACITACION Y PROMOCION FAMILIAR (CEN PROFAMILIA)	07/01/93	06/30/95	SD	95,861.63	83,183.88		
NCA/PER:035-2	PROFAMILIA-FP PROGRAM INCLUDING FSC SERVICES AND CBD ACTIVITIES	PROFAMILIA	07/01/92	03/31/94	SD	139,682.00	136,244.75		
NCA/PER:035-3	FP Program, including VSC Services	Profamilia	04/01/94	03/31/94	SD	58,196.42	37,988.45		
NCA/PER:038-1	INTERVAL POST-PARTUM/POST-ABORTION FP PROGRAM IN 18 PUBLIC SECTOR HOSPITAL	THE PATFINDER INTERNATIONAL/REGIONAL OFFICE FOR LATIN AMERICA	08/01/93	12/31/94	SD	574,343.00	328,433.63		
NCA/PER:040-2	TRAVEL & TRAINING GRANTS FOR HEALTH PERSONNEL AND KEY FP OFFICIALS	THE PATFINDER/LAS	07/01/93	06/30/95	TC	37,256.00	15,755.63		
						Peru Total	1,323,152.99	935,898.75	18
						Latin America Region Total	14,719,624.43	7,162,793.48	35
						Grand Total	33,710,914.55	20,994,719.39	76

*Total Project Commitments and Disbursements include bulk and in-kind amounts.

APPENDIX F
PATHFINDER INTERNATIONAL
 Cooperative Agreement 3062-A-00-2025-00
OUTPUTS & ACHIEVEMENTS
October 1992 - December 1994

	Oct. 92 - June 93	July 93 - June 94	July 94 - Dec. 94	Oct. 92 - Dec. 94				
	Outputs	Outputs	Outputs	Total Outputs	Objectives*	% Achieved		
Worldwide	CYPs Distributed	527,098	2,677,973	1,824,952	5,030,023	5,102,615	99%	
	New Users	584,400	1,667,520	1,337,438	3,589,358	2,937,990	122%	
	Persons Trained	15,920	25,370	108,025	149,315	157,389	95%	
	Persons Informed	1,214,123	2,824,185	1,703,925	5,842,233	8,924,586	65%	
	CYPs referred	133,073	98,955	6,887	238,915			
	Adolescent CYPs	2,955	0	219	3,174			
	Adolescents Informed	7,583	11,439	3,077	22,099			
	CYPs Distributed	121,453	228,642	25,216	375,311	705,356	53%	
	New Users	257,062	338,462	25,420	620,944	567,005	110%	
	Persons Trained	3,270	5,328	608	9,204	10,220	90%	
Africa	Persons Informed	1,195,029	1,430,644	112,516	2,738,189	3,363,849	81%	
	CYPs referred	44,894	78,042	4,934	125,970			
	Adolescent CYPs	0	0	219	219			
	Adolescents Informed	0	0	292	292			
	CYPs Distributed	90	534,116	1,707,072	2,241,278	2,418,607	93%	
	New Users	31	424,943	1,231,710	1,656,684	1,172,571	141%	
	Persons Trained	0	13,425	106,423	119,848	98,491	122%	
	Persons Informed	893	83,458	1,574,945	1,659,296	1,077,991	154%	
	CYPs referred	0	4,507	643	5,150			
	Adolescent CYPs	0	0	0	0			
Asia/Near East	Adolescents Informed	0	0	0	0			
	CYPs Distributed	405,555	1,915,215	92,664	2,413,434	1,978,652	122%	
	New Users	327,307	904,115	80,308	1,311,730	1,198,414	109%	
	Persons Trained	12,650	6,619	994	20,263	48,678	42%	
	Persons Informed	18,201	1,410,083	16,464	1,444,748	4,462,746	32%	
	CYPs referred	88,079	18,406	1,310	107,795			
	Adolescent CYPs	2,955	0	0	2,955			
	Adolescents Informed	7,583	11,439	2,785	21,807			
	Latin America							

* Objectives compiled from PSS data

FRICA REGION

TARGET AND ACHIEVEMENT INFORMATION

IN	Thru Qtr.	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
JCA/AFR:006-2	3	23,288	6,490	0	38	29,670	17,504	249	46	0	9,038	0	0
JCA/AFR:006-3	2	19,063	4,199	0	236	20,970	7,516	7,516	0	147	155,312	6,654	0
JCA/AFR:007-1	0	0	0	0	0	0	0	0	0	0	0	0	0
JCA/ETH:001-1	0	13,544	0	8,344	0	9,701	0	292	0	79,488	0	0	0
JCA/IVC:006-1	5	32,901	17,184	0	205	14,192	15,304	245	177	61,917	8,233	0	0
NCA/KEN:001-9	5	56,410	47,492	45,950	0	129,062	105,060	526	86	0	178,716	0	0
NCA/KEN:005-4	4	76,913	50,167	0	508	81,838	68,072	456	147			0	0
NCA/KEN:024-3	6	0	0	0	0	1,396	1,485	154	185	0	1,338	2,585	2,177
NCA/KEN:028-3	4	0	0	0	0	1,232	2,125	170	28	6,336	1,315	2,690	2,762
NCA/KEN:029-2	4	0	0	0	733	1,434	1,467	40	6	0	0	1,444	2,442
NCA/KEN:031-3	4	39,352	34,000	0	5,179	67,869	50,308	502	147	193,600	460,626	0	0
NCA/KEN:032-2	5	13,610	23,837	0	38	3,790	16,643	47	177	86,400	77,868	0	0
NCA/KEN:032-3	0	34,537	0	0	0	15,308	0	122	0	43,200	0	0	0
NCA/KEN:033-2	3	10,475	6,933	0	2,500	2,131	13,700	464	236	0	270,840	0	0
NCA/KEN:034-1	0	5,039	0	1,902	0	4,320	0	234	0	1,440	0	0	0

AFRICA REGION

TARGET AND ACHIEVEMENT INFORMATION

PIN	Thru Qtr.	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
NCA/NIR:001-1	0	23,235	0	0	0	16,975	0	165	0	0	0	0	0
NCA/SEN:001-2	3	4,545	982	0	0	4,080	2,754	26	0	2,880	178	0	0
NCA/TAN:001-4	5	8,382	3,576	18,680	2,673	9,810	6,786	0	147	0	47,065	0	0
NCA/TAN:004-5	5	6,124	17,761	5,862	1,762	7,221	42,590	0	147	0	285,388	0	0
NCA/TAN:007-1	1	6,688	0	2,400	0	1,632	0	69	0	0	0	0	0
NCA/UGA:001-3	8	19,604	49,266	0	22,259	6,600	40,667	1,557	236	28,000	188,354	0	0
NCA/UGA:004-2	6	1,954	4,389	0	563	2,165	4,108	533	337	0	25,060	0	0
NCA/UGA:005-1	2	14,250	0	0	0	6,500	0	45	0	0	0	0	0

AFRICA REGION

TARGET AND ACHIEVEMENT INFORMATION

	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
AFRICA REGIONAL	42,351	10,689	0	274	50,640	25,020	7,765	46	147	164,350	6,654	0
ETHIOPIA	13,544	0	8,344	0	9,701	0	292	0	79,488	0	0	0
COTE D'IVOIRE	32,901	17,184	0	205	14,192	15,304	245	177	61,917	8,233	0	0
KENYA	236,336	162,429	47,852	8,958	308,380	258,860	2,715	1,012	330,976	990,703	6,719	7,381
NIGERIA	23,235	0	0	0	16,975	0	165	0	0	0	0	0
SENEGAL	4,545	982	0	0	4,080	2,754	26	0	2,880	178	0	0
TANZANIA	21,194	21,337	26,942	4,435	18,663	49,376	69	294	0	332,453	0	0
UGANDA	35,808	53,655	0	22,822	15,265	44,775	2,135	573	28,000	213,414	0	0
TOTAL	409,914	266,276	83,138	36,694	437,896	396,089	13,412	2,102	503,408	1,709,331	13,373	7,381

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LATIN AMERICA REGION

TARGET AND ACHIEVEMENT INFORMATION

PIN	Thru Qtr.	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs		Adolescents Informed	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
NCA/BOL.014-5	3	26,411	9,607	0	0	14,375	7,450	1	28	0	0	0	0	0	0
NCA/BOL.016-3	4	25,040	10,298	0	0	11,400	5,044	134	109	0	5,052	0	0	0	0
NCA/BOL.017-3	4	5,474	4,538	0	0	2,140	2,316	75	121	0	1,369	0	0	1,320	601
NCA/BOL.018-3	4	17,784	8,708	0	163	8,770	5,281	46	6	0	0	0	0	0	1,012
NCA/BOL.019-3	3	24,559	7,071	0	0	15,468	8,125	77	121	0	0	0	0	0	0
NCA/BOL.020-1	4	13,774	3,860	0	0	10,830	5,124	60	6	0	0	0	0	0	0
NCA/BOL.021-1	2	13,740	4,126	0	0	7,655	3,434	82	6	0	237	0	0	0	0
NCA/BRA.063-3	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NCA/BRA.071-3	5	99,732	98,165	0	0	32,390	18,744	460	589	0	0	0	0	10,000	5,925
NCA/BRA.072-2	5	88,906	94,653	0	0	17,960	39,395	20	28	0	0	0	0	0	0
NCA/BRA.075-2	5	36,701	88,182	0	1,413	28,490	43,669	130	28	0	0	0	0	0	0
NCA/BRA.076-1	6	23,290	53,002	0	13,495	11,475	62,078	686	391	0	0	0	0	0	0
NCA/BRA.077-1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NCA/BRA.078-2	5	0	0	0	0	0	0	60	46	0	0	0	0	0	0
NCA/BRA.079-1	0	0	0	0	0	0	0	3,604	0	0	0	0	0	0	0
NCA/ECU.003-8	4	0	41,222	0	3,380	10,080	10,131	300	191	0	1,539	0	0	0	0
NCA/ION.003-1	0	595	0	0	0	500	0	1,560	0	0	0	0	0	0	0
NCA/LAR.012-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NCA/LAR.014-2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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LATIN AMERICA REGION

TARGET AND ACHIEVEMENT INFORMATION

PIN	Thru Ocr.	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs		Adolescents Informed	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
NCA/MEX 044-1	4	0	0	0	0	288,791	343,664	1,461	1,226	150,600	424,498	0	0	0	0
NCA/MEX 045-1	4	0	0	0	0	102,714	183,244	4,559	1,549	150,000	954,604	0	0	0	0
NCA/MEX 046-1	2	0	0	0	0	36,363	11,268	497	187	0	0	0	0	0	0
NCA/MEX 047-1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NCA/PER 012-5	6	49,452	44,559	3,375	2,300	26,030	31,211	342	339	4,600	5,769	0	0	0	0
NCA/PER 012-6	1	42,741	0	2,250	0	19,545	0	245	0	0	0	0	0	2,800	0
NCA/PIR 029-3	5	6,364	7,173	0	931	4,600	9,940	100	249	0	0	0	0	0	0
NCA/PIR 033-3	4	8,301	11,622	0	0	2,880	5,777	63	121	0	191	0	0	0	1,247
NCA/PIR 033-4	1	11,568	2,391	0	0	4,360	939	91	0	0	314	0	0	1,268	630
NCA/PIR 034-3	3	8,369	5,098	0	0	3,530	3,268	53	28	0	0	0	0	0	0
NCA/PIR 035-2	6	27,932	15,506	0	0	11,900	8,915	144	191	0	0	0	0	0	0
NCA/PIR 035-3	1	11,372	1,248	0	150	3,375	768	24	0	0	75	0	0	0	0
NCA/PIR 038-1	2	69,648	23,461	0	0	19,410	2,244	460	6	20,000	16,603	0	0	0	0
NCA/PIR 040-2	1	0	0	0	0	0	0	9	0	0	0	0	0	0	0

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LATIN AMERICA REGION

TARGET AND ACHIEVEMENT INFORMATION

	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs		Adolescents Informed	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
BOLIVIA	126,782	48,208	0	163	70,638	36,774	475	397	0	6,658	0	0	1,320	1,613
BRAZIL	248,629	334,002	0	14,908	90,315	163,886	4,960	1,082	0	0	0	0	10,000	5,975
ECUADOR	0	41,222	0	3,380	10,080	10,131	300	191	0	1,539	0	0	0	0
HONDURAS	595	0	0	0	500	0	1,560	0	0	0	0	0	0	0
L. A. REGIONAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MEXICO	0	0	0	0	427,868	538,176	6,517	2,962	300,600	1,379,102	0	0	0	0
PERU	235,747	111,058	5,625	3,381	95,630	63,062	1,531	934	24,600	22,952	0	0	5,028	1,877
TOTAL	611,753	534,490	5,625	21,832	695,031	812,029	15,343	5,566	325,200	1,410,251	0	0	16,348	9,465

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ASIA / NEAR EAST REGION

TARGET AND ACHIEVEMENT INFORMATION

PIN	Thru Qtr.	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs		Adolescents Informed	
		Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
NCA/IND:055-1	2	99,770	17,963	4,125	2,038	12,222	4,706	176	177	27,671	1,239	0	0	0	0
NCA/IND:056-1	2	0	0	0	0	0	0	69	6	0	0	0	0	0	0
NCA/IND:057-1	2	318,000	64,325	0	0	25,440	5,146	6,260	8,087	0	0	0	0	0	0
NCA/IND:058-1	2	1,109,553	715,310	0	0	630,861	512,241	67,502	66,807	0	0	0	0	0	0
NCA/IND:059-1	2	15,553	108	7,500	25	4,700	183	127	6	0	0	0	0	0	0
NCA/IND:060-1	2	2,677,171	1,375,192	0	0	1,525,000	1,092,386	125,199	61,156	0	56,627	0	0	0	0
NCA/TUR:022-4	4	7,500	5,938	0	0	600	475	17	46	15,800	14,474	0	0	0	0
NCA/TUR:027-4	4	53,241	24,447	0	0	24,100	19,066	71	33	45,800	41,255	0	0	0	0
NCA/TUR:032-3	3	16,248	11,248	0	0	7,500	8,862	41	6	14,500	20,833	0	0	0	0
NCA/TUR:033-2	6	40,754	1,953	0	134	16,800	1,154	24	121	0	12,827	0	0	0	0
NCA/TUR:034-1	2	0	0	0	0	0	0	0	0	350	0	0	0	0	0

ASIA / NEAR EAST REGION

TARGET AND ACHIEVEMENT INFORMATION

	CYPs Distributed		CYPs Referred		New Users		Persons Trained		Persons Informed		Adolescent CYPs		Adolescents Informed	
	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved	Target	Achieved
INDONESIA	4,220,047	2,172,898	11,625	2,063	2,198,223	1,614,662	199,333	136,239	27,671	58,466	0	0	0	0
TURKEY	117,743	43,586	0	134	49,000	29,557	153	206	74,850	88,589	0	0	0	0
TOTAL	4,337,790	2,216,484	11,625	2,197	2,247,223	1,644,219	199,486	136,445	102,521	147,055	0	0	0	0

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Appendix G List of Persons Contacted

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