

# FINAL REPORT

## EVALUATION OF NATIONAL COUNCIL FOR INTERNATIONAL HEALTH ACTIVITY

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FINAL DRAFT

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## ACRONYMS

A.I.D.	Agency for International Development
AIDS	Acquired Immunodeficiency Syndrome
APHA	American Public Health Association
CA	Cooperative Agreement
CTO	Cognizant Technical Officer
GPA	Global Programme on AIDS
HIV	Human Immunodeficiency Virus
NCIH	National Council for International Health
NGO	Non-Governmental Organization
PVO	Private Voluntary Organization
WHO	World Health Organization

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## EXECUTIVE SUMMARY

This midterm evaluation of the National Council for International Health (NCIH) activities funded by the U.S. Agency for International Development (A.I.D.) was carried out by a two-person team of external evaluators during May and June, 1990. The present two-year Cooperative Agreement (CA) between NCIH and A.I.D. supports two Annual NCIH Conferences (1989 and 1990) and a new initiative to encourage private voluntary organizations (PVO) to become involved with international efforts for the prevention of acquired immunodeficiency syndrome (AIDS). The ending date for the current CA is April 1991. This is the third CA between these two organizations in a funding relationship which dates back to 1979.

The evaluation scope of work gave an excellent presentation of the key issues, stated in the form of questions, to be reviewed by the evaluation team. The methodology employed included a review of documents, briefings with A.I.D. and NCIH staff, and interviews (in person and by telephone) with nearly 50 individuals. These activities began in Washington, D.C. from May 21-25, 1990, and were continued thereafter by the two evaluators in their respective homes. A draft report was reviewed by A.I.D. staff and by the NCIH staff and board prior to the Annual NCIH Conference in Washington June 17-20. Comments on the draft were collected and outstanding issues explored by one of the evaluators who attended the conference. NCIH submitted written comments on the draft prior to the debriefing attended by A.I.D. and NCIH on June 28, 1990. Comments from that meeting and NCIH's written comments have been incorporated in the final report.

Findings and conclusions revealed that A.I.D. investment in the PVO/AIDS initiative and support for the Annual Conference is appropriate and has been appreciated. Both activities are recommended for continuation; however, whether the PVO/AIDS initiative should continue as an activity of NCIH was left undetermined at this point. Several recommendations are given for improving the PVO/AIDS initiative during the final nine months of the CA and for any similar future project. Whether NCIH will request funding from A.I.D. for support for future conferences is also unknown.

Financial aspects of the Annual Conference were explored in light of a draft proposal for augmentation of CA funding which has been submitted to the A.I.D. Cognizant Technical Officer for comment. This augmentation is required by NCIH to continue the 1991 conference planning process. To ensure conference planning is not interrupted, these additional funds should be provided if the request is formalized.

In exploring the institutional capacity of NCIH to complete the present CA and any additional future activities, the broader financial status of the organization and other management issues were examined. The recent resignations of both the PVO/AIDS Program Coordinator and the Deputy Director, who had supervisory and managerial

## SUMMARY OF RECOMMENDATIONS

### Annual Conference

1. We can give complete support for the importance of and the need to continue the NCIH conference activity.
2. We recommend that A.I.D. seriously consider the NCIH request, if it is formally made, for augmentation of the present CA to ensure that planning for the 1991 conference is not interrupted.
3. The NCIH management and board should begin immediately to plan for the future of conference funding after March, 1991.
4. Regional workshops, similar to those funded by previous A.I.D. agreements, should be reconsidered as a means of building NCIH's regional constituency and of involving organizations and individuals who may be unable to attend the Annual Conference.

### PVO/AIDS Initiative

1. The activities of the PVO/AIDS initiative should be continued beyond the current CA.
2. It does not seem prudent to invest staff time and resources in updating the PVO/AIDS inventory and list of donors either during the remainder of this CA or on an annual basis in any similar future efforts.
3. The final PVO/AIDS workshop under the present CA should be held in early 1991. This workshop as well as any planned for a follow-on project should build on the June, 1990, workshop evaluation and on the comments from PVOs obtained through this evaluation.
4. Future AIDS workshops should be designed and sited to include a better regional representation.
5. The NCIH AIDS Network Newsletter should be continued for the remainder of the present CA and in any follow-on project.
6. The development of two case studies planned for the coming year should be completed and disseminated.

## 1. INTRODUCTION AND BACKGROUND

### 1.1 Organizational History

The National Council for International Health (NCIH) was formed in 1970 by several key U.S. leaders in the international health community. Using voluntary efforts, and the resources of several sponsoring agencies, NCIH held annual meetings and continued a limited number of activities until 1979.

In 1979, as a result of financial support in the form of a five-year cooperative agreement (CA) with the United States Agency for International Development (A.I.D.), NCIH hired its first full-time staff and established a plan for program activities. From a totally volunteer organization with an annual budget of \$8,000 prior to 1979, NCIH has grown into organization with an annual budget of over \$1.1 million, a full-time staff of 13, and membership of more than 2,000 individuals and nearly 170 institutions in 1990.

In 1984, the NCIH Governing Board acknowledged that the

"... present funding situation places NCIH in a very precarious position. The core operation is supported, both by non-governmental income (i.e. membership dues, conference fees, and publication sales) and by overhead from government income. If, for any reason, the government income is lost at this stage, the life of the organization would be seriously jeopardized and in fact the loss of paid staff would force the organization to revert back to its totally volunteer system" (NCIH/Strategic Plan 1985-89, June 1984, p. II-36).

In response to this situation, the Governing Board and staff began a strategic planning process which included a survey of the NCIH membership and a year-long study by a planning committee. The result was a comprehensive plan for the period 1985-89 which set out a mission statement for the organization and plans for working in the following general activity areas:

- o Information and communications
- o International health leadership
- o Membership support services.

The plan also outlined policy guidelines to provide management and staff with parameters for program implementation. Based on this plan, A.I.D. provided funding through a second agreement with NCIH covering the same period (1985-89).

Specific questions and issues to be examined in the evaluation are spelled out in Appendix A.

A two-person evaluation team comprised of Sallie Craig Huber (Team Leader) and Linda Udall was contracted to carry out the evaluation. They spent one week (May 21-25, 1990) in Washington, D.C. reviewing documents (see Appendix B) and interviewing in person and by telephone a number of individuals affiliated with the project. Among those interviewed were A.I.D. staff (Office of Health and others) who have direct responsibility for monitoring the agreement with NCIH, others who have participated in the annual conference planning process, and several who have participated in conferences, AIDS workshops and other NCIH activities; the staff and Governing Board of NCIH; representatives of the advisory board for the PVO/AIDS initiative and other PVOs involved with this activity; and former evaluators of NCIH. Appendix C presents a full list of individuals interviewed.

Telephone interviews and report writing continued after the evaluators returned to their respective homes. A draft report was submitted to A.I.D. and the Pragma Corporation (the A.I.D. contractor responsible for coordinating the evaluation) for review and comment. This draft was shared with the NCIH President by A.I.D. He, in turn, provided copies to the NCIH Board at their meeting on the first day of the Annual Conference. One of the evaluators (SCH) attended the Annual Conference, where she interviewed additional people and clarified outstanding questions and issues related to the cooperative agreement. NCIH submitted two letters to A.I.D. (June 25 and 27, 1990) in response to the first draft. These are attached (Appendix G). A debriefing was held for A.I.D. and NCIH staff on June 28, 1990. Resulting comments, corrections, and findings have been incorporated in the final report.

Although the 1990 Call for Abstracts noted the conference themes, it did not include the objectives and expectations for participants.

The 1989 conference evaluation consisted of a one page (two-sided) questionnaire that focused primarily on the process of the meeting (see Appendix D). The questionnaire was placed on the chairs at the luncheon session on the last day of the conference and collected at the end of the lunch. This was the only attempt to obtain responses to the evaluation. The lunch was attended by approximately 600 participants of whom 236 (39%) returned the questionnaire. (The respondents represent approximately 16% of all conference registrants). Obviously, participants who did not attend the luncheon and those who had already left the conference were not surveyed.

Results of the evaluation were summarized by NCIH staff and the findings have been used extensively by staff and the Planning Committee who feel the 1990 conference will be improved as a result. Questions 4-12 asked respondents to rate the relevance of the conference theme, plenary sessions, forums and exhibits as well as the information and skill enhancement value of the topics addressed. The majority of respondents rated these items from 3 to 5 on a five-point scale (with 5 being the highest). The 1990 conference used a similar evaluation tool.

Several NCIH staff and board members noted the desire to produce a product documenting the outcome and impact of the Annual Conference. In the past, conference proceedings were published as a means of spreading the word about the conference and as a proxy for evaluation. However, these publications were found to be money losers and were discontinued several years ago. Plans are underway to produce an action agenda during the 1991 conference on the theme of women's health.

At the close of each annual conference, the substance of the conference is evaluated by the Planning Committee for the following year. This review session was planned for Wednesday, June 20 following this year's conference. Also, each Planning Committee coopts several members of the committee from the preceding year to ensure continuity in the process and as an informal means of evaluating both process and substance of the Annual Conference.

### 2.1.2 Conference Planning and Management

The NCIH conference planning process appears to be a model worthy of emulation by other membership organizations. Furthermore, it is an exceptional tribute to the dedication of the NCIH members and to the commitment of their employers that this large group of busy professionals (ranging in number from about 40 to 60 for the 1989-91 Planning Committees) donate so much time and effort to this process at very little cost to NCIH. (Attachment D to the June 27 NCIH letter (Appendix G) places a value

The conference, which has been held annually since 1973 (with the exception of 1976), deals with a current major international health issue each year. A review of the list of conference titles presents a vivid history of the issues affecting international health programming over the past two decades (see Appendix E).

The Annual Conference remains the primary forum for U.S.-based international health professionals. Even though the International Health Section of the American Public Health Association (APHA) also presents a program each year in conjunction with the APHA annual meeting, most respondents who have attended both meetings feel that the NCIH programs are generally superior.

NCIH staff and board members believe the conference is the number one priority among all the programs and activities of the organization. One person described the conference as the "backbone" of NCIH. Members clearly feel this meeting is a major, if not the major, service that NCIH provides to its members. Furthermore, conference revenues from registration fees and the sale of exhibition space, advertising and publications make up a significant proportion (about 40%) of NCIH's core support.

Although not as effusive in their support of the conference as the principal activity of NCIH, A.I.D. staff feel the conference is a very important vehicle which assists the Office of Health in taking the pulse of international health programs and priorities. To this end, A.I.D. staff play an active role in the conference planning process through participation on the Planning Committee. Four or five A.I.D. staff have been on these committees for the 1989, 1990 and 1991 conferences.

One concern explored through the evaluation was that by funding the conference and by participating in its planning A.I.D. might unduly influence the theme and the course and direction of conference activities to meet its own ends. Most people we interviewed, however, felt A.I.D. participation had been completely constructive and that, if anything, A.I.D. staff had attempted to be too neutral rather than playing the role of a heavy-handed donor.

Although the contribution has never been calculated by NCIH or A.I.D., several respondents acknowledged the role of "in-kind" funding provided by A.I.D. field missions and contractors in sponsoring conference participants from the developing countries. On this issue, several A.I.D. staff and other respondents with field experience commented that if given a choice of U.S. conferences to attend, third world participants overwhelmingly recognize and choose the NCIH conference. A few individuals also noted that NCIH and A.I.D. might do a better job of publicizing the conference to encourage more A.I.D.-funded participants from the field.

depending on the time of registration and student status for the 1990 conference, in partial response to concerns about high fees, this has been done at the expense of excluding one luncheon from the fee. Instead, an optional banquet which will cost an extra \$35 this year. This more than offsets the reduced registration fee for most categories of registrants.

Another factor which may affect attendance, and therefore conference revenue, is the conference venue. The expense of travel to and accommodations in Washington, in addition to the relatively high registration fees, may deter some participants from attending. However, NCIH believes it important to hold the meeting in Washington because many of the international organizations are based there, thus allowing staff to attend the conference at lower cost and allowing conference participants who come from other locations to visit Washington-based agencies while attending the conference. Also, NCIH contends the cost of the conference would be greater if held elsewhere.

Under prior agreements with A.I.D., NCIH held regional workshops as a way of reaching out to the membership and involving more local professionals and students in the organization's activities. These workshops were considered an important activity which was highly valued by a number of the respondents in this evaluation. Although there is now a privately-funded NCIH project which is focused on public education in part through regional workshops, this audience is considered to be quite different from the public health professionals reached through NCIH's former regional workshops. Several respondents indicated a hope that some sort of regionalization of NCIH's work could be developed in the future, including reinstating regional workshops.

## 2.2 PVO/AIDS Initiative

The goal for this component of the CA is to promote and support U.S.-based PVOs in developing HIV/AIDS prevention efforts in developing countries. Under this broad goal, the program objectives stated in the original agreement are to:

- o Promote information exchange among PVOs regarding the development and implementation of HIV/AIDS activities in developing countries,
- o Provide liaison between PVOs and A.I.D., the World Health Organization's Global Program on AIDS (WHO/GPA), NCIH and other organizations involved with international AIDS work, and
- o Help strengthen the role of PVOs in the global program on AIDS.

The individuals interviewed who have been involved with the PVO/AIDS initiative were also unanimous in their positive assessment of the contribution made by the AIDS Program Coordinator and the NCIH Deputy Director--the two individuals with direct managerial responsibility for this activity. The Program Coordinator, in particular, was commended for the way that she conceptualized the program, planned feasible and appropriate activities and implemented plans in a timely fashion. While PVO respondents expressed their general appreciation for the program materials and services, many remarked that the Program Coordinator played an especially instrumental role in linking them with resources. Furthermore, the quality of the information provided has been outstanding. The Program Coordinator resigned her position shortly before the evaluation began and will leave the project in June 1990. Her tenacity and professionalism will be missed. (For more on staffing related to the CA, see Section 2.3.1).

Since the AIDS initiative was NCIH's first venture into this area of health, an appropriate amount of time seems to have been spent by the NCIH Program Coordinator during the first quarter meeting with PVOs and others involved with international AIDS activities. Although time consuming, these efforts were very important in building the framework of enthusiasm which surrounds this project. These initial outreach efforts laid the groundwork for consortium building and established a network for communication and information exchange.

### 2.2.2 Specific Program Accomplishments in Year 1

The activities of the PVO/AIDS initiative fall in the following three major categories:

- o Materials development
- o Workshops
- o Information exchange

Materials development--During the evaluation interviews, PVO respondents were questioned about the quality and usefulness of the two documents prepared under this CA--the list of funding resources and the inventory of PVOs involved with AIDS activities. Response was generally positive about both documents; 12 of the 14 people questioned knew about at least one of the documents. Two individuals stated that they especially appreciated the analysis of PVOs' AIDS activities from the inventory; however, a few commented that the inventory was difficult to read and they would have preferred a brief narrative about the programs.

It should be noted that the upcoming June workshop already takes into account some of these ideas. NCIH received a small grant to bring two participants from African PVOs who will present their AIDS programs and describe the issues confronting them. There will also be opportunities for small group work.

Information sharing--While materials development and the workshops require significant staff time, the major activities of the PVO/AIDS Program Coordinator relate to information sharing through meetings with PVOs, A.I.D. and others; writing a monthly newsletter which is sent to more than 100 PVOs; and writing special inserts for Healthlink, the NCIH membership newsletter. The Program Coordinator also responds to special requests for information from PVOs.

The PVOs generally feel the most important part of this initiative is the opportunity for information exchange. The newsletters, by general consensus, are considered to be informative and to offer information that is not available to PVOs in any other way. There is strong support among the PVO network for continuation of the newsletters. A few PVOs said that they had sent the newsletter and other materials directly to their field offices where they were also well received.

Many respondents commented that the Program Coordinator had been particularly helpful in working with their agency either individually or in small groups to evaluate program ideas and improve coordination of AIDS activities. Many people clearly rely on the NCIH program and the Coordinator, in particular, for information about AIDS and AIDS programs and to facilitate cooperation among PVOs.

### 2.2.3 Planned Activities not Accomplished during Year 1

The three activities that were planned but not accomplished during the first year were participation in the VI International Conference on AIDS; development of a list of consultants and others available to provide technical assistance to PVOs on AIDS; and participation in World AIDS Day, 1989.

NCIH will not be involved directly with the VI International Conference on AIDS in June, 1990 since it has chosen to participate in the boycott protesting the U.S. Immigration and Naturalization Service policy restricting entry to the U.S. of those infected with HIV. However, project staff have taken an active role in communicating information regarding the international boycott and related issues to PVOs in the network. Based on the discussions at the February, 1990, AIDS workshop, NCIH developed a policy statement on the U.S. travel restrictions which was disseminated to all the PVOs in the network. It seems appropriate that plans for active participation in the conference were cancelled.

- o Provision of opportunities for organizations working in the same countries or approaching the same problems to collaborate, coordinate and share materials
- o Increased awareness among PVOs of the AIDS problem in developing countries and therefore the need for new and expanded activities
- o Validation for agencies considering involvement in AIDS that they would not be alone in their efforts
- o Provision of a respected and objective third party (NCIH) that could improve communication between PVOs and government as well as private funding agencies
- o Assistance for PVOs in developing programs.

The PVO/AIDS initiative was not found to have had a negative impact on the work of any PVOs in AIDS. A.I.D. staff indicated a desire, however, to see more involvement with the population-focused PVOs since these groups serve reproductive age clients at high risk of exposure to HIV in many areas.

#### 2.2.5 Financial Issues and Cost Effectiveness

The total budget for the PVO/AIDS initiative was \$248,192. For the first year of the CA it was \$120,068. As of March 30, 1990, the project had expended \$126,205 or approximately half of the total. A direct measure of the cost effectiveness of this initiative is virtually impossible given the parameters of this project. As consumers of the services, the PVOs are unanimous in their support of the need for this project and its activities. Therefore, it appears that the investment of A.I.D. in this component of the CA was an appropriate choice that has met with considerable success.

### 2.3 Institutional Capacity

The evaluation team examined questions related to NCIH's institutional capacity to manage the current CA as well as its overall capacity in the areas of financial and programmatic management.

#### 2.3.1 Management of the A.I.D. Cooperative Agreement

Both the Deputy Director of NCIH, who is charged with the primary responsibility for the management of the A.I.D. CA, and the Cognizant Technical Officer (CTO) at

same time period last year in terms of revenue (\$687,832 versus \$477,849) and fund balance (a positive balance of \$52,508 versus a net loss of \$23,923), as shown in Appendix F. Furthermore, the overall balance between core revenue, government and private grants has improved over time. Since 1980, core revenue grew from \$65,000 to almost \$500,000 projected for this year. Likewise, private grants have grown from zero to almost \$370,000 over the same period. Government grants, primarily the A.I.D. agreement, have shown a proportional decline in relation to the overall budget, representing only 27 percent of the NCIH budget for 1990 compared with more than 84 percent a decade ago.

These figures may be deceptive, however. Although an extensive planning process in the mid-80s produced a strategic plan, this only carried the organization through 1989. To our knowledge, that plan and its implementation have not been fully evaluated by NCIH, nor has the exercise been repeated to guide the organization in its present situation.\* The lack of an operational strategic plan with a related budget seems to place NCIH once again in the position of being adrift without a sail in stormy financial waters. Efforts to increase core support for the organization by broadening the membership and encouraging member donations are beginning to pay off in terms of increased income. However, these efforts to broaden the membership seem to have served to confuse some of the staff, board and members who were interviewed about the mission and mandate of the organization, thus contributing to what appears to be a confused financial and managerial situation.

Efforts have been made over the past few months to remedy this situation in part by shifting budget line items and staff support between the core and project-supported components of the budget. Tracking this activity on paper is confusing to outside evaluators and appeared, from our interviews, to be a source of concern to staff as well.

NCIH recently presented to the A.I.D. CTO a draft proposal for augmentation of the current CA. This augmentation would allow NCIH to continue funding the planning process, already well underway, for the 1991 Annual Conference. Since the present CA was designed to fund only the 1989 and 1990 conferences, support for this component was planned only for the 17 months ending in August 1990. Whether it was lack of foresight regarding the need for 24 months of support to continue the conference planning process or poor financial management of NCIH's overall budget that have necessitated this request for augmentation, the point remains that this request appears to be another indicator of financial and managerial problems.

\*Note: Appendix G notes that this issue is being addressed by a Strategic Planning Committee formed at the June 1990 Board Meeting. A list of Committee members is attached to the June 27, 1990 letter from NCIH.

### 3. RECOMMENDATIONS

#### 3.1 Annual Conference

The evaluation revealed overwhelming support for the NCIH Annual Conference as a primary activity of the organization. Some respondents indicated that if ever a choice had to be made among all the programs and activities of the organization to be discontinued, the conference should be the one to remain. Others commented that discontinuing the conference would leave a large void in information exchange and interaction among international health professionals. In this regard, we can give complete support for the importance of and the need to continue the NCIH conference.

The evaluation scope of work indicated that NCIH might be "attempting to move away from an A.I.D.-supported conference." We found no sentiment for such a move, and the draft proposal for augmentation of the current CA to support conference planning would seem to indicate the opposite. However, the conference could possibly be implemented without A.I.D.'s support since the registration fees, as currently structured and at present attendance rates, provide conference revenues which are nearly adequate to cover expenses, especially if some unnecessary expenses could be scaled back (see Section 2.1.4). Thus, with some budgetary adjustments and belt tightening, NCIH could potentially cover conference expenses without support from A.I.D. (See Appendix G - Attachment D for more information about this issue.)

We recognize that such budgetary adjustments cannot be made overnight. Therefore, in light of the critical importance of the Annual Conference to all parties, we recommend that A.I.D. seriously consider the NCIH request, if it is formally made, for augmentation of the present CA to ensure that planning for the 1991 conference is not interrupted. In the meantime, NCIH management and board should begin immediately to plan for the future of conference funding after March 1991 when the present CA ends.

Regional workshops, similar to those funded by previous A.I.D. agreements, should be reconsidered as a means of building NCIH's regional constituency and of involving organizations and individuals who may not be able to attend the Annual Conference at the national level. These workshops could, in fact, become part of a cost-saving initiative as well as contribute to the present conference planning process as follows. If NCIH decided to hold a National Conference every other year, it could use the interim year to hold a series of regional workshops as lead-ins to the National Conference. These regional workshops, which should pay for themselves through registration fees, could assist with National Conference planning through developing the themes and issues, preparing statements, identifying speakers and panelists, etc. Thus, members

- o More time should be spent on collective problem solving, case presentations and examples of AIDS project development and implementation
- o Concrete and practical ideas and materials for project development and implementation should be presented, e.g. select a theme at the June, 1990, workshop around which a position paper, guidelines or policy statement could be developed for the next workshop.

Future workshops should be designed to include a better regional perspective. As the large majority of PVOs are based on or near the East Coast, locating at least one workshop each year in Washington makes sense. However the second workshop should be shifted to a different part of the country each year to allow for diversification of the information exchanged, broader awareness of PVO/AIDS activities and expansion of the number and type of PVOs involved with the initiative.

The NCIH AIDS Network Newsletter includes information not accessible to the PVOs in any other way. It also serves as an important link between A.I.D. and the PVOs as well as between the various PVOs. The newsletter should be continued for the remainder of the present CA and in any follow-on project. Contents should include news bulletins, notices of meetings, conferences, new funding available, successes in international AIDS work, helpful hints, and project examples.

The development of two case studies, planned for the coming year, should be completed and disseminated. They have the potential to be very exciting training cases for use in future workshops.

The active involvement of the AIDS Coordinator in local, regional and international PVO and AIDS conferences, workshops and meetings during the balance of the CA is essential to the continuity and quality of the program.

The Advisory Board currently sees itself as a perfunctory body with no specific charge or responsibility to the project. The four members are available for consultation on an as-needed basis which has worked very well during project start up. However, the respective influence and networks of the PVO/AIDS Advisory Board members should be tapped through inviting these individuals to play a more active role in developing workshop plans, identifying and bringing participants to the workshops, and reaching out to PVOs not currently involved in the initiative.

All PVOs would like to see the services of the initiative continue. However, many PVOs feel that this project has created a new need for greater technical assistance in designing and setting up AIDS prevention programs. That is, as PVOs get more

energy into participating in the activities of the initiative and they look forward to getting even more involved in AIDS work. Therefore, it would be a shame to simply maintain the current level of activities when the time is ripe for using input from PVOs to offer as much help and information as possible.

The departure of the current PVO/AIDS Program Coordinator and the Deputy Director over the next few months will undoubtedly have a major impact on the progress, momentum and public perception of the PVO/AIDS initiative. Because the level of enthusiasm about this initiative is high, however, PVOs are likely to continue to support the program through the transition to a new project management team.

In deciding how to structure the PVO/AIDS initiative management team for the remaining nine months, both A.I.D. and NCIH must consider not only the completion of activities that are currently planned but also the need to build a foundation for the future of this program.

In order to complete planned activities the person who takes over this position should have a working understanding of PVOs, enough experience with international work to have credibility with the PVOs, knowledge of AIDS and related issues, and experience in program planning and implementation. Given that the Deputy Director who has supervised this effort will soon be leaving NCIH, assurances will need to be made by NCIH that the individual selected to replace the PVO/AIDS Program Coordinator can work relatively independently. A.I.D. may need to assist in this effort on a temporary basis.

Should A.I.D. be inclined to continue a similar initiative with NCIH after the current CA, the person who assumes the coordinating responsibility should be dynamic, energetic and have enough administrative and planning experience to provide a framework in which PVOs will feel that A.I.D. and NCIH are listening to their needs and providing the support required.

### 3.3.3 Overall Financial and Programmatic Management

This evaluation revealed remarkable progress in the PVO/AIDS initiative in its short life of 14 months. The NCIH Annual Conference continues to receive high marks as an important event for international health professionals. However, as one person we interviewed pointed out, "NCIH projects and programs seem to succeed in spite of themselves." Others pointed out that with better strategic planning and improved management, NCIH has the potential to be a far more dynamic organization. The evaluation findings indicate enough serious doubts about the financial and managerial stability of NCIH that we believe A.I.D. would be ill-advised to consider funding a new CA beyond the present CA until the existing doubts about the organizational capacity

## APPENDIX A

## Appendix A

### Scope of Work for

#### EVALUATION OF NATIONAL COUNCIL FOR INTERNATIONAL HEALTH ACTIVITY.

##### I. ACTIVITY TO BE EVALUATED

In April 1989, the Agency for International Development (A.I.D.) signed a two-year cooperative agreement with the National Council for International Health (NCIH) (Agreement No. DPE-5972-A-00-9006-00), providing support for two specific program activities: the annual NCIH international health conference (annual conference); and a new initiative to benefit U.S.-based private voluntary organizations (PVOs) interested in AIDS prevention and control work in developing countries (PVO/AIDS initiative). The total estimated cost of this Agreement is \$497,719 for the period from April 1, 1989 through March 31, 1991.

##### II. PURPOSE OF THE EVALUATION

The purpose of this evaluation is four-fold:

- (1) to review the relevance, effectiveness, efficiency, impact, and sustainability of the annual conference;
- (2) to review the relevance, effectiveness, efficiency, impact, and sustainability of the PVO/AIDS initiative;
- (3) to make recommendations regarding
  - o the continuation and improvement of these activities, and
  - o potential areas of further activity; and
- (4) to evaluate the institutional capacity of NCIH in undertaking any continued and further activities.

##### III. BACKGROUND

At the end of a five-year agreement (1985-1989), through which A.I.D. provided institutional support for NCIH, it became clear that NCIH was having serious management and financial difficulties. In April 1989, to help remedy these difficulties, A.I.D. signed a new two-year cooperative agreement, shifting its funding to support two specific activities: a PVO/AIDS initiative and the 1989 and 1990 annual conferences. This shift also reflected Governing Board and NCIH decisions to change its organizational structure, operations, and financial base.

The PVO/AIDS initiative project is designed to provide coordination and support for U.S.-based PVOs working or learning to work on AIDS prevention efforts in developing countries. For the past year, largely through the efforts of a PVO/AIDS Coordinator hired by NCIH, NCIH has promoted information exchange among PVOs, and assisted PVOs in planning AIDS prevention and control programs in developing countries. These activities have included:

- o the development of a funding booklet;
- o the implementation of a survey of ongoing and planned PVO/AIDS projects;
- o the publication and disbursement of these survey results;
- o two AIDS workshops for PVOs; etc.

The cooperative agreement also provides support for NCIH's 1989 and 1990 annual conferences and additional workshops on international health topics. Focusing on the theme, "Expanding Partnerships for International Health in the 1990's," the 1990 annual conference will be held in mid-June.

#### IV. STATEMENT OF WORK

##### IVA. Annual Conference - 1989 and 1990

1) How relevant is the annual conference to the needs of A.I.D? Is the conference effective in meeting A.I.D.'s needs in the health arena?

2) How relevant is the annual conference to the needs of the international health community? In terms of influencing a broader community? In terms of influencing the health agenda of policy makers? In terms of providing fora and education on advocacy issues?

3) Did the annual conference meet its objectives in 1989?

4) Was the 1989 conference, and is the 1990 conference being run in a cost-effective manner?

5) Improve the evaluation instrument for the 1990 annual conference to better assess both the impact and relevance of the conference for both regular attenders and A.I.D. personnel.

6) Identify the roles and responsibilities for the implementation and oversight of the annual conference activities. Is authority clearly designated? The November 1989 Management Review (prepared by Pat Baldi) outlined potential problems stemming from the large number of activities designated for the

Deputy Director's oversight. Is the Deputy Director able to be effective in managing the A.I.D.-supported activities?

7) Are appropriate systems in place for working with A.I.D., i.e., management, channels of communication, activity-related and financial reporting?

8) The November 1989 Management Review recommended that, A.I.D. should continue to support the annual conference as it is "useful for both parties." NCIH, on the other hand, is attempting to move away from an A.I.D.-supported conference. Is funding the annual conference useful for A.I.D? Is NCIH succeeding in its attempts to move away from A.I.D. support in this area?

#### IVB. PVO/AIDS Initiative

9) The PVO/AIDS initiative was designed to provide U.S.-based PVOs with the information, networking, coordination, and resources necessary to work or to begin work on AIDS prevention and control in developing countries. Has the PVO/AIDS initiative met the objectives set out in the original cooperative agreement?

10) Identify the roles and responsibilities for the implementation and oversight of the PVO/AIDS activities. Is authority clearly designated? The November 1989 Management Review (prepared by Pat Baldi) outlined potential problems stemming from the large number of activities designated for the Deputy Director's oversight. Is the Deputy Director able to be effective in managing the A.I.D.-supported activities?

11) Are appropriate systems in place for working with A.I.D., i.e., management, channels of communication, activity-related and financial reporting?

12) Has the work of this initiative been relevant to the needs of the U.S.-based PVOs? Part of the PVO/AIDS initiative has been the development of products (e.g., a funding booklet, a published survey, workshops, etc.) How do the PVO recipients rank the relevance of these products for their work?

13) Have the resources expended on this initiative (approximately \$250,000 over two years) been spent effectively?

14) Has the project been effective in meeting PVO needs? Do PVOs get \$125,000 worth of useful information each year? Are the U.S.-based PVOs satisfied with the current activity level of the AIDS/PVO initiative? What directions would the PVO community like the initiative to take in the next year?

15) What has been the positive impact of the initiative? In what measurable ways (e.g., increased AIDS activity, increased funding for AIDS) has the initiative improved the AIDS work of PVOs? What has been the negative impact of the initiative?

16) Is the climate under which the PVO/AIDS initiative was developed still operative? Do PVOs still need help in joining public health prevention and control work against the HIV pandemic? For example, The World Health Organization/ Global Programme on AIDS (WHO/GPA) now has a PVO initiative. Would the WHO/GPA program or others like it be sufficient to do the job? If A.I.D. ceased funding this initiative, would the work of other organizations like WHO/GPA fill the void and serve the needs of the U.S.-based PVOs as well as NCIH has?

17) Make recommendations on ways in which the PVO/AIDS initiative might be more effective during the second year of the cooperative agreement.

#### IVC. Future Activities

18) Make recommendations on potential future PVO/AIDS activities (if any) for A.I.D. to support after March 31, 1991.

19) Make recommendations about particular areas of mutually satisfactory activity (if any) for NCIH and A.I.D. to pursue in the 1991 and 1992 annual conferences.

20) Make recommendations on other fruitful areas of NCIH activity (if any) for A.I.D. support.

#### IVD. NCIH Capacity

21) What is the current financial status of NCIH? Compared with one year ago? Compared with six months ago? Based on current plans for NCIH activities and programs, what will be the financial status one year from now?

22) Evaluate the current capacity of NCIH to take on additional activities. If additional activities were undertaken, how would this affect NCIH core capacity and finances?

## V. METHODS AND PROCEDURES

### VA. Evaluation Team

The team of two professionals will be responsible: (1) for reviewing and revising/refining the scope of work; (2) for conducting the evaluation, and (3) for preparing and writing a draft and final evaluation report. A draft evaluation report will be provided to the CTO for comment prior to finalization by the evaluation team. The team leader will also be responsible for presenting this report to A.I.D. staff.

The two members of the evaluation team will have the following expertise:

- Management Specialist with expertise in conferences (Team Leader); and,
- Health Professional with expertise in AIDS and PVOs.

The team members will have professional working experience in international health. At least one of the team members should have had prior experience working on A.I.D. evaluations. One of the team members will be designated as the team leader; since team leader responsibilities will include the preparation and compilation of the evaluation report, this person should have excellent writing skills.

The contractor will identify candidates for the evaluation team, and will submit their names and specialties to the project Cognizant Technical Officer (CTO) for her concurrence on their suitability for the assigned task. In the event that the prospective candidates are not selected or are otherwise unable to serve as members of the evaluation team, the contractor will then identify other alternative candidates.

The contractor is requested to contract, coordinate, and make travel and accommodation arrangements for the team members. The contractor is responsible, through the team leader, for the typing and reproduction of the evaluation report.

### VB. Evaluation Timetable

The evaluation will be conducted in April or May 1990 in Washington, D.C. The team will meet in Washington, D.C. for an initial one-day planning meeting to:

- o clarify the scope of work;
- o design the evaluation process;
- o develop a plan of action; and,
- o draft an outline for the evaluation report.

The team members will then spend three working days reading project documents and interviewing: A.I.D./W staff; NCIH staff; members of the Governing Board; members of the U.S.-based PVO community who have been recipients of the PVO/AIDS initiative; members of the Planning Committee for the 1989, 1990, and 1991 NCIH annual conferences; and AID/W staff who participate in the NCIH annual conferences.

The team will then have a final one-day meeting for a discussion of findings and to further draft the outline for the evaluation report.

The team leader will prepare the evaluation report, combining his/her report with that of the other team member. The team member report is due to the team leader within five days of the final team meeting. The draft of the final report (20 copies) is due to the CTO within ten days of the final team meeting. The CTO will return comments to the team leader. The final evaluation report (60 copies) will be due within one week following receipt of the CTO comments. At this point, the CTO and team leader will schedule a debriefing of A.I.D./W staff.

## APPENDIX B

Appendix B

Evaluation of National Council for International Health Activity

Persons Contacted

Agency for International Development

Office of Health  
Ann Van Dusen  
Nancy Peilmeier  
Pamela Johnson  
Holly Fluty  
Petra Reyes

AIDS Division  
Jeff Harris  
Lois Bradshaw  
Linda Valleroy

Others in A.I.D.  
Frank Alejandro  
Nick Studzinski  
Jim Shelton

National Council for International Health

Staff

Russell Morgan, President  
Neil Brenden, Deputy Director  
Frank Lostumbo, Membership/Finance Manager  
Susan Igras, PVO/AIDS Project Manager  
Francesca Dixon, Conference Manager

Board of Governors

Henry Mosley, Chair-Executive Committee\*  
Linda Vogel, Secretary-Executive Committee\*  
Gordon Perkin, Treasurer-Executive Committee  
James Strickler, Executive Committee  
Patricia Hutar, Executive Committee\*  
Sharon Camp, Executive Committee\*  
Peggy Curlin, Chair-Conference Planning Committee  
( '91)  
George Brown\*

\* Denotes member of Annual Conference Planning Committee in 1989, 1990, and/or 1991

Individuals Interviewed about the PVO/AIDS Initiative

PVO/AIDS Initiative Advisory Board

Marjorie Souder-Project Hope

Adrienne Allison-CEDPA  
Evvy Hay-MAP International

Representatives of Other A.I.D.-Funded AIDS Projects

Nancy Hardy-FHI/AIDSTECH  
Mary Ann Mercer-HAPA Project  
Glen Margo-AIDSCOM  
John David-AIDSCOM

Representatives of PVOs Participating in the NCIH Initiative

Milton Amayun-World Vision Relief and Development, Inc.  
Carol Jaenson-Experiment in International Living  
Barbara Johnson-Evangelical Covenant Church  
Victor Lara-Foster Parents Plan International  
Elizabeth Liebow-Population Services International  
Sheila McGinnis-Medical Mission Sisters  
Pat Mohahan-Foundation for the Peoples of the South  
Pacific  
Bill O'Keefe-Catholic Relief Services  
Praema Raghavan-Gilbert-Pathfinder Fund  
Wanda Wigfall-Williams-Center for Population Options

Others

Patricia Baldi, Director of Population Programs, National  
Audubon Society (former evaluator of NCIH)  
Sue Brechin, Graduate Student at Tulane University/NCIH  
Member  
Joseph Deering, John Short & Assoc./NCIH Member  
(Conference Presenter-1990)  
Veronica Elliot, Co-Chair-Conference Planning Committee  
( '90)  
Gael Murphy, John Short & Assoc./Conference participant

## APPENDIX C

Materials Reviewed During Mid-Term Evaluation  
of the A.I.D./NCIH Cooperative Agreement

May 21 - May 25, 1990

1. NCIH descriptive materials (brochures, list of donors and organizational members, case statement, May 1990 Health Link, list of executive committee and board of directors)
2. NCIH Governing Board Orientation Manual (3/1/90)
3. Goodman & Goodman Audit of NCIH, Year ended 9/30/89
4. Management Review of the Cooperative Agreement between the Agency for International Development and the National Council on International Health: Patricia Baldi, November, 1989.
5. FY 1990 Budget Submission to the NCIH Finance Committee, May 8, 1990
6. The Cooperative Agreement signed between NCIH and A.I.D., April 17, 1989.
7. Background materials on PVO/AIDS Initiative: June 1988, NCIH pre-conference AIDS workshop and a report of the NCIH Workgroup on US PVOs and AIDS held in October, 1988.
8. PVO/AIDS Initiative original work plan for 1989, 1990 and a proposed revised work plan for 1990 (submitted to A.I.D. on May 15, 1990)
9. 1989 quarterly reports submitted to A.I.D. regarding the PVO/AIDS initiative (all four).
10. Materials developed as part of PVO/AIDS Initiative:
  - a. "Supporting the Fight Against HIV/AIDS": A list of funding agencies with an interest in international HIV/AIDS (Nov. 1989)
  - b. "Inventory of US PVO HIV/AIDS Activities in Developing Countries": First Edition, February, 1990
  - c. PVO HIV/AIDS Newsletters: Six issues, 9/89 - 5/90
  - d. Proceedings from the two PVO AIDS workshops:

June, 1989:	"The Global Strategy on AIDS: The Essential Role of PVOs.
Feb. 1990:	"PVO Approaches to the Community: Prevention Counseling and HIV/AIDS Education Activities
11. Letters from PVOs expressing their appreciation for the PVO initiative

## APPENDIX D

Appendix D



TOWARD A HEALTHIER WORLD:  
INFLUENCING INTERNATIONAL  
POLICIES AND STRATEGIES

June 18-21, 1989  
Hyatt Regency Crystal City  
Arlington, Virginia

1989 Conference  
Evaluation

1. Was pre-conference promotion adequate and timely?  Yes  No
2. Was registration efficiently handled?  Yes  No
3. The forum format is new this year. Did you find it an effective way to address issues?  
 Yes  No

What events, if any, should we eliminate next year?

What events should we add next year?

Your comments on conference organization

Please rate the following (1 lowest, 5 highest)

4. Relevance of the conference theme 1 2 3 4 5
5. Plenary Sessions 1 2 3 4 5
6. Forums 1 2 3 4 5
7. How much did this conference increase your interest and/or skills in the policy process? 1 2 3 4 5
8. How informative were the panels? 1 2 3 4 5
9. Was the level of presentations professionally appropriate? 1 2 3 4 5
10. Did you visit the exhibits?  Yes  No

11. Did you visit the poster section?  Yes  No

12. Were the key aspects of the theme addressed?  Yes  No

Your suggestions for future conference themes

13. How satisfied were you with the conference facilities? 1 2 3 4 5

Your comments on the conference facilities

14. What is your primary area of interest in international health?

Primary health care  Maternal and child health  Population/family planning

Education  Communicable diseases  Planning/evaluation

Water and sanitation  Nutrition/food distribution  Policy and management

Health care provision  Biomedical/health research  Other

15. Professional Affiliation

PVO staff  US government  Government contractor  University faculty

Student  International organization staff  Other

15. Who paid your registration fee?

Self  Employer  Other

Are you doing something in international health that you would like the American public to know about? Briefly tell us what it is and how we can contact you.



## APPENDIX E

## Appendix E

### NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

#### Annual Conference History

April 25-27, 1973	Twin Bridges Marriott Washington, D.C.	"Health Care Systems and Human Values" Carl E. Taylor, MD
October 16-18, 1974	Sheraton Inn & Intl Conference Center Reston, VA	"Health of the Family" Henry L. Feffer, M.D.
October 19-22, 1975	Stouffer's National Center Inn Crystal City, VA	"The Dynamics of Change in Health Care and Prevention" John C. Cutler, M.D.
March 27-30, 1977	Stouffer's National Center Inn Crystal City, VA	"Interaction of Health and Development: A Focus on Social, Economic & Environmental Determinant" Henry f. Feffer, M.D.
May 15-17, 1978	The Roosevelt New York, NY	"Child Health in a Changing World" John D. Frame, M.D.
June 10-13, 1979	American University Washington, D.C.	"Health for Humanity: The Private Sector in Primary Health Care" William L. Nute, Jr., M.D.
June 11-14, 1980	George Washington University Washington, D.C.	"International Health: Measuring Programs" Henry L. Feffer, M.D.
June 14-17, 1981	George Washington University Washington, D.C.	"The Training & Support of Primary Health Care Workers" Harold Royalty, M.D.
June 13-16, 1982	George Washington University.	"Financing Health Services in Developing Countries" David Dunlop, Ph.D.
June 13-15, 1983	Shoreham Hotel Washington, D.C.	"Traditional Healing and Contemporary Medicine"

NATIONAL COUNCIL FOR INTERNATIONAL HEALTH

Annual Conference History

June 11-13, 1984	Hyatt Regency Crystal City Arlington, VA	"International Health and Family Planning" John C. Cutler, M.D.	500
June 3-5, 1985	Sheraton Washington Hotel Washington, D.C.	"Management Issues in Health Programs in the Developing World" John H. Bryant, M.D.	806
June 10-13, 1986	Sheraton Washington Hotel Washington, D.C.	"Applications of Biomedical and Health Research in the Developing World" Karl Wester, M.D.	711
June 14-17, 1987	Hyatt Regency Crystal City Arlington, VA	"Influencing Health Behavior: Communication, Education and Marketing" William Smith, Ph.D.	902
May 19-22, 1988	Sheraton Washington Hotel Washington, D.C.	"Ten Years After Alma Atā: Health Progress, Problems and Future Priorities"	1270
June 18-21, 1989	Hyatt Regency Crystal City Arlington, VA	"Toward A Healthier World: Influencing International Policies and Strategies"	1500
June 17-20, 1990	Hyatt Regency Crystal City Arlington, VA	Expanding Partnerships for International Health in the 1990s	

## APPENDIX F

22-May-90

## Appendix F

NATIONAL COUNCIL FOR INTERNATIONAL HEALTH  
 FINANCIAL STATUS APRIL 89  
 COMPARED TO APRIL 90

REVENUES	OCT 88 - APR 89	OCT 89 - APR 90
Grants/Contract-Govt	187,551	128,403
Grants/Contract-Prvt	77,680	279,857
Membership/Contributions	82,711	109,513
Registration Fees	62,388	60,970
Exhibit	12,515	21,790
Advertising	1,989	1,860
Publication Sales	20,796	18,320
Rental Income	24,424	30,266
Other (Interest)	7,795	35,854
Total Income	477,849	687,832
EXPENSES VARIABLE		
Salaries	168,465	242,737
Benefits	47,854	36,611
Professional Fees	55,675	73,115
Travel & Per Diem	14,219	22,435
Meeting Expenses	4,312	6,641
Representation	4,579	2,300
Telephone & Fax	8,018	9,171
Supplies	5,621	7,394
Postage & Shipping	20,755	13,118
Printing & Dupl.	32,426	20,882
Resource Aids	7,121	29,882
Total Expense	369,044	464,266
FIXED		
Occupancy	70,055	76,053
Equipment Rental	18,886	20,539
Repairs & Maint.	8,233	6,395
Insurance	604	1,205
Total Fixed	97,808	104,192
Total Variable & Fixed	466,852	568,458
Contract/Grant Overhead	34,920	66,866
Total Activity Expense	501,772	635,324
Net Income(Loss)	(23,923)	52,508

## APPENDIX G

These comments by NCIH were made on an earlier draft of the report; therefore, the page numbers in this appendix do not agree with the page numbers in the final report. However, all suggestions have been considered by A.I.D. and the authors and the changes which were acceptable to those parties have been made accordingly.



June 27, 1990

Dr. Lois Bradshaw  
Deputy AIDS Coordinator  
U.S. Agency for International Development  
1601 North Kent Street, Room 606  
Arlington, Virginia 22209

Dear Ms. Bradshaw:

The National Council for International Health (NCIH) is pleased to provide this supplemental response to the AID Evaluation Report, [version June 11, 1990].

As noted in our initial response on June 25, 1990, this supplemental response is designed to address more of the specific issues raised in the evaluation report, particularly those relating to the financial and personnel concerns.

It is the overall impression of NCIH's leadership, based on increasing membership retention and participation, and a broadening base of donor support, together with the high quality of our information, education, and policy programs, that NCIH is developing into the premier organization in the U.S. for mobilizing support for international health.

As has been observed on several occasions, NCIH is a unique organizational model, of which there is no other known counterpart in the world. In fact, as a result of NCIH's growth and stature in the global community, other countries are requesting to observe NCIH as they consider developing a similar institution.

AID's financial support to NCIH over the last decade has been essential to these achievements. NCIH hopes AID is pleased with the outcomes which have resulted from its investment in NCIH. We know of no other experience in AID's investment in institutional development where such achievements have been accomplished during a ten year period. The NCIH Governing Board and staff believe the evaluation report should highlight this aspect of NCIH, as well as its current shortcomings. The Governing Board found the findings of the draft evaluation report and the rationale for the recommendations to represent a contradiction: on one hand praising the two AID-supported programs, and on the other hand saying AID should not provide additional funding until certain issues of leadership, planning, finance, and personnel are resolved. NCIH has already begun to take steps to address these issues, and we believe by working together with AID and other donors we can resolve these issues in a positive way, and to the long-term benefit of everyone. As mentioned in



our initial response, NCIH has established a Strategic Planning Committee (See Attachment A) to address all of these issues.

In analyzing NCIH's financial and personnel concerns, it is important to observe the characteristics of the organization which make it different from nearly every other non-governmental organization. First, NCIH is a diverse membership-based organization. It includes both individual professionals and increasingly other persons concerned with U.S. support for international health. The membership is also made up of a broad range of organizations, both public and private, profit and non-profit. As a result there are many conflicting political agendas. Second, NCIH is not an operational agency, and it does not compete with its members for contracts. Therefore, its opportunities to attract human and financial resources are very limited. Third, NCIH provides an "open forum" for discussions, primarily on operational/field issues related to improving health in the developing world. It has become a home for the "applied public health" community in international health. At the same time NCIH has not incorporated the "hard science/research" community, and a continuing tension exists between the two groups.

Thus, a common denominator of NCIH's leadership is the ability to sense the political nature of the organization, and yet keep it moving in a forward direction. In the case of NCIH, this is complicated by the diversity of its constituency and by the multitude of issues they want to address through NCIH.

#### CONTINUITY AMONG PROFESSIONAL and SUPPORT STAFF

During the past decade NCIH has had an unusually large turnover of both professional and support staff. This has had a direct impact on the stability and impact of NCIH's programs.

What are some of the reasons for this staff turnover ?

It should be noted, as reported by the American Society of Association Executives, staff turnover for non-profit associations in Washington, D.C. is among the highest in the country. Generally there have only been two NCIH staff with a professional, international health background. All other staff "association oriented" staff, using their technical skills and contacts to help develop NCIH's programs.

In NCIH's case, there have been many factors which have contributed to the past period of staff turn over. Some staff move after 1-2 years at NCIH to new positions in other organizations, where they receive higher salaries, and where more opportunities existed for career advancement. Other staff leave NCIH for graduate education or because their families move away from the Washington, D.C. area. Others leave

NCIH because funding for their activities at NCIH are completed, with no new funding sources available to pay their salaries. Other reasons cited include complaints of too great a work load, a lack of appreciation for work done, and too little support and supervision. Turnover has also been due to disagreement with certain Board policies or new directions which NCIH takes, and the impact of such changes on specific tasks of staff.

During the past decade the staffing structure has been modified several times to address some of these issues. However, it is clear that there are additional factors involved which must be addressed.

As the President of NCIH I have consistently set aggressive and optimistic goals for NCIH because I believe in its mission, and I want it to succeed. At the same time I have encouraged quality performance. I have also been responsible for orienting the staff to new organizational directions resulting from Strategic Planning. At the same time I have also assumed new roles assigned by the Governing Board, including fund raising, policy coordination, and public representation. All of these tasks have limited the time which I was able to devote to staff for purposes of supervision. I have traditionally encouraged intelligent, young staff to use their employment opportunity at NCIH as a launching spot for their careers. However, we have also found that there is a need for more senior staff to provide continuity, systems, leadership, and supervision, if these younger staff are to be fully productive. Resources and time for supervisory level personnel in NCIH have been minimal. As the President of NCIH I accept responsibility for this shortcomings. There are also members of the Governing Board who say that I have selected some staff "who have not served me well". Again, I must accept responsibility for these decisions. In addition, with very limited financial resources, there have been few opportunities to provide incentives to staff in recognition of their outstanding performance. No regular funds, for example, have been available for staff training.

The Governing Board has had considerable concern regarding these personnel issues. Unlike most organizations where personnel matters are dealt with internally, such issues at NCIH, because of its organizational nature, are more public, particularly with a Governing Board composed of 32 members, all of whom are professionally involved in the international field. As a result, there has been increased involvement of the Governing Board members in decisions regarding internal personnel matters. Further, there is not complete consensus by Board members on all policy issues, and as a result, some staff and Board members have developed alliances, which in turn send confusing and often conflicting messages, particularly to new staff. This is complicated by staff impressions of some Board members who are seen to be in a conflict role with NCIH. For example, they have observed some Board members openly expressing competition with NCIH in regard to funding sources or specific new programs.

These are some of the major factors contributing to staff turnover at NCIH.. These issues will be addressed in more detail by the NCIH Strategic Planning committee over the next 12 months.

## FINANCIAL CONCERNS

NCIH has increasingly strengthened its financial situation over the past decade. We disagree with the draft Evaluation Report's statement that "NCIH has a long history of financial difficulties"..... and "appears to be in a chaotic financial situation".

As the draft Evaluation Report notes, NCIH in FY 1990 expects to achieve a balance between its (1) core funding [membership contributions, registration fees, publication sales], (2) private grants, and (3) government grants. NCIH considers this to be a very positive and healthy sign, and movement in the direction it wishes to achieve. In addition, for the first time in NCIH's history, a reserve fund has been established.

NCIH also agrees with the draft Evaluation Report that although the current financial situation is a dramatic improvement, it is certainly not reasonable to assume that all financial issues are resolved. In fact, again by the nature of NCIH's structure and its mandate, it will continue to remain in a precarious financial situation until it achieves a consistent form of "hard" funds on an annual basis.

NCIH has established improved control systems to monitor its financial situation on a monthly basis. The Finance Committee receives this monthly information, and staff review the results, recommending budgetary adjustments as necessary..

During the past 12 years during which NCIH and AID have had financial relationships, there have been three(3) specific occasions in which financial issues have reached a critical stage. At this same time, AID was the principal external donor to NCIH. In addition, over this 12 year period AID has appointed six different project monitors to oversee the NCIH grant/cooperative agreement.activities.

The first financial crisis came in July 1984 when NCIH had to use its own resources to bridge the gap between the renewal of the first and second AID agreements. During the three-month hiatus period, several staff left voluntarily or were released. By the end of this period NCIH had completely used all of its reserve funds. NCIH was too young and financially weak an organization to react in any other way.

The second crisis came in September 1986 when AID was not able to continue funding the new Cooperative Agreement at the initial level it provided during the first year.( Y-1=\$1.2m. Y-2=\$0.5m ) [See Attachment B] This unexpected and sudden drop in funding level had an immediate

impact on staffing levels, and a longer term impact on NCIH overhead levels.

The third financial crisis occurred in July 1988 when NCIH had to accelerate the timetable of activities in the Cooperative Agreement, completing them 10 months ahead of schedule. It was at this time that AID provided some emergency funding. This period backed onto the funding pattern for the current cooperative agreement.

Attachment C provides an overview of NCIH's total revenue and expenses during the past decade.

NCIH has set strong financial control systems into place, and instituted procedures and new, experienced professional staff to assure that a crisis similar to 1988's does not reoccur in the future.

However, in the first two situations, like any other organization which deals with "soft" funding, NCIH had little control over the situation. It also did not have any reserves to fall back on during these difficult times. Given the public nature of the organization, the problem were discussed in the public arena. NCIH was, of course, financially vulnerable, since during that period more than 70 percent of its revenue came from a single source: the AID agreement. It has been NCIH's and AID's desire to move away from this dependency situation. The leadership of NCIH is clearly moving the NCIH financial situation in that direction. Again this issue will be addressed in more detail by the NCIH Strategic Planning Committee.

#### **SPECIFIC COMMENTS REGARDING THE DRAFT EVALUATION REPORT**

In reviewing the draft Evaluation Report, the NCIH staff and Governing Board had specific comments regarding some of the findings. The following comments are referenced by page number in the report, and are intended either to clarify issues or to identify issues which we believe require further review..

pg.3 line 3: The second AID funding to NCIH was in the form of a "cooperative agreement" and focused on specific joint activities. It was not a "general institutional support" grant as stated in the report.

pg. 3 Sec.1.2 Since the issue of NCIH's financial solvency is being referenced, we believe there should be some historical background to this section, particularly since it is critical to one of the report's key conclusions. We have included our observations earlier in this response.

We also believe it would be helpful to note in this section that AID agreed to provide NCIH with a limited amount of funds for the 24 month period of the agreement. Of this amount, a fixed amount was earmarked

for the full 24 months of the AIDS/PVO program, and the balance (17 months) was agreed to be used to support the Annual Conference. (Ref. Budget documents which NCIH submitted and negotiated with AID, April 1989)

pg.9 line 12 Reference is made to a "low response rate". Based on NCIH's previous experience, this was a higher than usual response rate.

pg.11 Reference is made to the volunteer time contributed by NCIH members. Please see Attachment D, "Governing Board Background Paper #2" which provides more information on this item.

pg. 11 line 18 The role of the Conference Manager is described as being "primarily with conference process". In fact, the Conference Manager has a broader range of responsibilities which we believe should be reflected in this section.

pg. 15 Table We do not know where the number \$144,353 comes from or what it represents. This needs to be reviewed for clarification.

pg.16 line 6 In fact, the NCIH Conference Manager has undertaken extensive review of the fee level structure, and significantly modified the rates as illustrated in the chart below:

Comparison of Annual Conference Fee Schedules

	<u>1988</u>	<u>1989</u>	<u>1990</u>
Early Bird Rate		\$225	\$125
Ave. Member Rate	\$261	275	250
Ave. Non-Member Rate	305	312	325
Ave. Student Rate	136	185	125

pg. 16 line 14 The member registration fee was reduced more than "slightly" for 1990, it was reduced by \$100 for "early bird" or a 45 percent reduction.

pg16 line 15 The banquet is a new event, and was therefore never "excluded from the previous fee structure" as suggested in the report.

pg. 17 line 4 The NCIH staff do not recall being asked this question. There are three strong reasons why NCIH holds the Annual Conference in Washington, D.C.:

- Many international organizations have their main offices here, and this justifies participant travel to Washington for multiple

purposes.

- Because there are many international health related institutions, both operational and policy related in Washington, by holding the conference in Washington, D.C. there is a much greater chance that their staff will come and participate in the NCIH meetings.
- For NCIH to take the meeting on the road, the conference would incur significantly greater financial expenses in travel, per diem, shipping and overall planning.

pg. 21 line 11 This was not a "first" for NCIH, it was the third such experience. (Previous: Child Survival, Family Planning). Based on these previous experiences, NCIH management recognized the potentially important role which this activity could play in strengthening the PVO members of the international health community. However, they also wanted to assure this program had a benefit to NCIH and its overall mission and institutional capability. For example, did this program attract new PVO members into NCIH, and did it provide the international health community with a better understanding of the role of PVO's in AIDS.?

pg.30 line 1 All of us, by necessity, must address the issue of cost-effectiveness. Is \$120,000 to provide an information network, a good use of resources? What is it costing the Canadians and WHO to undertake a similar effort?

pg.31 line 8 It is our understanding that the agendas for the monthly review meetings have been prepared by the CTO, primarily held in the AID office, and designed in the grant agreement to assure contract compliance.

pg 32 line 6 We believe all NCIH staff carry out their duties with "dispatch" and that it is inappropriate to single out any individual in a team effort.

pg. 32 line 10 The Deputy Director has full responsibility for the AID funded activities, but he does not have full responsibility for "all other projects and programs of the organization". We do not know which job description the evaluators reviewed. Further, the comments in the following paragraph make the issue a non sequitur.

pg.32 Sec. 2.3.2 We do not agree with the statement, "NCIH has had a long history of financial difficulties." This is a sweeping statement, which we have addressed in more detail earlier in this response.

Similarly, we believe exclamatory statements such as "deceptive", "adrift without a sail in stormy waters", "chaotic", total "confusion", etc. do not add to the objectivity of the report. We believe such "power words" should be deleted, unless there is factual evidence to verify their inclusion.

pg. 33 line 18 We do not agree with the statement, "Efforts to increase core support for the organization by broadening the membership have not yet paid off." As the facts in Attachments E-1-2 illustrate, during the past two years NCIH has increased its membership in 1988 revenues from \$168,156 to an est. \$215,000 for 1990.

Further, the statement : "may have served only to confuse all parties", seems to be unsubstantiated conjecture, and is not supported by any facts.

pg. 34 line 11 We have referred to this issue earlier. The 17 month decision was a pre-determined condition made by AID, given their limited funding. It was not an oversight either on AID's or NCIH's part, and certainly was not a sign of "poor financial management of NCIH's overall budget."

pg. 35 Sec 2.3.3 line 1 "Confusion over the organizational philosophy" is a general statement. We believe this finding would be strengthened if it spelled out the issue in more detail; again because it is directly related to one of the reports key conclusions. Some staff and Board members, for example, do not feel they are confused and that the policy statements are clear.

pg. 36 line 10 Although we are very close, we are not yet at a break-even point in funding the Annual Conference through the revenues which it generates.

pg. 37 line 2. If necessary, we can make budgetary adjustments "overnight". This would be considered reprogramming, and would be essential if a donor decides not to continue funding a specific program. This action would be considered a fundamental management decision designed to avoid a future financial catastrophe...

pg. 42 line 2 NCIH agrees with this recommendation; however, it is contradicting the decision on page 27 line 1

pg. 42 line 16 We question the necessity of using the last six words in this sentence.

pg. 44 line 9 NCIH believes there is enormous potential with this project, but that NCIH must also maintain its "broker/networking" role so as not to develop competition with its members.

pg. 45 line 14 We do not agree that the Deputy Director's time has been spread too thinly over the past 8 months. In fact, many of the previous tasks of the Deputy Director were transferred to the Finance / Membership manager in November 1989, and the principal responsibilities of the Deputy Director/Program Manager were those tasks associated with the AID supported activities.

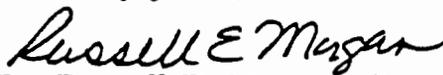
pg. 45 Sec. 3.3.3 We have used the beginning of this response to deal with the financial and staff concerns.. These will be addressed in more depth by the Strategic Planning Committee.

pg. 46 line 1 The term " leadership" presents mixed interpretations to both NCIH and external readers of the document. Could this term be further defined, or perhaps replaced with the term "capability" ?

We recognize these are extensive and very detailed comments concerning the draft report. However, we hope that AID understands that NCIH takes its future very seriously, and looks forward to developing a continuing working relationship with AID. Such a working dialogue between AID and NCIH must be built on a common understanding and trust of each others mission, objectives and constraints. To NCIH, this evaluation document represents an important part of this understanding process, and we want to be sure that it is both fair and accurate.

We look forward therefore to meeting with you , and discussing these issues in more detail during our meeting on Thursday, June 28, 1990.

Sincerely yours,



Dr. Russell E. Morgan, Jr.  
President

Enclosures

NCIH 1990 Strategic Planning Committee

Dr. Barry Smith-Chairman  
Director, The Health Foundation

Janet Gottschalk  
Prof of Intl Hlth, U of Texas

Dr. Abdul Sajid  
Dept of Medicine, U of Illinois

Dr. Walter Patrick  
Chairman, Dept of Community Hlth Devlp., University of Hawaii

Dr. Ian Berger  
Director, In FOCUS

Dr. Barnett Parker  
Professor, University of North Carolina

Dr. Naomi Baumslag  
Director-WIPHN

Jim Sheffield  
President, AMREF

Dr. Joe Davis  
Director for International Health, CDC

Dr. Gordon Perkin  
Executive Director-PATH

Patricia Hutar  
Director-Office of Intl Medicine, AMA

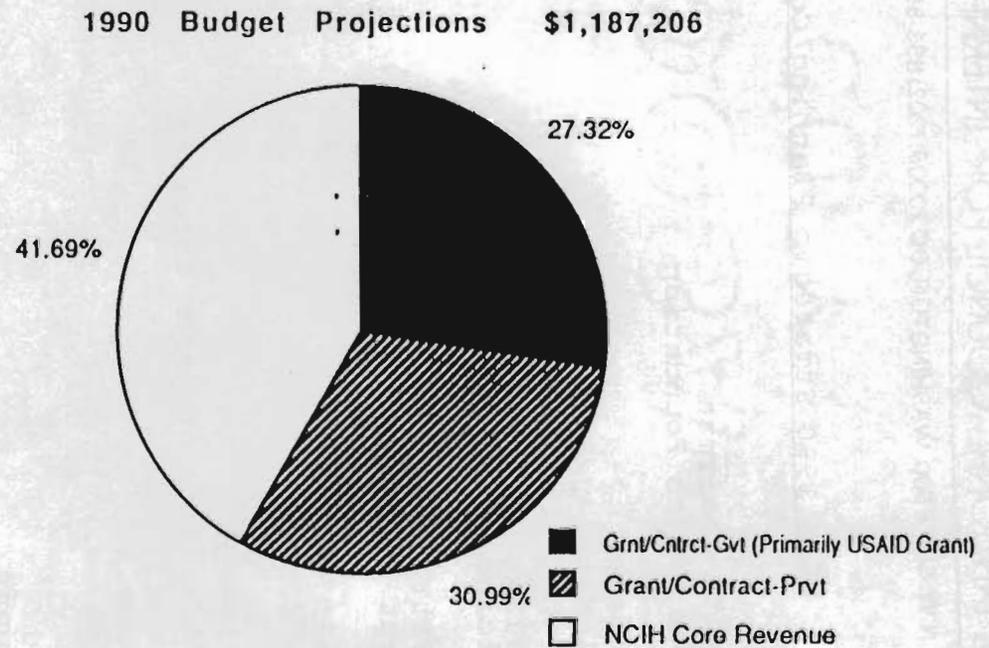
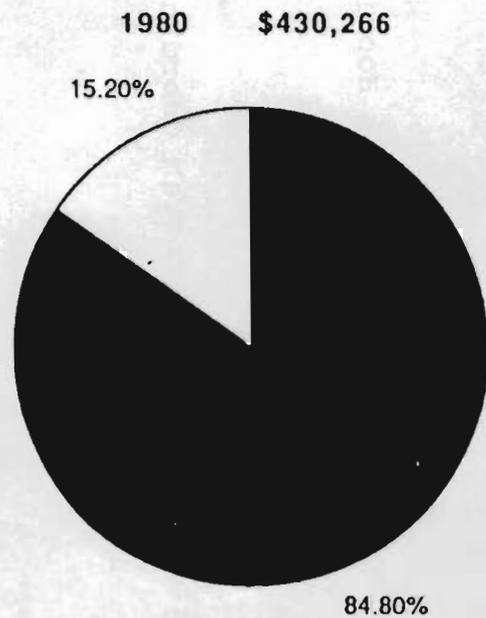
Dr. Henry Mosley  
School of Hygiene & Public Health, Johns Hopkins University

Peggy Curlin  
President-CEDPA

Linda Vogel  
Associate Director for Mgmt. & Program Coordination, HHS

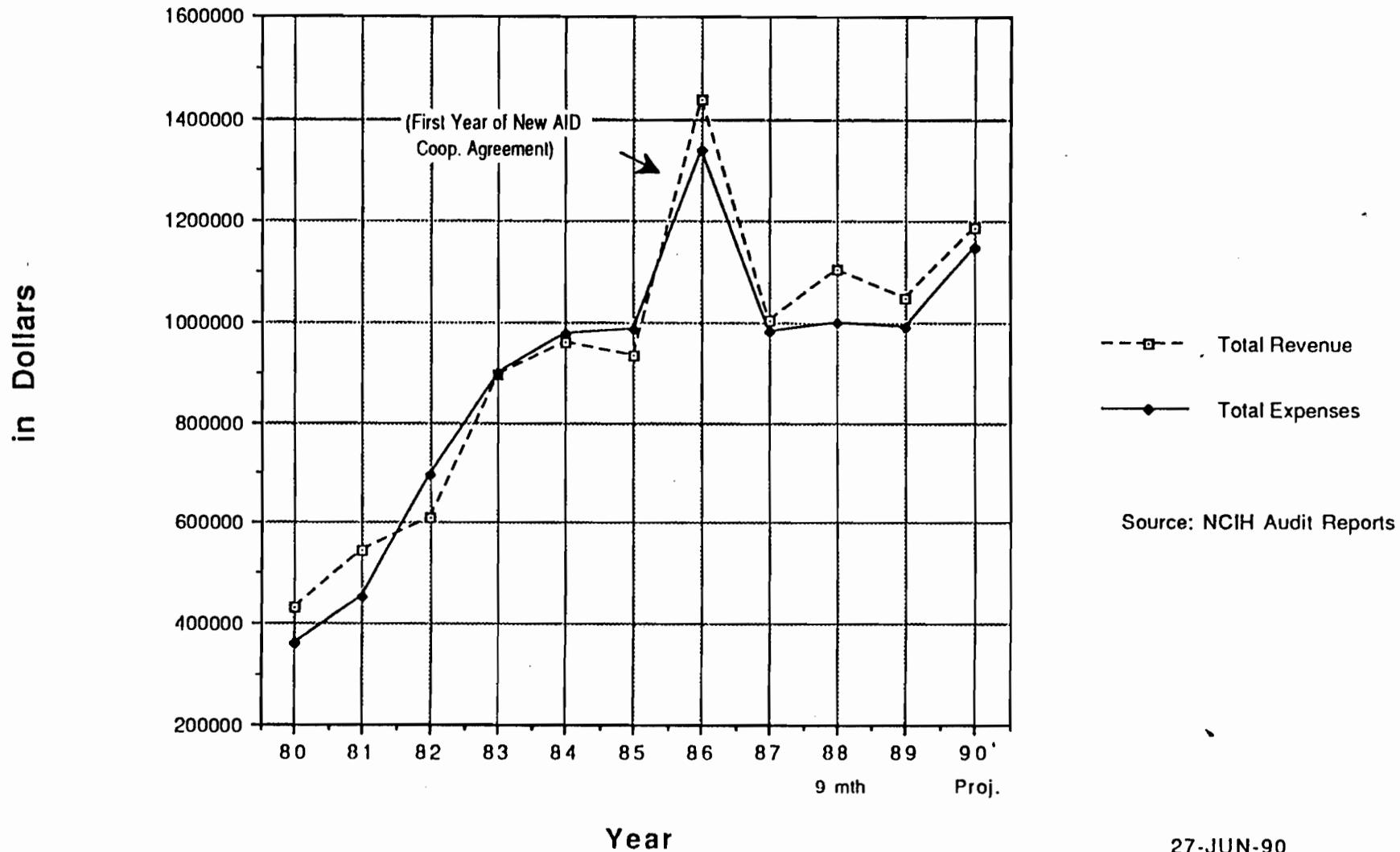


# NCIH Revenue Source Trends



27-JUN-90

### Comparison of N.C.I.H. Total Revenue & Total Expenses 1980 thru 1990 Projections



27-JUN-90

## GOVERNING BOARD BACKGROUND PAPER #2

June 4, 1990

### NCIH's Annual International Health Conference: Can it become self-sufficient?

#### Facts and Figures

The International Health Conference is the largest and probably most important annual event of the National Council for International Health. From the beginning, this event has been the primary vehicle for bringing together the U.S. international health community. It has been the networking mechanism for : promoting public/private sector partnerships; sharing field experiences; learning state of the art technologies; seeking employment: and learning about entering the field of international health.

From 1971 through 1979, the Annual Conference was run entirely as an international health community cooperative effort. The planning committee was the staff, and in the truest sense, this was a total "volunteer effort."

In 1980, this process shifted as paid staff became available to help expand the role of the conference and to increase the membership's voluntary participation. The financial support used to help underwrite the event came from a new grant from the U.S. Agency for International Development. The increased revenues which were generated from registration fees were used in the NCIH budget to help subsidize other NCIH activities such as a newsletter, publications, and workshops.

Over the next 10 years NCIH built the conference into an annual premier event in the international health field. The conference has become known world-wide as "the event" to attend. World leaders such as Mother Theresa; First Ladies from developing countries, such as Equador and Zimbabwe; heads of international agencies, such as the director of WHO , UNFPA, and UNICEF; U.S. Senators and Representatives; and senior public and private sector leaders, such as the Administrator of AID; have all been keynote speakers at the annual conference. NCIH has also dramatically expanded the involvement of grassroots participants, particularly representatives from developing countries, and special attention has been placed on promoting and strengthening the role of the private voluntary organizations and their special contributions.

Throughout this period of growth for the Annual Conference, the level of the NCIH membership's volunteer participation and dedication has also expanded beyond expectations. Members of the Planning Committee volunteer their time, and attend, three critical strategy meetings. They are also actively involved in developing specific sessions, reviewing abstracts, contacting special speakers, and in assisting staff in events during the conference. In addition, nearly all of the 200 speakers/presenters at the conference, volunteer their services and time in preparing their presentations . A rough estimate of this additional "in-kind" contribution based on volunteer time, travel and per-diem, adds approximately \$222,000 in value to the conference.

In the 1984 NCIH Strategic Planning Document, developed and approved by the Governing Board, it was mandated that the goal over the next five years would be to achieve a level of systems self-sufficiency and gradually minimize AID's financial support for the Annual Conference.

To achieve this goal, a new staffing structure was established, together with a set of new financial targets for achieving the necessary revenue. The financial strategy included the following:

- o increasing the number of registrants by increasing the quality and content for the program
- o increasing the average registration fee;
- o increasing the revenue from exhibitors.

Experiments have been made during the period regarding "early bird registration rates", "student/retiree rates", and "member/non-member rates". Overall, there has been a steady and measured progress toward the financial goals of systems and financial self-sufficiency.

Yet, by the end of FY 1989, financial self-sufficiency had not yet been completely achieved. Overall, with overhead expenses included, the total conference costs are now averaging \$250,000. Of this \$180,000 is collected in registration fees, and \$17,000 in exhibitor fees. With 1200 persons attending the conference, this amounts to an average registration fee of approximately \$210 per person to break even. In addition, the continuing subsidy from AID provides an indirect infusion of funding into NCIH's "core activities". Premature elimination of this symbiotic funding linkage would result in a cut-back in the NCIH core activities, and would require internal shifts of NCIH resources. The result would be a direct impact on the future format of the conference.

The current dilemma is to make the Annual Conference self-sufficient without financially injuring the NCIH core program. The past AID/NCIH partnership has gone a long way in enabling the conference to become financially self-sufficient. In reaching for this goal two possibilities emerge as options: reduce expenses and/or increase revenue sources.

On the expense side, there are some minor expenses such as food and coffee, which can be scaled back from the registration fees, and sold individually to the registrants. It is particularly difficult to reduce the major expenses of renting conference space at hotels, because this relates to the number of hotel sleeping rooms occupied by the conference registrants. In our situation, these numbers remain small, and NCIH's ability to leverage this financially remains minimal. The staffing pattern has been pared to a minimum. For an event of this size and complexity, it requires a full-time conference manager and assistant, and at least 50 percent of a technical person for program development.

On the revenue side, NCIH has consciously pushed the market by raising the fees, but compensated by encouraging early "reduced" registration rates. Interestingly, the income projections of the 1984 strategic plan are almost exactly on target in this regard. The other major source of revenue is the income from exhibitors. This issue is being addressed more aggressively, and we are now beginning to increase exhibit space rental as a revenue source. It should be recognized however, that the U.S. international health community which currently attends the annual conference has very little "purchasing responsibility/financial decision making power" and therefore major corporations lack justification to exhibit to this group.

What are potential strategies for future revenue generation ?

If the conference can attract a broader range of fee paying registrants, this would help. But given the current market of 3000-5000 people "employed" in the U.S. international health field, it will probably be necessary to alter the content and the marketing strategy to attract others. One suggestion is to broaden the format of the conference to attract the "clinically oriented" international health professionals to attend. Another suggestion, has been for NCIH to suggest to other groups, (eg. American Society of Tropical Medicine and Hygiene and others) that they have their annual conference at the same time and place as NCIH.

Alternative sources of funding might be attracted from U.S. foundations, based on the specific theme of an annual meeting. But this would take a continuous effort by the Governing Board members and the Planning Committee, and would require a commitment of at least two years in advance for each conference.

NCIH has begun to generate additional revenue by selling items at the meeting such as coffee mugs for 1990, and posters and t-shirts for 1991. If successful, this source could be gradually expanded to meaningful revenue levels.

The U.S. government could also continue to subsidize various components of the conference because of the enormous impact it has on their efforts.

The following table provides some additional statistical information regarding the conference and its growth and maturity over the past 15 years.

11-20-84

N.C.I.H. Annual International Health Conference  
 Estimated Comparison of Revenue, Expenses & # of Participants  
 By Year ( 1975 - 1990 Proj. )

	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987 (9 months)	1988	1989	1990
# OF PARTICIPANTS	50	60	65	75	125	278	384	507	700	910	906	712	1002	1,270	1,400	1,500
REGISTRATION FEE REVENUE *	11,915	425	13,325	7,080	8,446	20,466	42,013	67,869	86,065	86,508	122,306	149,822	170,648	209,116	180,412	180,000
EXPENSE **	8,968	2,779	18,794	11,577	18,500	27,455	46,077	113,846	121,661	153,838	185,645	218,799	266,193	300,391	301,178	237,256

\* Registration Fee Revenue

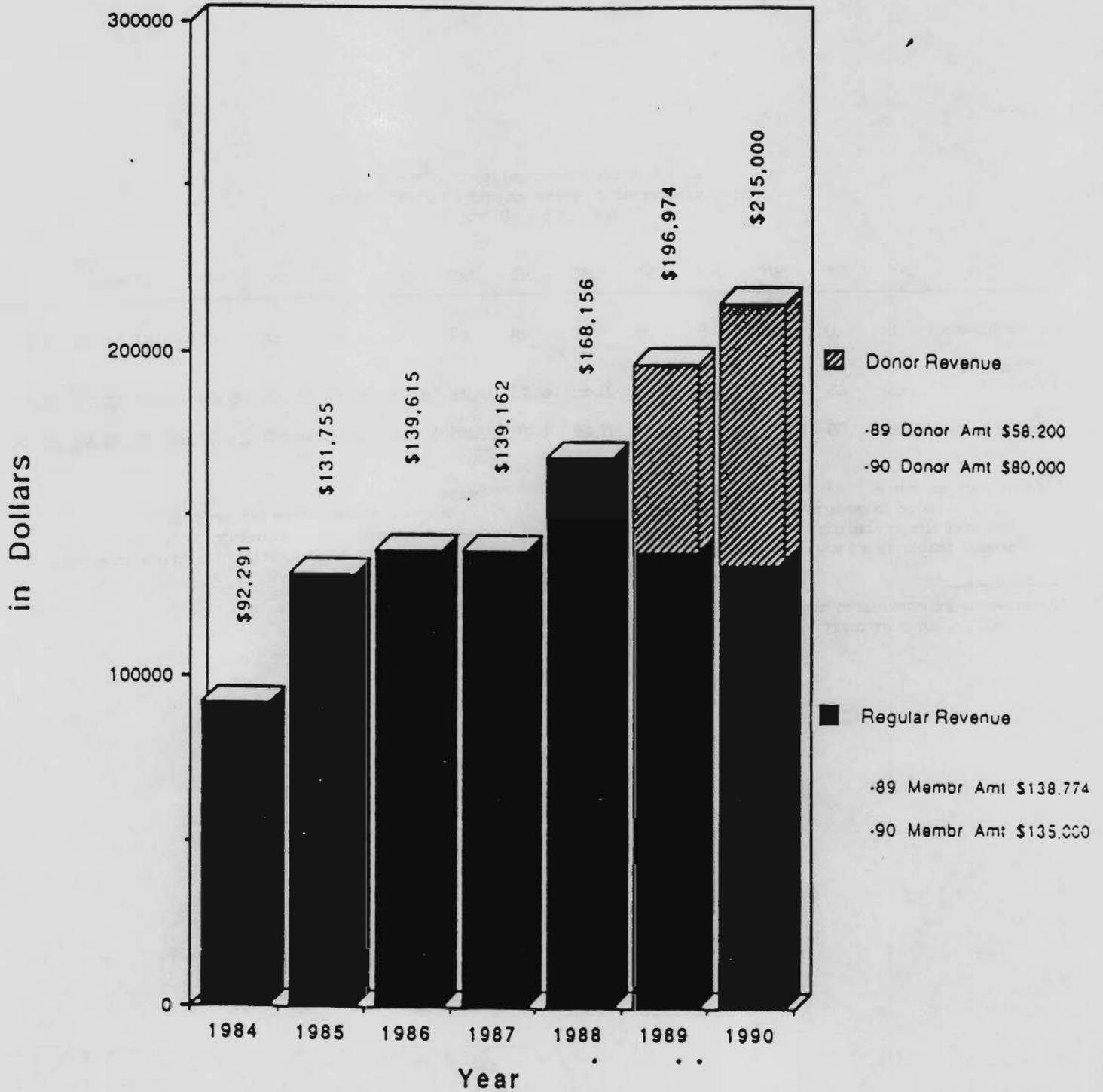
- Generally limited to registration fees, but in some years also includes conference rentals, sales of proceedings and some contributions.

\*\* Expense

- Generally represents those expenses directly used for organizing the conference, but in some years included some publication costs for the proceedings.

Sources: review and extrapolation from N.C.I.H. audits and budget information

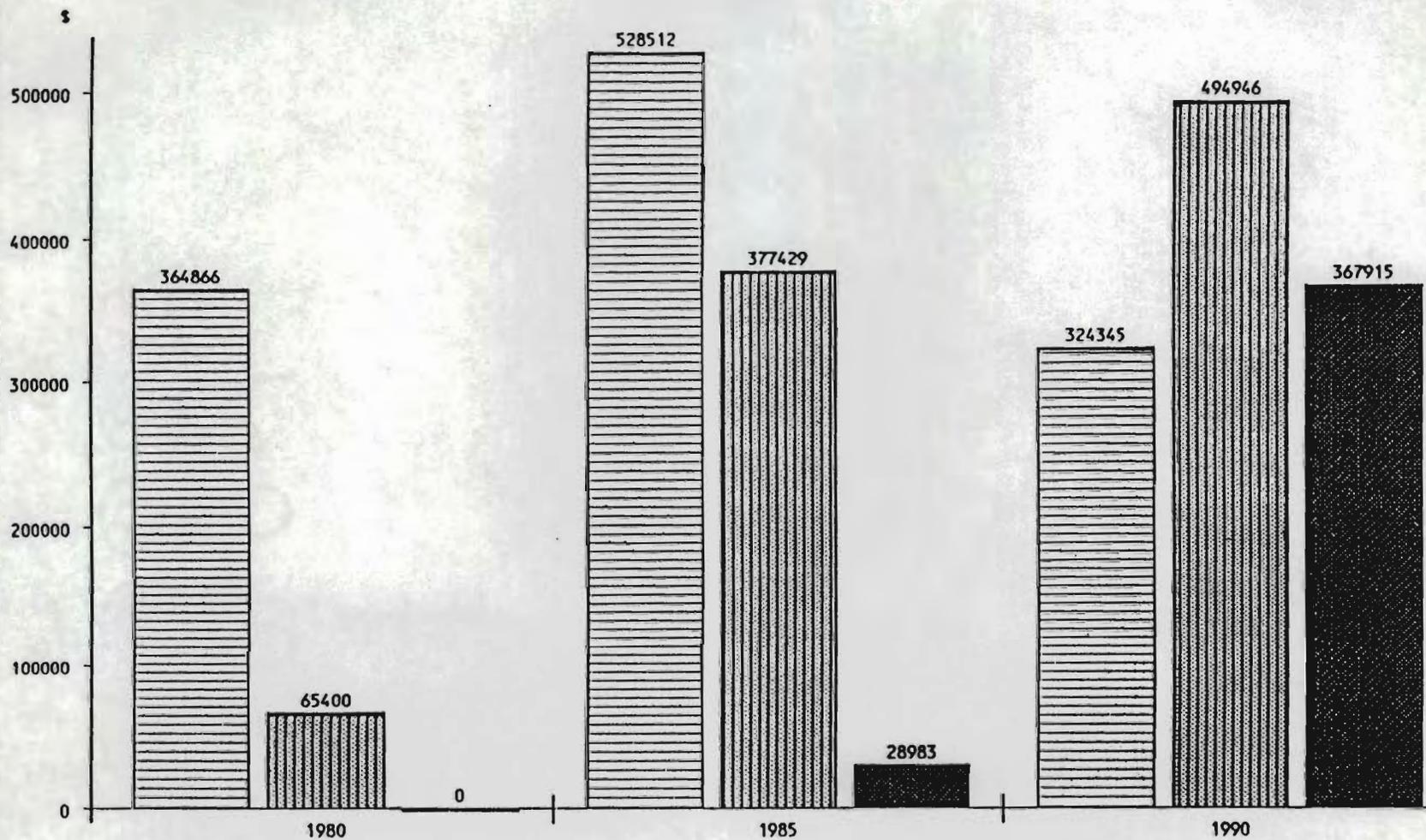
N.C.I.H. Contributions Trend (1984-1990 projected)



• (1/88-12/88)

•• (10/88-9/89)

NCIH REVENUE SOURCE TRENDS  
( 1980 to 1990 )



Gov't Grants . . . Core Revenue . . . Pvt Grants . . .

**DRAFT**

**EVALUATION OF NATIONAL COUNCIL FOR  
INTERNATIONAL HEALTH ACTIVITY**

**June 11, 1990**

**EVALUATION TEAM:  
SALLIE CRAIG HUBER  
LINDA UDALL**

The plan also outlined policy guidelines to provide management and staff with parameters for program implementation to meet the objectives and mission specified in the plan. Based on this plan, A.I.D. provided general institutional support funding through a second agreement with NCIH covering the same period (1985-89).

## **1.2 The Current A.I.D. Cooperative Agreement**

Towards the end of the 1985-89 agreement with A.I.D., it again became clear that NCIH was having serious management and financial difficulties. To assist in addressing these difficulties, A.I.D. terminated the existing agreement several months early and signed a new two-year CA in April 1989 for an estimated total cost of \$497,719. This CA, designed to support two specific activities instead of general institutional support as in the past, reflected NCIH Governing Board decisions regarding changes required in the organizational structure, operations and financial base. The two activities funded under the current CA are:

- o Support for an International Private Voluntary Organization (PVO) Acquired Immunodeficiency Syndrome (AIDS) Program Coordination Support initiative (the PVO/AIDS initiative), and
  
- o Support for NCIH's 1989 and 1990 Annual Conferences.

The PVO/AIDS initiative is designed to provide coordination and support for U.S.-based PVOs which are presently working or desire to work on AIDS prevention efforts in developing countries. The CA support for two annual conferences also includes support for related workshops and for the planning activities which lead up to the conferences and workshops. "Expanding Partnerships for International Health in the 1990s" is the theme for the 1990 conference which will be held in mid-June.

Although the 1990 conference Call for Abstracts noted the conference themes, objectives or expectations for participants similar to those listed above for 1989 conference did not appear in the conference literature for this year.

The 1989 conference evaluation consisted of a one page (two-sided) questionnaire that focused primarily on the process of the meeting (see Appendix D). The questionnaire was placed on the chairs at the luncheon session on the third day of the conference and collected at the end of the lunch in the only attempt was made to obtain responses to this evaluation. The lunch was attended by approximately 600 participants--236 (39%) returned the questionnaire. (The respondents represent approximately 16% of all conference registrants). Obviously, participants who did not attend the luncheon and those who had already left the conference were not surveyed.

Even though the response rate was low, results of the evaluation were summarized by NCIH staff. Findings have been used extensively by staff and the Planning Committee in planning the 1990 conference and the overall process should be much improved as a result. Questions 4-12 asked respondents to rate the relevance of the conference theme, plenary sessions, forums, exhibits as well as the information and skill enhancement value of the topics addressed. The majority of respondents rated these items from 3 to 5 on a five-point scale (with 5 being the highest). As May 25, no plans had been made for evaluating the 1990 conference in a similar manner.

pointed out the excellent organization and management of this effort provided by the NCIH staff; in particular, the efforts of the Conference Manager and Deputy Director were cited in this regard.

The planning process begins approximately two years before a given Annual Meeting with the selection of a conference theme by the Planning Committee, which is one of four Standing Committees of the Governing Board. The theme is then approved by the entire Board. The Planning Committee also selects the Chair and Co-Chair of the ad hoc Conference Planning Committee, on the basis of the individuals' special interest and knowledge about the theme. The Chair and Co-Chair, in consultation with the Program Committee, then select members of the Planning Committee from among the membership, including representatives from A.I.D., organizational and individual member categories.

The Conference Planning Committee meets regularly during the two-year planning process to develop the theme and topics for the program. They also design the Call for Abstracts, receive and review abstracts, and participate in planning special sessions and identifying invited speakers.

NCIH staff backstop the Planning Committee in all of these activities. The key staff for conference planning and implementation activities are the Conference Manager and Assistant Manager, who are involved primarily with the conference process, and the Deputy Director, who contributes his public health knowledge to the substance side of

the planning equation. Temporary staff are hired to assist with the conference management efforts during the peak planning months and contracts are let for specific conference-related activities such as registration.

The overall planning and management of the NCIH Annual Conferences were given very high marks by all the individuals we interviewed for this evaluation. Both staff support and the voluntary efforts of the Program and Planning Committees are to be highly commended. Furthermore, the role of A.I.D. in funding and participating in the Annual Conference planning process is recognized as an invaluable contribution to NCIH. In particular, several respondents felt that A.I.D.'s has enhanced and strengthened the impact of the Annual Conferences in recent years. Continued financial and technical support along these same lines was urged by several individuals we interviewed.

### 2.1.3 Relevance of the Conference

The evaluation scope of work requested an assessment of the relevance of the Annual Conference to both A.I.D. and the international health community.

The conference, which has been held annually since 1973 (with the exception of 1976), deals with a current major international health issue each year. A review of the list of conference titles presents a vivid history of the issues affecting international health programming over the past two decades (see Appendix E.

other activities of NCIH. According to the audit for NCIH's financial year ending September 30, 1989, the conference financial picture is as follows:

Total conference revenue	\$201,752	
Total conference expenses		144,352
A.I.D. contribution to conference expenses (excluding related workshop funding)	<u>164,802</u>	<u>          </u>
TOTAL		\$366,554 - 144,352 = \$222,202

Thus, A.I.D.'s contribution of \$164,802 for the Annual Conference has, in effect, leveraged \$222,202 in core funds for NCIH.

It must be noted that A.I.D. supports the entire conference planning process and not just the four days of conference activities. Therefore, some of the A.I.D. contribution to conference expenses noted above went towards this process in preparation for the 1990 conference, even though the funds were spent in the prior fiscal year. Some A.I.D. funds also cover staff salaries and other overhead costs associated with the conference.

A complex schedule of registration fees for the 1989 conference ranged from \$125 for groups of student members who registered early to \$340 for non-members who registered on site. With some 1500 participants attending the 1989 meeting, the average cost per

participant was approximately \$95 using the total conference expense figure noted above as the denominator.

Several persons we interviewed feel the conference registration fee is too high, especially for some of the PVOs, overseas participants and for those who must pay their own registration fees. (Forty-one percent of all respondents to last year's conference evaluation fell in the latter group). NCIH has not studied at this fee level to determine whether it deters participation by its members and others, but since registration fees are a major source of core support for NCIH such action may not be felt to be in the best interest of the organization.

Others commented on the extras which are included in the registration fee such as lunches, a banquet, various receptions and free coffee at the breaks, noting that most other conferences of this type do not include these frills in the registration fee. These items represent about one-quarter of the total budget for the 1990 conference. Although NCIH has lowered the members' registration fee slightly for the 1990 conference in partial response to concerns about high fees, this has been done at the expense of excluding the banquet from the fee. Instead, the banquet will cost an extra \$35 this year which more than makes up for the reduction in the registration fee.

Another financial factor which may affect attendance, and therefore conference revenue, is the conference venue. By always holding the meeting in Washington, D.C., the expense

of travel (especially for participants from other regions of the U.S.) and accommodations in Washington in addition to the relatively high registration fees may deter some participants from attending. When questioned, NCIH staff and Program Committee members gave no convincing justification for routinely holding the conference in D.C.

commended for the way that she conceptualized the program, planned feasible and appropriate activities and implemented plans in a timely fashion. While PVO respondents expressed their general appreciation for the program materials and services, many remarked that the Program Coordinator played an especially instrumental role in linking them with resources. Furthermore, the quality of the information provided was always extraordinary and the AIDS initiative was felt to directly reflect the needs that were expressed to her NCIH by the PVOs when the initiative began in April, 1989. The Program Coordinator resigned her position shortly before the evaluation began and will leave the project in June 1990. Her tenacity and professionalism will be missed. (For more on the staffing issue see Section \_\_\_\_).

Since the AIDS initiative was a "first", an appropriate amount of time seems to have been spent by the NCIH Program Coordinator during the first quarter meeting with PVOs and others involved with international AIDS activities. Such efforts are time consuming but were, according to our interviews with PVO representatives who attended workshops or otherwise had contact with the Program Coordinator, very important in building the framework of enthusiasm which surrounds this project. These initial outreach efforts served to lay the groundwork for consortium building and to establish a network for communication and information exchange.

- o Increased awareness among PVOs of the AIDS problem in developing countries and therefore the need for new and expanded activities
- o Validation for agencies thinking of getting involved in AIDS that they would not be alone in their efforts
- o Provision of an important, respected and objective third party (NCIH) who could improve communication between PVOs and government as well as private funding agencies
- o Assistance for PVOs in developing programs and provision of guidance in dealing with issues confronting them

The PVO/AIDS initiative was not found to have had a negative impact on the work of any PVOs in AIDS. A.I.D. staff indicated a desire, however, to see more involvement with the population-focused PVOs since these groups serve reproductive age clients at high risk of exposure to HIV in many areas.

#### 2.2.5 Financial Issues and Cost Effectiveness

The total budget for the PVO/AIDS initiative was \$248,192 and for the first year of the CA it was \$120,068. As of March 30, 1990, the project had expended \$126,205 or

approximately half of the total. A direct measure of the cost effectiveness of this initiative is virtually impossible given the parameters of this project. As consumers of the services, however, the PVOS are unanimous in their support of the need for this project and its activities. Therefore, it appears that the investment of A.I.D. in this component of the CA was an appropriate choice that has met with considerable success.

## 2.3 Institutional Capacity

The evaluation team examined questions related to NCIH's institutional capacity to manage the current CA as well as their overall capacity in the areas of financial and programmatic management.

### 2.3.1 Management of the A.I.D. Cooperative Agreement

Both the Deputy Director of NCIH, who is charged with the primary responsibility for the management of the A.I.D. CA, and the Cognizant Technical Officer (CTO) at A.I.D. feel that the two entities have an excellent working relationship. Lines of communication are clear and opportunities to communicate regularly have been established in the form of monthly meetings attended by the CTO and relevant staff of NCIH.

NCIH has also established good working relationships with other key A.I.D. staff in support of their A.I.D.-funded activities. A.I.D. staff serve on the Governing Board of NCIH and on the Conference Planning Committee. They also participate in the Annual Conference as resource persons and presenters. Field officers have given support through assisting in the identification and funding participation of third world participants in the Annual Conference. Others A.I.D. staff have been involved with the implementation of

the PVO/AIDS initiative. NCIH is to be commended for fostering these relationships and A.I.D. for complying.

Lines of authority and roles and responsibilities for activities being carried out under this CA appear to be clearly spelled out and understood by the NCIH staff. The Deputy Director, as the individual primarily responsible for the supervision of CA project activities, understands and carries out his duties with dispatch. The PVO/AIDS Coordinator and Conference Manager, who report to the Deputy Director, indicated that they have very good working relationships with their supervisor and that he performs his duties as they would expect. Our examination of the job descriptions for these three staff as well as for the President, revealed that the Deputy Director has virtually all responsibility for the A.I.D.-funded activities as well as for all other projects and programs of the organization. That this burden is probably too heavy for one person is confirmed by the Deputy Director's resignation shortly after the evaluation was carried out. He will be leaving the organization in July and his departure, along with that of the PVO/AIDS Program Coordinator in June, would seem to leave the direction and implementation of a major part of the CA in extreme jeopardy.

### 2.3.2 Financial Management

As noted in Sections 1.1 and 1.2, NCIH has had a long history of financial difficulties. Time did not allow detailed examination of this lengthy and involved subject during the

present evaluation. However, several observations can be made about the overall financial picture of NCIH, based on our interviews and on the information given the evaluators.

The present financial picture of NCIH appears, on the surface, to be improving. The first seven months of this fiscal year show a much brighter picture in terms of revenue (\$687,832 versus \$477,849) and fund balance (a net loss of \$23,923 versus \$52,508) as shown in Appendix \_\_\_\_\_. Furthermore, the overall balance between core revenue, government and private grants. Since 1980 core revenue grew from \$65,000 to almost \$500,000 projected for this year. Likewise, private grants have grown from nothing to almost \$370,000 this year. Government grants, primarily the A.I.D. agreement, have shown a decline in proportion to the overall budget representing only 27 percent of the NCIH budget for 1990 against a figure of more than 84 percent a decade ago.

These figures may be deceptive, however. Although efforts were made in the mid-80s to undertake an extensive strategic planning process which produced an extensive plan, this only carried the organization through 1989. To our knowledge, that plan and its implementation have not been fully evaluated by NCIH, nor has the exercise been repeated to guide the organization in its present situation. The lack of an operational strategic plan of action with a related budget seems to place NCIH once again in the position of being adrift without a sail in stormy financial waters. Efforts to increase core support for the organization by broadening the membership have not yet paid off and may have served only to confuse all parties--staff, board and members--about the mission and

mandate of the organization. This contributes to what appears to an outside observer as a chaotic financial and managerial situation.

Efforts have been made over the past few months to remedy this situation in part by shifting budget line items and staff support between the core and project-supported components of the budget. Tracking this activity on paper is confusing to outside evaluators and must also be a source of concern and confusion to staff as well.

NCIH recently presented the idea of a draft proposal to A.I.D. to augment the current CA. On the surface, this proposal would allow NCIH to continue its planning process for the 1991 Annual Conference which is well underway at this point. Since the present CA was designed to fund only the 1989 and 1990 conferences, support for this component of the CA was only planned for the 17 months ending in August 1990. Whether it was lack of foresight regarding the need for 24 months of support to continue the conference planning process or poor financial management of NCIH's overall budget that have necessitated this request for augmentation, the point remains that this request is an indicator of a management problem.

### 2.3.3 Capacity to Undertake Other Projects and Activities

Confusion over the organizational philosophy--to serve the membership or to expand efforts and membership through public policy and educational effort--is undermining NCIH's ability to completely meet its potential as the premier international health organization in the U.S. Several people we interviewed, including longtime observers and members of NCIH, indicated that the lack of a singular vision, agreed upon by the staff, board and members of the organization, seems to be diffusing all efforts of the organization and creating the continued state of financial and managerial crisis reflected in all internal assessments (the strategic planning process of 1984) and external evaluations (1988, 1989 and the present one).

None of the professional staff who were listed in the June 1988 evaluation of the previous A.I.D. CA remained at the time of this evaluation with the exception of the President and Deputy Director. As noted above, the latter has also submitted his resignation. This situation, too, seems indicative of serious problems within the overall operation of the organization and the lack of continuity in professional staff is bound to affect implementation of the organization's programs and projects.

### 3. RECOMMENDATIONS

#### 3.1 Annual Conference

The evaluation revealed overwhelming support for the NCIH Annual Conference as one of the primary activities of the organization. Some persons we interviewed even indicated that if ever a choice had to be made among all the programs and activities of the organization to be defunded, the conference should be the one to remain. Others commented that discontinuing the conference would leave a large void in information exchange and interaction among international health professionals. In this regard, we can give complete support for the importance of and the need to continue the conference activity of NCIH.

This recommendation, however, could be implemented without A.I.D.'s support as noted in Section \_\_\_ which indicates that, as fees are currently structured and at present attendance rates, conference revenues are more than adequate to cover expenses. The evaluation scope of work indicated that NCIH might be "attempting to move away from an A.I.D.-supported conference." We found no sentiment along this line among the individuals we interviewed during the evaluation, and the recent request for augmentation of the current CA would seem to indicate the opposite. Our findings do reveal that with some budgetary adjustments and belt tightening, NCIH could cover conference expenses

without support from A.I.D.

We recognize that such budgetary adjustments cannot be made overnight. Therefore, in light of the critical importance of the Annual Conference to all parties, we recommend that A.I.D. seriously consider the NCIH request (if it is made) to augment the present CA to ensure that planning for the 1991 conference is not interrupted. In the meantime, NCIH management and board must begin to move immediately to plan for the future of conference funding after March 1991 when the present CA ends.

### 3.2 PVO/AIDS Initiative

#### 3.2.1 Recommendations for the Balance of the Present CA

Updates of the PVO/AIDS inventory and the list of donors is in the original plan for the second phase of the cooperative agreement. Based on comments from the PVOs interviewed, it does not seem prudent to invest staff time and resources in updating the PVO/AIDS inventory and list of donors during the remainder of this CA.

The workshops, much like the NCIH Annual Conference are a pivotal component of the AIDS initiative. Plans for the June, 1990, workshop have been completed in keeping with response to suggestions from previous workshops. The final workshop should be held in early 1991. It should build on the evaluation of the June, 1990, workshop evaluation and

While a directory of persons and agencies available to provide technical assistance in AIDS projects may not be cost effective, it seems reasonable that a list of people who can be called upon for direct technical assistance could be made available through the newsletter. These do not need to be individual consultants only. Such a list could include the Centers for Disease Control, local and state health departments, community-based domestic organizations all of which have extensive program experience that can be combined with the PVO's knowledge of issues in developing countries to the benefit of all new project activities in AIDS prevention.

### 3.3 Institutional Capacity

#### 3.3.1 Annual Conference

As noted in the findings section, processes and procedures for the planning and management of the Annual Conference are well established and these mechanisms should be retained. The resignation of the Deputy Director and his departure soon after this year's conference could affect planning for 1991, especially if funding for that process is precarious as indicated by NCIH's request for augmentation of the conference budget. However, the Planning Committee is well established and the Conference Manager can probably continue the process without major difficulty even in the absence of the Deputy Director--at least over the short run.

energetic and have enough administrative and planning experience to provide a framework in which PVOs will feel that A.I.D. and NCIH are listening to their needs and providing the support required.

As this project enters its second year, it is time for it to be expanding and building on the tremendous foundation that has been established. PVOs are putting time and energy into participating in the activities of the initiative. They look forward to the exchange of ideas and information and offer many suggestions for other ways that A.I.D. and NCIH can help them get more involved in AIDS work. This project has a lot of exciting potential. It would be a shame to simple maintain the current level of activities when the time is ripe for using input from PVOs to offer as much help and information as possible.

DRAFT

Recommendations (cont.)

### 3.3.3 Overall Financial and Pragmatic Management

This evaluation revealed remarkable progress in the PVO/AIDS initiative in its short life of 14 months and the Annual Conference continues to receive high marks as an important event for international health professionals. However, as one person we interviewed pointed out, "NCIH projects and programs seem to success in spite of themselves." The evaluation findings indicate enough serious doubts about the financial and managerial stability of NCIH that we believe A.I.D. would be ill-advised to consider funding for NCIH beyond the present CA until the existing doubts about the organizational capacity are resolved. This recommendation is based on the following findings, which are reviewed in more detail in section 2 of this report:

- o NCIH has suffered constant and continuing financial difficulties;
- o Lack of continuity among professional staff who are responsible for key programs affects the stability and momentum of these programs;
- o The lack of strategic action plan to guide funding and overall activities of the organization creates confusion and a continued lack of direction; and

- o Finally, in light of all the above, the leadership of the organization must be called into question since this is where the ultimate responsibility for organizational success lies.